

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

## Filing at a Glance

Company: BCBSVT  
 Product Name: BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
 State: VermontGMCB  
 TOI: H16G Group Health - Major Medical  
 Sub-TOI: H16G.001C Any Size Group - Other  
 Filing Type: GMCB Rate  
 Date Submitted: 05/11/2016  
 SERFF Tr Num: BCVT-130567350  
 SERFF Status: Pending State Action  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Pam Young, Jude Daye, Martine Brisson-Lemieux, Andrew Proulx  
 Reviewer(s): Thomas Crompton (primary), David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed, Noel Hudson  
  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small  
Group Market Type: Employer, Other Explanation for Other Group Market Type:  
Overall Rate Impact: Filing Status Changed: 06/13/2016  
State Status Changed:  
Deemer Date: Created By: Jude Daye  
Submitted By: Jude Daye Corresponding Filing Tracking Number:  
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null  
Exchange Intentions: To be sold on Vermont Health Connect or directly to consumers effective 01/01/2017.

Filing Description:  
May 11, 2016

Noel Hudson  
Director of Health Policy  
Green Mountain Care Board  
89 Main Street, Third Floor, City Center  
Montpelier, Vermont 05620

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295  
2017 Vermont Qualified Health Plans Rate Filing

Dear Mr. Hudson:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2017 Vermont Qualified Health Plans Rate Filing.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

cc:Tom Crompton/GMCB  
Paul Schultz/BCBSVT  
Martine Lemieux/BCBSVT

**State:** VermontGMCB **Filing Company:** BCBSVT  
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## Company and Contact

### Filing Contact Information

Jude Daye, Executive Assistant      dayej@bcbsvt.com  
 445 Industrial Lane                      802-371-3244 [Phone]  
 Montpelier, VT 05601

### Filing Company Information

BCBSVT	CoCode: 53295	State of Domicile: Vermont
PO BOX 186	Group Code:	Company Type: Hospital
Montpelier, VT 05601	Group Name:	Service Corp
(802) 371-3450 ext. [Phone]	FEIN Number: 03-0277307	State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	

**SERFF Tracking #:**

BCVT-130567350

**State Tracking #:****Company Tracking #:**

**State:** VermontGMCB **Filing Company:** BCBSVT  
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## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	06/09/2016	06/09/2016
Pending Response	Jacqueline Lee	05/23/2016	05/23/2016

#### Response Letters

Responded By	Created On	Date Submitted
Martine Brisson-Lemieux	06/13/2016	06/13/2016
Martine Brisson-Lemieux	05/31/2016	05/31/2016

#### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Attachments A & B	Martine Brisson-Lemieux	05/31/2016	05/31/2016

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**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
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## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/09/2016
Submitted Date	06/09/2016
Respond By Date	06/13/2016

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Dear Jude Daye,

**Introduction:**

Please see the attached inquiry letter and respond no later than the end of day on June 13th.

**Conclusion:**

Sincerely,  
Jacqueline Lee

**Dallas**

Cabe W. Chadick, F.S.A.  
S. Scott Gibson, F.S.A.  
Glenn A. Tobleman, F.S.A., F.C.A.S.  
Michael A. Mayberry, F.S.A.  
David M. Dillon, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
Steven D. Bryson, F.S.A.  
Brian D. Rankin, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Jacqueline B. Lee, F.S.A.  
Wesley R. Campbell, F.C.A.S., F.S.A.  
Xiaoxiao (Lisa) Jiang, F.S.A.  
Brian C. Stentz, A.S.A.  
Jennifer M. Allen, A.S.A.  
Josh A. Hammerquist, A.S.A.  
Johnathan L. O'Dell, A.S.A.  
Clint Prater, A.S.A.  
Larry Choi, A.S.A.

**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
Leon L. Langlitz, F.S.A.  
D. Patrick Glenn, A.S.A., A.C.A.S.  
Christopher J. Merkel, F.S.A.  
Christopher H. Davis, F.S.A.  
Karen E. Elsom, F.S.A.  
Jill J. Humes, F.S.A.  
Kimberly S. Shores, F.S.A.  
Michael A. Brown, F.S.A.  
Naomi J. Kloppersmith, F.S.A.  
Stephanie T. Crownhart, F.S.A.  
Mark W. Birdsall, F.S.A.

**London/Kansas City**

Timothy A. DeMars, F.S.A., F.I.A.  
Scott E. Morrow, F.S.A., F.I.A.

**Denver**

Mark P. Stukowski, F.S.A.  
William J. Gorski, F.S.A.

**Indianapolis**

Kathryn R. Koch, A.C.A.S.

**Baltimore**

David A. Palmer, C.F.E.

June 9, 2016

Jude Daye, Executive Assistant  
Blue Cross and Blue Shield of Vermont  
445 Industrial Lane  
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont  
BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
SERFF Tracking #: BCVT-130567350

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2016. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. We note that Viekira is the only hepatitis C drug on ESI’s formulary for 2017. Please describe the expected impact, if any, of the FDA approval of Zepatier for claims in 2017 and for future years.
2. How long are the increased costs of the multi-year project to migrate to a new operating platform and the significant upgrades to cybersecurity protocols expected to remain at elevated levels?
3. Please reconcile the 6.4% increase in administrative costs due to the comprehensive cost accounting study with the response to question #12 dated March 14, 2016 in the 3Q 2016 Large Group filing.

4. Please confirm that the labels in column B for rows 7 and 8 should be switched in the response to question #7 dated March 31, 2016.
5. Please provide the preliminary risk adjustment information received from CCIIO that is BCBSVT specific.
6. Please provide quantitative support for the 0.25% risk margin for bad debt.
7. Please provide the number of inforce members by plan that is consistent with the number of inforce contracts provided in Exhibit 9.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than June 13, 2016. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist A.S.A., M.A.A.A.  
Assistant Vice President & Consulting Actuary  
Lewis & Ellis, Inc.  
jhammerquist@lewisellis.com  
(972)850-0850

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**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
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## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/23/2016
Submitted Date	05/23/2016
Respond By Date	05/31/2016

---

Dear Jude Daye,

**Introduction:**

Please see the attached inquiry letter and respond no later than the end of day on May 31st.

**Conclusion:**

Sincerely,  
Jacqueline Lee

**Dallas**

Cabe W. Chadick, F.S.A.  
 S. Scott Gibson, F.S.A.  
 Glenn A. Tobleman, F.S.A., F.C.A.S.  
 Michael A. Mayberry, F.S.A.  
 David M. Dillon, F.S.A.  
 Gregory S. Wilson, F.C.A.S.  
 Steven D. Bryson, F.S.A.  
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 Bonnie S. Albritton, F.S.A.  
 Jacqueline B. Lee, F.S.A.  
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 Johnathan L. O'Dell, A.S.A.  
 Clint Prater, A.S.A.  
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 Terry M. Long, F.S.A.  
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 D. Patrick Glenn, A.S.A., A.C.A.S.  
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 Christopher H. Davis, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.  
 Kimberly S. Shores, F.S.A.  
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**Denver**

Mark P. Stukowski, F.S.A.  
 William J. Gorski, F.S.A.

**Indianapolis**

Kathryn R. Koch, A.C.A.S.

**Baltimore**

David A. Palmer, C.F.E.

May 23, 2016

Jude Daye, Executive Assistant  
 Blue Cross and Blue Shield of Vermont  
 445 Industrial Lane  
 Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont  
 BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
 SERFF Tracking #: BCVT-130567350

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2016. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide quantitative support for the unit cost trends for:
  - a. Vermont facilities and providers impacted by the hospital budget review process of the GMCB;
  - b. other providers within the BCBSVT service area; and
  - c. providers outside the BCBSVT service area.

*Source: Actuarial Memorandum page 17*

2. Please quantify the impact of the lower charges from the Rutland Regional Medical Center. Are any additional changes anticipated for other hospitals?

*Source: Actuarial Memorandum page 16*

3. Provide quantitative support for the considerably unfavorable paid claims experience.  
*Source: Actuarial Memorandum page 4*
4. Please provide an actual to expected comparison of the contributions to reserves for the most recent 5 years based on the final premiums after amendments made by regulators.
5. Please provide quantitative support for the increase in the experience period administrative costs from \$28.40 in the prior filing to \$32.93 in the current filing.  
*Source: Actuarial Memorandum page 24 and 2016 Actuarial Memorandum page 28*
6. Confirm that the projected period membership in the exhibit on the top of page 25 in the Actuarial Memorandum is correctly allocated between “Enrolled through VHC” and “Directly Enrolled with BCBSVT.”
7. What percentage of groups with 51 – 100 employees that were expected in the prior filing to offer a QHP, have offered or have informed you that they intend to offer a QHP?  
*Source: Actuarial Memorandum page 9*
8. Please reconcile Exhibit 2B with the table in section 3.4.1 of the Actuarial Memorandum.
9. Please provide the projected number of contracts by plan by tier.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than May 31, 2016. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist A.S.A., M.A.A.A.  
Assistant Vice President & Consulting Actuary  
Lewis & Ellis, Inc.  
jhammerquist@lewisellis.com  
(972)850-0850

SERFF Tracking #:

BCVT-130567350

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/13/2016  
Submitted Date 06/13/2016

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please find attached BCBSVT's responses to the 2017 QHP filing inquiries dated June 9, 2016.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016
<b>Comments:</b>	
<b>Attachment(s):</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016 - Excel.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,  
Martine Brisson-Lemieux*

SERFF Tracking #:

BCVT-130567350

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/31/2016  
Submitted Date 05/31/2016

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please find attached BCBSVT's responses to the 2017 QHP filing inquiries dated May 23, 2016.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016
<b>Comments:</b>	
<b>Attachment(s):</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016 - EXCEL.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Martine Brisson-Lemieux*

SERFF Tracking #:

BCVT-130567350

State Tracking #:

Company Tracking #:

<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	BCBSVT
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
<b>Product Name:</b>	BCBSVT 2017 Vermont Qualified Health Plans Rate Filing		
<b>Project Name/Number:</b>	/		

## Amendment Letter

Submitted Date: 05/31/2016

### Comments:

BCBSVT has revised its nonstandard 73 percent Cost Sharing Reduction (CSR) plan to comply with 45 CFR 156.420(f). This rule requires at least a two percent difference from the base silver plan and the 73 percent CSR silver plan. The original benefit submitted by BCBSVT for the 73 percent CSR plan variation of the nonstandard silver plan was 1.8 percent richer than the base silver plan. To meet this standard, we decreased the deductible for the silver 73 percent CSR plan by \$100. This change was filed with Department of Financial Regulation in a revised BCBSVT actuarial certification. This change does not affect the rate calculations in the qualified health plan rate filing. We are informing you of this change because the original actuarial certification was an attachment to the qualified health plan rate filing in this docket. A copy of the revised certification is attached with the changes highlighted on pages 13 and 17.

### Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Attachments A & B
<b>Comments:</b>	
<b>Attachment(s):</b>	Attachment A - Standard Plans AV Certification - 2017.pdf Attachment B - Blue Rewards AV Certification 2017 - Revised.pdf ltr GMCB re 73 CSR plan actuarial cert 05312016.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachments A &amp; B</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Attachment A - Standard Plans AV Certification - 2017.pdf Attachment B - Blue Rewards (Non-Standard) Plans AV Certification - 2017.pdf</i>

SERFF Tracking #:

BCVT-130567350

State Tracking #:

Company Tracking #:

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**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** Experience Rated  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 5.900%  
**Effective Date of Last Rate Revision:** 01/01/2016  
**Filing Method of Last Filing:** Experience Rated

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	Increase	8.169%	8.169%	\$31,726,984	42,527	\$388,384,890	10.924%	5.222%

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## Rate Review Detail

### COMPANY:

Company Name: BCBSVT  
 HHS Issuer Id: 13627

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BCBSVT EPO (Individual)	13627VT034		16934
BCBSVT EPO (Small Group)	13627VT032		23344
BCBSVT EPO Blue Rewards (Individual)	13627VT038		4361
BCBSVT EPO Blue Rewards (Small Group)	13627VT036		2377
BCBSVT EPO Blue Rewards CDHP (Individual)	13627VT039		2375
BCBSVT EPO Blue Rewards CDHP (Small Group)	13627VT037		8390
BCBSVT EPO CDHP (Individual)	13627VT035		5038
BCBSVT EPO CDHP (Small Group)	13627VT033		7604

Trend Factors:

### FORMS:

New Policy Forms: N/A  
 Affected Forms: N/A  
 Other Affected Forms: N/A

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 816,633  
 Benefit Change: Increase  
 Percent Change Requested: Min: 5.222 Max: 10.924 Avg: 8.169

### PRIOR RATE:

Total Earned Premium: 388,384,890.00  
 Total Incurred Claims: 299,338,107.00  
 Annual \$: Min: 205.73 Max: 588.85 Avg: 459.59

### REQUESTED RATE:

Projected Earned Premium: 459,647,930.00  
 Projected Incurred Claims: 417,240,152.00  
 Annual \$: Min: 217.33 Max: 623.68 Avg: 497.13

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	BCBSVT 2017 QHP Filing - Actuarial Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	Part III Actuarial Memorandum is the same as the Actuarial Memorandum in the previous section.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Civil Union Rating Requirements
<b>Bypass Reason:</b>	Not required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Consumer Disclosure Form
<b>Comments:</b>	
<b>Attachment(s):</b>	BCBSVT 2017 QHP Filing - Plain Language Summary.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Filing Compliance Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	BCBSVT does not use a Third Party to submit filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified_Rate_Review_Template_2017_BCBSVT_13627.xlsm Unified_Rate_Review_Template_2017_BCBSVT_13627.pdf UnifiedRateReviewSubmission2017_BCBSVT_13627_20160510105821.xml
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	BCBSVT 2017 QHP Filing - Exhibits.pdf BCBSVT 2017 QHP Filing - Exhibits.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Attachments A & B
<b>Comments:</b>	
<b>Attachment(s):</b>	Attachment A - Standard Plans AV Certification - 2017.pdf Attachment B - Blue Rewards AV Certification 2017 - Revised.pdf ltr GMCB re 73 CSR plan actuarial cert 05312016.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Data Template
<b>Comments:</b>	
<b>Attachment(s):</b>	RatesTablesTemplate2017_BCBSVT_13627.pdf RatesTablesTemplate_BCBSVT_13627.xls RatesTablesTemplate2017_BCBSVT_13627.xml
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Data Set
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memo Dataset (2017 issues) - BCBSVT - 2017.pdf Actuarial Memo Dataset (2017 issues) - BCBSVT - 2017.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016
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<b>Comments:</b>	
<b>Attachment(s):</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016 - EXCEL.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 05.23.2016.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016
<b>Comments:</b>	
<b>Attachment(s):</b>	Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016 - Excel.pdf Responses to BCBSVT 2017 QHP Filing Inquiries - 06.09.2016.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

BCVT-130567350

State Tracking #:

Company Tracking #:

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<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	BCBSVT
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
<b>Product Name:</b>	BCBSVT 2017 Vermont Qualified Health Plans Rate Filing		
<b>Project Name/Number:</b>	/		

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***Attachment UnifiedRateReviewSubmission2017\_BCBSVT\_13627\_20160510105821.xml is not a PDF document and cannot be reproduced here.***

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***Attachment RatesTablesTemplate\_BCBSVT\_13627.xls is not a PDF document and cannot be reproduced here.***

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***Attachment Actuarial Memo Dataset (2017 issues) - BCBSVT - 2017.xlsx is not a PDF document and cannot be reproduced here.***

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**1. GENERAL INFORMATION**

**1.1. Company Identifying Information**

Company Legal Name: Blue Cross and Blue Shield of Vermont  
State: Vermont  
HIOS Issuer ID: 13627  
Market: Combined  
Effective Date: January 1, 2017

**1.2. Company Contact Information**

Primary Contact Name: Paul A. Schultz, FSA, MAAA  
Primary Contact Telephone Number: 1-(802)-371-3763  
Primary Contact Email Address: schultzp@bcbsvt.com

**1.3. Scope and Purpose**

The purpose of this rate filing is to provide the rates and a description of the rate development for the Qualified Health Plans (QHPs) that Blue Cross and Blue Shield of Vermont (BCBSVT) proposes to offer for the 2017 benefit year.

This filing is intended to comply with the following laws:

- Vermont State Law 8 V.S.A. § 4062
- Vermont State Law 8 V.S.A. § 4512
- Vermont State Law 33 V.S.A. § 1806
- Vermont State Law 33 V.S.A. § 1811
- Vermont State Law 33 V.S.A. § 1812.
- DFR Order establishing tier rate structure and multipliers (Docket No. 13-002-I)
- Vermont Department for Children and Families Health Benefits Eligibility and Enrollment Rule, Sections 2.04 and 13.00
- Federal Regulation 45 C.F.R. Part 147
- Federal Regulation 45 C.F.R. Part 153
- Federal Regulation 45 C.F.R. Part 154
- Federal Regulation 45 C.F.R. Part 155
- Federal Regulation 45 C.F.R. Part 156
- Federal Regulation 45 C.F.R. Part 158
- Federal Regulation 26 IRC § 223

**1.4. Proposed Rate Increase(s)**

BCBSVT proposes an average increase of 8.2 percent.

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**1.5. Reason for Rate Increase(s)**

The starting point of any renewal rate analysis is an assessment of actual to expected experience results. The basis for this rate filing is calendar year 2015 experience. That experience was much worse than expected in the 2016 rate filing, driving a 6.3 percent increase in 2017 rates:

- Allowed QHP claims were higher than expected, driving a rate increase of 1.5 percent.
- Benefit plans proved to be richer than expected, as measured by the ratio of paid claims to allowed claims. Reflecting this in our modeling of 2017 benefits had a 3.8 percent impact on 2017 rates. Paid claims are the product of allowed claims and paid-to-allowed ratio. Considerably unfavorable paid claims experience therefore increases rates by 5.4 percent.
- Vermont law defines groups of 51 to 100 as small groups starting in 2016. Such groups that have either already joined a QHP or are expected to do so had significantly worse than expected claims experience during 2015. Revising our assumptions to match current observations of the number and cost profile of these groups joining QHPs during 2016 pressures rates by an additional 0.9 percent.

In the absence of mandated changes associated with the Affordable Care Act, a 9.1 percent increase would have been requested. In addition to the experience impact, various assumptions drive the balance of the increase:

- An estimate of increases in the amounts providers are paid was included in 2016 QHP rates. Increases that have already occurred in 2016, or that are projected to occur before the end of 2016, drive a premium decrease of 0.4 percent by virtue of being lower than those assumed in the 2016 filing.
- Amounts that providers are paid are expected to increase in 2017, with a premium impact of 4.0 percent. This includes a 1.6 percent premium increase due to increases in the wholesale price of prescription drugs and a 2.4 percent premium increase due to payments to providers of medical services.
- The new pharmacy contract BCBSVT has negotiated with its Pharmacy Benefit Manager reduces the premium by 0.9 percent.
- BCBSVT assumes that members who have or will enroll in our QHPs in 2017 will prove to be healthier on average than those insured during calendar 2015, either in QHPs or individual and small group products. This assumption creates a premium decrease of 1.6 percent.
- During 2015, BCBSVT completed an extensive cost accounting study. The administrative expense projection reflects this new allocation. After offsets for continued membership growth, the exclusion of one-time charges and an expected decrease in administrative costs due to expanded opportunities for members to enroll directly with BCBSVT, the increase in administrative costs per member per month increased premium by 0.9 percent. BCBSVT administrative expenditures for members included in this filing remain below seven percent of premium.

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- A contribution to reserves (CTR) is required in order to maintain an adequate level of surplus. Surplus is a critical consumer protection required by financial regulation to assure health care system stability for QHP members. A long-term CTR of two percent represents an adequate, yet not excessive, contribution to reserves. CTR at this level allows BCBSVT to manage short-term fluctuations in order to maintain Risk-Based Capital (RBC) levels that are within our established, modest target range. While a contribution to reserves of 3.8 percent would be required to maintain RBC in light of 2017 premium and membership increases, BCBSVT believes that CTR should be managed to an adequate long-term level rather than fluctuating significantly from year to year with changes in membership and health care cost trend. For this reason, we have continued to file a CTR of 2.0 percent for 2017. As this is greater than the CTR approved by the Green Mountain Care Board for 2016 QHP rates, this has the effect of increasing premiums by 1.0 percent.
- Other adjustments to the assumptions used in the 2017 rate development cumulatively have the effect of reducing the required rate increase by 0.3 percent.

Mandated changes associated with the Affordable Care Act combine for a net decrease to premium of 0.8 percent:

- The federal government assessed a charge on all health plans to subsidize QHP coverage for the three year-period between 2014 and 2016, through its Transitional Reinsurance Program. The subsidy will be eliminated in 2017, requiring groups and members to pay 2.3 percent more for their coverage. This is more than offset by a temporary suspension of the Federal Insurer Fee for 2017, resulting in a combined premium reduction of 0.4 percent.
- Some deductibles, out-of-pocket maximums and co-pays in QHPs remain unchanged from 2016 to 2017. As overall costs increase and the amounts that members pay in cost-sharing contributions stay the same, more of the total cost is transferred to premiums. This has an impact of 1.6 percent on premium, offset by a 2.0 percent decrease due to plan changes implemented by BCBSVT and the State of Vermont for a net premium decrease of 0.4 percent.

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**2. PROPOSED BENEFITS**

**2.1. Description of Benefits**

BCBSVT will be offering two types (Standard and Non-Standard) of QHPs in 2017. These plans include coverage for all Essential Health Benefits (EHBs). All QHPs are on the Exclusive Provider Organization (EPO) network and offer members access to a nationwide network of providers, including 92 percent the of providers in Vermont.

BCBSVT Standard Plans: BCBSVT is providing rates for the Standard Plans with benefits as approved by the Green Mountain Care Board, which are outlined in Exhibit 1A - "State of Vermont Standard Plan Designs." The Form filings for these products can be found under BCVT-130476826 for Non-CDHP plans and BCVT-130476866 for CDHP Plans.

BCBSVT Blue Rewards (Non-Standard) Plans: BCBSVT is providing rates for two health and wellness-based non-standard plan types that we have named Blue Rewards and Blue Rewards CDHP. Please see Exhibit 1B - "BCBSVT Blue Rewards (Non-Standard) Plan Designs" for details on the benefit structure. The Form filings for these products can be found under BCVT-130476860 for Non-CDHP plans and BCVT-130476879 for CDHP Plans. BCBSVT Blue Rewards plans also offer a Wellness program with incentives up to \$300 per year for each adult member for completing a health assessment, having a physical exam, setting a personal health goal or having a routine eye or dental exam. BCBSVT is introducing a new Blue Rewards Silver CDHP plan effective January 1, 2017.

Uniform Compliance

All of the renewing benefits are in compliance with 45 C.F.R 147.106. Specifically, all renewing benefits continue to be offered on BCBSVT's Exclusive Provider Organization (EPO) network and continue to cover the same service area. Some cost sharing levels were modified to maintain the same metal tier levels. Each product covers the same benefits except for the addition of Non-EHB benefits (described in section 3.8.3) which impacts each plan by 0.02 percent.

**2.2. AV Metal Values**

Standard plans are designed by the State of Vermont and offered by all issuers of QHPs. Please see *Attachment A - Standard Plans AV Certification - 2017* for the certification provided by the State.

Blue Rewards (Non-Standard) plans are designed by BCBSVT. The metal values included in the Unified Rate Review Template (URRT) were calculated using an alternate methodology, as allowed by 45 CFR §156.135. Multiple benefit designs offered in BCBSVT's Non-Standard plans are not supported by the AV Calculator. Please see *Attachment B - Blue Rewards (Non-Standard) Plans AV Certification - 2017*, for the actuarial certification, which includes the process used to develop the AV Metal Values.

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**3. EXPERIENCE RATING**

**3.1. Experience Period Premium and Claims**

The experience period used is 2015 experience of Blue Cross and Blue Shield of Vermont (BCBSVT) Individual and Small Group QHP products. This population will be the Single Risk Pool.

We used claims incurred January 1, 2015 through December 31, 2015 and paid through February 29, 2016. Both the paid claims and the allowed charges were completed using BCBSVT’s monthly reserving models that underlie the financial statement reserves (best estimates before margin). These methods are subject to review by independent auditors and examination by Vermont Department of Financial Regulation (DFR). The claims used to develop the completion factors include a larger block of business than the experience period block. For the purpose of calculating completion factors, the reserving method categorizes claims by reporting/payment process (Local, BlueCard, Pharmacy, Medicare Supplement, etc.). Completion factors are calculated separately for each category. Using the larger block to calculate the Incurred But Not Reported (IBNR) claims reduces the variability of the projection. We also included an estimate of IBNR for the outstanding Pharmacy Rebates.

The paid claims and allowed charges come directly from claim records in BCBSVT’s data warehouse. For Fee-for-Service claims, we combined plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combined capitation paid to the provider with the member cost sharing to generate allowed charges.

The table below shows details underlying the Incurred Claims and Allowed Claims (from URRT, Section I of Worksheet 1) for the Experience Period.

	Incurred Claims	Allowed Claims
Claims incurred and paid through December 31, 2015	\$293,712,993	\$386,004,072
Estimate of IBNR as of February 29, 2016 for Claims	\$1,399,309	\$1,417,075
Estimate of IBNR as of February 29, 2016 for Pharmacy Rebates	(\$2,786,937)	(\$2,786,937)
<b>Total Claims</b>	<b>\$292,325,366</b>	<b>\$384,634,210</b>
Member Months	766,083	766,083
<b>Total Per Member Per Month (PMPM)</b>	<b>\$381.58</b>	<b>\$502.08</b>

The experience period total allowed charges PMPM are \$502.08.

In the experience period, the earned premium was \$334,972,631. BCBSVT will not be required to pay MLR rebates for the 2015 calendar year.

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**3.2. Benefit Categories**

Medical claims are initially categorized into two categories based on the type of claim form the provider submitted: UB-04/CMS 1450 (Facility Inpatient/Outpatient) or HCFA/CMS 1500 (Professional/Other). Facility claims are then divided into the Inpatient and Outpatient categories in Worksheet 1, Section II of the URRT by the place of service listed on the UB-04 claim form.

Professional and Other medical claims are subdivided based on whether the provider is a medical professional or medical supplier as submitted on the HCFA 1500 claim form.

The prescription drug benefit category was populated for claims processed through our pharmacy benefit manager.

The capitation benefit category was populated with claims that run through our internal capitation system. The capitation category uses “Benefit Period” as a utilization description and the units represent the number of capitations in a given year.

**3.3. Index Rate**

The Index Rate is equal to the experience period allowed charges for EHB. As shown in section 3.1, the experience index rate is \$502.08.

To calculate the Projected Period Index Rate, we first excluded pharmacy rebates, BlueCard fees, and payments to the Blueprint program. These claims are not dependent on benefits and should not be subject to the projection factors described in the following sections. They will be added back into the Projected Period Index Rate (as described in section 3.4.6.).

BCBSVT has access to the detailed claims information underlying capitated claims and since capitated payments are routinely adjusted to target 100 percent of FFS claims, using the FFS equivalent represents the expected payment better than the capitation.

Dental and vision claims were removed in this step both because the projection factors described below do not apply to these benefits. See Section 3.4.4 for more details.

These adjustments are included in the “Other” factor in the section 2 of worksheet 1 of the URRT.

	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$384,634,210	\$502.08
Remove BlueCard Fees	(\$1,305,040)	(\$1.70)
Remove Pharmacy Rebates	\$5,483,704	\$7.16
Remove Payments to Blueprint Program	(\$1,748,767)	(\$2.28)
Replace Capitation with FFS equivalent	\$352,623	\$0.46
Remove Dental and Vision Claims	(\$1,333,382)	(\$1.74)
<b>Line A of Exhibit 5</b>	<b>\$386,083,348</b>	<b>\$503.97</b>

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**3.4. Projection Factors**

**3.4.1. Change in the Definition of Small Group**

As of the first renewal date on or after January 1, 2016, the Vermont definition of Small Group changes to include groups with 51-100 employees. These groups can either offer QHPs or move to a self-funded alternative. To calculate this factor, we included groups that had already joined the QHP line of business and groups that had already informed us that they intended to offer a QHP upon their 2016 renewal. For groups with non-calendar plan years that have neither joined QHP nor informed us of their intentions, we assumed that only groups that would realize lower premiums by choosing QHPs would join the risk pool. We included these claims and member months in all of the factors described below.

	Single Risk Pool	Groups with 51-100 employees offering QHP in 2016	Groups with 51-100 employees expected to offer QHP in 2017	Total
Experience Period Allowed Claims	\$386,083,348	\$25,727,986	\$4,425,372	\$416,236,706
Experience Period Member Months	766,083	43,108	7,442	816,633
PMPM	\$503.97	\$596.83	\$594.65	\$509.70

The factor (1+b<sub>1</sub> on Exhibit 5) to adjust for the change in the definition of Small Group is  $\$509.70/\$503.97 = 1.0114$ .

**3.4.2. Membership Projections**

As of March 2015, BCBSVT had 70,423 members enrolled in a QHP product, either individually through Vermont Health Connect or directly as individual or small group employees.

We used this information to project the 2017 QHP enrollment and the distribution by plan. As described in the previous section, BCBSVT expects that a portion of its current enrollment in groups with 51-100 employees will purchase QHPs. We projected their choice of product to be that most similar to their current product offering.

The Vermont Department of Health Access (DHVA) is in the process of requalifying all Medicaid enrollment. Any Vermonter who loses their Medicaid coverage would be eligible for a special enrollment period and allowed to join a QHP. Based on preliminary results from DHVA, approximately 18 percent of the 81,300 adults currently enrolled in Medicaid would no longer be eligible. We estimate that 50 percent of these members will enroll in a QHP, in the same proportion as current QHP enrollment by issuer. Since BCBSVT currently has 90 percent of the QHP market, we estimate that 6,500 members previously in Medicaid will join by January 2017.

This membership assumption has impacts on many other assumptions. Throughout the balance of the Actuarial Memorandum, the projection factors other adjustments will include the effects of this increase in membership. We will include the impact on projected claims in 1+b<sub>3</sub> on Exhibit 5. Since we are assuming that all of these new members will continue to be subsidized and enroll

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in a Silver plan, the impact of the change in distribution by plan will be reflected in 1+b<sub>6</sub> and 1+c<sub>1</sub> of Exhibit 5. The increase in membership with projected claims higher than the average will also impact the projected risk adjustment transfer payment. Finally, the administrative charges will reflect the projected increase in membership and its impact on fixed costs. It should be noted that the overall rate impact of adding these members, based on the assumptions in this filing, is expected to be less than 0.1 percent, and that this rate impact is not sensitive to the total number of additional members who enroll after losing Medicaid eligibility.

The total member months expected to be covered by this filing is 930,456.

This projected membership was also used to adjust our Index Rate for demographics, morbidity, benefit changes, and other allowable adjustments described below.

Details of the projected membership breakdown by plan and market are on Exhibit 2A.

**3.4.3. Changes in the Morbidity of the Population Insured**

Our experience period is based on calendar year 2015. It includes members that enrolled in a QHP with BCBSVT during 2015, are expected to enroll in a QHP with BCBSVT upon the renewal date of their group plan, or canceled. Canceled members can be divided into two categories, voluntary cancelation and cancelation due to death. Voluntary cancelations can be further broken down by aging out, cancellations from normal group turnover, and individual cancellations. Individuals aging out are captured in our demographic adjustment (see section 3.4.5), while we assume that group turnover leads to the hiring of similarly-situated individuals; therefore, we only adjust for the impact of individual cancellations.

We split the experience claims costs based on these categories in order to compare the different populations. We used the allowed charges from the experience and adjusted for the change in network (see section 3.4.6 for details on this adjustment) and the change in the definition of Small Group previously described in section 3.4.1. We adjusted the experience period claims cost to reflect the average claims cost of members who did not voluntarily terminate prior to 2015.

	Voluntary Cancelation in the Individual Market	All Other Members	Total
Experience Period Allowed	\$24,969,529	\$390,735,060	\$415,704,589
Member Months	40,990	775,643	816,633
PMPM	\$609.16	\$503.76	\$509.05

The factor (1+b<sub>9</sub> on Exhibit 5) to adjust for the change in pool morbidity is  $\$503.76 / \$509.05 = 0.9896$ .

We also adjusted the projected allowed charges (1+b<sub>3</sub> on Exhibit 5) for the impact of members previously enrolled in Medicaid joining QHP. We assumed that these members would have claims levels similar to members enrolled in a subsidized QHP in 2015. See Exhibit 2B for details.

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**3.4.4. Changes in Benefits**

We included two factors to account for the change in benefits. The first one, (1+c<sub>1</sub> line on Exhibit 5), represents the anticipated change in the average utilization of services due to the change in average cost sharing in QHP products compared to the experience period products. To calculate this factor, we first calculated the average modeled paid to allowed (PA) ratio for the benefits in the experience period and the paid to allowed ratio for the benefits in the projection period. We then apply an induced utilization factor to each PA ratio and weight it on membership. The induced utilization (IU) factor is calculated by using the HHS formula where  $IU = (PA)^2 - (PA) + 1.24$ .

Calculation of the Impact of the change in benefits	
Experience Period Average Utilization Factor	1.0918
Projected Period Average Utilization Factor	1.0763
Benefit Adjustment (1+c <sub>1</sub> on Exhibit 5) = 1.0763/1.0918	0.9859

The second factor is for additional Essential Health Benefits that now have to be included. This includes Pediatric Vision and Pediatric Dental Benefits. These benefits are for members age 21 and younger.

For the Pediatric Vision benefit, the experience allowed claims cost was \$0.50 PMPM. We do not expect this cost to be different in the projection period. This cost is included in the buildup of the Projected Index Rate (Exhibit 5, line e<sub>6</sub>). We assumed that vision benefits would have the same paid to allowed ratio as the base benefit.

For the Pediatric Dental benefit, the experience allowed claims was \$1.62 PMPM, which was 8.3 percent higher than the 2014 experience period. In previous filings, Milliman performed the calculation of the expected claims by trending claims experience by 5 percent. We selected a trend assumption that was the midpoint of our experienced trend and this national benchmark. Using a 6.7 percent annual trend, we calculate the overall expected allowed charges at \$1.84 PMPM. For benefits in force in the experience period, we are using the actual paid to allowed ratio to estimate the paid claims. For new benefits or benefits without experience, we are using the relationship between the overall medical and pharmacy paid to allowed ratio and the dental paid to allowed ratio to derive the estimated paid claims. This cost is included in the built up of the Projected Index rate (Exhibit 5, line e<sub>7</sub>). See Exhibit 2C for details.

**3.4.5. Changes in Demographics**

To develop the change in demographic factor (factor 1+c<sub>3</sub> on Exhibit 5), we again used Milliman’s Health Cost Guidelines (2014) age-gender factors. We applied these factors to both the experience membership and the projected membership, excluding members previously on Medicaid, and compared the average factors. See details of the experience and projected population on Exhibit 2D.

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Calculation of the Demographic Adjustment	
Experience Period Average Age-Sex Factor	1.2206
Projected Period Average Age-Sex Factor	1.2277
Demographic Adjustment (1+c <sub>3</sub> on Exhibit 5) = 1.2277 / 1.2206	1.0058

**3.4.6. Other Adjustments**

The buildup of the Projected Index Rate also includes a factor for the change in provider networks, a factor to reflect new pharmacy contracts, a factor to reflect the impact of selection on allowed costs, a factor to reflect the impact of the expected settlement with VHC, and adjustments for non-system claims<sup>1</sup>.

We adjusted our experience period for the change in provider networks (factor 1+c<sub>2</sub> on Exhibit 5). BCBSVT’s 2017 QHPs are offered on our EPO Network. All of the QHP experience used was on the EPO Network but some of the groups with 51-100 employees that are expected to be in a QHP in 2017 had claims that came from one of three different networks: BCBSVT’s Non-Managed network (PPO/Indemnity), BCBSVT’s Managed network (VHP/EPO) and The Vermont Health Plan’s (TVHP) network. All three of these networks have different contracts with different reimbursement schedules. Using the historical contracted reimbursement schedules, we calculated network factors that represent the different contracts. Using these factors, we can adjust our projected allowed changes to represent the contract that will be effective in 2017. See details on Exhibit 2E.

BCBSVT entered into a new contract with its pharmacy benefit manager, ESI, on July 1, 2015. In the previous filing, the impact of the change in contract between the experience period and the projected period was embedded in the pharmacy cost trend. For this filing, we have removed the contract adjustment from the trend assumption and included a separate factor in the buildup of the projected index rate. To calculate this factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2015 claims for both the experience period and the projected period contract provisions. The contract adjustment factor for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract, was applied to the projected pharmacy claims (see Exhibit 3H for details). The adjusted projected pharmacy claims were then added to the projected medical claims to calculate the overall impact of the contract changes, as shown on Exhibit 3I and on line 1+c<sub>5</sub> of Exhibit 5.

Subscribers will make financial decisions that are right for them. Typically, this manifests itself in healthier subscribers selecting low-cost plans while less healthy subscribers select richer benefits. While we do not reflect selection in the plan-level adjustments, as per the instructions, it can be demonstrated that total premium will be understated without adjusting the index rate to spread the impact of selection across all plans (see Exhibit 2F). This is due to the plan share of allowed costs being greater for richer plan designs, which demonstrably experience antiselection in excess of benefit richness adjustments. The top section of Exhibit 2F

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<sup>1</sup> Non-system claims are payments that are not processed through the claims adjudication system.

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shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this Memorandum. The bottom section of the same exhibit demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual 2015 QHP experience. The ratio of weighted average projected paid claims calculated via each of these two approaches produces a factor that must be included in the index rate so that application of the various plan-level adjustments results in the correct total paid claims across all plans.

In the fall of 2015, VHC agreed to pay BCBSVT for 2014 claims for which members at had been retroactively cancelled instead of negatively impacting providers through adjustments to the claims. These claims were therefore not adjusted in our core system and are included in the experience for 2014. We project that a similar agreement will take place for 2015. Based on 2014 experience, we project that 0.5 percent of total claims will be reimbursed by VHC. This reduction in experience claims is reflected on Line 1+b<sub>8</sub> of Exhibit 5.

Other costs were added in the buildup of the Projected Index Rate to account for non-system claims (Items e<sub>1</sub>-e<sub>5</sub> on Exhibit 5). As previous explained in section 3.3, these non-system claims are claims that are independent from the benefits.

- Pharmacy Rebates (e<sub>1</sub>):  
The experience period pharmacy rebates are estimated to be \$7.25 PMPM. This number is estimated using our contractual rebate guarantee since we have not yet received the details underlying the rebate payment for part of the 2015 calendar year. Pharmacy rebates are expected to trend at the same rate as Brand Drugs. As shown on Exhibit 3H, the projected trend for Brand drugs is 8.8 percent, which brings projected pharmacy rebates to \$7.89 PMPM.
  
- Blueprint Payments (e<sub>2</sub>):  
BCBSVT participates in the Vermont Blueprint for Health<sup>2</sup> program. The Vermont Blueprint for Health Manual, effective January 1, 2016, details the funding for both portions of the program: Community Health Teams (CHT) and Patient Centered Medical Homes (PCMH). The CHT funding is \$2.77 per patient per month (PPPM), where patients are members attributed to a PCMH. The PCMH funding was increased to \$3.00 PPPM with a maximum of \$0.50 of additional incentives for quality and performance on January 1, 2016. Based on Medicaid's projection for their population, we assumed that the average payment for PCMH would be \$3.25 PPPM.  
  
The expected 2017 Blueprint payment (CHT+PCMH) is \$6.02 PPPM. Based on membership figures through March 2016, BCBSVT projects that 60.3 percent of the QHP membership will be attributed to a PCMH. The projected Blueprint payment is therefore \$3.63 PMPM.
  
- Interplan Teleprocessing System (ITS) (e<sub>3</sub>):  
The BlueCard® Program gives BCBSVT members healthcare coverage wherever they go across the country and around the world. The fees associated with this program are independent of the amount of the claims and therefore solely dependent on utilization of BlueCard participating providers. As described below, we believe that the medical annual utilization trend is 1.0 percent and therefore these fees are expected to increase at the

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<sup>2</sup> <http://blueprintforhealth.vermont.gov/>

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same rate. The experience period fees (\$1.80 PMPM) are projected to grow to \$1.84 PMPM in 2017.

- Vermont Vaccine Purchasing Program Payments (e<sub>4</sub>):  
The Vermont Vaccine Purchasing Program<sup>3</sup> offers health care providers state-supplied vaccines at no charge by collecting payments from Health plans, insurers and other payers. This assessment is now based on a PMPM charge, which is a change from the previous year when it was based on claims. We applied the 2016 rates of \$10.73 per child and \$0.58 per adult to the experience period membership. The average PMPM for the experience period, \$1.88, was used as the expected cost for the projection period.
- Net Cost of Reinsurance (e<sub>5</sub>): BCBSVT uses reinsurance to protect itself against very high claims. Included in the Projected Index Rate is the net cost (reinsurance premium less expected reinsurance claims) of reinsurance. This PMPM cost (\$1.32) was calculated in BCBSVT Large Group Rating Program Filing (BCVT-130453174).

### 3.4.7. Trend Factors (cost/utilization):

The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment, and other financial reports. Claims incurred between January 1, 2013 and December 31, 2015, completed through February 29, 2016, were used in the analysis. Completion factors are applied to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from the single risk pool and groups with 51-100 employees that either joined the single risk pool in 2016 or are expected to purchase QHPs in 2017 (as described in section 3.4.1). The data excludes members in the Individual Market who voluntarily cancelled (as described in section 3.4.3)

### Medical Trend Development

Using the historical contracted reimbursement schedules, we calculated network factors that represent the different contracts. Using these factors, we can modify the claims to reflect only one contract. From there, we can observe the historical cost increases using all claims information.

Medical Trend is composed of three pieces: cost, utilization and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. Historical experience is normalized for contract changes and then analyzed to derive a utilization trend in the absence of unit cost changes. Future unit cost trends are developed on a discrete basis, using the most recent round of contract negotiations as a starting point. The overall trend is the product of these two components.

### Utilization

Contract changes for the entirety of the experience period were measured explicitly for each facility within our service area, as well as the three largest physician groups.

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<sup>3</sup> <http://healthvermont.info/hc/imm/VaccinePurchasingPoolPilotProgram.aspx>

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Increases were measured for fee schedules and other chargemasters by applying each schedule to a market basket of services. The market basket was defined by using Current Procedural Terminology (CPT) codes & CPT modifier combinations that were present in each of the effective periods the schedules covered. Using the same experience period data used throughout the trend analysis, total allowed costs for the selected combinations of CPT and CPT modifier were compared under each schedule to estimate the percentage increase. For contracts under DRG arrangements, we compared the charge for the 1.000 DRG service for each period. Finally, for services under a discount of charge arrangement, we used the contracted chargemaster increase provided by our Provider Contracting department.

This accounted for about 82 percent of allowed claims dollars during the experience period. Costs for other claims are primarily for out-of-area services. Contracting changes for these claims were derived from the Fall 2015 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

Claims were normalized to the December 2015 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through December 2015. The derived trend for other claims was assumed to be continuous. Please see Exhibit 3A for an illustration of this approach.

Shown on Exhibit 3B is the resulting array of allowed PMPM claims costs, before and after normalization for contract changes for the continuing members. We performed regressions on a number of periods. Results vary from -1.0 percent (most recent 36 months through December 2015) to +3.5 percent (most recent 24 months through December 2015). With the difficult start to the Exchange and the option to delay enrollment into a QHP until April 2014, the claims utilization in the last few months of 2013 were much higher than expected and the early months of 2014 were much lower than expected. This is skewing both the 24-month and the 36-month regressions, which is why we have decided to use the 18-month regression as a starting point.

Utilization is influenced by the richness of a product and, as shown on Exhibit 3C, when benefits get richer over time, the utilization will increase. To adjust for this phenomenon, we calculated the average induced utilization factor, based on the actuarial values of the plans in the experience and adjusted each month to reflect the benefits in place in December 2015. Utilization is also influenced by age. We adjusted the result for aging using the Milliman Health Cost Guidelines by calculating the average age-gender factors for each year included in the regression.

Calendar Year	Member Months	Average Age-Gender Factor	Aging Adjustment
2014	741,844	1.2165	
2015	803,735	1.2175	1.001

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The utilization trend is 1.7 percent, calculated as follows:

Utilization Trend from Unadjusted Data	2.5%
Adjustment for Benefits (= 1.018/1.025)	0.993
Adjustment for Aging (= 1/1.001)	0.999
Adjusted Utilization Trend (= 1.025 x 0.993 x 0.990)	1.7%

Although we adjusted the regression to account for unexpected seasonal patterns in 2014, we believe that our utilization trend is still skewed upward by these patterns and potential up-take in 2015. We therefore selected 1.0 percent for the projected utilization trend.

Unit Cost

Unit cost trends were largely derived from observations of recent contracting and provider budgetary changes.

During calendar year 2015, about 53 percent of total claims dollars were provided by Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). We have assumed that the GMCB would approve hospital budgets for October 1, 2016 and October 1, 2017 that support identical commercial increases as that approved for October 1, 2015. Based upon that assumption, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the EPO network used for Qualified Health Plans. In addition to those increases, we made an adjustment to reflect the lower charges from Rutland Regional Medical Center starting on May 1, 2016<sup>4</sup>.

Similarly, we assumed for other providers within the BCBSVT service area that overall 2016 and 2017 budget increases would be identical to those implemented during calendar 2015. Again, the provider contracting and actuarial departments worked together to assess the impact these increases would have on contract negotiations specific to the EPO network used for Qualified Health Plans.

Finally, unit cost increases for providers outside the BCBSVT service area were derived from the Fall 2015 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

The results of the analysis are summarized in the below chart:

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<sup>4</sup> [http://gmcboard.vermont.gov/sites/gmcboard/files/Meetings/Rutland\\_3\\_31\\_16\\_FY15\\_MidYearCheckIn.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/Meetings/Rutland_3_31_16_FY15_MidYearCheckIn.pdf)

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Annual Reimbursement Changes due to Budget Increases and Contracting Season

	Percent of Total Allowed Claims	FY 2016 Unit Cost Increases	Assumption to 2017	Total Annual Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	53.0%	4.2%	2.9%	3.5%
Other facilities and providers	47.0%	3.0%	3.2%	3.1%
Total	100.0%	3.6%	3.1%	3.3%

**Overall Medical Trend**

Our selected trend assumptions are 1.0 percent for utilization (including intensity) and 3.3 percent for unit cost increases, resulting in an overall medical trend assumption of 4.3 percent.

**Pharmacy Trend Development**

ESI has been the pharmacy benefits manager for BCBSVT since July 2009. The initial ESI contract was for a period of 3 years; a new contract became effective July 2012 and July 2015. As mentioned in section 3.4.6, in previous filings, we included the impact of contracting changes in the cost trend assumption. In this filing, we removed the contract adjustment from the cost trend calculation and added a factor to the overall trend calculation to account for the contracting changes. Accordingly, we based our cost trend calculation on Average Wholesale Price (AWP), which does not reflect contracted discounts, instead of contract-adjusted allowed charges as in previous filings.

With the emergence of new and expensive specialty drugs, as well as the increasing shift to generics as more brand drugs come off patent, we analyzed the components of trend (cost and utilization) separately for Brands, Generics, and Specialty drugs. We have projected the generic dispensing rate (GDR) based on the brand drugs that are scheduled to lose patent in the next few years. Specialty drugs are very high cost drugs with low utilization. Because of their relative infrequency, it is more appropriate to look at the overall PMPM trends for these drugs rather than separate cost and utilization components. The overall pharmacy trend is then calculated by combining the separate projections.

**Non-Specialty Drugs**

Exhibit 3D provides the monthly and the 12-month rolling data, along with the corresponding year-over-year and exponential regression trends, for non-specialty drugs. These are shown separately for the generic cost, brand cost, and overall non-specialty utilization categories. The number of days supply, rather than the number of scripts, is used to normalize for changes in the days supply per script (e.g. increased use of 90-day fills). Because there are several popular brand drugs that have become generic during the experience period, or will become generic during the projection period, we have combined the data for generic and brand drugs for the purpose of analyzing utilization patterns (the separate GDR projection is applied to the total

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projected utilization to arrive at brand and generic components). The regressions use 24 data points on the monthly data, in order to best capture an adequate amount of the most recent history of drug costs. We selected the regressions for the period ending December 2015 for both Generic and Brand cost trend. For the utilization trend, we selected the 18 months regression for the period ending December 2015. As previously described for the medical utilization, with the difficult start to the Exchange and the option to delay enrollment into a QHP until April 2014, the claims utilization in the last few months of 2013 were much higher than expected and the early months of 2014 were much lower than expected. This is skewing the 24 months regression, which is why we have decided to use the 18 months regression as a starting point.

As described above, utilization trends should be adjusted for changes in benefits and aging. To calculate the impact of the change in benefit, we compared the utilization regression with and without the benefit adjustment for the period ending December 2015, as shown on Exhibit 3E. We then adjusted the utilization trend for aging.

The utilization trend is 1.4 percent, calculated as follows:

Utilization Trend from Unadjusted Data	3.5%
Adjustment for Benefits (= 1.015/1.035)	0.981
Adjustment for Aging (= 1/1.001)	0.999
Adjusted Utilization Trend (= 1.035 x 0.981 x 0.999)	1.4%

Although we adjusted the regression to account for unexpected seasonal patterns in 2014, we believe that our utilization trend is still skewed upward by these patterns and potential up-take in 2015. We therefore selected 0.5 percent for the projected utilization trend.

Based on our current distribution of days supply, for all members, and a list of brands expected to move to generic in the period during which these trend rates will be in effect, as provided by ESI, we estimate that GDR will reach 88.9 percent in the projected period, as shown on Exhibit 3F. It is important to note that care must be taken in projecting the GDR to avoid the simplistic assumption that generic shift will continue at historical levels. Generic conversion is a very discrete function - while specific dates for generic launches may be impacted by ongoing litigation, the list of brand drugs losing their patent protection is well-recognized in the industry. Furthermore, generic substitution protocols have increased generic substitution rates to well over 99 percent where such switches are clinically viable. For the above reasons, it would be actuarially inappropriate to base a future GDR assumption on a linear projection of past increases, which is why we have chosen to take a far more detailed, and more discrete, approach.

Utilization for brand drugs losing or expected to lose their patent protection from calendar year 2015 through the projection period is summarized by month. Because Average Wholesale Price (AWP) and effective discounts do not change significantly for most new generic drugs until the six-month exclusivity period has closed (that is, when the generic becomes “multi-source”), monthly utilization for the year ending December 2015 is projected through six months following each generic launch date (i.e. we assume the same days of supply in December 2016 as we had in December 2015, and so on). After that time, all utilization is expected to shift to generic. We

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assume drugs with no generic exclusivity period will switch to generic immediately after the patent expires.

## Specialty Drugs

The introduction of new specialty drugs for the treatment of hepatitis C in January 2014 required an adjustment to the trend calculation for specialty drugs. The high cost of the drugs skews the specialty trend, making it higher than we believe is warranted. Other high-cost or high-utilization drugs have also entered the market recently, such as Orkambi, a treatment for cystic fibrosis with an annual cost of almost \$250,000, and PCSK9 inhibitors like Repatha, used to treat high cholesterol in patients with the genetic disease familial hypercholesterolemia (FH). To accurately capture the effect of these new drugs on specialty trend, we removed their claims from the experience to calculate a trend rate to apply to these non-excluded claims. We trended those claims forward at the calculated rate for 27 months, then added back in our projections of claims for the new treatments (hepatitis C drugs, Orkambi, and PCSK9 inhibitors). We used the total restated projected claims to calculate a restated specialty trend.

Exhibit 3G, Page 1 shows the calculation of specialty trend both for all specialty drugs and for specialty drugs excluding the new treatments described above. For our regressions, we chose 24 points of 12-month rolling data to capture the most recent history of drug costs. Rolling 12-months regression is more appropriate for specialty drugs because of the low-frequency, high-cost nature of these drugs. The total specialty trend is 25.0 percent. Removing the large cost increases associated with the new treatments results in a 13.3 percent trend for the remaining specialty drugs.

For the same reasons stated above, we then adjust the results for aging. Using the Milliman Health Guideline factors, we calculated the average age-gender factors for the continuing population.

Calendar Year	Member Months	Average Age-Gender Factor	Aging Adjustment
2013	770,784	1.2019	
2014	741,464	1.2164	
2015	803,735	1.2175	= (1.2175/1.2019) <sup>0.5</sup>

To project the expected cost of hepatitis C treatment in the rating period, we began by looking at actual hepatitis C claimants in 2014 and 2015. Based on the actual claimants and estimates provided by ESI, we project 40 hepatitis C claimants in 2017

There are several different drugs available for the treatment of hepatitis C (Sovaldi, Viekira Pak, Harvoni, and Olysio are in our experience), but the only drug that will be on ESI's formulary in 2017 is Viekira. Viekira is available in 3- and 6-month treatments. In our experience, roughly 2/3s of claimants receive the 3-month treatment and 1/3 receive the 6-month treatment, so the average claimant receives four months of the drug.

In our previous filing, we had estimated the cost of four months of Viekira at \$72,000. This price was based on an expected discount due to the exclusivity arrangement between ESI and the manufacturer of Viekira. Viekira claims are now part of our experience with a monthly cost of

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almost \$30,000. There is no discount reflected in the claim, however we do receive large rebates from ESI for Viekira claims. As drug rebates are credited to groups in a separate part of the renewal formula, we used the claim cost of \$30,000 per month in the trend development. At this cost, 40 claimants with an average treatment of four months have a projected 2017 cost of \$4.6 million.

PCSK9 inhibitors such as Repatha are used to treat high cholesterol. BCBSVT's current policy is to approve PCSK9 inhibitors for the treatment of familial hypercholesterolemia (FH), a genetic disease characterized by very high levels of cholesterol in the blood. Current incidence studies suggest that 200 persons per 100,000 lives are diagnosed with FH. Another indication for these drugs is for patients who have had a heart attack and then failed two different high-dose statins for 60 days. Based on current membership, we project 152 members will use a PCSK9 inhibitor in 2017. With an annual cost of about \$13,750, the projected total is \$2.1 million.

Orkambi is a drug used in the treatment of cystic fibrosis. In particular, it is used to treat a specific mutation of the disease that is found in roughly 50 percent of cystic fibrosis patients. Orkambi is prescribed to patients age 12 and older. We assumed that 50 percent of our members diagnosed with cystic fibrosis who are at least age 12 will take Orkambi. Orkambi has an annual cost of \$247,000 and we project 8 members will use it. The projected cost for those members is \$2.0 million.

One final adjustment to the projected specialty claims deals with a class of drugs called biosimilars. Biosimilars are functionally equivalent to biologic drugs, which are produced in a lab using recombinant DNA technology. Biosimilars have a lower cost than their equivalent biologic drugs. Humira, a biologic, was our highest cost drug in 2014. The FDA has recently approved a biosimilar for Humira that will be available sometime in the fall of 2016. For the 2017 projection period, we anticipate the cost of the biosimilar will be 10 percent less than the cost of Humira, which current cost \$4,200 per month. We will not be requiring existing Humira patient to switch to biosimilars but intend to direct new patients to the biosimilars. Based on recent data, the number of patients on this drugs has been fairly stable, which on average three patients no longer needing the drugs each month and three new patients each months. In December 2015, we had 81 members who filed a script for Humira. Assuming that we will start to direct new patients to biosimilars in September 2017, we expect 378 of the 972 projected Humira scripts to instead be biosimilar, which will result in a \$158,200 reduction in claims.

To calculate the effective trend, we started with the pharmacy claims from the calendar year 2015 removed the claims for hepatitis C drugs, PCSK9 inhibitors, and Orkambi. We then trended the remaining claims at a 12.6 percent rate for 24 months and added the incremental cost of hepatitis C treatments, PCSK9 inhibitors, and Orkambi for a total restated projected claims. Using this method, the restated effective specialty drug trend is 17.7 percent. See Exhibit 3G, Page 2 for details.

### Overall Pharmacy Trend

For this filing, we have removed the contract adjustment factor from the cost trend assumption and included it as a separate factor in the index rate calculation (see section 3.4.6).

Exhibit 3H summarizes the trends calculates our total allowed pharmacy trend as 10.2 percent.

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## Overall Total Trend

To adjust the Experience Period Index Rate for the trend factors described above, we started with the experience period claims, adjusted for changes in network and impact of the change in the Small Group definition, and applied cost and utilization to both Medical and Pharmacy claims. The resulting factors (1+d<sub>1</sub> and 1+d<sub>2</sub> on Exhibit 5) are calculated on Exhibit 3I.

### **3.5. Credibility of Experience**

BCBSVT's experience period had 766,083 member months and is therefore fully credible.

### **3.6. Credibility manual rate development**

Since BCBSVT's experience is fully credible, no manual rate was needed in the development of rates for the experience period EHB.

**3.6.1. Source and Appropriateness of Experience Data Used: Not Applicable**

**3.6.2. Adjustments Made to the Data: Not Applicable**

**3.6.3. Inclusion of Capitation Payments: Not Applicable**

### **3.7. Market Adjusted Index Rate**

The Market Adjusted Index Rate (line H of Exhibit 5) is \$559.11. This is calculated by adjusting the Projected Index Rate (line F of Exhibit 5, \$560.66) for allowable market-wide modifiers described below.

#### **3.7.1. Projected Risk Adjustments PMPM:**

BCBSVT received a risk adjustment transfer for the combined market and paid out a risk adjustment transfer for the catastrophic market for the 2014 calendar year<sup>5</sup>. On March 18, 2016, CMS published an Interim Summary Report on Risk Adjustment for the 2015 benefit year<sup>6</sup>. Since Vermont was deemed Eligible for the interim report, we received preliminary information on the state averages and BCBSVT detailed information. Using those two sources of data, BCBSVT estimated the 2015 transfer payment. From the interim information, we noticed that our plan average liability risk score (PLRS) was lower than in 2014 in relationship to the average for the combined market. This is due to the PLRS for the other carrier in the market increasing at a more rapid rate than BCBSVT's PLRS. To project the 2017 transfer payments, we assumed that BCBSVT would continue experience lower PLRS due to the assumption that the other carrier is engaging in coding growth initiative. The projected overall risk adjustment receivable for 2017 is \$1,268,182, or \$1.36 PMPM.

Since the Market Adjusted Index Rate is on an allowed claims basis, we adjusted the net projected risk adjustment payment by the average paid to allowed ratio (from Exhibit 6C).

<sup>5</sup> <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RI-RA-Report-REVISED-9-17-15.pdf>

<sup>6</sup> [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/InterimRARReport\\_BY2015\\_5CR\\_031816.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/InterimRARReport_BY2015_5CR_031816.pdf)

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As described in the Final Notice of Benefits and Payment Parameters for 2017 rule (81 F.R. 12204), the per capita risk adjustment user fee, used to fund the HHS-risk adjustment program, is \$1.56 per enrollee per year.

The overall market-wide adjustment (line g<sub>1</sub> of Exhibit 5) for the risk adjustment program is (\$1.55) as shown on Exhibit 4.

## 3.7.2. Exchange User Fees

BCBSVT does not expect Vermont Health Connect to charge a user fee for 2017.

## 3.8. Plan Adjusted Index Rates

### 3.8.1. Plan Adjustment - Actuarial Value and Cost Sharing adjustment

This plan adjustment, as shown on Exhibit 6A, is reflected by two factors:

- Benefit Richness Adjustment
- Paid to Allowed Ratio

The experience used to calculate the benefit richness adjustment and the paid to allowed ratio is our calendar year 2015 data, adjusted by the network, changes in Small Group definitions and trend factors (1+c<sub>2</sub>, 1+b<sub>1</sub>, 1+c<sub>2</sub>, 1+d<sub>1</sub>, 1+d<sub>2</sub> of Exhibit 5). To better model family benefits, we only included members who maintained their tier type (Single versus Family) throughout the year. This adjusted experience was then used to model each plan. The model re-adjudicates claims by starting with the allowed charges and applying appropriate cost sharing for each service. The model generates the projected average paid claims for each benefit, which is used to calculate a paid to allowed ratio.

#### 3.8.1.1. Benefit Richness Adjustment

The Benefit Richness Adjustment is the counterpart of the Change in Benefit projection factor (1+c<sub>1</sub> line on Exhibit 5) described in Section 3.4.3. This factor represents the different projected utilization for each plan based solely on benefit design. To calculate this adjustment, we first calculated a base paid to allowed ratio, to which the HHS formula for induced utilization was applied.

For this factor, we summarized the data described above by subscriber and re-adjudicated the claims for each plan to calculate a subscriber level paid to allowed ratio. We then applied the HHS Induced Utilization formula ( $IU=AV^2-AV+1.24$ ) to the base paid to allowed ratio.

These factors were normalized using the projected membership to ensure that the total adjustment was 1.000. The plan level adjustment for benefit richness calculated by applying the benefit richness adjustment to vary by base benefit and 1.000 for non-system claims, pediatric dental claims, pediatric vision claims and market-wide adjustment. See Exhibit 6B for details.

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## 3.8.1.2. Paid to Allowed Ratio

To calculate the paid to allowed ratio, we adjusted the starting allowed charges described in the previous section by the benefit richness adjustment and re-adjudicated the benefits. The paid to allowed ratio in previous filing represented a single member benefit applied to all members and was then adjusted by a family tiering factor to reflect the impact of family deductibles and out-of-pocket. In this filing, the paid to allowed ratio includes both components. We then added the additional EHB paid and allowed, and the non-system claims and market-wide adjustment amounts in both paid and allowed. Finally, we calculated the overall expected paid to allowed ratio. Please see details in Exhibit 6C.

Late in the day on May 9, 2016, we received an updated benefit design for the Standard Bronze CDHP plan. We estimate that this change would increase the paid-to-allowed ratio by 0.07 percent. Because of the timing of the announcement, we were not able to make changes with adequate peer review prior to filing (note that we have updated Exhibit 1A to reflect the final plan design). We consider this change to be de minimis, and therefore believe that the rates in this filing are adequate.

In the URRT, the Paid to Allowed Average Factor is the weighted average expected claims cost, including non-EHB benefit and excluding market-wide adjustments (\$446.42) divided by projected allowed charges (\$560.76). As shown in Section 3 of Worksheet 1 of the URRT, the paid to allowed average factor is 79.6 percent.

## 3.8.2. Provider Network, Delivery System and Utilization Management adjustment: Not Applicable

## 3.8.3. Adjustment for benefits in addition to the EHBs:

BCBSVT is removing an exclusion for routine circumcision. Based on recent information from the American Academy of Pediatrics, there is new evidence that “the health benefits of newborn male circumcision outweigh the risks but the benefits are not great enough to recommend universal newborn circumcision.”<sup>7</sup> On the basis of this evidence, our Medical Directors have recommended that we add coverage for this procedure. Based on historical data from groups that had already removed the exclusion, we estimate the additional cost to be \$0.10 PMPM of allowed charges. Applying the same paid to allowed ratio to this benefit as to the EHB benefit, we calculate an adjustment of 1.0002, as shown on Exhibit 6A.

## 3.8.4. Impact of specific eligibility categories for the catastrophic plan

This plan adjustment includes two components of the impact of the specific eligibility categories for the catastrophic plan. Both of these adjustments are based on the eligible population. The eligible population includes Vermont residents that are under age 30 and residents age 30 and over who would find the lowest cost plan to be more than 8 percent of their income. We used our current enrollment in the Catastrophic plan as a proxy for eligibility and adjusted the projected members that would qualify under the hardship rule to account for the increase

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<sup>7</sup> <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/newborn-male-circumcision.aspx>

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premiums. We project that 94.4 percent of the population eligible for this product will be under age 30.

To adjust for the eligible population, we first calculated the adjustment for the impact on the pricing actuarial value of the expected lower allowed charges of the group eligible to enroll in the catastrophic plan. This was calculated by splitting the experience used to calculate the Pricing Actuarial Value into two populations (Under and Over 30) and re-adjudicating for the catastrophic benefit. Using the projected eligible members as weights, we calculated that the overall expected allowed charges are 0.5717 of the total allowed charges. We then adjusted the paid to allowed ratio based on the weighted average paid to allowed ratio from both populations. This factor is 0.8798.

These factors were applied to the EHB portion of the Projected Period Index Rate. Because this adjustment doesn't impact the Non-System claims and Market Wide Adjustment, we calculated the Expected Claims cost and backed into the plan level adjustment for the impact of eligibility.

The total adjustment for the specific eligibility categories for the catastrophic plan is 0.5042. See Exhibit 6D for details.

**3.8.5. Adjustment for distribution of the administrative costs**

**3.8.5.1. Administrative Expense Load:**

BCBSVT Administrative Expense load was not initially calculated as a percent of premium adjustment. This adjustment is the sum of the following fees:

- **BCBSVT Base Administrative Charges**  
To develop the Base Administrative Expenses PMPM, we used calendar year 2015 data from both individual and small group members enrolled in a QHP. During 2015, BCBSVT completed an extensive cost accounting study. The base administrative expenses reflect this new allocation and is reflecting the operating cost relating to membership in this filing. The starting PMPM for the base administrative charges is \$32.93 PMPM.

The QHP population is comprised of Individuals who have to enroll through the Vermont Health Connect (VHC) website and Small Groups who can enroll directly with BCBSVT. The experience period base administrative for Individual was \$37.97 PMPM compared to \$28.99 PMPM for members in Small Groups.

Starting in 2016, individuals who are not receiving subsidies can enroll directly with BCBSVT, either by phone, by mail or online. We project that for 2017, 7,500 members will elect to enroll directly with BCBSVT.

Since the projected mix between directly enrolled members and VHC enrolled members differs from that in the experience period, we have reduced the base administrative charges by 2.2 percent to reflect the different membership mix.

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	Enrolled through VHC	Directly Enrolled with BCBSVT	Total
Experience Member Months	336,288	429,765	766,083
Experience PMPM	\$37.97	\$28.99	\$32.93
Projected Period Membership	49,830	27,708	77,538
Projected PMPM			\$32.20
Impact			= \$32.20/\$32.93 = 0.9778

We have removed one-time expenses related to the resource augmentation of certain enrollment functions during calendar 2015, as we do not expect these expenses to recur in future years. This reduced base period expenses by \$0.33 PMPM.

The remaining charges (\$31.87 PMPM) are projected to 2017 using a 2.4 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. We assume that personnel costs (wages and benefits) will increase by 3 percent annually, the budgeted wage increase for 2016, over the projection period. Other operating costs are assumed to remain flat. We have calculated that 78.4 percent of our administrative costs are for salaries and benefits. We are therefore increasing our projected administrative expenses by the weighted average of 2.4 percent per annum.

		BCBSVT Totals	Percent of Total
Employee costs:	$A = a_1 + a_2$	<u>\$41,155,334</u>	<u>56.1%</u>
Salaries and taxes	$a_1$	\$30,898,129	
Benefits	$a_2$	\$10,257,205	
Purchased services	B	\$20,832,680	28.4%
Other operating costs	C	<u>\$11,363,516</u>	<u>15.5%</u>
Total Administrative Expenses	<u>A + B + C</u>	\$73,351,530	100.0%
BCBSVT Personnel Cost	$A / (A + C)$		78.4%

An examination of historical administrative charges will show a decreasing trend in recent years, driven primarily by membership increases and non-recurring incremental cost and savings initiatives.

2017, we project an increase in total membership, mostly due to the new enrollment from Vermonters previously covered by Medicaid. We calculated enterprise-wide PMPM administrative charges with both experience period enrollment and projected 2017 enrollment, and found that charges decreased by 1.7 percent with the increase in projected enrollment. We assumed that variable costs represent half of the increase, and therefore applied a decrease of 0.8 percent to the base PMPM charges to account for the increase in membership.

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Summary of Base Administrative Charges Calculation

Experience Base Administrative Charges	A	\$32.93
Adjustment for Membership Mix	B	0.9778
Adjusted Administrative Charges	$C = A \times B$	\$32.20
Exclusion of non-recurring expenses	D	(\$0.33)
Adjustment for Projected Membership Increase	E	0.9915
Trend Projection (2 years)	F	1.0476
Projected Base Administrative Charges	$G = (C-D) \times E \times F$	\$33.10

- Charges for Outside Vendors

- CBA Dental and VSP Vision

These benefits are being administered by third party administrators. The administrative fees are charged for eligible members only. The ratio of eligible members to total members, based on the projected QHP population split between adult and child, was applied to get the per member per month charge.

- Health Equity

All QHP members are eligible for HRA and/or HSA Integration service. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into Health Savings Accounts (HSA). All plans are also eligible for this service with Health Reimbursement Accounts (HRA). To calculate these fees, we used the experience of members that are already enrolled in this program and compared it to all members enrolled in a QHP plan in the first quarter of 2016.

- Blue Rewards Program

Under this program, BCBSVT will reward members with credits via a debit card for the following wellness activities:

- Completing an online health assessment
- Setting personal health goals online
- Having a physical exam
- Having a routine eye or dental exam

Based on participation projection from the Marketing and Product department, we estimate that the cost of this program to be \$2.32 PMPM for Blue Rewards plans only.

The total of these charges adds up to 6.9 percent of premium. The details of the administrative charges are on Exhibit 7A.

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## 3.8.5.2. Profit (or Contribution to Reserves) & Risk Margin:

- Contribution to Reserves

The filed rates include a two percent contribution to reserves (CTR). A contribution to reserves is required in order to maintain an adequate level of surplus. Surplus is a critical consumer protection that allows subscribers to receive needed care and providers to continue to receive payments in the event of unforeseen adverse events that may otherwise impact BCBSVT's ability to pay claims. We believe that a long-term CTR of two percent represents an adequate, yet not excessive, contribution to reserves. CTR at this level allow us to manage short-term fluctuations in order to maintain Risk-Based Capital (RBC) levels that are within our established, modest target range.

As demonstrated in section 1 of Exhibit 7B, a contribution to reserves of 3.8 percent would be required to maintain RBC levels in light of increases in total claims costs in QHP products during 2017. While increases due to per member per month claims costs alone would require a lower CTR (approximately 1.7 percent for this filing), anticipated membership increases resulting from the State's Medicaid eligibility reverification yield a substantially higher total premium estimate, and therefore a higher CTR requirement.

BCBSVT believes that CTR should be managed to an adequate long-term level, rather than fluctuating significantly from year to year with changes in membership and health care cost trend. For this reason, we have continued to file a CTR of 2.0 percent for 2017. It is our expectation that our future filings will also include a 2.0 percent contribution to reserves. While this amount may exceed or fall below that required to maintain RBC in any given future year, maintaining an adequate long-term assumption will allow us to avoid rate shocks in years of expected high growth in membership, such as 2017.

Furthermore, an adequate long-term contribution to reserves should exceed the minimum required to keep pace with increases in total claims costs. While best estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to render a company insolvent. This is the basic tenet of classical ruin theory.

There are many examples of risk to surplus. The rating cycle is 24 months in duration, meaning that rate deficiencies may persist for an extended period in an increasing trend environment. Regulatory action can have a meaningful impact on surplus when required rate increases are not approved. Membership growth creates a need for additional RBC, much in the same way as trend. Finally, unusual events such as a flu epidemic or new technology may create a one-time shock to capital. A relevant example of the latter is the ongoing development of very expensive but clinically effective specialty pharmaceuticals. Should such a medication become widely prescribed, the cost could immediately bring us below our target RBC range. While we choose not to recognize the non-zero probability of such events directly in our pricing, it is necessary to include a sufficient margin for contingent events in CTR such that RBC can be maintained within the target range established in conjunction with state regulators.

Maintaining an adequate RBC level is critical for any insurer. Consequences of low RBC include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, and a reduced ability to attract or retain business or to handle

# BLUE CROSS BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING ACTUARIAL MEMORANDUM

membership growth. Stability is particularly important in times of unprecedented change, such as the continuing evolution of Vermont Health Connect and the health care reform environment.

BCBSVT must remain financially strong in order to continue to provide Vermonters with outstanding member experiences, responsible cost management and access to high value care. We are therefore filing for a 2.0 percent contribution to reserve, which represents the long-term level necessary to maintain Risk-Based Capital (RBC) levels that are within our established, modest target range in the face of short-term membership and/or health care cost trend fluctuations.

- Other Risk Margin:

Under the ACA, enrollees who are receiving APTC have a three month grace period to pay premiums, and enrollees who are not receiving APTC have a one month grace period. For both these populations, the State requires the insurer to pay for claims incurred in the first month of the grace period even if premium is never collected. This uncollected premium is considered bad debt. To ensure that BCBSVT collects enough premium on the total pool to cover the 30-day grace periods, we need to include a risk margin for bad debt of 0.25 percent.

Details of Contribution to Reserve and Risk Margin for Bad Debt by product are on section 2 of Exhibit 7B.

### 3.8.5.3. Taxes and Fees:

The proposed rates include on average 0.9 percent in Taxes and Fees. These taxes and fees are both from the State Government and the Federal Government.

The Health Care Claims Tax (HCCT) levied by the State of Vermont totals 0.999 percent of claims.

The fees collected by the Federal Government include Patient Centered Outcomes Research Institute Fee (PCORI) and the Federal Insurer Fee. The PCORI fee is estimated at \$2.35 per member per year, or \$0.20 per member per month.

The Federal Insurer Fee is intended to help pay for some provisions in the Affordable Care Act. The Consolidated Appropriation Act of 2016 temporarily suspended this fee for 2017 only.

Details of the Taxes and Fees by product are on Exhibit 7C.

### 3.8.6. AV Pricing Values

As described in the 2017 Unified Rate Review Instructions, 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”. These adjustments are described in detail in preceding parts of Section 3.8. See Exhibit 7D for details by product.

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**3.8.7. Calibration**

Age, Tobacco, and Geographic factors are not allowed in Vermont. Therefore no calibration is required.

**3.8.8. Projected Loss Ratio**

Per CMS instructions dated January 30, 2015, the MLR calculation will be performed at the combined market level with a minimum requirement of 80 percent. We project that the overall Loss Ratio, using the federally prescribed MLR methodology for the combined market, will be 90.9 percent. See Exhibit 8 for details.

**3.9. Consumer Adjusted Premium Rate Development**

The Consumer Adjusted Premium rates are displayed on Exhibit 9. Since rate factors for age and geography are not allowed in Vermont, the only adjustment is the application of rating tier factors. Vermont has predetermined the tier factors for QHP plans. Using those tier factors, our projected membership by tier and the average members per subscriber, we calculate that the contract conversion factor to convert from PMPM to Single Rate is 1.1107.

Rate Structure	Single	Couple	Adult + child(ren)	Family	Average
Vermont Tier Factors	1.000	2.000	1.930	2.810	1.4733
Tier weights	63.3%	19.7%	3.6%	13.4%	100.0%

Average Members per Subscriber	1.6364
Contract Conversion Factor	= 1.6364/1.4733 = 1.1107

The Consumer Adjusted Premium Rates are shown on Exhibit 9.

**3.10. Small Group Plan Premium Rates**

All Small Groups must renew on 1/1/2017 according to the combined market rules. BCBSVT will not file small group rates for Q2-Q4 2017.

**4. ADDITIONAL INFORMATION**

**4.1. Terminated Products**

BCBSVT will not be terminating any product prior to 01/01/2017.

**4.2. Plan Type**

Our plan type is EPO.

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**4.3. Warning Alerts**

There are no warning alerts in the Unified Rate Review Template.

**5. RELIANCE AND ACTUARIAL CERTIFICATION**

**5.1. Reliance**

For the metallic AV values of the standard plans we relied upon the certification provided by Julie A. Peper, FSA, MAAA, Director and Senior Consulting Actuary with Wakely Consulting. (Attachment A)

**5.2. Actuarial Certification**

The purpose of this rate filing is to provide the rates and a description of the rate development for the Qualified Health Plans that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer in 2017. These calculations are not intended to be used for any other purpose. This memorandum documents the methodology used to calculate the AV Metal Value for each Qualified Health Plan offered by BCBSVT in 2017, the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, that the Index Rate is developed in accordance with federal regulations, and that the Index Rate along with allowable modifiers are used in the development of plan specific premium rates.

I, Paul A. Schultz, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work described herein.

In my opinion, the projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations (including 45 CFR 156.80 and 147.102), has been developed in compliance with the applicable Actuarial Standards of Practice, is reasonable in relation to the benefits provided and the population anticipated to be covered, and is neither excessive nor deficient. The calculations and results are appropriate for the purpose intended.

The Index Rate and 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. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.

I have relied upon the certification of AV Metal Value provided by the State for Standard Plans, and attached hereto. Metal AVs for Blue Rewards (Non-Standard) Plans were determined using the AV calculator, or in accordance with the requirements of 45 CFR 156.135(b)(3), as described in the attached actuarial certification.

Data used in this filing were reviewed for reasonableness, but no audit was performed.

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The Part I Unified Rate Review Template does not demonstrate the process used by the issuer 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, is used consistently, and is only adjusted by the allowable modifiers.



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Paul A. Schultz, F.S.A., M.A.A.A.  
Chief Actuary  
Blue Cross and Blue Shield of Vermont  
May 11, 2016

# BLUE CROSS BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING PLAIN LANGUAGE SUMMARY

Blue Cross and Blue Shield of Vermont (BCBSVT) is committed to the health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch. By pooling the populations covered by our products, we protect individuals from the unaffordable and potentially ruinous costs associated with significant illnesses or injuries. Our products promote preventive care, health maintenance and health improvement, and we have in place strong utilization management programs that support members who require medical care and assure that they have access to high value care while avoiding unnecessary costs.

BCBSVT also works with providers to dampen cost increases through reimbursement strategies that include incentives to both provide and properly manage care. BCBSVT's vision is a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care. None of this work is possible unless BCBSVT remains financially strong, and that requires that we be allowed to charge rates that cover the medical expenses of the populations we serve.

The purpose of this rate filing is to provide the rates and a description of the rate development for Qualified Health Plans (QHPs) that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer effective January 1, 2017.

There are 42,527 contracts (70,423 members) currently enrolled in a BCBSVT QHP.

BCBSVT is proposing an average rate increase of 8.2 percent across all QHPs. Increases for specific QHPs range from 5.2 percent to 10.9 percent.

The starting point of any renewal rate analysis is an assessment of actual to expected claims cost experience results. The basis for this rate filing is calendar year 2015 experience. That experience was much higher than expected in the 2016 rate filing, driving a 6.3 percent increase in 2017 rates.

In the absence of mandated changes associated with the Affordable Care Act, a 9.1 percent increase would have been requested. In addition to the experience impact, various assumptions drive the balance of the increase:

- Amounts that providers are paid are expected to increase for the balance of 2016 and into 2017, generating a premium impact of 3.7 percent.
- The new pharmacy contract BCBSVT has negotiated with its Pharmacy Benefit Manager reduces the premium by 0.9 percent.
- An increase in administrative costs per member per month, driven largely by ongoing challenges coordinating with Vermont Health Connect, increased premium by 0.9 percent. BCBSVT administrative expenditures for members included in this filing remain below seven percent of premium.
- A contribution to reserves (CTR) is required in order to maintain an adequate level of surplus. BCBSVT believes that CTR should be based on an adequate long-term required level rather than fluctuating significantly from year to year with changes in total premiums. For this reason, we have continued to file a CTR of 2.0 percent for 2017, which

## **BLUE CROSS BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING PLAIN LANGUAGE SUMMARY**

is significantly lower than the amount required to maintain our current capital position relative to total QHP premium. Nonetheless, as this is greater than the CTR approved by the Green Mountain Care Board for 2016 QHP rates, this has the effect of increasing premiums by 1.0 percent.

- Other adjustments to the assumptions used in the 2017 rate development, including an assumption that that members who will enroll in our qualified health plans in 2017 will prove to be significantly healthier on average than those insured during calendar 2015, cumulatively have the effect of reducing the required rate increase by 1.9 percent.

Mandated changes associated with the Affordable Care Act combined for a net decrease to premium of 0.8 percent:

- The federal government assesses a charge on all health plans to subsidize QHP coverage for the three year-period between 2014 and 2016, through its Transitional Reinsurance Program. The subsidy will be eliminated in 2017, requiring groups and members to pay 2.3 percent more for their coverage. This is more than offset by a temporary suspension of the Federal Insurer Fee for 2017, resulting in a combined premium reduction of 0.4 percent.
- Some deductibles, out-of-pocket maximums and co-pays in QHPs remain unchanged from 2016 to 2017. As overall costs increase and the amounts that members pay in cost-sharing contributions stay the same, more of the total cost is transferred to premiums. This impact of 1.6 percent on premium was offset by a 2.0 percent decrease due to plan changes implemented by BCBSVT and the State of Vermont, for a net premium decrease of 0.4 percent.

BCBSVT started selling QHPs in January 2014. In its first two years, this line of business represented \$580 million of earned premium. Due to higher-than-expected actual claims and administrative charges, the line of business has incurred a cumulative loss of 0.6 percent. BCBSVT has not included any additional contribution to member reserves to offset this loss.

BCBSVT understands the importance of adequately funding our health care system, to keep it strong and accessible. Since the factors driving this rate increase are almost entirely driven by the cost and utilization of health care in Vermont, we believe that there is no way to further reduce these rates without underfunding the health care coverage on which Vermonters rely.

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont

A handwritten signature in cursive script, appearing to read "Ruth Greene", is written over a horizontal line.

Ruth Greene  
Vice President, Treasurer & Chief Financial Officer

5-11-16

Date

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	<b>Unified Rate Review v3.3</b>																							
2																								
3	Company Legal Name:	<b>Blue Cross and Blue Shield of VState:</b>																		<b>VT</b>				
4	HIOS Issuer ID:	<b>13627</b>																		Market: <b>Combined</b>				
5	Effective Date of Rate Change(s):	<b>1/1/2017</b>																						
6																								
7																								
8	<b>Market Level Calculations (Same for all Plans)</b>																							
9																								
10																								
11	<b>Section I: Experience period data</b>																							
12	Experience Period:	<b>1/1/2015</b>		to	<b>12/31/2015</b>																			
13		<u>Experience Period</u>		<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																		
14	Premiums (net of MLR Rebate) in Experience Period:	\$332,392,760		\$433.89	100.00%																			
15	Incurred Claims in Experience Period	\$292,325,366		381.58	87.95%																			
16	Allowed Claims:	\$384,634,210		502.08	115.72%																			
17	Index Rate of Experience Period			\$502.00																				
18	Experience Period Member Months	766,083																						
19																								
20	<b>Section II: Allowed Claims, PMPM basis</b>																							
21		<u>Experience Period</u>		<u>Projection Period: 1/1/2017 to 12/31/2017</u>				Mid-point to Mid-point, Experience to Projection:								24 months								
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>										
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>		<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>								
24	Inpatient Hospital	Admits	51.42	\$20,428.97	\$87.54	0.995	1.003	1.033	1.010		52.20	\$21,874.23	\$95.15	0.00	\$0.00	\$0.00								
25	Outpatient Hospital	Services	2,342.67	995.99	194.44	0.995	1.004	1.033	1.010		2,378.21	1,066.64	211.39	0.00	0.00	0.00								
26	Professional	Visits	7,756.87	173.82	112.36	0.995	1.001	1.033	1.010		7,874.55	185.65	121.83	0.00	0.00	0.00								
27	Other Medical	Visits	1,454.54	175.42	21.26	0.995	0.920	1.033	1.010		1,476.61	172.23	21.19	0.00	0.00	0.00								
28	Capitation	Benefit Period	16,131.00	4.67	6.28	0.995	0.715	1.033	1.010		16,375.72	3.56	4.86	0.00	0.00	0.00								
29	Prescription Drug	Prescriptions	14,046.28	68.52	80.20	0.995	1.097	1.097	1.005		14,118.54	90.38	106.34	0.00	0.00	0.00								
30	Total				\$502.08							\$560.76				\$0.00								
31																								
32	<b>Section III: Projected Experience:</b>		Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%		0.00%		<b>After Credibility</b>		<b>Projected Period Totals</b>					
33			Paid to Allowed Average Factor in Projection Period														\$560.76		\$521,764,754					
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM														\$446.37		\$415,324,744					
35			Projected Risk Adjustments PMPM														1.23		1,144,461					
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM														\$445.14		\$414,180,284					
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM														0.00		0					
38			Projected Incurred Claims														\$445.14		\$414,180,284					
39			Administrative Expense Load														6.91%		34.22					
40			Profit & Risk Load														2.25%		11.14					
41			Taxes & Fees														0.93%		4.61					
42			Single Risk Pool Gross Premium Avg. Rate, PMPM																\$495.11					
43			Index Rate for Projection Period																\$560.66					
44			% increase over Experience Period																14.11%					
45			% Increase, annualized:																6.82%					
46			<b>Projected Member Months</b>																<b>930,456</b>					
47																								
48																								
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

**Product-Plan Data Collection**

Company Legal Name: **Blue Cross and Blue Shield of Vermont**  
 HIOS Issuer ID: **13627**  
 Effective Date of Rate Change(s): **1/1/2017**

State: **VT**  
 Market: **Combined**

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	BCBSVT EPO (Small Group)				BCBSVT EPO CDHP (Small Group)		BCBSVT EPO (Individual)				BCBSVT EPO CDHP (Individual)			
	13627VT03								13627VT034					
Product ID:	13627VT032001				13627VT032002		13627VT032003		13627VT034001				13627VT034002	
Metal:	Platinum	Gold	Silver	Bronze	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Silver	Bronze	
AV Metal Value	0.891	0.820	0.715	0.613	0.700	0.609	0.620	0.891	0.820	0.715	0.613	0.700	0.609	
AV Pricing Value	1.115	0.980	0.846	0.716	0.838	0.719	0.389	1.115	0.980	0.846	0.716	0.838	0.719	
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
Plan Name	BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Bronze Plan	BCBSVT Silver CDHP Plan	BCBSVT Bronze CDHP Plan	BCBSVT Blue Catastrophic Plan	BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Bronze Plan	BCBSVT Silver CDHP Plan	BCBSVT Bronze CDHP Plan	
Plan ID (Standard Component ID):	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320004	13627VT0330001	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340005	13627VT0350001	13627VT0350002	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2	0.00%				0.00%		0.00%				0.00%		0.00%	
Historical Rate Increase - Calendar Year - 1	8.37%				5.77%		8.91%				5.75%		5.75%	
Historical Rate Increase - Calendar Year 0	4.91%				6.96%		4.52%				7.08%		7.08%	
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	
Rate Change % (over prior filing)	5.49%	6.12%	8.42%	8.61%	10.92%	9.76%	5.22%	5.49%	6.12%	8.42%	8.61%	10.92%	9.76%	
Cum'lative Rate Change % (over 12 mos prior)	5.49%	6.12%	8.42%	8.61%	10.92%	9.76%	5.22%	5.49%	6.12%	8.42%	8.61%	10.92%	9.76%	
Proj'd Per Rate Change % (over Exper. Period)	12.37%	13.71%	14.22%	13.69%	20.73%	17.74%	7.08%	12.37%	13.71%	14.22%	13.69%	20.73%	17.74%	
Product Rate Increase %	6.50%				10.62%		7.45%				10.71%		10.71%	

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

Plan ID (Standard Component ID):	Total	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320004	13627VT0330001	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340005	13627VT0350001	13627VT0350002
Inpatient	\$4.64	\$4.30	\$3.93	\$4.53	\$3.51	\$6.04	\$4.19	-\$0.80	\$4.30	\$3.93	\$4.53	\$3.51	\$6.04	\$4.19
Outpatient	\$10.31	\$9.56	\$8.73	\$10.07	\$7.80	\$13.42	\$9.32	-\$1.78	\$9.56	\$8.73	\$10.07	\$7.80	\$13.42	\$9.32
Professional	\$5.94	\$5.51	\$5.03	\$5.80	\$4.49	\$7.74	\$5.37	-\$1.02	\$5.51	\$5.03	\$5.80	\$4.49	\$7.74	\$5.37
Prescription Drug	\$5.19	\$4.81	\$4.39	\$5.07	\$3.92	\$6.75	\$4.69	-\$0.89	\$4.81	\$4.39	\$5.07	\$3.92	\$6.75	\$4.69
Other	\$1.03	\$0.96	\$0.88	\$1.01	\$0.78	\$1.35	\$0.93	-\$0.18	\$0.96	\$0.88	\$1.01	\$0.78	\$1.35	\$0.93
Capitation	\$0.24	\$0.22	\$0.20	\$0.23	\$0.18	\$0.31	\$0.21	-\$0.04	\$0.22	\$0.20	\$0.23	\$0.18	\$0.31	\$0.21
Administration	\$4.16	\$3.77	\$3.77	\$3.78	\$3.80	\$3.74	\$3.63	\$6.10	\$3.77	\$3.77	\$3.78	\$3.80	\$3.74	\$3.63
Taxes & Fees	\$0.90	-\$2.44	-\$0.49	\$1.65	\$3.37	\$2.11	\$3.47	\$7.38	-\$2.44	-\$0.49	\$1.65	\$3.37	\$2.11	\$3.47
Risk & Profit Charge	\$6.67	\$8.14	\$7.18	\$6.30	\$5.33	\$6.33	\$5.40	\$1.83	\$8.14	\$7.18	\$6.30	\$5.33	\$6.33	\$5.40
Total Rate Increase	\$39.08	\$34.84	\$33.63	\$38.44	\$33.19	\$47.79	\$37.21	\$21.60	\$34.84	\$33.63	\$38.44	\$33.19	\$47.79	\$37.21
Member Cost Share Increase	-\$5.12	-\$2.81	\$1.08	\$5.69	\$2.79	\$0.10	\$3.80	-\$13.27	-\$0.95	-\$4.17	-\$8.00	-\$6.46	-\$20.93	-\$11.18
Average Current Rate PMPM	\$435.58	\$588.85	\$514.17	\$434.48	\$366.93	\$420.49	\$364.84	\$205.73	\$588.85	\$514.17	\$434.48	\$366.93	\$420.49	\$364.84
Projected Member Months	930,456	113,256	58,632	76,596	20,448	58,860	23,424	2,028	42,684	28,956	153,180	14,940	60,780	14,976

**Section III: Experience Period Information**

Warning Alert	Wsh1 Total	Total	Premium Information											Claims Information															
			13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320004	13627VT0330001	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340005	13627VT0350001	13627VT0350002	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320004	13627VT0330001	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340005	13627VT0350001	13627VT0350002	
OK	\$ 433.89	\$433.49	\$555.04	\$481.74	\$414.04	\$351.94	\$387.88	\$341.48	\$202.96	\$555.04	\$481.74	\$414.04	\$351.94	\$387.88	\$433.49	\$555.04	\$481.74	\$414.04	\$351.94	\$387.88	\$341.48	\$202.96	\$555.04	\$481.74	\$414.04	\$351.94	\$387.88	\$433.49	
OK	\$ 766.083	\$766.083	\$117,166	\$9,842	\$7,227	\$17,713	\$7,050	\$37,449	\$1,075	\$44,826	\$31,006	\$104,993	\$15,058	\$46,722	\$766,083	\$117,166	\$9,842	\$7,227	\$17,713	\$7,050	\$37,449	\$1,075	\$44,826	\$31,006	\$104,993	\$15,058	\$46,722	\$766,083	
OK	\$332,392,760	\$332,093,116	\$65,031,533	\$28,828,404	\$29,904,665	\$6,233,905	\$27,170,900	\$12,788,050	\$218,180	\$24,880,115	\$14,936,892	\$43,471,008	\$5,299,505	\$18,122,467	\$332,093,116	\$65,031,533	\$28,828,404	\$29,904,665	\$6,233,905	\$27,170,900	\$12,788,050	\$218,180	\$24,880,115	\$14,936,892	\$43,471,008	\$5,299,505	\$18,122,467	\$332,093,116	
			99.99%	100.00%	99.99%	99.99%	99.99%	100.00%	99.60%	100.00%	99.99%	99.99%	99.97%	99.99%															
			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%															
OK	\$384,634,210	\$384,634,210	\$74,972,154	\$28,631,032	\$27,805,247	\$6,406,120	\$27,103,183	\$12,012,034	\$128,105	\$51,675,716	\$18,827,698	\$57,229,287	\$3,587,074	\$24,725,588	\$384,634,210	\$74,972,154	\$28,631,032	\$27,805,247	\$6,406,120	\$27,103,183	\$12,012,034	\$128,105	\$51,675,716	\$18,827,698	\$57,229,287	\$3,587,074	\$24,725,588	\$384,634,210	
			99.99%	100.00%	99.99%	99.99%	99.99%	100.00%	99.60%	100.00%	99.99%	99.99%	99.97%	99.99%															
			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%															
			0.01%	0.00%	0.01%	0.01%	0.01%	0.00%	0.40%	0.00%	0.01%	0.01%	0.03%	0.01%															
			\$92,308,844	\$5,967,309	\$4,589,230	\$6,997,224	\$2,063,373	\$7,328,302	\$4,330,733	\$75,201	\$10,055,919	\$4,520,216	\$18,509,533	\$1,717,483	\$92,308,844	\$5,967,309	\$4,589,230	\$6,997,224	\$2,063,373	\$7,328,302	\$4,330,733	\$75,201	\$10,055,919	\$4,520,216	\$18,509,533	\$1,717,483	\$92,308,844		
			\$7,086,197	\$0	\$0	\$2,213	\$4,091,413	\$0	\$0	\$0	\$0	\$0	\$0	\$7,086,197	\$0	\$0	\$2,213	\$4,091,413	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,485,587	\$0	
			7.68%	0.00%	0.00%	0.03%	198.29%	0.00%	0.00%	0.00%	0.00%	0.00%	17.69%	7.68%															
OK	\$292,325,366	\$292,325,366	\$69,004,845	\$24,041,802	\$20,808,023	\$4,342,747	\$19,774,881	\$7,681,301	\$52,903	\$41,619,797	\$14,307,482	\$38,719,755	\$1,869,592	\$16,328,660	\$292,325,366	\$69,004,845	\$24,041,802	\$20,808,023	\$4,342,747	\$19,774,881	\$7,681,301	\$52,903	\$41,619,797	\$14,307,482	\$38,719,755	\$1,869,592	\$16,328,660	\$292,325,366	
			\$16,110,085.16	-\$429,999.22	-\$219,620.14	-\$265,073.09	-\$65,006.71	-\$257,083.50	-\$137,437.83	-\$3,945.25	\$6,798,975.09	\$1,380,285.74	\$4,596,845.48	\$151,304.71	\$16,110,085.16	-\$429,999.22	-\$219,620.14	-\$265,073.09	-\$65,006.71	-\$257,083.50	-\$137,437.83	-\$3,945.25	\$6,798,975.09	\$1,380,285.74	\$4,596,845.48	\$151,304.71	\$16,110,085.16		
			\$2,518,584.35	\$5,681,394.08	-\$1,209,334.27	-\$4,113,275.75	-\$903,459.89	-\$4,089,895.10	-\$2,577,031.36	-\$20,860.47	\$17,233,987.04	\$2,035,115.47	\$2,601,465.37	-\$1,706,137.38	\$2,518,584.35	\$5,681,394.08	-\$1,209,334.27	-\$4,113,275.75	-\$903,459.89	-\$4,089,895.10	-\$2,577,031.36	-\$20,860.47	\$17,233,987.04	\$2,035,115.47	\$2,601,465.37	-\$1,706,137.38	\$2,518,584.35		
OK	\$ 381.58	\$381.58	\$588.95	\$401.75	\$288.09	\$245.17	\$282.30	\$205.11	\$49.21	\$928.47	\$461.44	\$368.78	\$124.16	\$349.49	\$381.58	\$588.95	\$401.75	\$288.09	\$245.17	\$282.30	\$205.11	\$49.21	\$928.47	\$461.44	\$368.78	\$124.16	\$349.49		
OK	\$ 502.08	\$502.08	\$639.88	\$478.44	\$384.97	\$361.66	\$386.91	\$320.76	\$119.17	\$1,152.81	\$607.23	\$545.08	\$238.22	\$529.21	\$502.08	\$639.88	\$478.44	\$384.97	\$361.66	\$386.91	\$320.76	\$119.17	\$1,152.81	\$607.23	\$545.08	\$238.22	\$529.21	\$502.08	
			\$502.04	\$639.86	\$478.40	\$384.93	\$361.63	\$386.87	\$320.76	\$118.68	\$1,152.77	\$607.18	\$545.04	\$238.14	\$502.04	\$639.86	\$478.40	\$384.93	\$361.63	\$386.87	\$320.76	\$118.68	\$1,152.77	\$607.18	\$545.04	\$238.14	\$529.17	\$314.08	

Product		BCBSVT EPO (Small Group)				BCBSVT EPO CDHP (Small Group)		BCBSVT EPO (Individual)				BCBSVT EPO CDHP (Individual)		
Product ID:		13627VT032				13627VT033		13627VT034				13627VT035		
Metal:		Platinum	Gold	Silver	Bronze	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Silver	Bronze

Section IV: Projected (12 months following effective date)

Warning Alert	Wsh1 Total	Plan ID (Standard Component ID):	Total	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320004	13627VT0330001	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340005	13627VT0350001	13627VT0350002
OK	\$ 495.11	Plan Adjusted Index Rate	\$495.07	\$623.68	\$547.80	\$472.92	\$400.12	\$468.28	\$402.05	\$217.33	\$623.68	\$547.80	\$472.92	\$400.12	\$468.28	\$402.05
OK	930,456	Member Months	930,456	113,256	58,632	76,596	20,448	58,860	23,424	2,028	42,684	28,956	153,180	14,940	60,780	14,976
OK	\$460,674,011	Total Premium (TP)	\$460,640,739	\$70,635,502	\$32,118,610	\$36,223,780	\$8,181,654	\$27,562,961	\$9,417,619	\$440,745	\$26,621,157	\$15,862,097	\$72,441,886	\$5,977,793	\$28,462,058	\$6,021,101
		EHB Percent of TP, [see instructions]	99.98%	99.98%	99.98%	99.98%	99.97%	99.98%	99.97%	99.95%	99.98%	99.98%	99.98%	99.97%	99.98%	99.97%
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	\$21,764,754	Other benefits portion of TP	0.02%	0.02%	0.02%	0.02%	0.03%	0.02%	0.03%	0.05%	0.02%	0.02%	0.02%	0.03%	0.02%	0.03%
		Total Allowed Claims (TAC)	\$521,765,102	\$63,509,751	\$32,878,644	\$42,952,187	\$11,466,478	\$33,006,498	\$13,135,308	\$1,137,227	\$23,935,599	\$16,237,447	\$85,897,644	\$8,377,796	\$34,083,162	\$8,397,984
		EHB Percent of TAC, [see instructions]	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
		Allowed Claims which are not the issuer's obligation	\$106,907,032	\$14,480,394	\$3,102,274	\$3,773,727	\$2,432,744	\$1,842,949	-\$1,126,108	\$276,129	\$23,318,175	\$4,325,527	\$23,459,616	-\$359,075	\$9,994,046	\$430,367
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0													
		Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	414,180,284	Total Incurred claims, payable with issuer funds	\$414,858,070	\$49,029,357	\$29,776,369	\$39,178,460	\$9,033,733	\$31,163,549	\$14,261,416	\$861,097	\$617,424	\$11,911,921	\$62,438,028	\$8,736,871	\$24,089,116	\$7,967,617
#DIV/0!	-	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Net Amt of Risk Adj	\$1,147,222	\$9,653,944	-\$1,644,084	-\$5,801,175	-\$1,084,041	-\$5,648,230	-\$5,118,274	\$97,650	\$21,499,179	\$1,981,490	\$4,311,312	-\$2,928,557	\$2,258,506	-\$2,122,001
OK	\$ 445.14	Incurred Claims PMPM	\$445.87	\$432.91	\$507.85	\$511.49	\$441.79	\$529.45	\$608.84	\$424.60	\$14.46	\$411.38	\$407.61	\$584.80	\$396.33	\$532.03
OK	\$ 560.76	Allowed Claims PMPM	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76
		EHB portion of Allowed Claims, PMPM	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63

**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	BCBSVT EPO Blue Rewards (Small Group) 13627VT036		BCBSVT EPO CDHP Blue Rewards (Small Group) 13627VT037			BCBSVT EPO Blue Rewards (Individual) 13627VT038		BCBSVT EPO CDHP Blue Rewards (Individual) 13627VT039		
Product ID:										
Metal:	Gold	Silver	Gold	Silver	Bronze	Gold	Silver	Gold	Silver	Bronze
AV Metal Value	0.810	0.716	0.788	0.690	0.616	0.810	0.716	0.788	0.690	0.616
AV Pricing Value	0.946	0.823	0.898	0.775	0.711	0.946	0.823	0.898	0.775	0.711
Plan Category	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	New	Renewing
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	BCBSVT Blue Rewards Gold Plan	BCBSVT Blue Rewards Silver Plan	BCBSVT Blue Rewards Gold CDHP Plan	BCBSVT Blue Rewards Silver CDHP Plan	BCBSVT Blue Rewards Bronze CDHP Plan	BCBSVT Blue Rewards Gold Plan	BCBSVT Blue Rewards Silver Plan	BCBSVT Blue Rewards Gold CDHP Plan	BCBSVT Blue Rewards Silver CDHP Plan	BCBSVT Blue Rewards Bronze CDHP Plan
Plan ID (Standard Component ID):	13627VT0360001	13627VT0360002	13627VT0370001	13627VT0370002	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0390001	13627VT0390002	13627VT0390003
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%		0.00%			0.00%		0.00%		
Historical Rate Increase - Calendar Year - 1	7.61%		5.67%			8.15%		5.67%		
Historical Rate Increase - Calendar Year 0	7.93%		11.49%			8.48%		11.49%		
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	10.52%	9.90%	10.16%	0.00%	9.90%	10.52%	9.90%	10.16%	0.00%	9.90%
Cum'lative Rate Change % (over 12 mos prior)	10.52%	9.90%	10.16%	0.00%	9.90%	10.52%	9.90%	10.16%	0.00%	9.90%
Proj'd Per Rate Change % (over Exper. Period)	20.39%	20.89%	#DIV/0!	#DIV/0!	24.06%	20.39%	20.89%	#DIV/0!	#DIV/0!	24.06%
Product Rate Increase %	10.25%		10.10%			9.96%		9.96%		

**Section II: Components of Premium Increase (PMPM Dollar Amount abo**

Plan ID (Standard Component ID):	Total	13627VT0360001	13627VT0360002	13627VT0370001	13627VT0370002	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0390001	13627VT0390002	13627VT0390003
Inpatient	\$4.64	\$6.52	\$4.88	\$5.72	\$0.00	\$3.77	\$6.52	\$4.88	\$5.72	\$0.00	\$3.77
Outpatient	\$10.31	\$14.48	\$10.84	\$12.71	\$0.00	\$8.37	\$14.48	\$10.84	\$12.71	\$0.00	\$8.37
Professional	\$5.94	\$8.35	\$6.24	\$7.32	\$0.00	\$4.82	\$8.35	\$6.24	\$7.32	\$0.00	\$4.82
Prescription Drug	\$5.19	\$7.29	\$5.45	\$6.39	\$0.00	\$4.21	\$7.29	\$5.45	\$6.39	\$0.00	\$4.21
Other	\$1.03	\$1.45	\$1.09	\$1.27	\$0.00	\$0.84	\$1.45	\$1.09	\$1.27	\$0.00	\$0.84
Capitation	\$0.24	\$0.33	\$0.25	\$0.29	\$0.00	\$0.19	\$0.33	\$0.25	\$0.29	\$0.00	\$0.19
Administration	\$4.16	\$6.01	\$6.07	\$6.46	\$0.00	\$6.15	\$6.01	\$6.07	\$6.46	\$0.00	\$6.15
Taxes & Fees	\$0.90	\$0.66	\$2.13	\$1.20	\$0.00	\$3.56	\$0.66	\$2.13	\$1.20	\$0.00	\$3.56
Risk & Profit Charge	\$6.67	\$7.13	\$6.18	\$6.76	\$0.00	\$5.34	\$7.13	\$6.18	\$6.76	\$0.00	\$5.34
Total Rate Increase	\$39.08	\$52.22	\$43.13	\$48.12	\$0.00	\$37.25	\$52.22	\$43.13	\$48.12	\$0.00	\$37.25
Member Cost Share Increase	-\$5.12	-\$21.76	-\$15.81	-\$16.67	\$0.00	-\$8.46	-\$21.76	-\$15.81	-\$16.67	\$0.00	-\$8.46
Average Current Rate PMPM	\$435.58	\$476.48	\$417.13	\$454.05	\$0.00	\$360.43	\$476.48	\$417.13	\$454.05	\$0.00	\$360.43
Projected Member Months	930,456	12,708	10,740	70,296	36,816	26,184	6,348	60,516	5,976	9,900	22,212

**Section III: Experience Period Information**

Warning Alert	Wsh1 Total	Plan ID (Standard Component ID):	Total	13627VT0360001	13627VT0360002	13627VT0370001	13627VT0370002	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0390001	13627VT0390002	13627VT0390003
OK	\$ 433.89	Plan Adjusted Index Rate	\$433.49	\$439.16	\$380.72	\$0.00	\$0.00	\$320.56	\$439.16	\$380.72	\$0.00	\$0.00	\$320.56
OK	766,083	Member Months	766,083	25,111	12,052	0	0	18,185	8,451	45,200	0	0	22,029
OK	\$332,392,760	Total Premium (TP)	\$332,093,116	\$11,027,858	\$4,588,405	\$0	\$0	\$5,829,325	\$3,711,378	\$17,208,423	\$0	\$0	\$7,061,545
		EHB Percent of TP, [see instructions]	99.99%	99.99%	100.00%	100.00%	100.00%	99.99%	99.99%	99.96%	100.00%	100.00%	99.99%
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	\$384,634,210	Other benefits portion of TP	0.01%	0.01%	0.00%	0.00%	0.01%	0.01%	0.04%	0.00%	0.00%	0.00%	0.01%
		Total Allowed Claims (TAC)	\$384,634,210	\$9,795,718	\$3,884,103	\$0	\$0	\$6,339,605	\$4,715,731	\$16,069,844	\$0	\$0	\$5,408,084
		EHB Percent of TAC, [see instructions]	99.99%	99.99%	100.00%	100.00%	100.00%	99.99%	99.99%	99.96%	100.00%	100.00%	99.99%
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%	0.01%	0.04%	0.00%	0.00%	0.01%
		Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$92,308,844	\$2,088,931	\$1,100,960	\$0	\$0	\$2,450,974	\$1,236,403	\$6,036,790	\$0	\$0	\$2,615,749
		Portion of above payable by HHS on behalf of insured person, as %	7.68%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	24.77%	#DIV/0!	#DIV/0!	0.45%
OK	\$292,325,366	Total Incurred claims, payable with issuer funds	\$292,325,366	\$7,706,787	\$2,783,143	\$0	\$0	\$3,888,630	\$3,479,328	\$10,033,054	\$0	\$0	\$2,792,335
		Net Amt of Reim	\$16,110,085.16	-\$92,157.37	-\$44,230.84	\$0.00	\$0.00	-\$66,738.95	\$332,758.83	\$1,089,544.31	\$0.00	\$0.00	\$456,028.89
		Net Amt of Risk Adj	\$2,518,584.35	-\$923,453.71	-\$1,009,085.18	\$0.00	\$0.00	-\$1,480,822.43	\$203,604.10	-\$3,808,584.38	\$0.00	\$0.00	-\$2,265,209.09
OK	\$ 381.58	Incurred Claims PMPM	\$381.58	\$306.91	\$230.93	#DIV/0!	#DIV/0!	\$213.84	\$411.71	\$221.97	#DIV/0!	#DIV/0!	\$126.76
OK	\$ 502.08	Allowed Claims PMPM	\$502.08	\$390.10	\$322.28	#DIV/0!	#DIV/0!	\$348.62	\$558.01	\$355.53	#DIV/0!	#DIV/0!	\$245.50
		EHB portion of Allowed Claims, PMPM	\$502.04	\$390.08	\$322.28	#DIV/0!	#DIV/0!	\$348.59	\$557.95	\$355.39	#DIV/0!	#DIV/0!	\$245.48

Product		BCBSVT EPO Blue Rewards (Small Group)	BCBSVT EPO CDHP Blue Rewards (Small Group)	BCBSVT EPO Blue Rewards (Individual)	BCBSVT EPO CDHP Blue Rewards (Individual)
Product ID:		13627VT036	13627VT037	13627VT038	13627VT039
Metal:		Gold Silver	Gold Silver Bronze	Gold Silver	Gold Silver Bronze

Section IV: Projected (12 months following effective date)

Warning Alert	Wsh1 Total	Plan ID (Standard Component ID):	Total	13627VT0360001	13627VT0360002	13627VT0370001	13627VT0370002	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0390001	13627VT0390002	13627VT0390003
OK	\$ 495.11	Plan Adjusted Index Rate	\$495.07	\$528.70	\$460.26	\$502.18	\$433.56	\$397.68	\$528.70	\$460.26	\$502.18	\$433.56	\$397.68
OK	930,456	Member Months	930,456	12,708	10,740	70,296	36,816	26,184	6,348	60,516	5,976	9,900	22,212
OK	\$460,674,011	Total Premium (TP)	\$460,640,739	\$6,718,720	\$4,943,192	\$35,301,245	\$15,961,945	\$10,412,853	\$3,356,188	\$27,853,094	\$3,001,028	\$4,292,244	\$8,833,268
		EHB Percent of TP, [see instructions]	99.98%	99.98%	99.98%	99.98%	99.97%	99.97%	99.98%	99.98%	99.98%	99.97%	99.97%
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TP	0.02%	0.02%	0.02%	0.02%	0.03%	0.03%	0.02%	0.02%	0.02%	0.03%	0.03%
OK	\$21,764,754	Total Allowed Claims (TAC)	\$521,765,102	\$7,126,174	\$6,022,592	\$39,419,381	\$20,645,043	\$14,683,013	\$3,559,722	\$33,935,121	\$3,351,118	\$5,551,552	\$12,455,663
		EHB Percent of TAC, [see instructions]	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
		Allowed Claims which are not the issuer's obligation	\$106,907,032	\$673,765	\$1,079,070	\$4,837,723	\$4,347,073	\$3,091,387	\$890,050	\$4,189,120	\$932,315	\$859,586	\$56,179
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0										
		Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	414,180,284	Total Incurred claims, payable with issuer funds	\$414,858,070	\$6,452,409	\$4,943,522	\$34,581,658	\$16,297,970	\$11,591,625	\$2,669,672	\$29,746,001	\$2,418,803	\$4,691,966	\$12,399,484
#DIV/0!	-	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Net Amt of Risk Adj	\$1,147,222	-\$517,107	-\$359,384	-\$2,860,449	-\$1,231,945	-\$1,509,340	\$295,176	-\$3,916,050	\$277,879	-\$640,639	-\$3,846,638
OK	\$ 445.14	Incurred Claims PMPM	\$445.87	\$507.74	\$460.29	\$491.94	\$442.69	\$442.70	\$420.55	\$491.54	\$404.75	\$473.94	\$558.23
OK	\$ 560.76	Allowed Claims PMPM	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76	\$560.76
		EHB portion of Allowed Claims, PMPM	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63	\$560.63

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 1A

STATE OF VERMONT STANDARD PLAN DESIGNS

	Platinum	Gold	Silver	Silver	Bronze	Bronze
	Standard	Standard	Standard	Standard	Standard	Standard
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP
Medical Ded	\$250	\$850	\$2,150	\$1,550	\$4,600	\$5,050
Rx Ded	\$0	\$100	\$150	Combined	\$700	Combined
Integrated Ded	No	No	No	Yes	No	Yes
Medical OOPM	\$1,300	\$4,500	\$6,000	\$6,400	\$7,150	\$6,550
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	No	No	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked	Stacked	Stacked	Aggregate, Embedded Individual OOPM of \$7,150	Stacked	Aggregate, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Emergency Room, Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Emergency Room, Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Dental Class I, Vision	Preventive Care	Preventive Care, Dental Class I	Preventive Care
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	N/A	Wellness Scripts
Service Category						
Preventive	\$0	\$0	\$0	0%	\$0	0%
PCP Office Visit	\$10	\$15	\$25	10%	\$35	50%
MH/SA Office Visit	\$10	\$15	\$25	10%	\$35	50%
Specialist Office Visit	\$30	\$30	\$65	25%	\$90	50%
Urgent Care	\$40	\$45	\$60	25%	\$100	50%
Ambulance	\$50	\$50	\$100	25%	\$100	50%
DME	10%	20%	40%	25%	50%	50%
ER	\$100	\$150	\$250	25%	50%	50%
Radiology (MRI, CT, PET)	10%	20%	40%	25%	50%	50%
Outpatient	10%	20%	40%	25%	50%	50%
Inpatient	10%	20%	40%	25%	50%	50%
Rx Generic	\$5	\$5	\$15	\$10	\$20	\$12
Rx Preferred Brand	\$50	\$50	\$60	\$40	\$85	40%
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%
Pediatric Vision (Exam and Materials)	\$30	\$30	\$65	25%	\$90	50%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 1B

BLUE REWARDS (NON-STANDARD) PLAN DESIGNS

	GOLD	GOLD	SILVER	SILVER	BRONZE	CATASTROPHIC
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards
Deductible/OOP Max	Deductible	CDHP	Deductible	CDHP	CDHP	Deductible
Medical Ded	\$1,250	\$2,500	\$2,300	\$4,500	\$7,150	\$7,150
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,250	\$2,500	\$7,150	\$4,500	\$7,150	\$7,150
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, Embedded Individual OOPM of \$7,150	Aggregate	Aggregate, Embedded Individual OOPM of \$7,150	Aggregate, Embedded Individual OOPM of \$7,150	Aggregate, Embedded Individual OOPM of \$7,150	Aggregate, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Dental Class I	Preventive Care	Preventive Care	Preventive Care, 3 PCP/MH Office Visits
Drug Deductible waived for:	N/A	Wellness Scripts	N/A	Wellness Scripts	Wellness Scripts	N/A
<b>Service Category</b>						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	0%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance
MH/SA Office Visit		0%		0%	0%	
Specialist Office Visit	\$30	0%	\$50	0%	0%	0%
Urgent Care	\$30	0%	\$50	0%	0%	0%
Ambulance	\$30	0%	\$50	0%	0%	0%
DME	\$30	0%	\$50	0%	0%	0%
ER	\$250	0%	\$400	0%	0%	0%
Radiology (MRI, CT, PET)	\$500	0%	\$1,500	0%	0%	0%
Outpatient	\$500	0%	\$1,500	0%	0%	0%
Inpatient	\$500	0%	\$1,500	0%	0%	0%
Rx Generic	\$5	\$5	\$5	\$15	\$25	0%
Rx Preferred Brand	40%	40%	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	0%
Pediatric Vision (Exam and Materials)	\$30	0%	\$50	0%	0%	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	0%	0%
Pediatric Dental Class III	50%	0%	50%	0%	0%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2A

PROJECTED MEMBERSHIP BY PLAN AND MARKET

<b>Product</b>	<b>Individual Market</b>	<b>Small Group Market</b>	<b>TOTAL</b>
Blue Rewards Gold	529	1,059	1,588
Blue Rewards Gold CDHP	498	5,858	6,356
Blue Rewards Silver	5,043	895	5,938
Blue Rewards Silver CDHP	825	3,068	3,893
Blue Rewards Bronze CDHP	1,851	2,182	4,033
Standard Platinum	3,557	9,438	12,995
Standard Gold	2,413	4,886	7,299
Standard Silver	12,765	6,383	19,148
Standard Silver CDHP	5,065	4,905	9,970
Standard Bronze	1,245	1,704	2,949
Standard Bronze CDHP	1,248	1,952	3,200
Catastrophic	169	0	169
<b>Total</b>	<b>35,208</b>	<b>42,330</b>	<b>77,538</b>

BLUE CROSS AND BLUE SHIELD OF VERMONT  
 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2B

ADJUSTMENT FOR IMPACT OF THE HEALTH STATUS OF NEWLY INSURED

Coverage Category in the Experience	Projected Membership	CY 2015 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	10,872	\$561.82
Individual Subsidized QHP	17,836	\$561.46
Small Group QHP	37,286	\$458.88
Groups with 51-100 employees known to have joined QHP	4,429	\$585.54
Groups with 51-100 employees expected to join QHP	615	\$588.52
<b>Weighted Average before adjustment for new membership</b>	<b>71,038</b>	<b>\$509.41</b>
<b>Membership previously enrolled in Medicaid</b>	<b>6,500</b>	<b>\$561.46</b>
<b>Total Weighted Average</b>	<b>77,538</b>	<b>\$513.77</b>
Impact of Newly Insured (Line 1+b3 on Exhibit 5) = \$513.77 / \$509.41		<b>1.0086</b>

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2C

PEDIATRIC DENTAL

Actuals Pediatric Dental Experience PMPM	\$1.62	
Trend	6.7%	
Trended Pediatric Dental PMPM	\$1.84	(line e <sub>7</sub> of Exhibit 5)

Product	Projected Membership	Projected Allowed Charges PMPM	Projected Dental paid to allowed ratio	Projected Paid Claims PMPM
Blue Rewards Gold	1,588	\$1.84	65.8%	\$1.21
Blue Rewards Gold CDHP	6,356	\$1.84	51.7%	\$0.95
Blue Rewards Silver	5,938	\$1.84	65.7%	\$1.21
Blue Rewards Silver CDHP	3,893	\$1.84	39.9%	\$0.74
Blue Rewards Bronze CDHP	4,033	\$1.84	24.7%	\$0.45
Standard Platinum	12,995	\$1.84	80.0%	\$1.47
Standard Gold	7,299	\$1.84	73.7%	\$1.36
Standard Silver	19,148	\$1.84	65.2%	\$1.20
Standard Silver CDHP	9,970	\$1.84	44.9%	\$0.83
Standard Bronze	2,949	\$1.84	45.0%	\$0.83
Standard Bronze CDHP	3,200	\$1.84	36.2%	\$0.67
Catastrophic	169	\$1.84	49.8%	\$0.92
<b>Total</b>	<b>77,538</b>	<b>\$1.84</b>	<b>59.4%</b>	<b>\$1.10</b>

BLUE CROSS AND BLUE SHIELD OF VERMONT  
 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2D

DEMOGRAPHIC ADJUSTMENT

Experience Period			
Coverage Category in the Experience	CY 2015 Member Months	Average Age	Age/Gender Factor
Individual Non-Subsidized QHP	124,629	45.1	
Individual Subsidized QHP	211,659	45.2	
Small Group QHP	429,795	38.8	
Groups with 51-100 employees known to have joined QHP	43,108	37.7	
Groups with 51-100 employees expected to join QHP	7,442	40.5	
<b>Weighted Average</b>	<b>816,633</b>		<b>1.2206</b>

Projected Period			
Coverage Category in the Projected Period	Projected Members	Average Age	Age/Gender Factor
Individual Non-Subsidized QHP	10,872	45.3	
Individual Subsidized QHP	17,836	45.5	
Small Group QHP	37,286	38.9	
Groups with 51-100 employees known to have joined QHP	4,429	38.3	
Groups with 51-100 employees expected to join QHP	615	40.5	
<b>Weighted Average</b>	<b>71,038</b>		<b>1.2277</b>

Demographic Adjustment (Line 1+c3 on Exhibit 5) =  $1.2277 / 1.2206$  **1.0058**

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2E

IMPACT OF THE CHANGE IN PROVIDER NETWORK

MEDICAL CLAIMS					
Coverage Category in the Experience	CY 2015 Allowed Claims	Experience Membership	CY 2015 Allowed PMPM	Network Adjustment	CY 2015 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	\$56,878,050	124,629	\$456.38	1.0000	\$456.38
Individual Subsidized QHP	\$98,709,198	211,659	\$466.36	1.0000	\$466.36
Small Group QHP	\$163,573,231	429,795	\$380.58	1.0000	\$380.58
Groups with 51-100 employees known to have joined QHP	\$21,573,885	43,108	\$500.46	0.9774	\$489.18
Groups with 51-100 employees expected to join QHP	\$3,672,136	7,442	\$493.43	0.9876	\$487.30
<b>Weighted Average PMPM</b>			\$421.74	0.9985	\$421.09

PHARMACY CLAIMS					
Coverage Category in the Experience	CY 2015 Allowed Claims	Experience Membership	CY 2015 Allowed PMPM	Network Adjustment	CY 2015 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	\$13,141,293	124,629	\$105.44	1.0000	\$105.44
Individual Subsidized QHP	\$20,129,649	211,659	\$95.10	1.0000	\$95.10
Small Group QHP	\$33,651,928	429,795	\$78.30	1.0000	\$78.30
Groups with 51-100 employees known to have joined QHP	\$4,154,101	43,108	\$96.36	1.0000	\$96.36
Groups with 51-100 employees expected to join QHP	\$753,236	7,442	\$101.21	1.0000	\$101.21
<b>Weighted Average PMPM</b>			\$87.96	1.0000	\$87.96

**Total Average PMPM** **\$509.70** **\$509.05**

Impact of Change in Provider Network (Line 1+c2 on Exhibit 5) = \$509.05 / \$509.7 **0.9987**

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

IMPACT OF SELECTION

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	Weighted Average
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP		
<b>Projected Paid Claims</b>													
<b>Using HHS Induced Utilization Factors</b>													
Projected FFS Allowed Charges - Without Selection	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	
Benefit Richness Adjustment	1.0184	1.0003	0.9721	0.9568	0.9383	1.0959	1.0331	0.9822	0.9781	0.9401	0.9407	0.9314	
Pricing Actuarial Value	83.59%	80.51%	75.40%	71.79%	66.67%	93.06%	86.01%	77.28%	76.84%	67.38%	67.72%	66.59%	
For Catastrophic Plan only - Impact of the specific eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.5030	
Projected Paid Claims	\$469.68	\$444.32	\$404.41	\$379.01	\$345.12	\$562.72	\$490.29	\$418.80	\$414.67	\$349.48	\$351.48	\$172.10	\$439.37
<b>Projected Paid Claims</b>													
<b>Using BCBSVT Actual Utilization Factors</b>													
Projected FFS Allowed Charges - Without Selection	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	\$551.75	
Benefit Richness Adjustment	1.0088	1.0088	0.9037	0.9037	0.6160	1.5891	1.0088	0.9037	0.9037	0.6160	0.6160	0.3750	
Pricing Actuarial Value	82.58%	79.43%	73.74%	69.97%	64.10%	93.54%	84.93%	75.92%	75.06%	64.79%	65.00%	61.16%	
Projected Paid Claims	\$459.59	\$442.09	\$367.67	\$348.89	\$217.85	\$820.15	\$472.69	\$378.55	\$374.25	\$220.20	\$220.90	\$126.55	\$443.98
Selection Impact												line 1+c6 on Exhibit 5	1.0105

Projected Membership	1,588	6,356	5,938	3,893	4,033	12,995	7,299	19,148	9,970	2,949	3,200	169	77,538
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BLUE CROSS AND BLUE SHIELD OF VERMONT  
 2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3A

MEDICAL TREND DEVELOPMENT  
 ILLUSTRATION OF CONTRACT NORMALIZATION

Month	Contract Increase	Normalization Factor	Experience Claims	Normalized Claims
Jan-12		1.1699	\$1,000,000	\$1,169,859
Feb-12		1.1699	\$1,000,000	\$1,169,859
Mar-12		1.1699	\$1,000,000	\$1,169,859
Apr-12		1.1699	\$1,000,000	\$1,169,859
May-12		1.1699	\$1,000,000	\$1,169,859
Jun-12		1.1699	\$1,000,000	\$1,169,859
Jul-12		1.1699	\$1,000,000	\$1,169,859
Aug-12		1.1699	\$1,000,000	\$1,169,859
Sep-12		1.1699	\$1,000,000	\$1,169,859
Oct-12	1.0400	1.1249	\$1,000,000	\$1,124,864
Nov-12		1.1249	\$1,000,000	\$1,124,864
Dec-12		1.1249	\$1,000,000	\$1,124,864
Jan-13		1.1249	\$1,000,000	\$1,124,864
Feb-13		1.1249	\$1,000,000	\$1,124,864
Mar-13		1.1249	\$1,000,000	\$1,124,864
Apr-13		1.1249	\$1,000,000	\$1,124,864
May-13		1.1249	\$1,000,000	\$1,124,864
Jun-13		1.1249	\$1,000,000	\$1,124,864
Jul-13		1.1249	\$1,000,000	\$1,124,864
Aug-13		1.1249	\$1,000,000	\$1,124,864
Sep-13		1.1249	\$1,000,000	\$1,124,864
Oct-13	1.0400	1.0816	\$1,000,000	\$1,081,600
Nov-13		1.0816	\$1,000,000	\$1,081,600
Dec-13		1.0816	\$1,000,000	\$1,081,600
Jan-14		1.0816	\$1,000,000	\$1,081,600
Feb-14		1.0816	\$1,000,000	\$1,081,600
Mar-14		1.0816	\$1,000,000	\$1,081,600
Apr-14		1.0816	\$1,000,000	\$1,081,600
May-14		1.0816	\$1,000,000	\$1,081,600
Jun-14		1.0816	\$1,000,000	\$1,081,600
Jul-14		1.0816	\$1,000,000	\$1,081,600
Aug-14		1.0816	\$1,000,000	\$1,081,600
Sep-14		1.0816	\$1,000,000	\$1,081,600
Oct-14	1.0400	1.0400	\$1,000,000	\$1,040,000
Nov-14		1.0400	\$1,000,000	\$1,040,000
Dec-14		1.0400	\$1,000,000	\$1,040,000
Jan-15		1.0400	\$1,000,000	\$1,040,000
Feb-15		1.0400	\$1,000,000	\$1,040,000
Mar-15		1.0400	\$1,000,000	\$1,040,000
Apr-15		1.0400	\$1,000,000	\$1,040,000
May-15		1.0400	\$1,000,000	\$1,040,000
Jun-15		1.0400	\$1,000,000	\$1,040,000
Jul-15		1.0400	\$1,000,000	\$1,040,000
Aug-15		1.0400	\$1,000,000	\$1,040,000
Sep-15		1.0400	\$1,000,000	\$1,040,000
Oct-15	1.0400	1.0000	\$1,000,000	\$1,000,000
Nov-15		1.0000	\$1,000,000	\$1,000,000
Dec-15		1.0000	\$1,000,000	\$1,000,000

MEDICAL TREND DEVELOPMENT  
UTILIZATION TREND CALCULATION

Month	Membership	Original Claims	Original PMPM	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Regression on Adjusted PMPM - 36 Months	Regression on Adjusted PMPM - 24 Months	Regression on Adjusted PMPM - 18 Months
Jan-12	63,943	\$23,537,833	\$368.11	\$27,236,461	\$425.95	\$435.10	\$375.85	\$389.73
Feb-12	63,962	\$24,508,218	\$383.17	\$28,382,610	\$443.74	\$434.73	\$376.96	\$390.54
Mar-12	64,241	\$25,421,709	\$395.72	\$29,263,617	\$455.53	\$434.38	\$378.01	\$391.29
Apr-12	64,460	\$24,185,205	\$375.20	\$27,908,661	\$432.96	\$434.01	\$379.13	\$392.10
May-12	64,384	\$26,635,892	\$413.70	\$30,839,141	\$478.99	\$433.66	\$380.21	\$392.88
Jun-12	64,332	\$22,683,317	\$352.60	\$25,901,821	\$402.63	\$433.29	\$381.34	\$393.69
Jul-12	64,273	\$22,527,870	\$350.50	\$25,721,574	\$400.19	\$432.93	\$382.43	\$394.48
Aug-12	64,244	\$23,994,721	\$373.49	\$27,365,280	\$425.96	\$432.56	\$383.56	\$395.29
Sep-12	64,436	\$20,341,515	\$315.69	\$23,074,554	\$358.10	\$432.19	\$384.70	\$396.10
Oct-12	64,466	\$26,647,040	\$413.35	\$30,081,336	\$466.62	\$431.83	\$385.80	\$396.90
Nov-12	64,602	\$25,445,583	\$393.88	\$28,725,316	\$444.65	\$431.47	\$386.94	\$397.71
Dec-12	64,710	\$25,561,795	\$395.02	\$27,783,648	\$429.36	\$431.11	\$388.05	\$398.51
Jan-13	64,537	\$26,103,277	\$404.47	\$28,327,415	\$438.93	\$430.74	\$389.20	\$399.33
Feb-13	64,270	\$23,297,876	\$362.50	\$25,449,074	\$395.97	\$430.38	\$390.35	\$400.15
Mar-13	64,320	\$25,484,770	\$396.22	\$27,741,073	\$431.30	\$430.04	\$391.39	\$400.90
Apr-13	64,235	\$26,646,635	\$414.83	\$28,900,972	\$449.93	\$429.68	\$392.55	\$401.72
May-13	64,091	\$27,075,121	\$422.45	\$29,314,855	\$457.39	\$429.32	\$393.67	\$402.53
Jun-13	64,386	\$24,448,960	\$379.72	\$26,393,178	\$409.92	\$428.96	\$394.84	\$403.36
Jul-13	64,839	\$25,429,940	\$392.20	\$27,442,045	\$423.23	\$428.60	\$395.97	\$404.16
Aug-13	65,000	\$25,236,313	\$388.25	\$27,218,217	\$418.74	\$428.24	\$397.14	\$404.99
Sep-13	64,831	\$25,757,207	\$397.30	\$27,651,813	\$426.52	\$427.87	\$398.31	\$405.83
Oct-13	64,548	\$30,148,171	\$467.07	\$32,352,445	\$501.22	\$427.52	\$399.46	\$406.64
Nov-13	64,535	\$27,949,650	\$433.09	\$29,800,867	\$461.78	\$427.16	\$400.64	\$407.48
Dec-13	63,944	\$28,945,719	\$452.67	\$31,032,940	\$485.31	\$426.80	\$401.78	\$408.29
Jan-14	61,873	\$24,491,845	\$395.84	\$26,039,531	\$420.85	\$426.44	\$402.97	\$409.13
Feb-14	61,373	\$22,464,982	\$366.04	\$23,862,475	\$388.81	\$426.08	\$404.17	\$409.98
Mar-14	61,052	\$23,018,600	\$377.03	\$24,376,033	\$399.27	\$425.75	\$405.25	\$410.74
Apr-14	59,871	\$22,806,124	\$380.92	\$24,113,526	\$402.76	\$425.39	\$406.45	\$411.59
May-14	61,698	\$23,703,764	\$384.19	\$25,040,913	\$405.86	\$425.03	\$407.61	\$412.41
Jun-14	61,865	\$23,477,607	\$379.50	\$24,774,909	\$400.47	\$424.67	\$408.82	\$413.26
Jul-14	62,451	\$23,396,726	\$374.64	\$24,467,760	\$391.79	\$424.32	\$409.99	\$414.08
Aug-14	62,672	\$23,335,173	\$372.34	\$24,494,226	\$390.83	\$423.96	\$411.20	\$414.94
Sep-14	62,499	\$24,886,801	\$398.20	\$26,129,096	\$418.07	\$423.60	\$412.42	\$415.79
Oct-14	62,342	\$27,910,549	\$447.70	\$29,050,660	\$465.99	\$423.25	\$413.60	\$416.62
Nov-14	62,228	\$24,605,030	\$395.40	\$25,601,012	\$411.41	\$422.89	\$414.82	\$417.48
Dec-14	61,920	\$28,378,532	\$458.31	\$29,624,814	\$478.44	\$422.54	\$416.01	\$418.31
Jan-15	66,417	\$27,921,980	\$420.40	\$28,349,293	\$426.84	\$422.18	\$417.24	\$419.18
Feb-15	66,798	\$24,247,827	\$363.00	\$24,593,770	\$368.18	\$421.82	\$418.47	\$420.04
Mar-15	68,006	\$28,691,346	\$421.89	\$29,102,556	\$427.94	\$421.50	\$419.59	\$420.82
Apr-15	68,158	\$28,617,573	\$419.87	\$28,990,586	\$425.34	\$421.14	\$420.83	\$421.69
May-15	67,577	\$27,033,678	\$400.04	\$27,340,463	\$404.58	\$420.79	\$422.04	\$422.53
Jun-15	67,630	\$29,393,433	\$434.62	\$29,694,473	\$439.07	\$420.43	\$423.29	\$423.40
Jul-15	67,279	\$28,871,855	\$429.14	\$29,098,570	\$432.51	\$420.08	\$424.50	\$424.25
Aug-15	66,786	\$26,103,661	\$390.86	\$26,297,394	\$393.76	\$419.73	\$425.76	\$425.12
Sep-15	66,509	\$28,314,453	\$425.72	\$28,479,599	\$428.21	\$419.37	\$427.02	\$426.00
Oct-15	66,490	\$28,710,257	\$431.80	\$28,769,828	\$432.69	\$419.02	\$428.24	\$426.85
Nov-15	66,086	\$27,573,375	\$417.23	\$27,601,768	\$417.66	\$418.66	\$429.51	\$427.73
Dec-15	65,999	\$29,318,318	\$444.22	\$29,318,318	\$444.22	\$418.32	\$430.74	\$428.58

Annual Increase -1.0% 3.5% 2.5%

Regressions	Regression on Adjusted PMPM - 36 Months		Regression on Adjusted PMPM - 24 Months		Regression on Adjusted PMPM - 18 Months	
	1.000	1340.540	1.000	7.614	1.000	25.718
	0.000	1.495	0.000	2.323	0.000	4.068
	0.017	0.068	0.119	0.057	0.029	0.065
	0.592	34.000	2.968	22.000	0.472	16.000

MEDICAL TREND DEVELOPMENT  
UTILIZATION TREND CALCULATION

Month	Membership	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Regression on Adjusted PMPM - 18 Months	Average Induced Utilization Factor	Normalization Factor for Induced Utilization	Adjusted Claims - Normalized for Contract Changes and Induced Utilization Factor	Adjusted PMPM	Regression on Adjusted PMPM - 24 Months
Jul-14	62,451	\$24,467,760	\$391.79	\$414.08	0.9019	1.0075	\$24,650,303	\$394.71	\$416.68
Aug-14	62,672	\$24,494,226	\$390.83	\$414.94	0.9022	1.0071	\$24,668,441	\$393.61	\$417.32
Sep-14	62,499	\$26,129,096	\$418.07	\$415.79	0.9024	1.0069	\$26,309,102	\$420.95	\$417.95
Oct-14	62,342	\$29,050,660	\$465.99	\$416.62	0.9027	1.0065	\$29,240,089	\$469.03	\$418.56
Nov-14	62,228	\$25,601,012	\$411.41	\$417.48	0.9026	1.0066	\$25,770,250	\$414.13	\$419.20
Dec-14	61,920	\$29,624,814	\$478.44	\$418.31	0.9032	1.0060	\$29,803,235	\$481.32	\$419.81
Jan-15	66,417	\$28,349,293	\$426.84	\$419.18	0.9103	0.9981	\$28,295,211	\$426.02	\$420.45
Feb-15	66,798	\$24,593,770	\$368.18	\$420.04	0.9101	0.9983	\$24,552,853	\$367.57	\$421.09
Mar-15	68,006	\$29,102,556	\$427.94	\$420.82	0.9094	0.9991	\$29,077,257	\$427.57	\$421.66
Apr-15	68,158	\$28,990,586	\$425.34	\$421.69	0.9093	0.9993	\$28,969,810	\$425.04	\$422.30
May-15	67,577	\$27,340,463	\$404.58	\$422.53	0.9092	0.9994	\$27,322,894	\$404.32	\$422.92
Jun-15	67,630	\$29,694,473	\$439.07	\$423.40	0.9092	0.9993	\$29,674,029	\$438.77	\$423.56
Jul-15	67,279	\$29,098,570	\$432.51	\$424.25	0.9094	0.9991	\$29,073,190	\$432.13	\$424.19
Aug-15	66,786	\$26,297,394	\$393.76	\$425.12	0.9094	0.9991	\$26,274,901	\$393.42	\$424.83
Sep-15	66,509	\$28,479,599	\$428.21	\$426.00	0.9092	0.9993	\$28,459,889	\$427.91	\$425.47
Oct-15	66,490	\$28,769,828	\$432.69	\$426.85	0.9090	0.9996	\$28,758,296	\$432.52	\$426.10
Nov-15	66,086	\$27,601,768	\$417.66	\$427.73	0.9089	0.9996	\$27,591,649	\$417.51	\$426.74
Dec-15	65,999	\$29,318,318	\$444.22	\$428.58	0.9086	1.0000	\$29,318,318	\$444.22	\$427.37

Annual Increase

2.5%

1.8%

Regressions

Regression on  
Adjusted PMPM -  
18 Months

1.00007	25.7183
0.00010	4.0679
2.87%	0.0647
0.47247	16

Regression on  
Adjusted PMPM -  
24 Months

1.00005	53.9337
0.00010	4.1222
1.53%	0.0656
0.24906	16

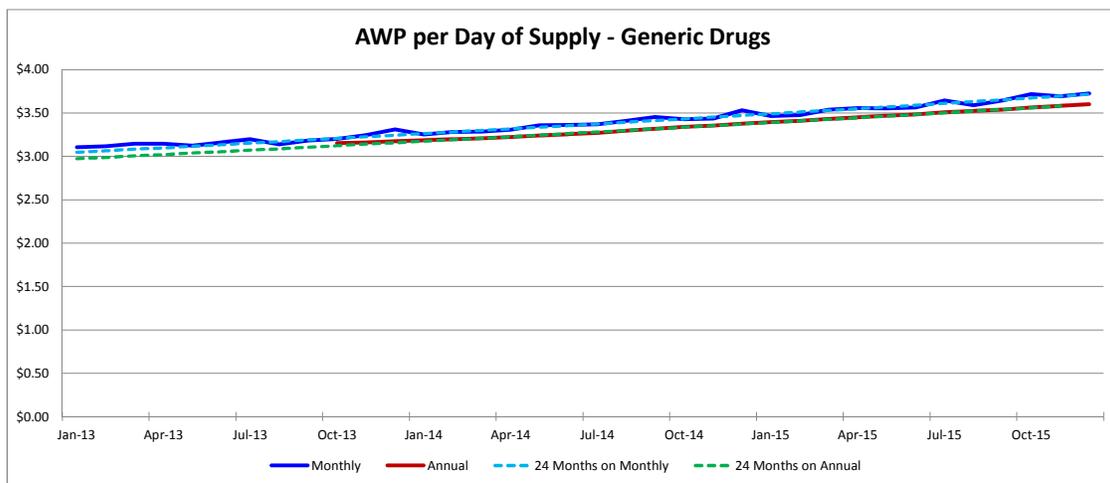
Impact of Benefit Changes

-0.6%

PHARMACY TREND DEVELOPMENT  
GENERIC DRUGS - COST TREND

Incurred Date	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
	Supply	Total AWP	Cost/ Supply	Monthly Cost Trend	Supply	Total AWP	Cost/ Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Jan-13	1,680,026	\$5,216,012	\$3.10						\$3.05	\$2.97
Feb-13	1,518,988	\$4,736,780	\$3.12						\$3.07	\$2.99
Mar-13	1,655,267	\$5,205,996	\$3.15						\$3.08	\$3.01
Apr-13	1,699,025	\$5,348,025	\$3.15						\$3.10	\$3.02
May-13	1,706,817	\$5,333,696	\$3.12						\$3.12	\$3.04
Jun-13	1,612,741	\$5,095,368	\$3.16						\$3.14	\$3.06
Jul-13	1,734,041	\$5,545,438	\$3.20						\$3.15	\$3.07
Aug-13	1,748,046	\$5,484,689	\$3.14						\$3.17	\$3.09
Sep-13	1,679,318	\$5,346,739	\$3.18						\$3.19	\$3.11
Oct-13	1,799,865	\$5,760,616	\$3.20		16,834,133	\$53,073,359	\$3.15		\$3.21	\$3.12
Nov-13	1,688,493	\$5,481,275	\$3.25		18,522,626	\$58,554,634	\$3.16		\$3.23	\$3.14
Dec-13	1,930,250	\$6,394,871	\$3.31		20,452,876	\$64,949,505	\$3.18		\$3.25	\$3.16
Jan-14	1,462,756	\$4,756,445	\$3.25	4.7%	20,235,606	\$64,489,938	\$3.19		\$3.26	\$3.18
Feb-14	1,412,432	\$4,633,296	\$3.28	5.2%	20,129,050	\$64,386,454	\$3.20		\$3.28	\$3.19
Mar-14	1,602,565	\$5,266,248	\$3.29	4.5%	20,076,348	\$64,446,705	\$3.21		\$3.30	\$3.21
Apr-14	1,410,737	\$4,665,312	\$3.31	5.1%	19,788,060	\$63,763,993	\$3.22		\$3.32	\$3.23
May-14	1,499,142	\$5,036,638	\$3.36	7.5%	19,580,385	\$63,466,935	\$3.24		\$3.34	\$3.25
Jun-14	1,527,303	\$5,138,321	\$3.36	6.5%	19,494,948	\$63,509,888	\$3.26		\$3.36	\$3.26
Jul-14	1,585,451	\$5,340,238	\$3.37	5.3%	19,346,358	\$63,304,689	\$3.27		\$3.38	\$3.28
Aug-14	1,566,112	\$5,338,722	\$3.41	8.6%	19,164,425	\$63,158,722	\$3.30		\$3.40	\$3.30
Sep-14	1,590,690	\$5,495,953	\$3.46	8.5%	19,075,797	\$63,307,936	\$3.32		\$3.41	\$3.32
Oct-14	1,636,480	\$5,610,859	\$3.43	7.1%	18,912,411	\$63,158,179	\$3.34		\$3.43	\$3.34
Nov-14	1,505,938	\$5,176,728	\$3.44	5.9%	18,729,856	\$62,853,633	\$3.36	6.2%	\$3.45	\$3.35
Dec-14	1,743,375	\$6,159,213	\$3.53	6.6%	18,542,981	\$62,617,974	\$3.38	6.3%	\$3.47	\$3.37
Jan-15	1,625,518	\$5,635,064	\$3.47	6.6%	18,705,744	\$63,496,593	\$3.39	6.5%	\$3.49	\$3.39
Feb-15	1,559,886	\$5,425,193	\$3.48	6.0%	18,853,198	\$64,288,490	\$3.41	6.6%	\$3.51	\$3.41
Mar-15	1,774,970	\$6,278,356	\$3.54	7.6%	19,025,603	\$65,300,599	\$3.43	6.9%	\$3.53	\$3.43
Apr-15	1,682,504	\$5,985,325	\$3.56	7.6%	19,297,369	\$66,620,612	\$3.45	7.1%	\$3.55	\$3.45
May-15	1,709,693	\$6,072,684	\$3.55	5.7%	19,507,921	\$67,656,658	\$3.47	7.0%	\$3.57	\$3.47
Jun-15	1,739,121	\$6,195,766	\$3.56	5.9%	19,719,739	\$68,714,102	\$3.48	7.0%	\$3.59	\$3.49
Jul-15	1,702,506	\$6,208,155	\$3.65	8.3%	19,836,793	\$69,582,019	\$3.51	7.2%	\$3.61	\$3.50
Aug-15	1,709,852	\$6,139,328	\$3.59	5.3%	19,980,533	\$70,382,625	\$3.52	6.9%	\$3.63	\$3.52
Sep-15	1,712,997	\$6,241,177	\$3.64	5.5%	20,102,840	\$71,127,849	\$3.54	6.6%	\$3.65	\$3.54
Oct-15	1,739,229	\$6,467,796	\$3.72	8.5%	20,205,589	\$71,984,786	\$3.56	6.7%	\$3.68	\$3.56
Nov-15	1,704,719	\$6,295,240	\$3.69	7.4%	20,404,370	\$73,103,297	\$3.58	6.8%	\$3.70	\$3.58
Dec-15	1,891,659	\$7,045,674	\$3.72	5.4%	20,552,654	\$73,989,758	\$3.60	6.6%	\$3.72	\$3.60

Exponential Trend: 7.0% 6.8%

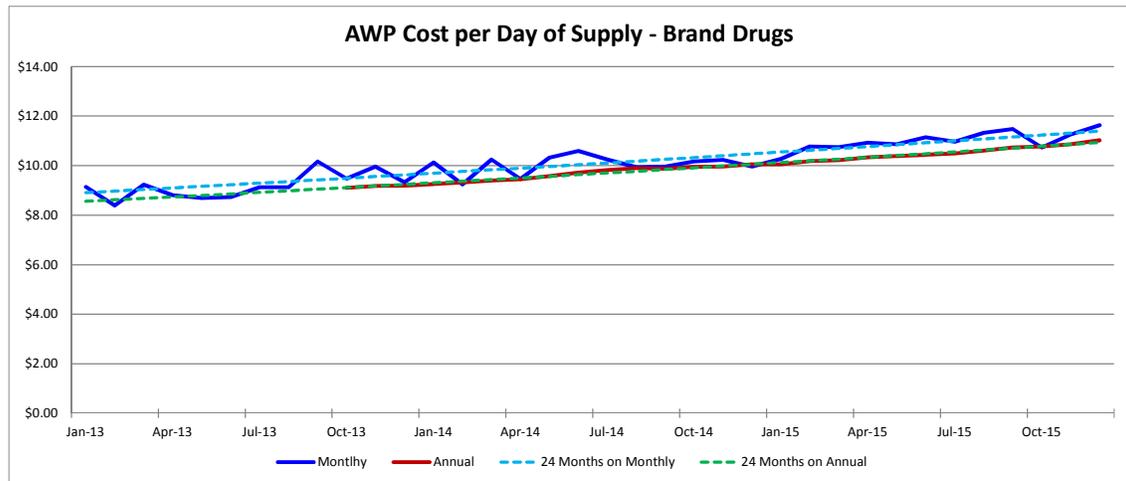


Regressions	24 Months on Monthly		24 Months on Annual	
	1.000	0.001	1.000	0.002
	0.000	0.303	0.000	0.056
	0.968	0.007	0.999	0.001
	664.300	22.000	17996.291	22.000

PHARMACY TREND DEVELOPMENT  
BRAND DRUGS - COST TREND

Incurred Date	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
	Supply	Total AWP	Cost/ Supply	Monthly Cost Trend	Supply	Total AWP	Cost/ Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Jan-13	303,526	\$2,773,211	\$9.14						\$8.91	\$8.56
Feb-13	269,628	\$2,263,231	\$8.39						\$8.98	\$8.62
Mar-13	296,212	\$2,734,408	\$9.23						\$9.03	\$8.68
Apr-13	300,744	\$2,647,266	\$8.80						\$9.10	\$8.74
May-13	307,481	\$2,672,825	\$8.69						\$9.16	\$8.80
Jun-13	287,261	\$2,506,713	\$8.73						\$9.23	\$8.86
Jul-13	307,658	\$2,808,413	\$9.13						\$9.29	\$8.92
Aug-13	318,891	\$2,911,037	\$9.13						\$9.36	\$8.99
Sep-13	308,757	\$3,141,480	\$10.17						\$9.43	\$9.05
Oct-13	338,175	\$3,205,965	\$9.48		3,038,333	\$27,664,548	\$9.11		\$9.49	\$9.12
Nov-13	308,740	\$3,076,952	\$9.97		3,347,073	\$30,741,500	\$9.18		\$9.56	\$9.18
Dec-13	363,252	\$3,388,567	\$9.33		3,710,325	\$34,130,066	\$9.20		\$9.63	\$9.24
Jan-14	227,213	\$2,302,401	\$10.13	10.9%	3,634,012	\$33,659,257	\$9.26		\$9.70	\$9.31
Feb-14	225,100	\$2,081,211	\$9.25	10.1%	3,589,484	\$33,477,236	\$9.33		\$9.77	\$9.38
Mar-14	249,289	\$2,554,671	\$10.25	11.0%	3,542,561	\$33,297,500	\$9.40		\$9.83	\$9.44
Apr-14	206,097	\$1,950,751	\$9.47	7.5%	3,447,913	\$32,600,985	\$9.46		\$9.90	\$9.50
May-14	220,706	\$2,278,030	\$10.32	18.7%	3,361,138	\$32,206,191	\$9.58		\$9.97	\$9.57
Jun-14	222,487	\$2,356,037	\$10.59	21.4%	3,296,364	\$32,055,515	\$9.72		\$10.04	\$9.64
Jul-14	226,227	\$2,316,808	\$10.24	12.2%	3,214,934	\$31,563,910	\$9.82		\$10.11	\$9.71
Aug-14	220,318	\$2,189,959	\$9.94	8.9%	3,116,361	\$30,842,832	\$9.90		\$10.18	\$9.78
Sep-14	236,823	\$2,360,771	\$9.97	-2.0%	3,044,427	\$30,062,123	\$9.87		\$10.26	\$9.85
Oct-14	257,026	\$2,613,443	\$10.17	7.3%	2,963,278	\$29,469,601	\$9.94		\$10.33	\$9.91
Nov-14	224,999	\$2,302,140	\$10.23	2.7%	2,879,537	\$28,694,789	\$9.97	8.5%	\$10.40	\$9.98
Dec-14	279,708	\$2,785,251	\$9.96	6.7%	2,795,992	\$28,091,474	\$10.05	9.2%	\$10.47	\$10.05
Jan-15	225,275	\$2,314,918	\$10.28	1.4%	2,794,054	\$28,103,991	\$10.06	8.6%	\$10.55	\$10.13
Feb-15	214,499	\$2,311,954	\$10.78	16.6%	2,783,453	\$28,334,734	\$10.18	9.1%	\$10.62	\$10.20
Mar-15	245,986	\$2,642,353	\$10.74	4.8%	2,780,150	\$28,422,416	\$10.22	8.8%	\$10.69	\$10.26
Apr-15	241,871	\$2,644,219	\$10.93	15.5%	2,815,925	\$29,115,883	\$10.34	9.4%	\$10.77	\$10.34
May-15	230,239	\$2,500,622	\$10.86	5.2%	2,825,457	\$29,338,475	\$10.38	8.4%	\$10.85	\$10.41
Jun-15	241,504	\$2,691,884	\$11.15	5.3%	2,844,474	\$29,674,323	\$10.43	7.3%	\$10.92	\$10.48
Jul-15	241,817	\$2,651,154	\$10.96	7.1%	2,860,064	\$30,008,669	\$10.49	6.9%	\$11.00	\$10.56
Aug-15	232,532	\$2,633,952	\$11.33	14.0%	2,872,278	\$30,452,661	\$10.60	7.1%	\$11.08	\$10.63
Sep-15	239,903	\$2,754,847	\$11.48	15.2%	2,875,357	\$30,846,737	\$10.73	8.6%	\$11.16	\$10.71
Oct-15	268,175	\$2,880,165	\$10.74	5.6%	2,886,506	\$31,113,458	\$10.78	8.4%	\$11.24	\$10.78
Nov-15	245,977	\$2,770,151	\$11.26	10.1%	2,907,485	\$31,581,469	\$10.86	9.0%	\$11.32	\$10.86
Dec-15	296,251	\$3,446,310	\$11.63	16.8%	2,924,028	\$32,242,528	\$11.03	9.8%	\$11.40	\$10.93

Exponential Trend: 8.8% 8.8%

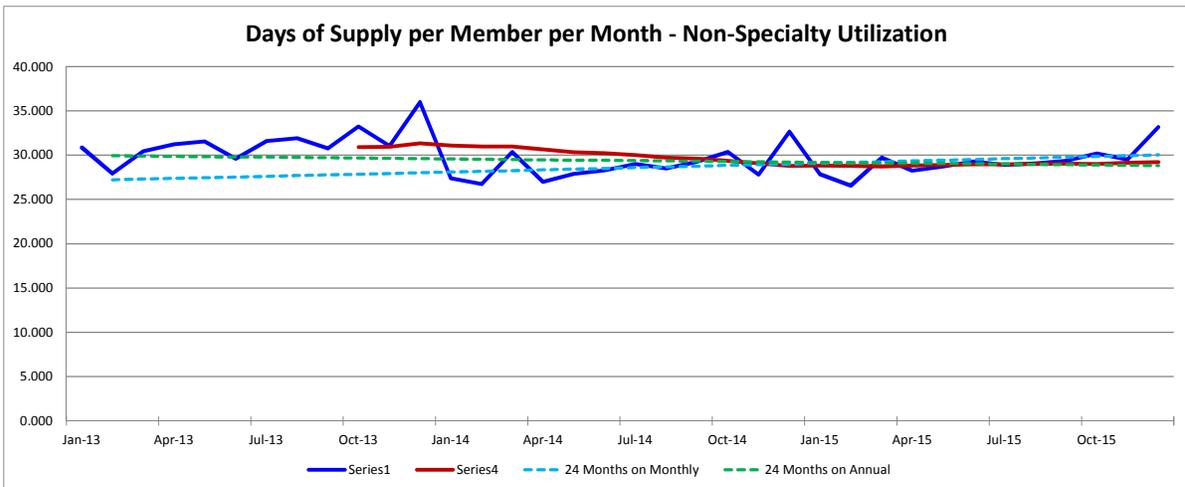


Regressions	24 Months on Monthly		24 Months on Annual	
	1.000	0.001	1.000	0.001
	0.000	1.308	0.000	0.229
	0.714	0.032	0.988	0.006
	55.007	22.000	1774.453	22.000

PHARMACY TREND DEVELOPMENT  
NON-SPECIALTY DRUGS - UTILIZATION TREND

Incurred Date	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
	Membership	Supply	Supply per Member	Monthly Utilization Trend	Membership	Supply	Supply per Member	Rolling 12 Utilization Trend	Monthly Data	Rolling 12 Data
Jan-13	64,294	1,983,552	30.851							
Feb-13	64,033	1,788,616	27.933					27.226	29.938	
Mar-13	64,088	1,951,479	30.450					27.299	29.907	
Apr-13	64,004	1,999,769	31.244					27.379	29.873	
May-13	63,860	2,014,298	31.542					27.458	29.841	
Jun-13	64,157	1,900,002	29.615					27.539	29.807	
Jul-13	64,613	2,041,699	31.599					27.617	29.775	
Aug-13	64,772	2,066,936	31.911					27.699	29.741	
Sep-13	64,603	1,988,075	30.774					27.780	29.708	
Oct-13	64,323	2,138,041	33.239		642,747	19,872,467	30.918	27.860	29.676	
Nov-13	64,312	1,997,233	31.055		707,059	21,869,699	30.931	27.942	29.642	
Dec-13	63,725	2,293,502	35.991		770,784	24,163,201	31.349	28.022	29.610	
Jan-14	61,721	1,689,968	27.381	-11.2%	768,211	23,869,618	31.072	28.104	29.577	
Feb-14	61,246	1,637,532	26.737	-4.3%	765,424	23,718,534	30.987	28.187	29.543	
Mar-14	60,951	1,851,854	30.383	-0.2%	762,287	23,618,909	30.984	28.262	29.513	
Apr-14	59,871	1,616,834	27.005	-13.6%	758,154	23,235,973	30.648	28.346	29.480	
May-14	61,698	1,719,848	27.875	-11.6%	755,992	22,941,523	30.346	28.427	29.448	
Jun-14	61,865	1,749,791	28.284	-4.5%	753,700	22,791,312	30.239	28.511	29.415	
Jul-14	62,451	1,811,678	29.010	-8.2%	751,538	22,561,292	30.020	28.592	29.383	
Aug-14	62,672	1,786,430	28.504	-10.7%	749,438	22,280,786	29.730	28.676	29.350	
Sep-14	62,499	1,827,513	29.241	-5.0%	747,334	22,120,224	29.599	28.761	29.317	
Oct-14	62,342	1,893,506	30.373	-8.6%	745,353	21,875,689	29.349	28.843	29.285	
Nov-14	62,228	1,730,937	27.816	-10.4%	743,269	21,609,393	29.073	-6.0%	28.928	
Dec-14	61,920	2,023,083	32.673	-9.2%	741,464	21,338,974	28.780	-8.2%	29.011	
Jan-15	66,417	1,850,793	27.866	1.8%	746,160	21,499,798	28.814	-7.3%	29.096	
Feb-15	66,798	1,774,385	26.563	-0.6%	751,712	21,636,651	28.783	-7.1%	29.182	
Mar-15	68,006	2,020,956	29.717	-2.2%	758,767	21,805,753	28.738	-7.2%	29.260	
Apr-15	68,158	1,924,375	28.234	4.5%	767,054	22,113,294	28.829	-5.9%	29.346	
May-15	67,577	1,939,933	28.707	3.0%	772,933	22,333,379	28.894	-4.8%	29.430	
Jun-15	67,630	1,980,625	29.286	3.5%	778,698	22,564,213	28.977	-4.2%	29.517	
Jul-15	67,279	1,944,322	28.899	-0.4%	783,526	22,696,857	28.968	-3.5%	29.601	
Aug-15	66,786	1,942,384	29.084	2.0%	787,640	22,852,810	29.014	-2.4%	29.688	
Sep-15	66,509	1,952,900	29.363	0.4%	791,650	22,978,197	29.026	-1.9%	29.776	
Oct-15	66,490	2,007,404	30.191	-0.6%	795,798	23,092,095	29.018	-1.1%	29.861	
Nov-15	66,086	1,950,696	29.518	6.1%	799,656	23,311,855	29.152	0.3%	29.949	
Dec-15	65,999	2,187,910	33.151	1.5%	803,735	23,476,682	29.209	1.5%	30.035	

Exponential Trend: 3.5% -1.3%



Regressions

24 Months on Monthly	
1.000	0.537
0.000	3.268
0.086	0.052
1.498	16.000

24 Months on Annual	
1.000	134.145
0.000	0.687
0.236	0.011
4.946	16.000

PHARMACY TREND DEVELOPMENT  
NON-SPECIALTY UTILIZATION TREND CALCULATION

Month	Membership	Total Days Supply	Days Supply PMPM	Regression on Adjusted PMPM - 18 Months	Average Induced Utilization Factor	Normalization Factor for Induced Utilization	Adjusted Days Supply - Normalized for Induced Utilization Factor	Adjusted PMPM	Regression on Adjusted PMPM - 18 Months
Jul-14	62,451	1,811,678	29.01	28.59	0.8975	1.0233	1,853,907	29.69	29.20
Aug-14	62,672	1,786,430	28.50	28.68	0.8979	1.0228	1,827,140	29.15	29.24
Sep-14	62,499	1,827,513	29.24	28.76	0.8985	1.0221	1,867,907	29.89	29.27
Oct-14	62,342	1,893,506	30.37	28.84	0.8989	1.0216	1,934,473	31.03	29.31
Nov-14	62,228	1,730,937	27.82	28.93	0.8991	1.0214	1,767,960	28.41	29.35
Dec-14	61,920	2,023,083	32.67	29.01	0.9005	1.0198	2,063,237	33.32	29.38
Jan-15	66,417	1,850,793	27.87	29.10	0.9188	0.9995	1,849,877	27.85	29.42
Feb-15	66,798	1,774,385	26.56	29.18	0.9188	0.9995	1,773,574	26.55	29.46
Mar-15	68,006	2,020,956	29.72	29.26	0.9184	0.9999	2,020,830	29.72	29.49
Apr-15	68,158	1,924,375	28.23	29.35	0.9183	1.0000	1,924,435	28.23	29.53
May-15	67,577	1,939,933	28.71	29.43	0.9183	1.0001	1,940,058	28.71	29.57
Jun-15	67,630	1,980,625	29.29	29.52	0.9184	0.9999	1,980,523	29.28	29.61
Jul-15	67,279	1,944,322	28.90	29.60	0.9185	0.9999	1,944,116	28.90	29.64
Aug-15	66,786	1,942,384	29.08	29.69	0.9185	0.9998	1,942,093	29.08	29.68
Sep-15	66,509	1,952,900	29.36	29.78	0.9184	0.9999	1,952,742	29.36	29.72
Oct-15	66,490	2,007,404	30.19	29.86	0.9185	0.9999	2,007,158	30.19	29.76
Nov-15	66,086	1,950,696	29.52	29.95	0.9185	0.9999	1,950,464	29.51	29.80
Dec-15	65,999	2,187,910	33.15	30.03	0.9184	1.0000	2,187,910	33.15	29.83

Annual Increase

3.5%

1.5%

Regressions

Regression on Adjusted PMPM - 18 Months

1.00010	0.5374
0.00008	3.2675
8.56%	0.0520
1.49769	16

Regression on Adjusted PMPM - 18 Months

1.00004	5.1609
0.00008	3.5253
1.51%	0.0561
0.24467	16

Impact of Benefit Changes

-1.9%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 3F

**PHARMACY TREND DEVELOPMENT  
GENERIC DISPENSING RATE**

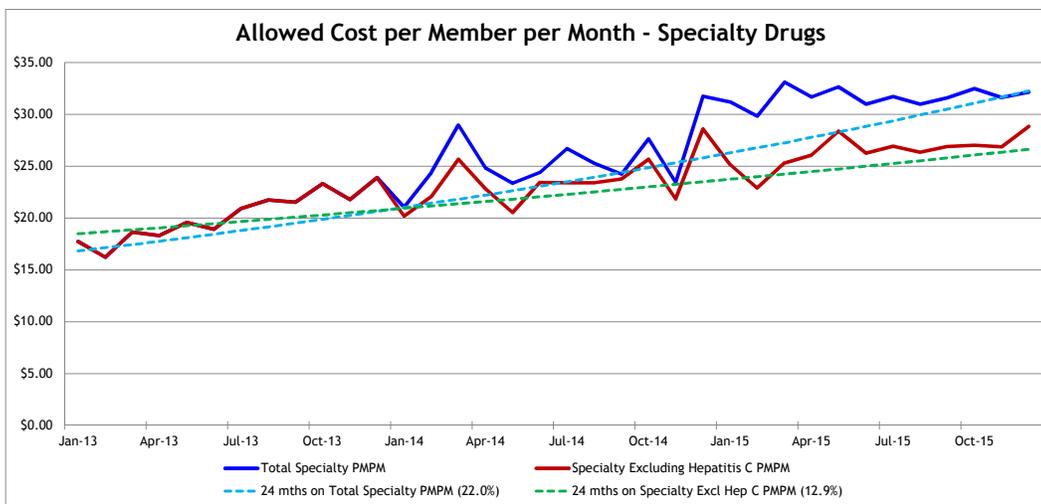
Month	Days Supply				Generic Dispensing Rate	
	Generic	Brands Losing Exclusivity	Brand	Total Non- Specialty	Monthly	Rolling 12
Jan-15	1,739,311		237,733	1,977,044	88.0%	
Feb-15	1,655,722		226,712	1,882,434	88.0%	
Mar-15	1,876,757		257,306	2,134,063	87.9%	
Apr-15	1,765,331		252,031	2,017,362	87.5%	
May-15	1,787,884		239,773	2,027,657	88.2%	
Jun-15	1,810,561		251,295	2,061,856	87.8%	
Jul-15	1,775,237		249,572	2,024,809	87.7%	
Aug-15	1,773,521		239,658	2,013,178	88.1%	
Sep-15	1,767,863		247,654	2,015,516	87.7%	
Oct-15	1,789,354		275,131	2,064,485	86.7%	
Nov-15	1,756,893		251,299	2,008,192	87.5%	
Dec-15	1,930,807		302,820	2,233,628	86.4%	87.6%
Jan-16	1,739,311	8,511	229,222	1,977,044	88.4%	87.6%
Feb-16	1,655,722	7,553	219,159	1,882,434	88.4%	87.7%
Mar-16	1,876,757	6,777	250,528	2,134,063	88.3%	87.7%
Apr-16	1,765,331	7,061	244,970	2,017,362	87.9%	87.7%
May-16	1,787,884	4,777	234,996	2,027,657	88.4%	87.8%
Jun-16	1,810,561	17,495	233,800	2,061,856	88.7%	87.8%
Jul-16	1,775,237	17,870	231,701	2,024,809	88.6%	87.9%
Aug-16	1,773,521	19,153	220,505	2,013,178	89.0%	88.0%
Sep-16	1,767,863	19,171	228,483	2,015,516	88.7%	88.1%
Oct-16	1,789,354	21,429	253,702	2,064,485	87.7%	88.1%
Nov-16	1,756,893	19,040	232,258	2,008,192	88.4%	88.2%
Dec-16	1,930,807	22,013	280,807	2,233,628	87.4%	88.3%
Jan-17	1,747,821	14,613	214,610	1,977,044	89.1%	88.4%
Feb-17	1,663,275	17,153	202,006	1,882,434	89.3%	88.4%
Mar-17	1,883,535	17,074	233,454	2,134,063	89.1%	88.5%
Apr-17	1,772,392	17,547	227,423	2,017,362	88.7%	88.6%
May-17	1,792,661	18,794	216,202	2,027,657	89.3%	88.7%
Jun-17	1,828,056	9,685	224,115	2,061,856	89.1%	88.7%
Jul-17	1,793,107	11,736	219,966	2,024,809	89.1%	88.7%
Aug-17	1,792,673	8,197	212,308	2,013,178	89.5%	88.8%
Sep-17	1,787,034	8,937	219,546	2,015,516	89.1%	88.8%
Oct-17	1,810,783	9,191	244,511	2,064,485	88.2%	88.9%
Nov-17	1,775,934	9,386	222,872	2,008,192	88.9%	88.9%
Dec-17	1,952,821	10,742	270,065	2,233,628	87.9%	88.9%

PHARMACY TREND DEVELOPMENT  
SPECIALTY TREND CALCULATIONS

Incurred Date	MONTHLY DATA				PMPM		Rolling 12 PMPM		EXPONENTIAL FIT	
	Members	All Other Specialty Allowed Charges	New Treatments <sup>1</sup> Allowed Charges	Total Specialty Drug Allowed Charges	Total Specialty PMPM	Specialty Excluding Hepatitis C PMPM	Total Specialty PMPM	Specialty Excluding New Treatments PMPM	Total Specialty PMPM	Specialty Excluding New Treatments PMPM
Jan-13	64,294	\$1,140,523	\$0	\$1,140,523	\$17.74	\$17.74			\$16.82	\$18.48
Feb-13	64,033	\$1,038,632	\$0	\$1,038,632	\$16.22	\$16.22			\$17.14	\$18.68
Mar-13	64,088	\$1,196,255	\$0	\$1,196,255	\$18.67	\$18.67			\$17.44	\$18.86
Apr-13	64,004	\$1,172,192	\$0	\$1,172,192	\$18.31	\$18.31			\$17.77	\$19.06
May-13	63,860	\$1,250,703	\$0	\$1,250,703	\$19.59	\$19.59			\$18.10	\$19.26
Jun-13	64,157	\$1,213,840	\$0	\$1,213,840	\$18.92	\$18.92			\$18.45	\$19.46
Jul-13	64,613	\$1,351,795	\$0	\$1,351,795	\$20.92	\$20.92			\$18.79	\$19.66
Aug-13	64,772	\$1,408,859	\$0	\$1,408,859	\$21.75	\$21.75			\$19.15	\$19.87
Sep-13	64,603	\$1,390,926	\$0	\$1,390,926	\$21.53	\$21.53			\$19.52	\$20.09
Oct-13	64,323	\$1,499,750	\$0	\$1,499,750	\$23.32	\$23.32			\$19.88	\$20.29
Nov-13	64,312	\$1,400,406	\$0	\$1,400,406	\$21.78	\$21.78			\$20.26	\$20.51
Dec-13	63,725	\$1,522,359	\$0	\$1,522,359	\$23.89	\$23.89	\$20.22	\$20.22	\$20.64	\$20.72
Jan-14	61,721	\$1,246,436	\$52,034	\$1,298,470	\$21.04	\$20.19	\$20.49	\$20.43	\$21.03	\$20.94
Feb-14	61,246	\$1,353,255	\$141,269	\$1,494,525	\$24.40	\$22.10	\$21.16	\$20.91	\$21.43	\$21.17
Mar-14	60,951	\$1,565,605	\$200,239	\$1,765,844	\$28.97	\$25.69	\$22.00	\$21.48	\$21.80	\$21.37
Apr-14	59,871	\$1,366,885	\$118,305	\$1,485,190	\$24.81	\$22.83	\$22.53	\$21.86	\$22.22	\$21.60
May-14	61,698	\$1,265,499	\$175,773	\$1,441,272	\$23.36	\$20.51	\$22.85	\$21.94	\$22.63	\$21.83
Jun-14	61,865	\$1,450,019	\$58,816	\$1,508,834	\$24.39	\$23.44	\$23.31	\$22.32	\$23.07	\$22.06
Jul-14	62,451	\$1,462,324	\$205,519	\$1,667,843	\$26.71	\$23.42	\$23.80	\$22.53	\$23.49	\$22.29
Aug-14	62,672	\$1,466,431	\$118,306	\$1,584,737	\$25.29	\$23.40	\$24.10	\$22.67	\$23.94	\$22.53
Sep-14	62,499	\$1,485,673	\$29,745	\$1,515,418	\$24.25	\$23.77	\$24.33	\$22.86	\$24.40	\$22.77
Oct-14	62,342	\$1,601,710	\$121,351	\$1,723,062	\$27.64	\$25.69	\$24.70	\$23.06	\$24.86	\$23.00
Nov-14	62,228	\$1,358,497	\$100,390	\$1,458,886	\$23.44	\$21.83	\$24.84	\$23.07	\$25.33	\$23.25
Dec-14	61,920	\$1,770,970	\$196,380	\$1,967,349	\$31.77	\$28.60	\$25.51	\$23.46	\$25.80	\$23.49
Jan-15	66,417	\$1,671,718	\$400,016	\$2,071,734	\$31.19	\$25.17	\$26.38	\$23.88	\$26.30	\$23.74
Feb-15	66,798	\$1,528,436	\$462,956	\$1,991,391	\$29.81	\$22.88	\$26.85	\$23.94	\$26.80	\$23.99
Mar-15	68,006	\$1,720,814	\$530,906	\$2,251,720	\$33.11	\$25.30	\$27.24	\$23.92	\$27.26	\$24.23
Apr-15	68,158	\$1,777,625	\$381,548	\$2,159,173	\$31.68	\$26.08	\$27.82	\$24.20	\$27.78	\$24.49
May-15	67,577	\$1,918,020	\$287,426	\$2,205,446	\$32.64	\$28.38	\$28.60	\$24.86	\$28.30	\$24.74
Jun-15	67,630	\$1,776,220	\$320,243	\$2,096,463	\$31.00	\$26.26	\$29.14	\$25.09	\$28.84	\$25.00
Jul-15	67,279	\$1,813,476	\$320,553	\$2,134,028	\$31.72	\$26.95	\$29.56	\$25.38	\$29.38	\$25.26
Aug-15	66,786	\$1,759,629	\$310,330	\$2,069,960	\$30.99	\$26.35	\$30.02	\$25.62	\$29.94	\$25.53
Sep-15	66,509	\$1,790,440	\$312,619	\$2,103,059	\$31.62	\$26.92	\$30.61	\$25.88	\$30.51	\$25.81
Oct-15	66,490	\$1,798,086	\$361,687	\$2,159,773	\$32.48	\$27.04	\$31.00	\$25.99	\$31.08	\$26.07
Nov-15	66,086	\$1,775,534	\$315,938	\$2,091,472	\$31.65	\$26.87	\$31.64	\$26.39	\$31.67	\$26.35
Dec-15	65,999	\$1,903,574	\$219,380	\$2,122,955	\$32.17	\$28.84	\$31.67	\$26.42	\$32.26	\$26.62

1. New treatments include hepatitis C drugs, PCSK9 inhibitors, and Orkambi

Exponential Trend:	25.0%	13.3%
Aging Adjustment:	0.994	0.994
Adjusted Trend:	24.2%	12.6%



Regressions	24 Months on Monthly		24 Months on Annual	
	1.000612262	1.79503E-10	1.0003433	1.3003E-05
	1.0728E-05	0.450464867	8.874E-06	0.37260305
	99.33%	0.011066064	98.55%	0.00915332
	3255.139523	22	1496.122	22

PHARMACY TREND DEVELOPMENT  
SPECIALTY TREND CALCULATIONS

Restated Specialty Drug Trend

Pharmacy Specialty Claims in the Experience (CY 2015)	A	\$ 25,457,174
Claims Removed from the Experience (CY 2015)		
Hepatitis C	B1	\$3,928,711
PCSK9 Inhibitors <sup>1</sup>	B2	\$6,882
Orkambi	B3	\$288,009
Total	B = B1+B2+B3	\$4,223,601
Pharmacy Specialty Claims without Excluded Drugs in the Experience (CY 2015)	C = A - B	\$21,233,572
Projected Specialty Claims using a 12.6% trend for 24 months	D = C x (1.126) <sup>(24/12)</sup>	\$26,929,484
Adding Incremental Cost of Excluded Treatments for the Projection Period		
Hepatitis C	E1	\$4,649,067
PCSK9 Inhibitors	E2	\$2,090,135
Orkambi	E3	\$1,973,873
Total	E = E1+E2+E3	\$8,713,075
Biosimilar Adjustment	F	(\$158,189)
Restated Projected Specialty Claims	G = D + E + F	\$35,484,370
<b>Restated Specialty Trend</b>	<b>H = (G/A)<sup>(12/24)</sup> - 1</b>	<b>18.1%</b>

1. PCSK9 inhibitors in the formulary include Praluent, which was approved by the FDA on July 24, 2015, and Repatha, which was approved by the FDA on August 27, 2015.

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3H

PHARMACY TREND DEVELOPMENT  
SUMMARY

		(1)	(2)	(3) = (1) + (2)	(4)	(5) = (3) + (4)	
		Generic	Brand	Non-Specialty Total	Specialty	Total Pharmacy	PMPM
<b><u>Experience Period - Calendar Year 2015</u></b>							
Member Months						816,633	
# Days Supply	a	21,429,241	3,030,982	24,460,224	144,704	24,604,928	
Allowed Charge per Supply	b	\$0.83	\$9.08		\$183.10		
Total Allowed Charges	c=a*b	\$17,821,859	\$27,513,645	\$45,335,503	\$26,494,812	\$71,830,315	\$87.96
<b><u>Utilization Trends</u></b>							
Projected Utilization Trend	d			0.50%			
Projected # Days Supply (1 yr)	e=a*(1+d) <sup>2</sup>			24,705,438			
Projected Rolling-12 dispensing rate (Generic and Brand split)	f	88.9%	11.1%				
Non-Specialty Projected # Days Supply: Generic and Brand	g=f*e	21,971,221	2,734,216				
Utilization Trends: Generic and Brand	h=(g/a) <sup>0.5</sup> -1	1.3%	-5.0%				
<b><u>Cost Trends</u></b>							
Calculated Annual Trend	i	7.0%	8.8%				
Projected Allowed Charge per Supply	j=b*(1+i) <sup>2</sup>	\$0.95	\$10.75				
Projected Total Allowed Charges before Contract Changes	k=g*j	\$20,920,302	\$29,380,243	\$50,300,545	\$36,953,930	\$87,254,475	\$106.85
Annual Trend before Contract Changes	l=(k/c) <sup>0.5</sup>	8.3%	3.3%		18.1%	10.2%	
Reduction of Projected Claims due to Contract Changes	m	0.8339	0.9962		0.9874		
Projected Total Allowed Charges after Contract Changes	n=k*m	\$17,445,440	\$29,268,598	\$46,714,038	\$36,488,311	\$83,202,349	\$101.88

BLUE CROSS AND BLUE SHIELD OF VERMONT  
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EXHIBIT 31

MEDICAL TREND DEVELOPMENT  
PROJECTION FACTOR FOR INDEX RATE CALCULATION

TREND FACTORS			
Annual	Cost	Utilization	Total
Medical	3.3%	1.0%	4.3%
Pharmacy	9.7%	0.5%	10.2%

MEDICAL						
Coverage Category in the Experience	Membership	CY 2015 Allowed PMPM Adjusted for Network and Small Group Definition	Cost Trend (24mths)	Adding Cost	Utilization Trend (24mths)	CY 2017 Allowed PMPM Adjusted for Network and Small Group Definition
Individual Non-Subsidized QHP	124,629	\$456.38	1.0671	\$487.00	1.0201	\$496.79
Individual Subsidized QHP	211,659	\$466.36	1.0671	\$497.65	1.0201	\$507.65
Small Group QHP	429,795	\$380.58	1.0671	\$406.12	1.0201	\$414.28
Groups with 51-100 employees known to have joined QHP	43,108	\$489.18	1.0671	\$521.99	1.0201	\$532.49
Groups with 51-100 employees expected to join QHP	7,442	\$487.30	1.0671	\$520.00	1.0201	\$530.45

PHARMACY						
Coverage Category in the Experience	Membership	CY 2015 Allowed PMPM Adjusted for Network and Small Group Definition	Cost Trend (24mths)	Adding Cost	Utilization Trend (24mths)	CY 2017 Allowed PMPM Adjusted for Network and Small Group Definition
Individual Non-Subsidized QHP	124,629	\$105.44	1.2028	\$126.82	1.0100	\$128.09
Individual Subsidized QHP	211,659	\$95.10	1.2028	\$114.39	1.0100	\$115.53
Small Group QHP	429,795	\$78.30	1.2028	\$94.17	1.0100	\$95.12
Groups with 51-100 employees known to have joined QHP	43,108	\$96.36	1.2028	\$115.90	1.0100	\$117.06
Groups with 51-100 employees expected to join QHP	7,442	\$101.21	1.2028	\$121.74	1.0100	\$122.96

	Cost Trend (24mths)	Utilization Trend (24mths)	Impact of Pharmacy Contract Changes	Projected 2017 Allowed Claims
Medical	\$421.09	1.0671	\$458.37	1.0000
Pharmacy	\$87.96	1.2028	\$106.85	0.9535
Total	\$509.05	1.0905	\$565.22	0.9912

Cost Trend Factor	1+d <sub>1</sub>	1.0905
Utilization Trend Factor	1+d <sub>2</sub>	1.0182
Impact of Pharmacy Contract Changes factor	1+c <sub>5</sub>	0.9912

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 4

**EXPECTED RISK ADJUSTMENT TRANSFERS**

	Transfer Amounts	
	Combined Market	Catastrophic Market
Actual 2014	-\$2,691,752	\$21,502
Estimated 2015 based on Interim Report	-\$1,379,536	-\$84,378
Estimated 2016, includes a 7.7% average premium increase	-\$1,486,071	-\$90,894
Estimated 2016, includes a 7.7% average premium increase and 1.5% coding growth assumption for Other Carriers	-\$1,119,916	-\$90,894
Estimated 2017 before Medicaid Membership adjustment, includes a 7.7% average premium increase and 1.5% coding growth assumption for Other Carriers	-\$806,858	-\$97,913
Estimated 2017 after Medicaid Membership adjustment, includes a 7.7% average premium increase and 1.5% coding growth assumption for Other Carriers	-\$1,170,268	-\$97,913

\* receivable are expressed as negative numbers

Projected Risk Adjustment Transfer	-\$1,268,182
Projected Risk Adjustment Fee (\$1.56 per enrollee per year)	\$120,959
<b>Net Projected Risk Adjustment</b>	<b>-\$1,147,222</b>
Member Months	930,456
Net Projected Risk Adjustment PMPM	-\$1.23
Paid to Allowed Ratio (from Exh 6C)	79.32%
<b>Market Wide Adjustment for the Risk Adjustment Program</b>	<b>-\$1.55</b>

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 5

INDEX RATE CALCULATION

<b><u>Index Rate : Experience Period Allowed Claims for EHB</u></b>	A	\$503.97
<b><u>Adjustments from Experience Period to Projection Period</u></b>		
<b>Population Risk Morbidity</b>		
Impact of the Change in Small Group definition	1+b <sub>1</sub>	1.0114
Impact of the take-up rate of the Uninsured	1+b <sub>2</sub>	1.0000
Impact of the Health Status of the newly insured	1+b <sub>3</sub>	1.0086
Impact of insured formerly on Employer coverage	1+b <sub>4</sub>	1.0000
Impact of new enrollment from prior high risk pool	1+b <sub>5</sub>	1.0000
Impact of mandated coverage on morbidity	1+b <sub>6</sub>	1.0000
Impact of Pent-up demand	1+b <sub>7</sub>	1.0000
Impact of VHC Settlement	1+b <sub>8</sub>	0.9951
Changes in pool morbidity	1+b <sub>9</sub>	0.9896
<b>Other</b>		
Impact of different benefit plans (in experience vs projection)	1+c <sub>1</sub>	0.9859
Changes in provider networks	1+c <sub>2</sub>	0.9987
Changes in demographics (age, gender, region, etc.)	1+c <sub>3</sub>	1.0058
Changes in pharmacy rebates	1+c <sub>4</sub>	1.0000
Changes in pharmacy contract	1+c <sub>5</sub>	0.9912
Impact of Selection	1+c <sub>6</sub>	1.0105
		\$502.12
<b><u>Adjusted Experience Period Allowed Claims for EHB</u></b>		
<b>Trend Factors</b>		
Cost Trend	1+d <sub>1</sub>	1.0905
Utilization Trend	1+d <sub>2</sub>	1.0182
		\$557.53
<b><u>Projected Period Allowed Claims for Experience EHB</u></b>		
<b>Additional Adjustments for Non System Claims</b>		
Projected Pharmacy Rebates	e <sub>1</sub>	-\$7.89
Projected Blue Print Payments	e <sub>2</sub>	\$3.63
Projected ITS Fees	e <sub>3</sub>	\$1.84
Projected Vaccine Payments	e <sub>4</sub>	\$1.88
Projected Net cost of Reinsurance	e <sub>5</sub>	\$1.32
<b>Additional Adjustments for Additional Benefits</b>		
Projected Allowed Claims for Pediatric Vision	e <sub>6</sub>	\$0.50
Projected Allowed Claims for Pediatric Dental	e <sub>7</sub>	\$1.84
<b><u>Projected Index Rate</u></b>		\$560.66
$F = A \prod_{n=1}^8 (1 + b_n) \prod_{n=1}^6 (1 + c_n) \prod_{n=1}^2 (1 + d_n) + \sum_{n=1}^7 e_n$		
<b><u>Market Wide Adjustments</u></b>		
Risk Adjustment Payments and Fees	g <sub>1</sub>	-\$1.55
Transitional Reinsurance Payments and Recoveries	g <sub>2</sub>	\$0.00
Vermont Exchange Fees	g <sub>3</sub>	\$0.00
		\$559.11
<b><u>Market Adjusted Index Rate</u></b>		\$559.11
$H = F + \sum_{n=1}^3 g_n$		

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 6A

**PLAN LEVEL ADJUSTMENT SUMMARY**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	Weighted Average
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
Market Adjusted Index Rate	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11
Benefit Richness Adjustment	1.0183	1.0003	0.9722	0.9569	0.9383	1.0957	1.0330	0.9823	0.9782	0.9402	0.9408	0.9315	
Paid to Allowed Ratio	83.57%	80.45%	75.39%	71.71%	66.54%	93.07%	86.01%	77.27%	76.76%	67.31%	67.63%	66.54%	
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002
For Catastrophic Only - Impact of Eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.5042	
<b>Expected Claims Cost</b>	<b>\$475.88</b>	<b>\$449.98</b>	<b>\$409.87</b>	<b>\$383.72</b>	<b>\$349.15</b>	<b>\$570.21</b>	<b>\$496.86</b>	<b>\$424.41</b>	<b>\$419.86</b>	<b>\$353.93</b>	<b>\$355.80</b>	<b>\$174.78</b>	<b>\$445.10</b>
Administrative Charges Plan Level Adjustment	1.0757	1.0806	1.0873	1.0941	1.1029	1.0589	1.0674	1.0789	1.0799	1.0946	1.0941	1.2046	
Taxes and Fees Plan Level Adjustment	1.0096	1.0096	1.0095	1.0095	1.0095	1.0097	1.0097	1.0096	1.0096	1.0095	1.0095	1.0091	
Contribution to Reserve Plan Level Adjustment	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	1.0230	
<b>Plan Level Adjusted Index Rate</b>	<b>\$528.70</b>	<b>\$502.18</b>	<b>\$460.26</b>	<b>\$433.56</b>	<b>\$397.68</b>	<b>\$623.68</b>	<b>\$547.80</b>	<b>\$472.92</b>	<b>\$468.28</b>	<b>\$400.12</b>	<b>\$402.05</b>	<b>\$217.33</b>	<b>\$495.07</b>
Projected Membership	1,588	6,356	5,938	3,893	4,033	12,995	7,299	19,148	9,970	2,949	3,200	169	77,538

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 6B

**PLAN LEVEL ADJUSTMENT  
BENEFIT RICHNESS ADJUSTMENT FACTOR**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	TOTAL
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP			
Projected Membership	1,588	6,356	5,938	3,893	4,033	12,995	7,299	19,148	9,970	2,949	3,200	169	77,538
Base Paid to Allowed Ratio	82.58%	79.43%	73.74%	69.97%	64.10%	93.54%	84.93%	75.92%	75.06%	64.79%	65.00%	61.16%	
Benefit Richness Adjustment for EHB	1.0961	1.0766	1.0463	1.0299	1.0099	1.1796	1.1120	1.0572	1.0528	1.0119	1.0125	1.0025	1.0763
Normalized Benefit Richness Adjustment for EHB	1.0184	1.0003	0.9721	0.9568	0.9383	1.0959	1.0331	0.9822	0.9781	0.9401	0.9407	0.9314	
Projected Period Paid Claims for Experience EHB	\$466.04	\$448.87	\$420.36	\$400.26	\$371.69	\$518.85	\$479.55	\$430.86	\$428.39	\$375.64	\$377.56	\$371.24	
Benefit Richness Adjustment for EHB	1.0184	1.0003	0.9721	0.9568	0.9383	1.0959	1.0331	0.9822	0.9781	0.9401	0.9407	0.9314	1.0000
Additional EHB Paid Claims	\$1.63	\$1.36	\$1.59	\$1.10	\$0.79	\$1.94	\$1.79	\$1.59	\$1.21	\$1.16	\$1.01	\$1.25	
Non-System Claims	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	
Market Wide Adjustments (Paid)	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	
Total Paid Claims with Benefit Richness Adjustment	\$475.80	\$449.90	\$409.80	\$383.64	\$349.08	\$570.12	\$496.78	\$424.34	\$419.78	\$353.87	\$355.73	\$346.57	
Overall Benefit Richness Adjustment	1.0183	1.0003	0.9722	0.9569	0.9383	1.0957	1.0330	0.9823	0.9782	0.9402	0.9408	0.9315	

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 6C

PLAN LEVEL ADJUSTMENT  
PAID TO ALLOWED RATIOS

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	Total
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
Projected Membership	1,588	6,356	5,938	3,893	4,033	12,995	7,299	19,148	9,970	2,949	3,200	169	77,538
Projected Period Allowed Claims for Experience EHB	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53	\$557.53
Paid to Allowed Ratio for EHB Portion	83.59%	80.51%	75.40%	71.79%	66.67%	93.06%	86.01%	77.28%	76.84%	67.38%	67.72%	66.59%	79.32%
Projected Period Paid Claims for Experience EHB	\$466.04	\$448.87	\$420.36	\$400.26	\$371.69	\$518.85	\$479.55	\$430.86	\$428.39	\$375.64	\$377.56	\$371.24	\$442.22
Additional EHB Allowed Claims	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34	\$2.34
Additional EHB Paid Claims	\$1.63	\$1.36	\$1.59	\$1.10	\$0.79	\$1.94	\$1.79	\$1.59	\$1.21	\$1.16	\$1.01	\$1.25	\$1.49
Non-System Claims	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79
Market Wide Adjustments (Paid)	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23	-\$1.23
Market Wide Adjustments (Allowed)	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55	-\$1.55
Market Adjusted Index Rate	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11
Total Paid Claims	\$467.23	\$449.78	\$421.51	\$400.92	\$372.03	\$520.34	\$480.89	\$432.00	\$429.16	\$376.36	\$378.12	\$372.05	\$443.27
Paid to Allowed Ratio	83.57%	80.45%	75.39%	71.71%	66.54%	93.07%	86.01%	77.27%	76.76%	67.31%	67.63%	66.54%	79.28%

For Section 3 of worksheet 1 of the URRT

Expected Claims Cost (from Exhibit 6A)	\$445.10
Non-EHB benefit claims cost	\$0.08
Market-wide adjustment	\$1.23
Projected Incurred Claims, before market-wide adjustments	\$446.42
Projected Index Rate	\$560.66
Projected Non-EHB Claims	\$0.10
Projected Allowed Experience Claims	\$560.76
Paid to Allowed Ratio = \$446.42/\$560.76	79.6%

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 6D

PLAN LEVEL ADJUSTMENTS  
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	Projected Paid Claims for EHB Claims
Average Population	100.0%	\$560.25	69.5%	\$389.49
Individual Ages 30 or Less	94.4%	\$300.22	60.0%	\$180.19
Individual Ages over 30	5.6%	\$661.52	70.0%	\$463.04
Weighted Average		\$320.30	61.2%	\$195.90
<i>Allowed Charges Adjustment</i>		<i>0.5717</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.8798</i>	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$557.53		
Paid to Allowed Ratio for EHB Portion		66.6%		
Benefit Richness Adjustment for EHB		0.9314		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		<i>0.5030</i>		
Projected Period Paid Claims for Experience EHB		\$173.91		
Additional EHB Paid Claims		\$1.25		
Non-System Claims		\$0.79		
Market Wide Adjustments		-\$1.23		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$174.78		
Market Adjusted Index Rate		\$559.11		
Paid to Allowed Ratio		66.5%		
Benefit Richness Adjustment		0.9315		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility		0.5042		
Expected Claims Cost		\$174.78		
<b>Total Adjustment for Catastrophic Plan</b>			<b>0.5042</b>	

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	TOTAL
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP		
BCBSVT Base Administrative Charges	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10	\$33.10
Administrative Charges for Outside Vendors	\$0.58	\$0.83	\$0.35	\$0.67	\$0.52	\$0.47	\$0.38	\$0.37	\$0.43	\$0.39	\$0.39	\$0.34	\$0.46
Blue Rewards Program	\$2.32	\$2.32	\$2.32	\$2.32	\$2.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.32	\$0.66
<b>Total Administrative Charges PMPM</b>	<b>\$36.00</b>	<b>\$36.25</b>	<b>\$35.77</b>	<b>\$36.10</b>	<b>\$35.94</b>	<b>\$33.58</b>	<b>\$33.49</b>	<b>\$33.47</b>	<b>\$33.53</b>	<b>\$33.49</b>	<b>\$33.50</b>	<b>\$35.76</b>	<b>\$34.22</b>
Administrative Charges Plan Level Adjustment	1.0757	1.0806	1.0873	1.0941	1.1029	1.0589	1.0674	1.0789	1.0799	1.0946	1.0941	1.2046	1.0769
Administrative Charges as a percent of Premium	6.81%	7.22%	7.77%	8.33%	9.04%	5.38%	6.11%	7.08%	7.16%	8.37%	8.33%	16.45%	6.91%



**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 7C

**DETAILS OF TAXES AND FEES**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	Total
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
State Assessment - HCCA	\$3.78	\$3.57	\$3.25	\$3.04	\$2.76	\$4.53	\$3.94	\$3.36	\$3.33	\$2.80	\$2.82	\$1.37	\$3.53
State Tax - VITL	\$0.94	\$0.89	\$0.81	\$0.76	\$0.69	\$1.13	\$0.98	\$0.84	\$0.83	\$0.70	\$0.70	\$0.34	\$0.88
Federal Assessment - PCORI	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20
Federal Insurer Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Taxes and Fees PMPM</b>	<b>\$4.91</b>	<b>\$4.66</b>	<b>\$4.26</b>	<b>\$3.99</b>	<b>\$3.65</b>	<b>\$5.86</b>	<b>\$5.12</b>	<b>\$4.40</b>	<b>\$4.35</b>	<b>\$3.70</b>	<b>\$3.72</b>	<b>\$1.91</b>	<b>\$4.61</b>
Taxes and Fees Plan Level Adjustment	1.0096	1.0096	1.0095	1.0095	1.0095	1.0097	1.0097	1.0096	1.0096	1.0095	1.0095	1.0091	1.0096
Taxes and Fees as a percent of Premium	0.93%	0.93%	0.92%	0.92%	0.92%	0.94%	0.94%	0.93%	0.93%	0.92%	0.92%	0.88%	0.93%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 7D

**AV PRICING VALUE**

	NON-STANDARD PLANS					STANDARD PLANS						
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP	Catastrophic Blue Rewards
Market Wide Adjusted Index Rate	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11
Plan Level Adjusted Index Rate	\$528.70	\$502.18	\$460.26	\$433.56	\$397.68	\$623.68	\$547.80	\$472.92	\$468.28	\$400.12	\$402.05	\$217.33
AV Pricing Value	94.56%	89.82%	82.32%	77.54%	71.13%	111.55%	97.98%	84.58%	83.75%	71.56%	71.91%	38.87%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 8

**FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET  
(PROJECTION)**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	TOTAL
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
Expected Direct Claims PMPM	\$477.61	\$451.56	\$410.87	\$384.55	\$348.94	\$574.83	\$498.70	\$425.49	\$420.90	\$353.74	\$355.61	\$173.84	\$446.71
Risk Adjustment Transfer Payments PMPM	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36	-\$1.36
Adjustments for Health Care Quality PMPM*	\$5.12	\$5.14	\$5.10	\$5.12	\$5.11	\$2.79	\$2.78	\$2.78	\$2.78	\$2.78	\$2.78	\$5.10	\$3.44
<b>MLR Claims</b>	<b>\$481.36</b>	<b>\$455.34</b>	<b>\$414.60</b>	<b>\$388.32</b>	<b>\$352.68</b>	<b>\$576.25</b>	<b>\$500.12</b>	<b>\$426.91</b>	<b>\$422.32</b>	<b>\$355.16</b>	<b>\$357.03</b>	<b>\$177.57</b>	<b>\$448.79</b>
Premium PMPM	\$528.70	\$502.18	\$460.26	\$433.56	\$397.68	\$623.68	\$547.80	\$472.92	\$468.28	\$400.12	\$402.05	\$217.33	\$495.07
Licensing and regulatory fees	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13
Taxes & Fees PMPM	-\$1.14	-\$1.09	-\$1.01	-\$0.95	-\$0.89	-\$1.33	-\$1.18	-\$1.04	-\$1.03	-\$0.90	-\$0.90	-\$0.54	-\$1.08
<b>MLR Premium</b>	<b>\$527.43</b>	<b>\$500.97</b>	<b>\$459.12</b>	<b>\$432.48</b>	<b>\$396.67</b>	<b>\$622.22</b>	<b>\$546.49</b>	<b>\$471.76</b>	<b>\$467.12</b>	<b>\$399.10</b>	<b>\$401.03</b>	<b>\$216.67</b>	<b>\$493.86</b>
<b>Expected Loss Ratio</b>	<b>91.3%</b>	<b>90.9%</b>	<b>90.3%</b>	<b>89.8%</b>	<b>88.9%</b>	<b>92.6%</b>	<b>91.5%</b>	<b>90.5%</b>	<b>90.4%</b>	<b>89.0%</b>	<b>89.0%</b>	<b>82.0%</b>	<b>90.9%</b>
Projected Membership	1,588	6,356	5,938	3,893	4,033	12,995	7,299	19,148	9,970	2,949	3,200	169	77,538

\*Approximately 8.3% of current BCBSVT Administrative Charges are for health care quality plus the Blue Rewards PMPM

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 9

**CONSUMER ADJUSTED PREMIUM RATES**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards	Total Annual Premium for Inforce Contracts
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
<b>Plan Level Adjusted Index Rate</b>	\$528.70	\$502.18	\$460.26	\$433.56	\$397.68	\$623.68	\$547.80	\$472.92	\$468.28	\$400.12	\$402.05	\$217.33	
PMPM to Single Contract Conversion Factor	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	1.1107	
<b>2017 Proposed Rates</b>													
Single Rate	\$587.23	\$557.77	\$511.21	\$481.56	\$441.70	\$692.72	\$608.44	\$525.27	\$520.12	\$444.41	\$446.56	\$241.39	
Couple Rate	\$1,174.46	\$1,115.54	\$1,022.42	\$963.12	\$883.40	\$1,385.44	\$1,216.88	\$1,050.54	\$1,040.24	\$888.82	\$893.12	\$482.78	
Adult and Child(ren) Rate	\$1,133.35	\$1,076.50	\$986.64	\$929.41	\$852.48	\$1,336.95	\$1,174.29	\$1,013.77	\$1,003.83	\$857.71	\$861.86	\$465.88	
Family Rate	\$1,650.12	\$1,567.33	\$1,436.50	\$1,353.18	\$1,241.18	\$1,946.54	\$1,709.72	\$1,476.01	\$1,461.54	\$1,248.79	\$1,254.83	\$678.31	\$420,111,873
<b>2016 Approved Rates</b>													
Single Rate	\$531.33	\$506.32	\$465.16		\$401.92	\$656.63	\$573.36	\$484.49	\$468.90	\$409.17	\$406.84	\$229.41	
Couple Rate	\$1,062.66	\$1,012.64	\$930.32		\$803.84	\$1,313.26	\$1,146.72	\$968.98	\$937.80	\$818.34	\$813.68	\$458.82	
Adult and Child(ren) Rate	\$1,025.47	\$977.20	\$897.76		\$775.71	\$1,267.30	\$1,106.58	\$935.07	\$904.98	\$789.70	\$785.20	\$442.76	
Family Rate	\$1,493.04	\$1,422.76	\$1,307.10		\$1,129.40	\$1,845.13	\$1,611.14	\$1,361.42	\$1,317.61	\$1,149.77	\$1,143.22	\$644.64	\$388,384,890
<b>2017 Proposed Rate Increases</b>													
Single Rate	10.5%	10.2%	9.9%		9.9%	5.5%	6.1%	8.4%	10.9%	8.6%	9.8%	5.2%	
Couple Rate	10.5%	10.2%	9.9%		9.9%	5.5%	6.1%	8.4%	10.9%	8.6%	9.8%	5.2%	
Adult and Child(ren) Rate	10.5%	10.2%	9.9%		9.9%	5.5%	6.1%	8.4%	10.9%	8.6%	9.8%	5.2%	
Family Rate	10.5%	10.2%	9.9%		9.9%	5.5%	6.1%	8.4%	10.9%	8.6%	9.8%	5.2%	8.2%
<b>Inforce Contracts</b>													
Single Rate	727	1,598	2,560		1,649	4,272	2,767	7,151	3,122	1,245	1,477	153	
Couple Rate	185	623	663		453	1,607	777	2,181	1,049	330	354	3	
Adult and Child(ren) Rate	42	155	85		89	390	187	325	164	57	95	2	
Family Rate	183	844	203		371	1,270	700	1,041	850	206	320	2	

May 9, 2016

Mr. Dana Houlihan  
Director, Enrollment Policy & Plan Management  
VT Health Connect  
Department of Vermont Health Access  
*Via Email Only*

**RE: State of Vermont Actuarial Value Certification for 2017 Standard Plan Designs**

Dear Dana:

This memo replaces an earlier version provided on February 29, 2016. The Internal Revenue Code for 2017 per § 223(c)(2)(A), released on May 3, 2016, stated that the individual maximum out of pocket (MOOP) limit for High Deductible Health Plans (HDHP) would remain unchanged from the 2016 limit at \$6,550. The prior memo included two bronze HSA plans with a MOOP of \$6,600, which was estimated based on the historical increase in the IRS limit over the last several years as the limit had not yet been released. This iteration of the memo updates these plans to have a MOOP equal to the IRS limit of \$6,550. In order to maintain compliance with the bronze metal tier, the deductible on both of these plans has been increased \$50.

The Affordable Care Act requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV) or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs. For example, any plan design that has an AV from 68-72%, would be considered a Silver plan. The Center for Consumer Information and Insurance Oversight (CCIIO) recently released the final 2017 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs will have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. One Platinum, one Gold, two Silver and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction plan (CSR) designs were developed at each of the 73% (federal), 77% (Vermont specific), 87% (federal) and 94% (federal) AV levels.

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<sup>1</sup> <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html>

The State contracted with Wakely Consulting Group, Inc. (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2016 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – changes made to the medical deductible, medical MOOP, drug MOOP, specialist copay, and preferred brand drug copay
- Gold – changes made to the medical deductible, drug deductible, medical MOOP, drug MOOP, specialist copay, and preferred brand drug copay
- Silver Deductible – changes made to the medical deductible, medical MOOP, drug MOOP, integrating the medical MOOP to a combined medical and drug MOOP, and specialist copay
- Bronze Deductible – changes made to the medical deductible, drug deductible, combined medical/drug MOOP, drug MOOP, and specialist and preferred brand copays
- Silver HDHP – changes made to the medical deductible and combined medical/drug MOOP
- Bronze HDHP – changes made to the medical deductible and combined medical/drug MOOP

For the Silver and Bronze HDHP plans, there are two options from which the issuers may choose one at each level, consistent with the 2016 standard plan designs. Beginning in 2016, the regulations<sup>2</sup> require that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016 and \$7,150 in 2017). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with this regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$7,150 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the federal regulations on individual maximum out of pocket costs. Since the first option has operational challenges, the issuers are allowed to choose one from either Option for the HDHP standard plans.

In addition to the standard plans, starting in 2016 the State of Vermont is requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Four of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix C and including:

- ASOP No. 23 *Data Quality*;
- ASOP No. 25 *Credibility Procedures*; and
- ASOP No. 41 *Actuarial Communications*.
- ASOP No. 50 *Determining Minimum Value and Actuarial Value under the Affordable Care Act*

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<sup>2</sup> <http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>

## EXECUTIVE SUMMARY

A summary of Vermont's standard plan designs is in Appendix D. The Silver HDHP and both Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

1. Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>3</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,150, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,150. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2017). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,300 and \$2,600 for individuals and family coverage) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,300 for individual or \$2,600 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,300 or \$2,600, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a

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<sup>3</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely had previously developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
4. If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix E contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these dental services would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow room in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range.

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

## **METHODOLOGY**

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, only group data is included in both models), there are also differences (for example, the HDHP model includes all members regardless of duration while the AVC includes only members who are enrolled the full 12 months).

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to “fit” it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the HDHP model that Wakely developed and the process used to adjust the actuarial values from the AVC.

### **HDHP Model**

Anticipating the need to quantify some of Vermont’s unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. For the 2016 AV adjustments, this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

In developing the model Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The HDHP model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations in 2016.

Options	Costs that Accumulate			Deductible / MOOP Type
	Deductible	Maximum Out-of-Pocket (MOOP)		
		Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

### Adjusted AV Calculations

Using the federal AV calculator and the HDHP model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The HDHP model was used to determine the revised AV.
  - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights

and average cost per service from the federal AVC continuance tables for the relevant metal tier.

- b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
  - c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and either a stacked MOOP or an aggregate family MOOP with an embedded individual MOOP. For the stacked application of the MOOP, all individuals are subject to a MOOP equal to the individual MOOP in addition to the family MOOP. The aggregate family MOOP has an embedded individual MOOP equal to \$7,150.
3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
2. The HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
  - b. The HDHP model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The HDHP model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the HDHP model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

## RELIANCES

We have relied on others for information used in the actuarial value adjustments. For the original AV, the final 2017 federal AVC model was relied on. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

VHCURES data supplied by the state was used in the development of the HDHP model. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information.

## DISCLOSURES AND LIMITATIONS

Wakely is financially and organizationally independent from the State of Vermont and any issuer in the state.

Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

The distribution of this report to other users is limited to the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. Distribution to other parties should only be made with Wakely's consent.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact me.

Sincerely,



Julie A. Peper, FSA, MAAA  
Partner and Senior Consulting Actuary



Brittney Phillips, ASA, MAAA  
Associate Actuary

## APPENDIX A

### **Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2017**

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2017 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The final 2017 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, and Silver Deductible CSR 77%) that will be effective as of January 1, 2017 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

May 9, 2016

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Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

A handwritten signature in cursive script that reads "Julie A. Peper" followed by a horizontal line.

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Julie A. Peper, FSA, MAAA

May 9, 2016

**APPENDIX B**

**Summary of Plan Design Changes from 2016 designs**

		Deductible Plans	
Plan	Platinum	Gold	
<b>Changes</b>	Increase medical deductible to \$250 from \$150 Increase medical MOOP to \$1,300 from \$1,250 Increase pharmacy MOOP to \$1,300 from \$1,250 Increase specialist office visit copay to \$30 from \$20 Increase Rx preferred brand copay to \$50 from \$40	Increase medical deductible to \$850 from \$750 Increase pharmacy deductible to \$100 from \$50 Increase medical MOOP to \$4,500 from \$4,250 Increase pharmacy MOOP to \$1,300 from \$1,250 Increase specialist office visit copay to \$30 from \$25 Increase Rx preferred brand copay to \$50 from \$40	

		Deductible Plans	
Plan	Silver	Bronze	
<b>Changes</b>	Increase medical deductible to \$2,150 from \$2,000 Increase medical MOOP to \$6,000 from \$5,600 Increase pharmacy MOOP to \$1,300 from \$1,250 Integrate the medical MOOP to medical/Rx MOOP Increase specialist office visit copay to \$65 from \$50	Increase medical deductible to \$4,600 from \$4,000 Increase pharmacy deductible to \$700 from \$500 Increase medical/Rx MOOP to \$7,150 from \$6,850 Increase pharmacy MOOP to \$1,300 from \$1,250 Increase specialist office visit copay to \$90 from \$85 Increase Rx preferred brand copay to \$85 from \$80	

		HDHPs	
Plan	Silver - Embedded MOOP	Silver - Stacked MOOP	
<b>Changes</b>	Increase medical deductible to \$1,550 from \$1,425 Increase medical/Rx MOOP to \$6,400 from \$5,750 Increase embedded single MOOP to \$7,150 from \$6,850	Increase medical deductible to \$1,600 from \$1,550 Increase medical/Rx MOOP to \$6,400 from \$5,750	

		HDHPs	
Plan	Bronze - Embedded MOOP	Bronze - Stacked MOOP	
<b>Changes</b>	Increase medical deductible to \$5,050 from \$4,100 Increase medical/Rx MOOP to \$6,550 from \$6,500 Increase embedded single MOOP to \$7,150 from \$6,850	Increase medical deductible to \$5,300 from \$4,400 Increase medical/Rx MOOP to \$6,550 from \$6,500	

## APPENDIX C

### **Comments Relative to Applicable ASOPs**

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, *Data Quality*;
- ASOP No. 25, *Credibility Procedures*;
- ASOP No. 41, *Actuarial Communications*; and
- ASOP No. 50 *Determining Minimum Value and Actuarial Value under the Affordable Care Act*.

### **ASOP 23: Data Quality**

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
  1. Data was appropriate and sufficiently current. The data was for similar/same populations and the most applicable data set available.
  2. Data was reasonable and comprehensive of the necessary data elements.
  3. There were no known, material limitations of the data.
  4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
  5. Alternative data sets were not deemed necessary to complete the analysis.
  6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

## **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

### 3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report list the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - There are no subsequent events, as of the date of this report that would materially affect the results presented herein.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

**ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act**

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

**APPENDIX D**

**Standard Plan Designs –Deductible Plans**

Deductible/OOP Max	2017 Plan Designs - Deductible Plans			
	Platinum	Gold	Silver	Bronze
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$250	\$850	\$2,150	\$4,600
Rx Ded	\$0	\$100	\$150	\$700
Integrated Ded	No	No	No	No
Medical OOPM	\$1,300	\$4,500	\$6,000	\$7,150
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	10%	20%	40%	50%
Outpatient <sup>2</sup>	10%	20%	40%	50%
ER <sup>3</sup>	\$100	\$150	\$250	50%
Radiology (MRI, CT, PET)	10%	20%	40%	50%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$25	\$35
MH/SA Office Visit	\$10	\$15	\$25	\$35
Specialist Office Visit <sup>4</sup>	\$30	\$30	\$65	\$90
Urgent Care	\$40	\$45	\$60	\$100
Ambulance	\$50	\$50	\$100	\$100
Rx Generic	\$5	\$5	\$15	\$20
Rx Preferred Brand	\$50	\$50	\$60	\$85
Rx Non-Preferred Brand	50%	50%	50%	60%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	89.1%	82.0%	71.5%	61.3%

**Standard Plan Designs – Cost Sharing Reduction Plans (Deductibles)**

Deductible/OOP Max	2017 Plan Designs – Deductible CSR Plans			
	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,150	\$1,600	\$600	\$100
Rx Ded	\$150	\$150	\$100	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$4,900	\$3,700	\$1,300	\$700
Rx OOPM	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	40%	40%	40%	10%
Outpatient <sup>2</sup>	40%	40%	40%	10%
ER <sup>3</sup>	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$20	\$10	\$5
Specialist Office Visit <sup>4</sup>	\$65	\$40	\$30	\$15
Urgent Care	\$60	\$60	\$50	\$35
Ambulance	\$100	\$100	\$100	\$50
Rx Generic	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	30%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	73.8%	77.4%	87.5%	94.8%

**Standard Plan Designs – HDHP Plans**

	<b>2017 Plan Designs - HDHP Plans Option 1: Embedded MOOP</b>		<b>2017 Plan Designs - HDHP Plans Option 2: Stacked MOOP</b>	
<b>Deductible/OOP Max</b>	<b>Silver</b>	<b>Bronze</b>	<b>Silver</b>	<b>Bronze</b>
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,050	\$1,600	\$5,300
Rx Ded	\$1,300	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$6,400	\$6,550	\$6,400	\$6,550
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	25%	50%	25%	50%
Outpatient <sup>2</sup>	25%	50%	25%	50%
ER <sup>3</sup>	25%	50%	25%	50%
Radiology (MRI, CT, PET)	25%	50%	25%	50%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	50%	10%	50%
MH/SA Office Visit	10%	50%	10%	50%
Specialist Office Visit <sup>4</sup>	25%	50%	25%	50%
Urgent Care	25%	50%	25%	50%
Ambulance	25%	50%	25%	50%
Rx Generic	\$10	\$12	\$10	\$12
Rx Preferred Brand	\$40	40%	\$40	40%
Rx Non-Preferred Brand	50%	60%	50%	60%
<b>Actuarial Value</b>				
2017 Final Federal AVC, Adjusted if Necessary	70.0%	60.9%	70.0%	61.0%

**Standard Plan Designs – Cost Sharing Reduction Plans (HDHP – Embedded MOOP)**

<b>2017 Plan Designs – HDHP Option 1: Embedded MOOP CSR Plans</b>				
<b>Deductible/OOP Max</b>	<b>250-300% FPL (73% AV)</b>	<b>200-250% FPL (77% AV)</b>	<b>150-200% FPL (87% AV)</b>	<b>133-150% FPL (94% AV)</b>
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,300	\$1,250	\$550
Rx Ded	\$1,300	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,100	\$3,000	\$1,250	\$550
Rx OOPM	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	25%	25%	0%	0%
Outpatient <sup>2</sup>	25%	25%	0%	0%
ER <sup>3</sup>	25%	25%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	0%	0%
Specialist Office Visit <sup>4</sup>	25%	25%	0%	0%
Urgent Care	25%	25%	0%	0%
Ambulance	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	0%	0%
<b>Actuarial Value</b>				
2017 Final Federal AVC, Adjusted if Necessary	72.8%	76.7%	86.7%	93.8%

**Standard Plan Designs – Cost Sharing Reduction Plans (HDHP – Stacked MOOP)**

Deductible/OOP Max	HDHP Stacked MOOP CSR Plan Options			
	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,600	\$1,400	\$1,300	\$550
Rx Ded	\$1,300	\$1,300	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,700	\$3,400	\$1,300	\$550
Rx OOPM	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	25%	25%	0%	0%
Outpatient <sup>2</sup>	25%	25%	0%	0%
ER <sup>3</sup>	25%	25%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	0%	0%
Specialist Office Visit <sup>4</sup>	25%	25%	0%	0%
Urgent Care	25%	25%	0%	0%
Ambulance	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	0%	0%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	72.7%	76.8%	86.7%	93.9%

## APPENDIX E

### **Class I Pediatric Dental Codes**

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

D0120 Periodic Oral Evaluation

D0140 Limited Oral Evaluation – Problem Focused

D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver

D0150 Comprehensive Oral Evaluation

D0170 Re-evaluation – Limited, Problem Focused

D0210 Intraoral Radiographs– Complete Series (including bitewings)

D0220 Intraoral Radiographs – Periapical – First Film

D0230 Intraoral Radiographs– Periapical – Each Additional Film

D0240 Intraoral – Occlusal Film

D0250 Extraoral – First Film

D0260 Extraoral – Each Additional Film

D0270 Bitewing – Single Film

D0272 Bitewings – 2 Films

D0273 Bitewings – 3 Films

D0274 Bitewings – 4 Films

D0330 Panoramic Film

D0340 Cephalometric Film

D0350 Oral/Facial Photographic Images

D0364 Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw

D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Mandible

D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Maxilla, with or without Cranium

D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium

D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures

D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report

D0470 Diagnostic Models

D1120 Prophylaxis – Child

D1208 Topical Application of Fluoride

D1330 Oral Hygiene Instructions

D1351 Sealant – Per Tooth

D1351 U9 Sealant – Per Tooth-Deciduous second molars and bicuspid\*

D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth

D1510 Space Maintainer - Fixed – Unilateral

D1515 Space Maintainer – Fixed – Bilateral

D1525 Space Maintainer – Removable – Bilateral

D1550 Recementation of Space Maintainer

**APPENDIX F**

**Summary of Adjustments Considered and Final Adjusted AVs**

<b>Adjustments Considered</b>	<b>Aggregate Ded</b>	<b>Aggregate MOOP, Embedded \$7,150</b>	<b>Stacked MOOP</b>	<b>Drug Regulation</b>	<b>Preventive Drugs</b>	<b>Pediatric Dental</b>	<b>AV from AVC</b>	<b>Final Adjusted AV</b>
<b>Silver HDHP – Embedded \$7,150 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	Yes	72.2%	70.0%
<b>Bronze HDHP– Embedded \$7,150 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	Yes	61.8%	60.9%
<b>Silver HDHP – Stacked MOOP</b>	Yes	No	Yes	Yes	Yes	Yes	71.9%	70.0%
<b>Bronze HDHP– Stacked MOOP</b>	Yes	No	Yes	Yes	Yes	Yes	61.6%	61.0%
<b>Silver Deductible</b>	No	No	No	Yes	No	Yes	71.0%	71.5%
<b>Bronze Deductible</b>	No	No	No	Yes	No	Yes	60.4%	61.3%
<b>Silver HDHP - Embedded \$7,150 Individual MOOP CSR 73%</b>	Yes	Yes	No	Yes	Yes	Yes	75.3%	72.8%
<b>Silver HDHP - Embedded \$7,150 Individual MOOP CSR 77%</b>	Yes	Yes	No	Yes	Yes	Yes	79.0%	76.7%
<b>Silver HDHP - Embedded \$7,150 Individual MOOP CSR 87%</b>	Yes	Yes	No	No	Yes	Yes	87.2%	86.7%
<b>Silver HDHP - Embedded \$7,150 Individual MOOP CSR 94%</b>	Yes	Yes	No	No	Yes	Yes	93.8%	93.8%
<b>Silver HDHP - Stacked MOOP CSR 73%</b>	Yes	No	Yes	Yes	Yes	Yes	74.0%	72.7%
<b>Silver HDHP - Stacked MOOP CSR 77%</b>	Yes	No	Yes	Yes	Yes	Yes	77.6%	76.8%
<b>Silver HDHP - Stacked MOOP CSR 87%</b>	Yes	No	Yes	No	Yes	Yes	86.8%	86.7%
<b>Silver HDHP - Stacked MOOP CSR 94%</b>	Yes	No	Yes	No	Yes	Yes	93.8%	93.9%
<b>Silver Deductible CSR – 73%</b>	No	No	No	Yes	No	Yes	73.3%	73.8%
<b>Silver Deductible CSR – 77%</b>	No	No	No	Yes	No	Yes	77.1%	77.4%
<b>Silver Deductible CSR – 87%</b>	No	No	No	Yes	No	Yes	87.5%	87.5%
<b>Silver Deductible CSR – 94%</b>	No	No	No	Yes	No	Yes	94.7%	94.8%

## APPENDIX G

### **Screen shots and AV Development**

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver HDHP – Stacked MOOP
4. Bronze HDHP – Stacked MOOP
5. Silver Deductible Plan
6. Bronze Deductible Plan
7. Silver HDHP – Embedded MOOP CSR – 73%
8. Silver HDHP – Embedded MOOP CSR – 77%
9. Silver HDHP – Embedded MOOP CSR – 87%
10. Silver HDHP – Embedded MOOP CSR – 94%
11. Silver HDHP – Stacked MOOP CSR – 73%
12. Silver HDHP – Stacked MOOP CSR – 77%
13. Silver HDHP – Stacked MOOP CSR – 87%
14. Silver HDHP – Stacked MOOP CSR – 94%
15. Silver Deductible CSR – 73%
16. Silver Deductible CSR – 77%
17. Silver Deductible CSR – 87%
18. Silver Deductible CSR – 94%

### 1. Silver HDHP – Embedded MOOP

AV from AVC = 72.2%

Adjusted AV = 70.0%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,550.00
Coinsurance (% , Insurer's Cost Share)		75.00%
OOP Maximum (\$)		\$6,400.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

72.20%

Metal Tier:

2017 AV Calculator

**1. Silver HDHP – Embedded MOOP, Continued**

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,550		
Family Deductible		3,100	3,100		
Individual Out-of-Pocket		6,400	6,400		
Family Out-of-Pocket		12,800	12,800		
Coinsurance (50% or Less)		23%	29%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4F81BD; color: white; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$254.40	\$39.65	\$294.05	
Plan PMPM		\$189.07	\$23.34	\$212.42	
Actuarial Value		74.3%	58.9%	72.2%	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,550	1,300			
Family Deductible		3,100	2,600			
Individual Out-of-Pocket		6,400	1,300			
Family Out-of-Pocket		12,800	2,600			
Coinsurance (50% or Less)		23%	29%			
Individual Embedded Moop:		7,150				
		Costs that Accumulate				
			OOP			
		Deductible	Medical	Rx	Deductible /	
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type	
					Aggregate Plus	
					6	
		<b>Calculate</b>				
<b>Results</b>						
		Medical	Rx	Total		
	Allowed PMPM	\$254.40	\$39.65	\$294.05		
	Plan PMPM	\$180.71	\$25.20	\$205.91		
	Actuarial Value	71.0%	63.6%	70.0%		

## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.8%

Adjusted AV = 60.9%

AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$5,050.00			
Coinsurance (% Insurer's Cost Share)		50.00%			
OOP Maximum (\$)		\$6,550.00			
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-10):

**Plan Description:**

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.83%

Metal Tier: Bronze

2017 AV Calculator

**2. Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,050	5,050		
Family Deductible		10,100	10,100		
Individual Out-of-Pocket		6,550	6,550		
Family Out-of-Pocket		13,100	13,100		
Coinsurance (50% or Less)		48%	43%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<input type="button" value="Calculate"/>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$313.31	\$48.83	\$362.14	
	Plan PMPM	\$200.78	\$23.17	\$223.95	
	Actuarial Value	64.1%	47.5%	61.8%	

2. **Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		5,050	1,300			
Family Deductible		10,100	2,600			
Individual Out-of-Pocket		6,550	1,300			
Family Out-of-Pocket		13,100	2,600			
Coinsurance (50% or Less)		48%	43%			
Individual Embedded Moop:		7,150				
		Costs that Accumulate				
			OOP			
		Deductible	Medical	Rx	Deductible /	
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type	
					Aggregate Plus	
					6	
		<b>Calculate</b>				
<b>Results</b>						
		Medical	Rx	Total		
	Allowed PMPM	\$311.98	\$48.62	\$360.60		
	Plan PMPM	\$190.80	\$28.89	\$219.68		
	Actuarial Value	61.2%	59.4%	60.9%		

### 3. Silver HDHP – Stacked MOOP

AV from AVC = 71.9%

Adjusted AV = 70.0%

AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,600.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
OOP Maximum (\$)			\$6,400.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.94%

Metal Tier:

Silver

2017 AV Calculator

### 3. Silver HDHP – Stacked MOOP, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,600		
Family Deductible		3,200	3,200		
Individual Out-of-Pocket		6,400	6,400		
Family Out-of-Pocket		12,800	12,800		
Coinsurance (50% or Less)		23%	29%		
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$254.40	\$39.65	\$294.05	
	Plan PMPM	\$188.26	\$23.16	\$211.42	
	Actuarial Value	74.0%	58.4%	71.9%	

4.

### 3. Silver HDHP – Stacked MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,300		
Family Deductible		3,200	2,600		
Individual Out-of-Pocket		6,400	1,300		
Family Out-of-Pocket		12,800	2,600		
Coinsurance (50% or Less)		23%	29%		
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Rx Only		OOP Type
					Aggregate Plus
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$254.40	\$39.65	\$294.05	
Plan PMPM		\$180.78	\$25.12	\$205.90	
Actuarial Value		71.1%	63.4%	70.0%	

### 4. Bronze HDHP – Stacked MOOP

AV from AVC = 61.6%

Adjusted AV = 61.0%

AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate OOP Maximum for Medical and Drug Spending?   
 Indicate if Plan Meets CSR Standard?   
 Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,300.00			
Coinsurance (% Insurer's Cost Share)			50.00%			
OOP Maximum (\$)			\$6,550.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.64%  
 Metal Tier: Bronze

2017 AV Calculator

**4. Bronze HDHP – Stacked MOOP, Continued**

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,300	5,300		
Family Deductible		10,600	10,600		
Individual Out-of-Pocket		6,550	6,550		
Family Out-of-Pocket		13,100	13,100		
Coinsurance (50% or Less)		48%	43%		
Individual Embedded Moop:		6,550			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4F81BD; color: white; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$311.98	\$48.62	\$360.60	
	Plan PMPM	\$199.11	\$22.94	\$222.05	
	Actuarial Value	63.8%	47.2%	61.6%	

4. **Bronze HDHP – Stacked MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,300	1,300		
Family Deductible		10,600	2,600		
Individual Out-of-Pocket		6,550	1,300		
Family Out-of-Pocket		13,100	2,600		
Coinsurance (50% or Less)		48%	43%		
Individual Embedded Moop:		6,550			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 5px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$311.98	\$48.62	\$360.60	
	Plan PMPM	\$191.32	\$28.76	\$220.08	
	Actuarial Value	61.3%	59.1%	61.0%	

5.

### Silver Deductible

AV from AVC = 71.0%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 68.4%/67.9% = 1.007 x .710 = 71.5%

Adjusted AV = 71.5%

AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,150.00	\$150.00	
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%	
OOP Maximum (\$)	\$6,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.01%

Metal Tier:

Silver

### 5. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,150	150		
Family Deductible		4,300	300		
Individual Out-of-Pocket		6,000	6,000		
Family Out-of-Pocket		12,000	12,000		
Coinsurance (50% or Less)		36%	38%		
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$254.40	\$39.65	\$294.05	
Plan PMPM		\$172.25	\$27.28	\$199.53	
Actuarial Value		67.7%	68.8%	67.9%	

5. **Silver Deductible, Continued**

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,150	150		
Family Deductible		4,300	300		
Individual Out-of-Pocket		6,000	1,300		
Family Out-of-Pocket		12,000	2,600		
Coinsurance (50% or Less)		36%	38%		
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Rx Only		OOP Type
					Stacked
					2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$254.40	\$39.65	\$294.05	
Plan PMPM		\$171.52	\$29.53	\$201.06	
Actuarial Value		67.4%	74.5%	68.4%	

### 6. Bronze Deductible

AV from AVC = 60.4%  
Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 63.0%/62.1% = 1.014 x .604 = 61.3%

Adjusted AV = 61.3%

AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,600.00	\$700.00				
Coinsurance (% Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum (\$)	\$7,150.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
Plan HIOS ID: [Input Plan HIOS ID]  
Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
Actuarial Value: 60.44%  
Metal Tier: Bronze



**6. Bronze Deductible, Continued**

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		4,600	700		
Family Deductible		9,200	1,400		
Individual Out-of-Pocket		7,150	7,150		
Family Out-of-Pocket		14,300	14,300		
Coinsurance (50% or Less)		47%	52%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-weight: bold; font-size: 1.2em;">Calculate</span> </div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$311.98	\$48.62	\$360.60	
Plan PMPM		\$195.70	\$28.22	\$223.92	
Actuarial Value		62.7%	58.0%	62.1%	

**6. Bronze Deductible, Continued**

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		4,600	700		
Family Deductible		9,200	1,400		
Individual Out-of-Pocket		7,150	1,300		
Family Out-of-Pocket		14,300	2,600		
Coinsurance (50% or Less)		47%	52%		
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Rx Only		OOP Type
					Stacked
					2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$311.98	\$48.62	\$360.60	
Plan PMPM		\$193.80	\$33.44	\$227.24	
Actuarial Value		62.1%	68.8%	63.0%	

7. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.3%

Adjusted AV = 72.8%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,550.00			
Coinsurance (% , Insurer's Cost Share)			75.00%			
OOP Maximum (\$)			\$4,100.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

75.32%

Metal Tier:

7. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,550		
Family Deductible		3,100	3,100		
Individual Out-of-Pocket		4,100	4,100		
Family Out-of-Pocket		8,200	8,200		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$281.18	\$43.82	\$325.00	
	Plan PMPM	\$217.35	\$27.31	\$244.66	
	Actuarial Value	77.3%	62.3%	75.3%	

7. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,300		
Family Deductible		3,100	2,600		
Individual Out-of-Pocket		4,100	1,300		
Family Out-of-Pocket		8,200	2,600		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$281.18	\$43.82	\$325.00	
	Plan PMPM	\$208.11	\$28.62	\$236.73	
	Actuarial Value	74.0%	65.3%	72.8%	

8. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.0%

Adjusted AV = 76.7%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,300.00			
Coinsurance (% , Insurer's Cost Share)			75.00%			
OOP Maximum (\$)			\$3,000.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

79.01%

Metal Tier:

8. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,300	1,300		
Family Deductible		2,600	2,600		
Individual Out-of-Pocket		3,000	3,000		
Family Out-of-Pocket		6,000	6,000		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$294.57	\$45.91	\$340.48	
Plan PMPM		\$238.20	\$30.83	\$269.02	
Actuarial Value		80.9%	67.2%	79.0%	

8. **Silver HDHP – Embedded MOOP CSR – 77%, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,300	1,300		
Family Deductible		2,600	2,600		
Individual Out-of-Pocket		3,000	1,300		
Family Out-of-Pocket		6,000	2,600		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<b>Calculate</b>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$294.57	\$45.91	\$340.48	
Plan PMPM		\$230.43	\$30.87	\$261.29	
Actuarial Value		78.2%	67.2%	76.7%	

9. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.2%

Adjusted AV = 86.7%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,250.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$1,250.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.22%

Metal Tier:

Gold

2017 AV Calculator

9. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,250	1,250		
Family Deductible		2,500	2,500		
Individual Out-of-Pocket		1,250	1,250		
Family Out-of-Pocket		2,500	2,500		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<b>Calculate</b>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$329.38	\$51.33	\$380.71	
Plan PMPM		\$291.30	\$40.84	\$332.14	
Actuarial Value		88.4%	79.6%	87.2%	

9. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,250	1,250		
Family Deductible		2,500	2,500		
Individual Out-of-Pocket		1,250	1,250		
Family Out-of-Pocket		2,500	2,500		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<b>Calculate</b>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$329.38	\$51.33	\$380.71	
Plan PMPM		\$289.59	\$40.60	\$330.19	
Actuarial Value		87.9%	79.1%	86.7%	

**10. Silver HDHP – Embedded MOOP CSR – 94%**

AV from AVC = 93.8%

Adjusted AV = 93.8%

AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$550.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$550.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.77%

Metal Tier:

Platinum

2017 AV Calculator

**10. Silver HDHP – Embedded MOOP CSR – 94%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$348.13	\$54.25	\$402.38	
Plan PMPM		\$329.10	\$48.50	\$377.59	
Actuarial Value		94.5%	89.4%	93.8%	

**10. Silver HDHP – Embedded MOOP CSR – 94%, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<b>Calculate</b>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$348.13	\$54.25	\$402.38	
Plan PMPM		\$329.12	\$48.44	\$377.56	
Actuarial Value		94.5%	89.3%	93.8%	

11. Silver HDHP – Stacked MOOP CSR – 73%

AV from AVC = 74.0%

Adjusted AV = 72.7%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,600.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
OOP Maximum (\$)			\$4,700.00			
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

74.01%

Metal Tier:

2017 AV Calculator

11. Silver HDHP – Stacked MOOP CSR – 73%, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,600		
Family Deductible		3,200	3,200		
Individual Out-of-Pocket		4,700	4,700		
Family Out-of-Pocket		9,400	9,400		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		4,700			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$273.15	\$42.57	\$315.71	
Plan PMPM		\$207.57	\$25.91	\$233.48	
Actuarial Value		76.0%	60.9%	74.0%	

**11. Silver HDHP – Stacked MOOP CSR – 73%, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,300		
Family Deductible		3,200	2,600		
Individual Out-of-Pocket		4,700	1,300		
Family Out-of-Pocket		9,400	2,600		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		4,700			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$273.15	\$42.57	\$315.71	
Plan PMPM		\$202.04	\$27.51	\$229.55	
Actuarial Value		74.0%	64.6%	72.7%	

## 12. Silver HDHP – Stacked MOOP CSR – 77%

AV from AVC = 77.6%

Adjusted AV = 76.8%

AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,400.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
OOP Maximum (\$)			\$3,400.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

**Output**

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

77.55%

Metal Tier:

2017 AV Calculator

12. Silver HDHP – Stacked MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		3,400	3,400		
Family Out-of-Pocket		6,800	6,800		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		3,400			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$291.89	\$45.49	\$337.38	
Plan PMPM		\$232.16	\$29.76	\$261.92	
Actuarial Value		79.5%	65.4%	77.6%	

**12. Silver HDHP – Stacked MOOP CSR – 77%, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,400	1,300			
Family Deductible		2,800	2,600			
Individual Out-of-Pocket		3,400	1,300			
Family Out-of-Pocket		6,800	2,600			
Coinsurance (50% or Less)		23%	28%			
Individual Embedded Moop:		3,400				
		Costs that Accumulate				
			OOP			
		Deductible	Medical	Rx	Deductible /	
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type	
					Aggregate Plus	
					6	
		<b>Calculate</b>				
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$291.89	\$45.49	\$337.38		
Plan PMPM		\$228.70	\$30.35	\$259.05		
Actuarial Value		78.3%	66.7%	76.8%		

13. Silver HDHP – Stacked MOOP CSR – 87%

AV from AVC = 86.8%

Adjusted AV = 86.7%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,300.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$1,300.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
 86.80%  
 Gold

13. Silver HDHP – Stacked MOOP CSR – 87%, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,300	1,300		
Family Deductible		2,600	2,600		
Individual Out-of-Pocket		1,300	1,300		
Family Out-of-Pocket		2,600	2,600		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		1,300			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$329.38	\$51.33	\$380.71	
Plan PMPM		\$290.08	\$40.55	\$330.63	
Actuarial Value		88.1%	79.0%	86.8%	

13. Silver HDHP – Stacked MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,300	1,300			
Family Deductible		2,600	2,600			
Individual Out-of-Pocket		1,300	1,300			
Family Out-of-Pocket		2,600	2,600			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		1,300				
		Costs that Accumulate				
			OOP			
		Deductible	Medical	Rx	Deductible /	
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type	
					Aggregate Plus	
					6	
		<b>Calculate</b>				
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$329.38	\$51.33	\$380.71		
Plan PMPM		\$291.44	\$38.70	\$330.14		
Actuarial Value		88.5%	75.4%	86.7%		

14. Silver HDHP – Stacked MOOP CSR – 94%

AV from AVC = 93.8%

Adjusted AV = 93.9%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$550.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$550.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.77%

Metal Tier:

Platinum

2017 AV Calculator

**14. Silver HDHP – Stacked MOOP CSR – 94%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$348.13	\$54.25	\$402.38	
	Plan PMPM	\$329.10	\$48.50	\$377.59	
	Actuarial Value	94.5%	89.4%	93.8%	

**14. Silver HDHP – Stacked MOOP CSR – 94%, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$348.13	\$54.25	\$402.38	
	Plan PMPM	\$330.45	\$47.56	\$378.02	
	Actuarial Value	94.9%	87.7%	93.9%	

15. Silver Deductible CSR – 73%

AV from AVC = 73.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 71.1%/70.7% = 1.006 x .733 = 73.8%

Adjusted AV = 73.8%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,150.00	\$150.00	
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%	
OOP Maximum (\$)	\$4,900.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

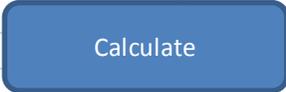
73.34%

Metal Tier:

Silver

15. Silver Deductible CSR – 73%

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,150	150		
Family Deductible		4,300	300		
Individual Out-of-Pocket		4,900	4,900		
Family Out-of-Pocket		9,800	9,800		
Coinsurance (50% or Less)		36%	36%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$277.16	\$43.20	\$320.36	
Plan PMPM		\$195.60	\$30.80	\$226.40	
Actuarial Value		70.6%	71.3%	70.7%	

15. Silver Deductible CSR – 73%

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,150	150		
Family Deductible		4,300	300		
Individual Out-of-Pocket		4,900	1,200		
Family Out-of-Pocket		9,800	2,400		
Coinsurance (50% or Less)		36%	36%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$277.16	\$43.20	\$320.36	
Plan PMPM		\$194.75	\$32.99	\$227.74	
Actuarial Value		70.3%	76.4%	71.1%	

16. Silver Deductible CSR – 77%

AV from AVC = 77.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 76.1%/75.8% = 1.004 x .771 = 77.4%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,600.00	\$150.00	
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%	
OOP Maximum (\$)	\$3,700.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

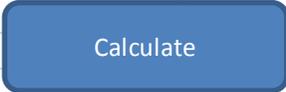
Actuarial Value:

77.14%

Metal Tier:

16. Silver Deductible CSR – 77%

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	150		
Family Deductible		3,200	300		
Individual Out-of-Pocket		3,700	3,700		
Family Out-of-Pocket		7,400	7,400		
Coinsurance (50% or Less)		34%	36%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$293.23	\$45.70	\$338.93	
Plan PMPM		\$222.98	\$33.83	\$256.80	
Actuarial Value		76.0%	74.0%	75.8%	

16. Silver Deductible CSR – 77%

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	150		
Family Deductible		3,200	300		
Individual Out-of-Pocket		3,700	1,000		
Family Out-of-Pocket		7,400	2,000		
Coinsurance (50% or Less)		34%	36%		
Individual Embedded Moop:		7,150			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$293.23	\$45.70	\$338.93	
	Plan PMPM	\$222.04	\$35.86	\$257.89	
	Actuarial Value	75.7%	78.5%	76.1%	

17. Silver Deductible CSR – 87%

AV from AVC = 87.5%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 88.5%/88.5% = 1.000 x .875 = 87.5%

Adjusted AV = 87.5%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$100.00				
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum (\$)	\$1,300.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.48%

Metal Tier:

Gold

2017 AV Calculator



17. Silver Deductible CSR – 87%

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		600	100		
Family Deductible		1,200	200		
Individual Out-of-Pocket		1,300	1,300		
Family Out-of-Pocket		2,600	2,600		
Coinsurance (50% or Less)		33%	31%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$329.38	\$51.33	\$380.71	
Plan PMPM		\$292.99	\$44.03	\$337.01	
Actuarial Value		89.0%	85.8%	88.5%	

17. Silver Deductible CSR – 87%

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		600	100		
Family Deductible		1,200	200		
Individual Out-of-Pocket		1,300	400		
Family Out-of-Pocket		2,600	800		
Coinsurance (50% or Less)		33%	31%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$329.38	\$51.33	\$380.71	
Plan PMPM		\$291.97	\$45.15	\$337.12	
Actuarial Value		88.6%	88.0%	88.5%	

18. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 96.0%/95.9% = 1.001 x .947 = 94.8%

Adjusted AV = 94.8%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$100.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	70.00%	
OOP Maximum (\$)	\$700.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.74%

Metal Tier:

Platinum

18. Silver Deductible CSR – 94%

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		100	0		
Family Deductible		200	0		
Individual Out-of-Pocket		700	700		
Family Out-of-Pocket		1,400	1,400		
Coinsurance (50% or Less)		9%	14%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$348.13	\$54.25	\$402.38	
Plan PMPM		\$334.86	\$51.18	\$386.04	
Actuarial Value		96.2%	94.3%	95.9%	

18. Silver Deductible CSR – 94%

HDHP Model – With Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		100	0		
Family Deductible		200	0		
Individual Out-of-Pocket		700	200		
Family Out-of-Pocket		1,400	400		
Coinsurance (50% or Less)		9%	14%		
Individual Embedded Moop:		7,150			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$348.13	\$54.25	\$402.38	
Plan PMPM		\$334.49	\$51.78	\$386.27	
Actuarial Value		96.1%	95.4%	96.0%	

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

## Introduction

On January 21, 2016, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2017. CMS made few changes in the 2017 AVC. Most notably, they trended the underlying claims to calendar year.

## Limitations of the Federal Actuarial Calculator

The AVC is known to have some limitations with respect to certain benefit designs. The most important limitations in the Final Actuarial Value Calculator for the Blue Rewards (Non-Standard) plans are:

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.

## Method Used to Calculate Adjustments

The objective of the adjustment process is to produce an estimate of the result the AVC would have produced with respect to the specific plan in question had it been able to measure all cost sharing elements for that plan. We created a model to calculate the ratio of expected benefits to allowed charges. See the description of the BCBSVT AV Model (BAVM) below. We used the BAVM to calculate both the complete benefit design and the benefit design for items supported by the AVC. We then applied the ratio of the two values to the AVC output for items supported by the AVC.

## BCBSVT AV Model Methodology

BCBSVT uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from BCBSVT's data warehouse. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The in-network claims from BCBSVT Insured Groups and Individuals expected to be in the Qualified Health Plans in 2017, representing 771,212 member months, are included in the analysis. Claims have been adjusted to reflect the network used for BCBSVT QHPs. Calendar year 2013 claims, trended to 2017 using 6.5% trend<sup>1</sup>, were used in the model. The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service

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<sup>1</sup> BCBSVT used the same trend that CMS used in the 2017 Final AV Calculator (see page 6 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-AVC-Methodology-012016.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

The tables following the Actuarial Opinion show the relationship between the BAVM and the AVC.

A complete description of plan provisions is attached at the end of this document. The tables following the Actuarial Opinion contain information regarding the specific benefits that were calculated as adjustments to the AVC model.

Actuarial Opinion

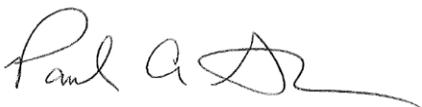
The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These calculations are not intended to be used for other purposes.

I am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2017.

The adjustments for plan design features unable to be determined directly through application of the AV calculator were developed in accordance with generally accepted actuarial principals and methodologies, Actuarial Standards of Practice established by the Actuarial Standards Board, and applicable laws and regulations, and are appropriate for the purpose intended.

Data used for the analysis were taken from the BCBSVT claims adjudication system, and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed.



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Paul A. Schultz, F.S.A., M.A.A.A.  
Chief Actuary  
Blue Cross and Blue Shield of Vermont

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

### Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold		
Items supported by the AV Calculator	Deductible	\$2,500
	Coinsurance	0%
	OOPM	\$2,500
AVC Output for items supported by the AVC		(a)      78.2%
BCBSVT Model Output for items supported by the AVC		(b)      80.5%
BCBSVT Model Output for complete benefit design		(c)      81.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)      78.8%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options					
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>				
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:					
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>								
Desired Metal Tier	Gold								
Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design						
	Medical	Drug	Combined	Medical	Drug	Combined			
Deductible (\$)			\$2,500.00						
Coinsurance (%; Insurer's Cost Share)			100.00%						
OOP Maximum (\$)			\$2,500.00						
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
Type of Benefit	Tier 1			Tier 2					
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Coplay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Coplay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>							<b>Plan Description:</b>		
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Gold					Blue Rewards CDHP - Gold		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID: 13627V T0390001 and 13627V T0370001					Plan HIOS ID: 13627V T0390001 and 13627V T0370001		
# Days (1-10):		Issuer HIOS ID: 13627					Issuer HIOS ID: 13627		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>								
# Visits (1-10):									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>								
# Copays (1-10):									
<b>Output</b>									
Calculate							Calculation Successful.		
Status/Error Messages:							78.13%		
Actuarial Value:							Gold		
Metal Tier:									
2017 AV Calculator									

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible	\$4,500	
	Coinsurance	0%	
	OOPM	\$4,500	
AVC Output for items supported by the AVC		(a)	67.6%
BCBSVT Model Output for items supported by the AVC		(b)	72.3%
BCBSVT Model Output for complete benefit design		(c)	73.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>69.0%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

4	A	B	C	D	E	F	G	H	I	K	L	M
1	<b>User Inputs for Plan Parameters</b>											
2	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>							
3	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>						
4	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:							
5	Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	Annual Contribution Amount:		2nd Tier Utilization:							
6	Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>										
7	Desired Metal Tier	Silver										
8	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>								
9		Medical	Drug	Combined	Medical	Drug	Combined					
10	Deductible (\$)			\$4,500.00								
11	Coinsurance (%; Insurer's Cost Share)			100.00%								
12	OOP Maximum (\$)			\$4,500.00								
13	OOP Maximum if Separate (\$)											
14	<a href="#">Click Here for Important Instructions</a>											
15	<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Tier 1 Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance, if different</b>	<b>Tier 2 Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2</b>		
16	<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
17	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20	Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22	Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00			
27	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
30	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
31	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
32	<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
33	Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
34	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
35	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
36	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
37	<b>Options for Additional Benefit Design Limits:</b>											
38	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
39	Specialty Rx Coinsurance Maximum:											
40	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
41	# Days (1-10):											
42	Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>										
43	# Visits (1-10):											
44	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
45	# Copays (1-10):											
46	<b>Plan Description:</b>											
47	Name: Blue Rewards CDHP - Silver											
48	Plan HIOS ID: 13627VT0390002 and 13627VT0370002											
49	Issuer HIOS ID: 13627											
50	<b>Output</b>											
51	Status:	Calculate										
52	Actuarial Value:		Error: Result is outside of +/- 2 percent de minimis variation.									
53	Metal Tier:		67.64%									
54	<b>2017 AV Calculator</b>											

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 73% CSR		
Items supported by the AV Calculator	Deductible	\$3,500
	Coinsurance	0%
	OOPM	\$3,500
AVC Output for items supported by the AVC		(a)      72.3%
BCBSVT Model Output for items supported by the AVC		(b)      76.0%
BCBSVT Model Output for complete benefit design		(c)      77.0%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)      73.2%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options					
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>				
Apply Inpatient Hospital Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:					
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>								
Desired Metal Tier	Silver								
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design				
		Medical	Drug	Combined	Medical	Drug	Combined		
Deductible (\$)				\$3,500.00					
Coinsurance (% , Insurer's Cost Share)				100.00%					
OOP Maximum (\$)				\$3,500.00					
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100% \$0.00		
Laboratory/Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>							
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Silver CSR 73%							
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID: 13627VT0390002 and 13627VT0370002							
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Issuer HIOS ID: 13627							
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>								
<b>Output</b>									
Status/ErrorMessage:		CSR Level of 73% (200-250% FPL), Calculation Successful.							
Actuarial Value:		72.29%							
Metal Tier:		Silver							
<b>2017 AV Calculator</b>									

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,800	
	Coinsurance	0%	
	OOPM	\$2,800	
AVC Output for items supported by the AVC		(a)	76.1%
BCBSVT Model Output for items supported by the AVC		(b)	79.1%
BCBSVT Model Output for complete benefit design		(c)	79.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>76.7%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters														
1	Use Integrated Medical and Drug Deductible? <input checked="" type="checkbox"/>													
2	Apply Inpatient Copay per Day? <input type="checkbox"/>													
3	Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/>													
4	Separate OOP Maximum for Medical and Drug Spending? <input type="checkbox"/>													
5	Indicate if Plan Meets CSR Standard? <input checked="" type="checkbox"/>													
6	Desired Metal Tier: <span style="border: 1px solid black; padding: 2px;">Silver</span>													
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15	<a href="#">Click Here for Important Instructions</a>													
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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. M-HSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	Blue Rewards CDHP - Silver CSR 77%
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:	13627VT0390002 and 13627VT0370002
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Issuer HIOS ID:	13627
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		

Output	
Status/ErrorMessage:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	76.11%
Metal Tier:	
<b>2017 AV Calculator</b>	

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR		
Items supported by the AV Calculator	Deductible	\$1,300
	Coinsurance	0%
	OOPM	\$1,300
AVC Output for items supported by the AVC		(a)      86.8%
BCBSVT Model Output for items supported by the AVC		(b)      87.6%
BCBSVT Model Output for complete benefit design		(c)      87.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) <b>86.9%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options				
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:				
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:				
Separate ODP Maximum for Medical and Drug Spending?	<input type="checkbox"/>							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>							
Desired Metal Tier	Gold							
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
		Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)				\$1,300.00				
Coinsurance (% , Insurer's Cost Share)				100.00%				
ODP Maximum (\$)				\$1,300.00				
ODP Maximum if Separate (\$)								
<a href="#">Click Here for Important Instructions</a>								
Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Options for Additional Benefit Design Limits:</b>				<b>Plan Description:</b>				
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>			Name: Blue Rewards CDHP - Silver CSR 87%				
Specialty Rx Coinsurance Maximum:				Plan HIOS ID: 13627VT0390002 and 13627VT0370002				
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>			Issuer HIOS ID: 13627				
# Days (1-10):								
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>							
# Visits (1-10):								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>							
# Copays (1-10):								
<b>Output</b>								
Calculate								
Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.							
Actuarial Value:	86.80%							
Metal Tier:	Gold							
<b>2017 AV Calculator</b>								

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR		
Items supported by the AV Calculator	Deductible	\$600
	Coinsurance	0%
	OOPM	\$600
AVC Output for items supported by the AVC	(a)	93.3%
BCBSVT Model Output for items supported by the AVC	(b)	93.3%
BCBSVT Model Output for complete benefit design	(c)	93.3%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) <b>93.3%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options				
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:				
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:				
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>							
Desired Metal Tier	Platinum							
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
		Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)				\$600.00				
Coinsurance (%; Insurer's Cost Share)				100.00%				
OOP Maximum (\$)				\$600.00				
OOP Maximum if Separate (\$)								
<a href="#">Click Here for Important Instructions</a>								
Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>						
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Silver CSR 94%						
Specialty Rx Coinsurance Maximum:		Plan HIOS ID: 13627VT0390002 and 13627VT0370002						
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627						
# Days (1-10):								
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>							
# Visits (1-10):								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>							
# Copays (1-10):								
<b>Output</b>								
Calculate								
Status/Error Messages:		CSR Level of 94% (100-150% FPL), Calculation Successful.						
Actuarial Value:		93.26%						
Metal Tier:		Platinum						
<b>2017 AV Calculator</b>								

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$7,150	
	Coinsurance	0%	
	OOPM	\$7,150	
AVC Output for items supported by the AVC		(a)	59.4%
BCBSVT Model Output for items supported by the AVC		(b)	64.6%
BCBSVT Model Output for complete benefit design		(c)	66.9%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>61.6%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters	A	B	C	D	E	F	G	H	I	K	L	
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>								
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/PCS Plan? <input type="checkbox"/>								
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:								
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:								
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>											
Desired Metal Tier	Bronze											
<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>									
	Medical	Drug	Combined	Medical	Drug	Combined						
Deductible (\$)			\$7,150.00									
Coinsurance (% Insurer's Cost Share)			100.00%									
OOP Maximum (\$)			\$7,150.00									
OOP Maximum if Separate?												
<a href="#">Click Here for Important Instructions</a>												
<b>Type of Benefit</b>	Subject to Deductible	Subject to Coinsurance	Tier 1 Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Tier 2 Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2		
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PE T Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Options for Additional Benefit Design Limits:</b>			<b>Plan Description:</b>									
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Bronze										
Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>	Plan HIOS ID: 13627VT0390003 and 13627VT0370003										
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627										
# Days (1-10):												
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>											
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>											
# Copays (1-10):												
<b>Output</b>												
Calculate			Calculation Successful.									
Status/ErrorMessage:			59.43%									
Actuarial Value:			Bronze									
Metal Tier:												
2017 AV Calculator												

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

**Blue Rewards Copayment Plans**

Items not supported by the AV Calculator for these plans are

- Pharmacy MOOP of \$1,300
- Three Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services and Home Health Care

For Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, we blended the Office Visit copayment and the Outpatient Facility copayment based on the frequency of services from the continuance tables in the AVC to calculate the input needed in the AVC.

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,250
	Coinsurance	0%
	OOPM	\$4,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      79.4%
BCBSVT Model Output for items supported by the AVC		(b)      82.5%
BCBSVT Model Output for complete benefit design		(c)      84.2%
Estimated AVC value		(d)=(c)/(b)*(a) <b>81.0%</b>

User Inputs for Plan Parameters		Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design							
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>										
Apply Inpatient Copay per Day?	<input type="checkbox"/>										
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>										
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>										
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>										
Desired Metal Tier	Gold										
		Deductible (\$)	\$1,250.00								
		Coinsurance (%; Insurer's Cost Share)	100.00%								
		OOP Maximum (\$)	\$4,250.00								
		OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>											
Type of Benefit	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>						<b>Plan Description:</b>					
Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>						Name: Blue Rewards Gold					
Set a Maximum on Specialty Rx Coinsurance Maximum: <input type="checkbox"/>						Plan HIOS ID: 13627VT0380001 and 13627VT0360001					
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>						Issuer HIOS ID: 13627					
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>											
# Visits (1-10): 3											
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>											
# Copays (1-10):											
<b>Output</b>											
Calculate											
Status/Error Messages: Calculation Successful.											
Actuarial Value: 79.35%											
Metal Tier: Gold											
2017 AV Calculator											

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,300
	Coinsurance	0%
	OOPM	\$7,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      69.5%
BCBSVT Model Output for items supported by the AVC		(b)      74.2%
BCBSVT Model Output for complete benefit design		(c)      76.4%
Estimated AVC value		(d)=(c)/(b)*(a) <b>71.6%</b>

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options						
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/PDS Plan?	<input type="checkbox"/>					
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:						
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:						
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>									
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>									
Desired Metal Tier	Silver									
		Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design						
		Medical	Drug	Combined						
Deductible (\$)				\$2,300.00						
Coinsurance (% , Insurer's Cost Share)				100.00%						
OOP Maximum (\$)				\$7,150.00						
OOP Maximum if Separate (\$)										
<a href="#">Click Here for Important Instructions</a>										
		Tier 1		Tier 2						
Type of Benefit	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>								
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards Silver								
Specialty Rx Coinsurance Maximum:		Plan HIOS ID: 13627VT0380002 and 13627VT0380002								
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627								
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>									
# Copays (1-10):										
<b>Output</b>										
Calculate										
Status/Error Messages:	Calculation Successful.									
Actuarial Value:	69.48%									
Metal Tier:	Silver									
<b>2017 AV Calculator</b>										

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) <span style="float: right;">71.8%</span>
BCBSVT Model Output for items supported by the AVC		(b) <span style="float: right;">75.7%</span>
BCBSVT Model Output for complete benefit design		(c) <span style="float: right;">77.7%</span>
Estimated AVC value		(d)=(c)/(b)*(a) <span style="float: right;">73.6%</span>

User Inputs for Plan Parameters	A	B	C	D	E	F	G	H	I	K	L
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>			<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>					
Apply Inpatient Copay per Day?	<input type="checkbox"/>			HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			Annual Contribution Amount:		1st Tier Utilization:					
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>										
Desired Metal Tier	Silver										
			<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>					
		Medical	Drug	Combined	Medical	Drug	Combined				
Deductible (\$)				\$2,100.00							
Coinsurance (% Insurer's Cost Share)				100.00%							
OOP Maximum (\$)				\$5,700.00							
OOP Maximum if Separate (\$)											
<a href="#">Click Here for Important Instructions</a>											
<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if separate</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if separate</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>	
<b>Medical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>											
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
Specialty Rx Coinsurance Maximum:											
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>										
# Visits (1-10):	3										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
# Copays (1-10):											
<b>Output</b>											
Calculate											
Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.										
Actuarial Value:	71.78%										
Metal Tier:											
<b>2017 AV Calculator</b>											

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$5,200	
	Copayments after the deductible	See print below	
	PCP visits at no cost share before the deductible	3	
AVC Output for items supported by the AVC		(a)	75.7%
BCBSVT Model Output for items supported by the AVC		(b)	79.5%
BCBSVT Model Output for complete benefit design		(c)	80.8%
Estimated AVC value		(d)=(c)/(b)*(a)	<b>76.9%</b>

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options		
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:		
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:		
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>					
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>					
Desired Metal Tier	Silver					
<b>Tier 1 Plan Benefit Design</b>		<b>Tier 2 Plan Benefit Design</b>				
	Medical	Drug	Combined	Medical	Drug	
Deductible (\$)			\$1,300.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$5,200.00			
OOP Maximum if Separate (\$)						
<a href="#">Click Here for Important Instructions</a>						
Type of Benefit	Tier 1			Tier 2		
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Subject to Deductible	Subject to Coinsurance	Copay, if separate
<b>Medical</b>						
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,500.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%; \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%; \$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Drugs</b>						
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>				
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards Silver CSR 77%				
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID: 13627VT0380002 and 13627VT0360002				
# Days (1-10):		Issuer HIOS ID: 13627				
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>					
# Visits (1-10):	3					
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>					
# Copays (1-10):						
<b>Output</b>						
Calculate						
Status/Error Messages:	Error: Result is outside of +/- 1-percent de minimis variation for CSRs.					
Actuarial Value:	75.67%					
Metal Tier:						
<b>2017 AV Calculator</b>						

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%			
Items supported by the AV Calculator	Deductible	\$200	
	Coinsurance	0%	
	OOPM	\$2,250	
	Copayments after the deductible	See print below	
	PCP visits at no cost share before the deductible	3	
AVC Output for items supported by the AVC		(a)	87.1%
BCBSVT Model Output for items supported by the AVC		(b)	90.2%
BCBSVT Model Output for complete benefit design		(c)	90.3%
Estimated AVC value		(d)=(c)/(b)*(a)	87.2%

User Inputs for Plan Parameters													
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>								
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>								
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:								
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:								
5	Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>											
6	Desired Metal Tier	Gold											
7	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>									
8		Medical	Drug	Combined	Medical	Drug	Combined						
9	Deductible (\$)			\$200.00									
10	Coinsurance (%; Insurer's Cost Share)			100.00%									
11	OOP Maximum (\$)			\$2,250.00									
12	OOP Maximum if Separate (\$)												
13													
14													
15	<a href="#">Click Here for Important Instructions</a>												
16	<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>		
17	<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18	Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23	Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
28	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32	Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33	<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
34	Generic	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
35	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
36	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
37	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
38	<b>Options for Additional Benefit Design Limits:</b>												
39	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>											
40	Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>											
41	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>											
42	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>											
43	# Visits (1-10):	3											
44	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>											
45	# Copays (1-10):												
46	<b>Plan Description:</b>												
47	Name:	Blue Rewards Silver CSR 87%											
48	Plan HIOS ID:	1362TVT0380002 and 1362TVT0360002											
49	Issuer HIOS ID:	13627											
50	<b>Output</b>												
51	Status/Error Messages:	CSR Level of 87% (150-200% FPL). Calculation Successful.											
52	Actuarial Value:	87.09%											
53	Metal Tier:	Gold											
54	<b>2017 AV Calculator</b>												

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

### Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%

The inclusion of Mental Health office visits in the three PCP or Mental Health Office visits at no cost share before the deductible benefit and copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care are not supported by the AVC for this plan. The difference between the AVC benefit of three PCP visits at no cost share before the deductible and the BCBSVT benefit of three PCP or MHSA visits at no cost share is immaterial<sup>2</sup> and the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care is also immaterial; therefore we are using the AVC directly for this plan.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options	
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>				
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>				
Desired Metal Tier	Platinum				

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$0.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$1,100.00			
OOP Maximum if Separate (\$)						

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	<b>Name:</b>	Blue Rewards Silver CSR 94%
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	<b>Plan HIOS ID:</b>	13627VT0380002 and 13627VT0360002
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>	<b>Issuer HIOS ID:</b>	13627
# Days (1-10):	3		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):			

Output	Calculate
Status/Error Messages:	CSR Level of 94% (100-150%: FPL), Calculation Successful.
Actuarial Value:	94.03%
Metal Tier:	Platinum

**2017 AV Calculator**

<sup>2</sup> The AV calculator produces an AV of 94.13% for a plan with identical inputs other than MHSA cost sharing which is set to no cost sharing, therefore the waiving of cost sharing on up to three MHSA visits for those not having 3 or more PCP visits is not expected to have any material impact.

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

## Appendix – Complete Benefit Designs

	Gold	Silver	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,250	\$2,300	\$2,100	\$1,300	\$200	\$0
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,250	\$7,150	\$5,700	\$5,200	\$2,250	\$1,100
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,100
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A
Service Category						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit						
Specialist Office Visit	\$30	\$50	\$50	\$50	\$50	\$35
Urgent Care	\$30	\$50	\$50	\$50	\$50	\$35
Ambulance	\$30	\$50	\$50	\$50	\$50	\$35
DME	\$30	\$50	\$50	\$50	\$50	\$35
ER	\$250	\$400	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Outpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Inpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Rx Generic	\$5	\$5	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

	<b>Gold</b>	<b>Silver</b>	<b>73% AV</b>	<b>77% AV</b>	<b>87% AV</b>	<b>94% AV</b>	<b>Bronze</b>
<b>Deductible/OOP Max</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP - Not HSAQ</b>	<b>CDHP - Not HSAQ</b>
Medical Ded	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
<b>Service Category</b>							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%	0%	0%	0%
DME	0%	0%	0%	0%	0%	0%	0%
ER	0%	0%	0%	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%	0%	0%	0%
Outpatient	0%	0%	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%	0%	0%
Rx Generic	\$5	\$15	\$15	\$15	\$15	\$15	\$25
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%



# BlueCross BlueShield of Vermont

*An Independent Licensee of the Blue Cross and Blue Shield Association.*

May 31, 2016

Sent by Email only:

[GMCB.Board@Vermont.gov](mailto:GMCB.Board@Vermont.gov)

Alfred Gobeille, Chair  
Green Mountain Care Board  
89 Main Street, Third Floor, City Center  
Montpelier, Vermont 05620

Re: BCBSVT Exchange Filing, GMCB Docket 8-16rr

Dear Chairman Gobeille:

BCBSVT has revised its nonstandard 73 percent Cost Sharing Reduction (CSR) plan to comply with 45 CFR 156.420(f). This rule requires at least a two percent difference from the base silver plan and the 73 percent CSR silver plan. The original benefit submitted by BCBSVT for the 73 percent CSR plan variation of the nonstandard silver plan was 1.8 percent richer than the base silver plan. To meet this standard, we decreased the deductible for the silver 73 percent CSR plan by \$100. This change was filed with Department of Financial Regulation in a revised BCBSVT actuarial certification. This change does not affect the rate calculations in the qualified health plan rate filing. We are informing you of this change because the original actuarial certification was an attachment to the qualified health plan rate filing in this docket. A copy of the revised certification is attached with the changes highlighted on pages 13 and 17.

Please let me know if you have any questions.

Sincerely,

Jacqueline A. Hughes

cc: Judy Henkin, Esq.  
Noel Hudson, Esq.  
Lila Richardson, Esq.  
Kaili Kuiper, Esq.

2017 Rates Table Template v6.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.										
		If you are a community rating state, select Family Option under Age and fill in all columns.										
		If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.										
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.										
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.										
HIOS Issuer ID*		13627										
Federal TIN*		03-0277307										
Rate Effective Date*		1/1/2017										
Rate Expiration Date*		12/31/2017										
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Couple *	Family Tier						
						Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*	
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents	
13627VT0380001	Rating Area 1	No Preference	Family Option	587.23	1174.46	1133.35	1133.35	1133.35	1650.12	1650.12	1650.12	
	13627VT0380002	Rating Area 1	Family Option	511.21	1022.42	986.64	986.64	986.64	1436.50	1436.50	1436.50	
	13627VT0390001	Rating Area 1	Family Option	557.77	1115.54	1076.50	1076.50	1076.50	1567.33	1567.33	1567.33	
	13627VT0390002	Rating Area 1	Family Option	481.56	993.12	929.41	929.41	929.41	1353.18	1353.18	1353.18	
	13627VT0390003	Rating Area 1	Family Option	441.70	883.40	852.48	852.48	852.48	1241.18	1241.18	1241.18	
	13627VT0340002	Rating Area 1	Family Option	692.72	1385.44	1336.95	1336.95	1336.95	1946.54	1946.54	1946.54	
	13627VT0340003	Rating Area 1	Family Option	608.44	1216.88	1174.29	1174.29	1174.29	1709.72	1709.72	1709.72	
	13627VT0340004	Rating Area 1	Family Option	525.27	1050.54	1013.77	1013.77	1013.77	1476.01	1476.01	1476.01	
	13627VT0350001	Rating Area 1	Family Option	520.12	1040.24	1003.83	1003.83	1003.83	1461.54	1461.54	1461.54	
	13627VT0340005	Rating Area 1	Family Option	444.41	888.82	857.71	857.71	857.71	1248.79	1248.79	1248.79	
	13627VT0350002	Rating Area 1	Family Option	446.56	893.12	861.86	861.86	861.86	1254.83	1254.83	1254.83	
	13627VT0340001	Rating Area 1	Family Option	241.39	482.78	465.88	465.88	465.88	678.31	678.31	678.31	
	13627VT0360001	Rating Area 1	Family Option	587.23	1174.46	1133.35	1133.35	1133.35	1650.12	1650.12	1650.12	
	13627VT0360002	Rating Area 1	Family Option	511.21	1022.42	986.64	986.64	986.64	1436.50	1436.50	1436.50	
	13627VT0370001	Rating Area 1	Family Option	557.77	1115.54	1076.50	1076.50	1076.50	1567.33	1567.33	1567.33	
	13627VT0370002	Rating Area 1	Family Option	481.56	963.12	929.41	929.41	929.41	1353.18	1353.18	1353.18	
	13627VT0370003	Rating Area 1	Family Option	441.70	883.40	852.48	852.48	852.48	1241.18	1241.18	1241.18	
	13627VT0320001	Rating Area 1	Family Option	692.72	1385.44	1336.95	1336.95	1336.95	1946.54	1946.54	1946.54	
	13627VT0320002	Rating Area 1	Family Option	608.44	1216.88	1174.29	1174.29	1174.29	1709.72	1709.72	1709.72	
	13627VT0320003	Rating Area 1	Family Option	525.27	1050.54	1013.77	1013.77	1013.77	1476.01	1476.01	1476.01	
	13627VT0390001	Rating Area 1	Family Option	520.12	1040.24	1003.83	1003.83	1003.83	1461.54	1461.54	1461.54	
	13627VT0320004	Rating Area 1	Family Option	444.41	888.82	857.71	857.71	857.71	1248.79	1248.79	1248.79	
	13627VT0330002	Rating Area 1	Family Option	446.56	893.12	861.86	861.86	861.86	1254.83	1254.83	1254.83	

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	Bul Cross and Bul South of Vermont
HIOS ID	19827
SERFF Filing Number	998
Date of Submission	5/11/2016
Proposed Effective Date	1/1/2017
Average Annual Premium	
Before Rate Change	\$5,133
After Rate Change	\$9,819

Amount in SERFF's Rate Review Detail Section Explanation for differences			
Proposed Overall Rate Change	8.17%	8.17%	N/A
Proposed Minimum Rate Change	5.25%	5.25%	N/A
Proposed Maximum Rate Change	10.92%	10.92%	N/A

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

N/A

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing
Base Period Experience	486.72	502.37	1.080
Base Period Utilization Factor	0.99	0.99	0.991
Pricing Trend	1.14	1.11	0.970
Mortality Adjustment	0.97	1.00	1.041
Risk Adjustment Recoveries	0.99	1.00	1.005
Pent Up Demand	1.00	1.00	1.000
Reinsurance Recoveries	0.97	1.00	1.038
Reinsurance Premium	1.01	1.00	0.995
Average Age Impact	1.01	1.01	0.992
Additional EHB	1.01	1.00	0.994
Exchange Fee	1.00	1.00	1.000
Fixed Cost Adjustment	1.07	1.06	1.004
SC&A	1.00	1.00	1.000
Margin	1.01	1.02	1.013
Taxes and Fees	1.04	1.01	0.973
Benefit Design Changes	0.98	0.89	1.020
Geography	1.00	1.00	1.000
Tobacco	1.00	1.00	1.000
Provider Networks Changes	1.01	1.00	0.988
Non System Claims	1.01	1.00	0.985
Impact of Selection	1.02	1.01	0.990
Pharmacy Contract	1.00	0.99	0.991
Membership distribution by plan	1.00	1.01	1.015
xxxxx			1.000
<b>Total Rate Change</b>			<b>1.082</b>

e.g. previous filing experience period index rate compared to the current filing experience index rate  
 If applicable, the change in this factor is based on the average copy impact difference between previous filing and current filing.  
 The change in this factor is based on the change in the trend assumption in previous filing and current filing (e.g. 1.075\*2 / 1.08\*2)  
 The change in this factor is based on the change in the mortality assumptions between previous filing and current filing.  
 The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17  
 The small difference between the calculated rate change and the average rate change is due to contract mix, order of operations and methodology.

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	32,383	53,018	4,433
Increase of 10.01% to 14.99%	9,542	17,407	1,425
Increase of 15.00% or more	0	0	0
Total	42,527	79,423	5,858

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2014	N/A	N/A
2015	9.81%	7.70%
2016	8.43%	5.90%

**Retention**

Dates	PMPM in effect during the experience period		PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
	January 2015 - December 2015	January 2016 - December 2016	January 2016 - December 2016	January 2017 - December 2017		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$0.45	\$0.55	\$0.55	\$0.46	1.53%	-15.80%
Exchange Fee	\$0.00	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$32.15	\$29.24	\$29.24	\$33.76	5.01%	15.47%
Profit/Risk Margin	\$8.10	\$4.63	\$4.63	\$11.14	-237.52%	140.49%

	As % of Premium during the experience period		As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
	January 2015 - December 2015	January 2016 - December 2016	January 2016 - December 2016	January 2017 - December 2017		
Commissions & Brokers Fees	0.00%	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.11%	0.12%	0.12%	0.09%	-12.00%	-21.22%
Exchange Fee	0.00%	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%	0.00%		
All Other Admin Expense	7.49%	6.31%	6.31%	6.82%	-8.99%	8.03%
Profit/Risk Margin	-1.89%	1.00%	1.00%	2.25%	-219.19%	125.00%

The Department is requesting each carrier provide a detailed commission schedule. Include in the following text box or state where in the filing it is located.

N/A

**Trend & Projection Assumptions**

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development

Month	Member Months	Monthly Incurred Claims \$ PMPM	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
Jan-2013	64,537	\$476.13			
Feb-2013	64,270	\$472.24			
Mar-2013	64,320	\$469.95			
Apr-2013	64,205	\$468.84			
May-2013	64,081	\$466.30			
Jun-2013	64,388	\$451.74			19.74%
Jul-2013	64,839	\$471.29			11.99%
Aug-2013	65,000	\$462.21			-14.68%
Sep-2013	64,831	\$477.29			-2.09%
Oct-2013	64,548	\$554.87			26.85%
Nov-2013	64,535	\$515.46			11.60%
Dec-2013	63,944	\$545.82		17.37%	63.20%
Jan-2014	62,898	\$470.14		16.41%	1.99%
Feb-2014	62,682	\$441.98		9.33%	-28.02%
Mar-2014	62,518	\$462.26		6.19%	-52.93%
Apr-2014	62,483	\$458.72		6.19%	-42.20%
May-2014	64,682	\$453.74		-10.98%	-19.42%
Jun-2014	64,867	\$462.27		-20.74%	10.85%
Jul-2014	65,496	\$468.18		-19.51%	22.85%
Aug-2014	65,775	\$454.63		-14.98%	12.65%
Sep-2014	65,567	\$460.90		-10.54%	14.58%
Oct-2014	65,382	\$528.03		3.76%	34.64%
Nov-2014	65,226	\$481.25		9.86%	42.15%
Dec-2014	64,858	\$560.32	2.12%	24.10%	60.78%
Jan-2015	67,263	\$514.72	-0.44%	29.57%	26.47%
Feb-2015	67,897	\$453.69	0.36%	27.46%	16.10%
Mar-2015	69,167	\$519.53	2.57%	29.25%	-5.69%
Apr-2015	69,332	\$514.78	3.22%	20.88%	-6.11%
May-2015	68,710	\$493.06	7.00%	21.69%	19.20%
Jun-2015	68,748	\$529.60	8.48%	13.96%	19.39%
Jul-2015	68,363	\$519.71	10.14%	9.43%	14.93%
Aug-2015	67,824	\$477.26	10.99%	10.09%	-4.53%
Sep-2015	67,523	\$513.05	11.66%	4.14%	-12.59%
Oct-2015	67,494	\$562.88	11.88%	3.26%	-12.88%
Nov-2015	67,076	\$556.20	13.12%	0.75%	-1.71%
Dec-2015	66,888	\$543.63	12.70%	0.66%	12.67%

Last Month in Experience Period

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	N/A	N/A
Authorized Control Level	N/A	N/A
RBC Ratio		

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2011	12/31/2011	0	0	0	
Historical Year -3	1/1/2012	12/31/2012	0	0	0	
Historical Year -2	1/1/2013	12/31/2013	0	0	0	
Historical Year -1	1/1/2014	12/31/2014	638,492	223,000,143	250,395,313	89.1%
Historical Year 0	1/1/2015	12/31/2015	768,293	302,548,070	329,668,002	91.8%
<b>Historical Totals</b>			1,406,785	525,548,214	580,064,314	90.6%
<hr/>						
<b>Interim Time Period</b>	1/1/2016	3/31/2016	210,235	79,055,180	94,653,390	83.5%
<b>Future Year 1</b>	1/1/2017	12/31/2017	930,456	416,075,406	458,525,193	90.9%

Anticipated Pricing Loss Ratio (no adjustments)  
 Anticipated LR using Federally-prescribed MLR methodology

91%
91%

**Note:**  
 The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.  
 The interim time period the time periods available in the current year.  
 The future year should represent the 12 months immediately following the rate effective date.

Expected Incurred Claims	A-to-E Claims Ratio
0	
0	
0	
228,210,878	97.7%
287,438,814	105.3%
515,649,692	101.3%
<hr/>	
76,208,530	103.7%
416,075,406	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	#DIV/0!
0	0	#DIV/0!
1,842,478	8,902,200	93.2%
2,113,072	7,798,968	94.7%
4,055,548	16,701,168	94.0%
<hr/>		
		83.5%
3,196,799	1,122,737	91.8%

**Consumer Adjusted Premium Rate Development**

Index Rate for Projected Period PMPM	\$559.06
Risk Adjustment PMPM	(\$1.55)
Net Reinsurance Contributions PMPM	\$3.09
Exchange User Fees PMPM	\$5.00
Market Adjusted Index Rate PMPM	\$559.11

Product	BCBSVT EPO	BCBSVT EPO	SVT EPO Blue Rewards	CBSTV EPO Blue Rewards	BSVT EPO Blue Rewards	CVT EPO Blue Rewards	BCBSVT EPO CDP	BCBSVT EPO	
Product ID	13627V1034 and 13627V1039	13627V1034 and 13627V1039	13627V1037 and 13627V1039	13627V1037 and 13627V1039	13627V1037 and 13627V1039	13627V1037 and 13627V1039	13627V1033 and 13627V1035	13627V1034	
Plan ID	13627V10340002 and 13627V10390001	13627V10340002 and 13627V10390001	13627V10370001 and 13627V10390002	13627V10370001 and 13627V10390002	13627V10370001 and 13627V10390002	13627V10370001 and 13627V10390002	13627V10330002 and 13627V10350001	13627V10340001	
Metal Tier	Platinum (with highest Metal AV)	Platinum (with lowest Metal AV)	Gold (with highest Metal AV)	Gold (with lowest Metal AV)	Silver (with highest Metal AV)	Silver (with lowest Metal AV)	Bronze (with lowest Metal AV)	Catastrophic	
Metal AV Value	0.861	0.860	0.798	0.798	0.716	0.650	0.616	0.620	
Pricing AV Value	1.116	0.980	0.898	0.823	0.775	0.711	0.719	0.389	
Projected Member Months	12,995	12,995	6,295	6,295	6,295	6,295	6,295	1,693	
Market Adjusted Index Rate PMPM	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	\$559.11	
<b>Plan Adjustments (in multiplicative format)</b>									
Actual value and cost-sharing design of the plan	1.020	0.889	0.805	0.733	0.686	0.624	0.636	0.620	
Provider network, delivery system characteristics and utilization management practices	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Plan benefits in addition to ERD	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.504	
Plan Adjustments (in % format)	0.0%	9.2%	16.4%	16.9%	11.5%	12.2%	11.5%	18.6%	
Distribution and administration costs	\$623.68	\$559.11	\$547.80	\$502.18	\$460.26	\$433.56	\$397.68	\$402.05	\$217.33
PIST Adjusted Index Rate	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Age Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Aggregate Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Consumer Adjusted Premium Rate PMPM	\$623.68	\$559.11	\$547.80	\$502.18	\$460.26	\$433.56	\$397.68	\$402.05	\$217.33
Calculated Pricing AV	1.115	1.000	0.980	0.898	0.823	0.775	0.711	0.719	0.389
Pricing AV in URRT	1.115	0.980	0.898	0.823	0.775	0.711	0.719	0.389	
Difference	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Explanation for differences between implied Pricing AV and URRT	N/A								

Age 40 Factor	1.111
Geographic Rating Area #1	1.000
Geographic Rating Area #3	1.000
Geographic Rating Area #5	1.000

\*Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below

Calculated Premium Rate (Age 40, Area 1)	\$692.72	\$621.00	\$608.44	\$557.77	\$511.21	\$481.55	\$441.71	\$446.56	\$241.39
Calculated Premium Rate (Age 40, Area 3)	\$692.72	\$621.00	\$608.44	\$557.77	\$511.21	\$481.55	\$441.71	\$446.56	\$241.39
Calculated Premium Rate (Age 40, Area 5)	\$692.72	\$621.00	\$608.44	\$557.77	\$511.21	\$481.55	\$441.71	\$446.56	\$241.39
Proposed Premium Rate (Age 40, Area 1)	\$692.72	N/A	\$608.44	\$557.77	\$511.21	\$481.55	\$441.71	\$446.56	\$241.39
Proposed Premium Rate (Age 40, Area 3)	N/A								
Proposed Premium Rate (Age 40, Area 5)	N/A								
Difference (Age 40, Area 1)	0.0%	#VALUE!	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Difference (Age 40, Area 3)	#VALUE!								
Difference (Age 40, Area 5)	#VALUE!								
Explanation for differences	N/A								

**Actual value and cost-sharing design of the plan**

Actual value and cost-sharing design of the plan	1.020	0.000	0.889	0.805	0.733	0.686	0.624	0.636	0.620
Plan Allowed Ratio (Cost-Sharing only)	0.851		0.880	0.805	0.754	0.717	0.668	0.675	0.656
Used Indexed utilization factors	1.000		1.000	1.000	1.000	1.000	1.000	1.000	1.000
Calculated	1.020	0.000	0.889	0.805	0.733	0.686	0.624	0.636	0.613

Experience Period Start Date 1/1/2015  
 Date at which the most recent experience is available 12/31/2015

Provide the information in the table below in an Excel format. The information in the first row should be consistent with what is required by the URRT.

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HBS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morbidity Ratio	Loss Ratio
1/1/2015	12/31/2015	Persons who purchased a ACA compliant plan	766,083	\$332,392,760	\$292,325,366	\$384,634,210		1.000	\$502.08	\$502.08	#DIV/0!	87.9%
1/1/2015	12/31/2015	Persons who did not purchase a ACA compliant plan						1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
1/1/2015	12/31/2015	All	766,083	\$332,392,760	\$292,325,366	\$384,634,210		1.000	\$502.08	\$502.08		87.9%

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HBS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morbidity Ratio	Loss Ratio
1/1/2016	12/31/2016	Persons included in the experience period						1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
1/1/2016	12/31/2016	Persons not included in the experience period						1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
1/1/2016	12/31/2016	All	0	\$0	\$0	\$0		1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HBS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morbidity Ratio	Loss Ratio
1/1/2015	12/31/2015	All	766,083	\$332,392,760	\$292,325,366	\$384,634,210		1.000	\$502.08	\$502.08		87.9%

**Risk Adjustment**

Time Period	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
January 2014 - December 2014		January 2016 - December 2016	January 2017 - December 2017		
Total Risk adjustment (Dollar amount)	(\$2,671,246)	(\$3,105,500)	(\$1,298,182)		
Membership Member Months	848,462	840,169	830,456	45.79%	10.75%
PMPM	(\$4.18)	(\$3.70)	(\$1.38)	-87.41%	-63.13%
Premium	\$201,286,913	\$305,536,046	\$450,617,500	63.57%	15.12%
As a % of Premium	-1%	-1%	0%	-74.13%	-64.83%

If the actual risk adjustment payable/receivable was materially different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed the issue  
 Please see section 3.7.1 of the actuarial memorandum

Please provide an exhibit, in excel with working formulas, demonstrating the calculation of the rate increase assuming that the current membership in terminated plans are mapped to renewal/proposed plans closest to the member's current benefit structure or Pricing AV. Include a quantitative calculation of the differences in benefits and cost sharing, as well as the Pricing and Metal AVs for the current and renewal/proposed 2016 plans. In the following text box state where in the filing the requested exhibit is located.

N/A - BCBSVT is not terminating any 2016 plans

**Uniform Compliance**

Actuarial Memorandum Section 4.1	a) A list of all products that are terminated, renewed or are new in the current filing
Actuarial Memorandum Section 2.1	b) For products that were renewed, please demonstrate compliance with all provisions of the uniform modification of coverage.
Actuarial Memorandum Section 2.1	i. The product is offered as the same product type (for example, preferred provider organization (PPO) or health maintenance organization (HMO)).
Actuarial Memorandum Section 2.1 and Exhibit 1	ii. The product covers a majority of the same counties in its service area.
Actuarial Memorandum Section 2.1 and Exhibit 1	iii. Each plan has the same cost-sharing structure, except for variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same level of coverage described in sections 1302(d) and (e) of the Affordable Care Act (for example, bronze, silver, gold, platinum or catastrophic); and
Actuarial Memorandum Section 2.1 and Exhibit 1A	iv. The product provides the same covered benefits, except for changes in benefits that cumulatively impact the rate for the product by no more than 2 percent (not including changes required by applicable Federal or State laws)

May 31, 2015

Mr. Josh Hammerquist, A.S.A., M.A.A.A.  
Assistant Vice President & Consulting Actuary  
Lewis & Ellis, Inc.

**Subject: Your 05/23/2016 Questions re: Blue Cross and Blue Shield of Vermont  
2017 Qualified Health Plan Filing (SERFF Tracking #: BCVT-130567350)**

Dear Mr. Hammerquist:

In response to your request dated May 23, 2016, here are *your questions* and our answers:

1. This question involves confidential and proprietary information and will be provided under separate cover.
2. This question involves confidential and proprietary information and will be provided under separate cover.
3. *Provide quantitative support for the considerably unfavorable paid claims experience. Source: Actuarial Memorandum page 4*

*Responses to BCBSVT 2017 QHP filing inquiries - 05.23.2016.xlsx, tab Q3* provides a comparison of actual 2015 paid fee-for-service claims to the projected 2015 fee-for-service claims implicit in the 2016 rate filing. Driven primarily by actuarial values that were significantly higher than expected, actual paid fee-for-service claims were 7.7 percent higher than projected.

This was modestly offset by experience in other than fee-for-service claims, which had a 1.2 percent favorable impact on claims, as shown in the table below:

CY 2015 PMPM	2016 QHP Rate Filing	2017 QHP Rate Filing	Increase
Medical and Pharmacy Allowed Charges	\$491.19	\$503.97	2.6%
Other Claims (Pediatric Dental and Vision, Rebates, Blueprint, ITS fees)	\$7.67	\$1.81	-1.2%
Total	\$498.86	\$505.78	+1.4%

In aggregate, 2015 paid claims were approximately 6.5 percent higher than the projection implicit within the 2016 QHP rate filing, driving a premium increase of 5.4 percent.

4. *Please provide an actual to expected comparison of the contributions to reserves for the most recent 5 years based on the final premiums after amendments made by regulators.*

The chart below shows the expected contribution to reserves based on our forecasting model, which incorporates final premiums including amendments ordered by regulators for the Individual and Small Group markets. Note that the expected result for 2014 also

recognizes the impact of the decision to allow individuals and small groups to continue in their 2013 plan through the first quarter of 2014.

The actual results for 2014 and 2015 include the impacts of the Transitional Reinsurance and Risk Adjustment program in the year they were incurred, not in the year when they were booked.

Year	Expected	Actual
2011	-0.3%	1.9%
2012	0.9%	-3.4%
2013	-2.0%	-2.0%
2014	-1.6%	2.8%
2015	0.8%	-1.8%
Cumulative	-0.4%	-0.7%

As the chart demonstrates, actual results have fluctuated uniformly around our expectation, implying that filed pricing assumptions have been free of implicit margin over the past five years.

5. *Please provide quantitative support for the increase in the experience period administrative costs from \$28.40 in the prior filing to \$32.93 in the current filing.*  
*Source: Actuarial Memorandum page 24 and 2016 Actuarial Memorandum page 28*

There are three main drivers of the increase in the experience period administrative cost. First, the fee for the Vermont Collaborative Care (\$0.87 PMPM) is now included in the experience period.

Second, there was a 5.7 percent increase in enterprise operating expenses on a per member per month basis from 2014 to 2015. This was largely driven by the commencement of a multi-year project to migrate to a new operating platform, along with some significant upgrades to our cybersecurity protocols.

Finally, BCBSVT completed a comprehensive cost accounting study for the first time in a number of years. As part of the study, each department was asked to reassess the direct attribution of allocation of their resources by line of business. The resulting costs of operations by segment increased the QHP administrative cost PMPM by 6.4 percent.

	2016 QHP Rate Filing	Updated Experience Period	2017 QHP Rate Filing
Experience Period	CY 2014	CY 2015	CY 2015
Base Administrative Charges	\$28.40		
Vermont Collaborative Care fee	\$0.87		
Total Administrative Charges	\$29.27	\$30.94	\$32.93
Change		+5.7%	+12.5%

6. *Confirm that the projected period membership in the exhibit on the top of page 25 in the Actuarial Memorandum is correctly allocated between “Enrolled through VHC” and “Directly Enrolled with BCBSVT.”*

The projected membership in the table on page 25 of the Actuarial Memorandum was typed in the wrong column. Below is the corrected table.

	Enrolled through VHC	Directly Enrolled with BCBSVT	Total
Experience Member Months	336,288	429,765	766,083
Experience PMPM	\$37.97	\$28.99	\$32.93
Projected Period Membership	27,708	49,830	77,538
Projected PMPM			\$32.20
Impact			= \$32.20/\$32.93 = 0.9778

7. *What percentage of groups with 51 - 100 employees that were expected in the prior filing to offer a QHP, have offered or have informed you that they intend to offer a QHP?*  
*Source: Actuarial Memorandum page 9*

In the 2016 QHP rate filing, we expected 43 groups with 51-100 employees to offer QHPs. 15 of those 43 groups have decided to offer QHPs in 2016.

The table in *Responses to BCBSVT 2017 QHP filing inquiries - 05.23.2016.xlsx, tab Q7* summarizes the member months and allowed charges PMPM for each category of groups from the 2016 QHP Rate Filing and the 2017 QHP Rate Filing.

While fewer groups than expected selected QHPs in January 2016, a number of groups changed their renewal date to December, thereby allowing themselves an additional eleven months to make a final decision. Our assumption for the total impact of these groups in the 2016 filing was directionally accurate, and we expect the total number of groups joining the single risk pool to be consistent with the 2016 assumption. Experience for this subset of groups worsened considerably from 2014 to 2015.

8. *Please reconcile Exhibit 2B with the table in section 3.4.1 of the Actuarial Memorandum.*

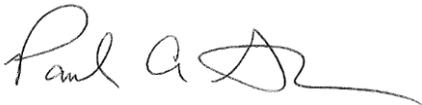
The table in section 3.4.1 of the Actuarial Memorandum shows experience allowed claims and experience member months while Exhibit 2B uses projected membership and allowed claims adjusted for the network, as shown on Exhibit 2E. Please see attached *Responses to BCBSVT 2017 QHP filing inquiries - 05.23.2016.xlsx, tab Q8* for a detailed reconciliation.

9. *Please provide the projected number of contracts by plan by tier.*

Please see attached *Responses to BCBSVT 2017 QHP filing inquiries - 05.23.2016.xlsx, tab Q9* for the projected number of contracts by plan and by tier.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



Paul Schultz, F.S.A., M.A.A.A.

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING  
RESPONSES TO ACTUARIAL INQUIRIES

Comparison of fee-for-service claims: 2015 Actual vs. 2015 Projected implicit in 2016 QHP Filing											
	NON-STANDARD PLANS			STANDARD PLANS						Catastrophic Blue Rewards	Total
	GOLD Blue Rewards	SILVER Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	CDHP	BRONZE Deductible	CDHP		
Filed 2015 Paid Claims	\$387.02	\$339.05	\$296.97	\$487.39	\$421.48	\$361.00	\$348.56	\$304.76	\$313.40	\$163.22	<b>\$383.08</b>
Filed 2015 Allowed Charges	\$496.78	\$477.32	\$460.98	\$530.83	\$502.96	\$479.90	\$481.72	\$462.25	\$466.44	\$241.42	<b>\$491.19</b>
Filed Paid:Allowed	77.9%	71.0%	64.4%	91.8%	83.8%	75.2%	72.4%	65.9%	67.2%	67.6%	<b>78.0%</b>
Actual 2015 Paid	\$348.36	\$247.58	\$180.08	\$738.06	\$444.08	\$370.57	\$337.91	\$196.03	\$208.07	\$43.42	<b>\$412.39</b>
Actual 2015 Allowed Charges	\$432.27	\$348.33	\$290.25	\$787.15	\$523.06	\$482.96	\$445.64	\$302.75	\$317.51	\$105.76	<b>\$503.97</b>
Actual Paid:Allowed	80.6%	71.1%	62.0%	93.8%	84.9%	76.7%	75.8%	64.8%	65.5%	41.1%	<b>81.8%</b>
Actual 2015 member months	33,562	57,252	40,214	161,992	90,848	177,220	116,772	32,771	54,377	1,075	<b>766,083</b>
Paid Claims Actual:Filed											<b>7.7%</b>
Allowed Charges Actual:Filed											<b>2.6%</b>
AV Actual:Filed											<b>4.9%</b>

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS RATE FILING  
RESPONSES TO ACTUARIAL INQUIRIES

Member months and allowed charge PMPM for each category of groups from the 2016 QHP Rate Filing and the 2017 QHP Rate Filing

2016 QHP Filing	2017 QHP Filing	Group Count	Member Months in 2016 QHP Filing	Allowed PMPM in 2016 QHP Filing	Member Months in 2017 QHP Filing	Allowed PMPM in 2017 QHP Filing
Included	Included as Expected to Join	5	3,624	\$387.53	3,758	\$558.74
Included	Included as Known to have Joined	15	14,440	\$464.40	14,407	\$576.56
Included	Excluded	23	20,052	\$511.29	0	
Excluded	Included as Expected to Join	20	0		28,701	\$590.05
Excluded	Included as Known to have Joined	4	0		3,684	\$618.90

	Member Months in 2016 QHP Filing	Allowed PMPM in 2016 QHP Filing	Member Months in 2017 QHP Filing	Allowed PMPM in 2017 QHP Filing
All other members included in the filing	735,603	472.23	766,083	\$503.97
Total Groups with 51-100 employees Included in 2016 filing	38,116	\$481.76	18,165	\$572.87
Total if we only included groups included in 2016 filing	773,719	\$472.70	784,248	\$505.57
Impact on Total Allowed		0.1%		0.3%
Total Groups with 51-100 employees Known to have Joined	14,440	\$464.40	18,091	\$585.18
Total Groups with 51-100 employees included in the 2017 QHP rate filing			50,550	\$585.98
Total included in 2017 QHP rate filing			816,633	\$509.05
Impact on Total Allowed				1.0%

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Table in Section 3.4.1 of the Actuarial Memorandum

	Single Risk Pool	Groups with 51-100 employees offering QHP in 2016	Groups with 51-100 employees expected to offer QHP in 2017	Total
Experience Period Allowed Claims	\$386,083,348	\$25,727,986	\$4,425,372	\$416,236,706
Experience Period Member Months	766,083	43,108	7,442	816,633
PMPM	\$503.97	\$596.83	\$594.65	\$509.70

Exhibit 2B

Coverage Category in the Experience	Projected Membership	CY 2015 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	10,872	\$561.82
Individual Subsidized QHP	17,836	\$561.46
Small Group QHP	37,286	\$458.88
Groups with 51-100 employees known to have joined QHP	4,429	\$585.54
Groups with 51-100 employees expected to join QHP	615	\$588.52
Weighted Average before adjustment for new membership	71,038	\$509.41

Summary of Exhibit 2E

Coverage Category in the Experience	CY 2015 Allowed PMPM (Medical and Pharmacy)	CY 2015 Allowed PMPM Adjusted for Network (Medical and Pharmacy)	Experience Membership
Individual Non-Subsidized QHP	\$561.82	\$561.82	124,629
Individual Subsidized QHP	\$561.46	\$561.46	211,659
Small Group QHP	\$458.88	\$458.88	429,795
Groups with 51-100 employees known to have joined QHP	\$596.83	\$585.54	43,108
Groups with 51-100 employees expected to join QHP	\$594.65	\$588.52	7,442
Weighted Average PMPM	\$509.70	\$509.05	816,633

Average PMPM using Projected Membership and Allowed Charges Adjusted for Network

CY 2015 Allowed PMPM Adjusted for Network (Medical and Pharmacy)	Projected Membership
\$561.82	10,872
\$561.46	17,836
\$458.88	37,286
\$585.54	4,429
\$588.52	615
\$509.41	71,038

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**Projected 2017 Contracts**

	NON-STANDARD PLANS					STANDARD PLANS						Catastrophic Blue Rewards
	GOLD Blue Rewards	Gold Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	
Single Rate	607	1,571	3,182	1,427	1,593	4,129	2,678	8,511	3,557	1,287	1,293	153
Couple Rate	155	608	841	416	435	1,552	754	2,679	1,223	343	313	3
Adult and Child(ren) Rate	35	151	100	89	85	376	180	377	178	60	82	2
Family Rate	151	815	233	359	349	1,218	673	1,167	904	216	272	2

June 13, 2016

Mr. Josh Hammerquist, A.S.A., M.A.A.A.  
Assistant Vice President & Consulting Actuary  
Lewis & Ellis, Inc.

**Subject: Your 06/09/2016 Questions re: Blue Cross and Blue Shield of Vermont  
2017 Qualified Health Plan Filing (SERFF Tracking #: BCVT-130567350)**

Dear Mr. Hammerquist:

In response to your request dated June 9, 2016, here are *your questions* and our answers:

- 1. We note that Viekira is the only hepatitis C drug on ESI's formulary for 2017. Please describe the expected impact, if any, of the FDA approval of Zepatier for claims in 2017 and for future years.*

We do not expect any impact on utilization of drugs for treatment of hepatitis C due to the FDA approval of Zepatier. Its uses will be limited as there are significant issues of resistance to the drug for the most common type of Hepatitis C as per local Vermont subject matter experts at our academic medical center at UVM. Please also note that BCBSVT has recently decided to include Harvoni and Sovaldi back on the preferred brand list since Viekira has many interactions. This will not impact our projected claims for treatment of hepatitis C since the overall expected costs are similar for all drugs.

- 2. How long are the increased costs of the multi-year project to migrate to a new operating platform and the significant upgrades to cybersecurity protocols expected to remain at elevated levels?*

The platform migration was incorrectly cited in the as a source of the higher-than-typical increase in enterprise operating expenses. In fact, the migration has been absorbed into the annual project budget. The 5.7% increase in enterprise operating expenses from 2014 to 2015 was largely driven by normal inflationary increases, higher than expected spend on new cyber security protocols and timing related to annual technology project spend. Cyber security protocols and annual project spend are expected to continue as part of the normal operating budget.

- 3. Please reconcile the 6.4% increase in administrative costs due to the comprehensive cost accounting study with the response to question #12 dated March 14, 2016 in the 3Q 2016 Large Group filing.*

The response dated March 14, 2016 concerning the Large Group filing administrative charges was based on year ending October 2015. Since the QHP administrative charges were calculated based on the calendar year 2015 information, we restated our Large Group answer to have consistent timing. The table below compares the PMPM before and after the comprehensive cost accounting study for Large Groups (including Cost Plus), QHP, and other lines of business included in BCBSVT's overall administrative budget. Note that other lines of business include BCBSVT and TVHP Medicare Supplement products, the Federal Employee

Health Benefits Program, CBA (a TPA subsidiary of BCBSVT), ASO and costs of administering the BlueCard program for non-Vermont members.

Line of Business	Before Cost Study	After Cost Study	Change
Large Groups	\$26.07	\$26.07	0.0%
QHP	\$30.94	\$32.93	6.4%
Other lines	\$23.42	\$21.76	-7.1%
Total	\$26.63	\$26.63	0.0%

4. *Please confirm that the labels in column B for rows 7 and 8 should be switched in the response to question #7 dated March 31, 2016.*

Yes, the labels in column B for rows 7 and 8 were switched in the response to question 7 dated May 31, 2016. This also minimally impacted row 18. Please see attached *Responses to BCBSVT 2017 QHP filing inquiries - 06.09.2016.xlsx, tab Q4* for an updated exhibit.

5. This question involves confidential and proprietary information and will be provided under separate cover.

6. *Please provide quantitative support for the 0.25% risk margin for bad debt.*

For the 2015 calendar year, the total amount of non-paid premium for the first 30 days for members that were terminated for non-payment was \$800,040. Dividing that number by the total gross premium of \$334,972,631 and rounding to the nearest twentieth of a percent yields the estimate of 0.25% for risk margin for bad debt.

7. *Please provide the number of inforce members by plan that is consistent with the number of inforce contracts provided in Exhibit 9.*

Please see attached *Responses to BCBSVT 2017 QHP filing inquiries - 06.09.2016.xlsx, tab Q7* for the inforce members by plan consistent with inforce contracts provided in Exhibit 9.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



Paul Schultz, F.S.A., M.A.A.A.

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Member months and allowed charge PMPM for each category of groups from the 2016 QHP Rate Filing and the 2017 QHP Rate Filing

2016 QHP Filing	2017 QHP Filing	Group Count	Member Months in 2016 QHP Filing	Allowed PMPM in 2016 QHP Filing	Member Months in 2017 QHP Filing	Allowed PMPM in 2017 QHP Filing
Included	Included as Expected to Join	5	3,624	\$387.53	3,758	\$558.74
Included	Included as Known to have Joined	15	14,440	\$464.40	14,407	\$576.56
Included	Excluded	23	20,052	\$511.29	0	
Excluded	Included as Known to have Joined	20	0		28,701	\$590.05
Excluded	Included as Expected to Join	4	0		3,684	\$618.90

	Member Months in 2016 QHP Filing	Allowed PMPM in 2016 QHP Filing	Member Months in 2017 QHP Filing	Allowed PMPM in 2017 QHP Filing
All other members included in the filing	735,603	472.23	766,083	\$503.97
Total Groups with 51-100 employees Included in 2016 filing	38,116	\$481.76	18,165	\$572.87
Total if we only included groups included in 2016 filing	773,719	\$472.70	784,248	\$505.57
Impact on Total Allowed		0.1%		0.3%
Total Groups with 51-100 employees Known to have Joined	14,440	\$464.40	43,108	\$585.54
Total Groups with 51-100 employees included in the 2017 QHP rate filing			50,550	\$585.98
Total included in 2017 QHP rate filing			816,633	\$509.05
Impact on Total Allowed				1.0%

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Product	Inforce Members at the time of Filing	Inforce Contract on Exhibit 9
Blue Rewards Gold	1,912	1,137
Blue Rewards Gold CDHP	6,541	3,220
Blue Rewards Silver	4,826	3,511
Blue Rewards Silver CDHP	0	0
Blue Rewards Bronze CDHP	4,224	2,562
Standard Platinum	13,492	7,539
Standard Gold	7,556	4,431
Standard Silver	16,222	10,698
Standard Silver CDHP	8,954	5,185
Standard Bronze	2,839	1,838
Standard Bronze CDHP	3,688	2,246
Catastrophic	169	160
<b>Total</b>	<b>70,423</b>	<b>42,527</b>

**SERFF Tracking #:**

BCVT-130567350

**State Tracking #:****Company Tracking #:**

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** BCBSVT 2017 Vermont Qualified Health Plans Rate Filing  
**Project Name/Number:** /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/11/2016		Supporting Document	Attachments A & B	05/31/2016	Attachment A - Standard Plans AV Certification - 2017.pdf Attachment B - Blue Rewards (Non-Standard) Plans AV Certification - 2017.pdf (Superseded)

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

## Introduction

On January 21, 2016, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2017. CMS made few changes in the 2017 AVC. Most notably, they trended the underlying claims to calendar year.

## Limitations of the Federal Actuarial Calculator

The AVC is known to have some limitations with respect to certain benefit designs. The most important limitations in the Final Actuarial Value Calculator for the Blue Rewards (Non-Standard) plans are:

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.

## Method Used to Calculate Adjustments

The objective of the adjustment process is to produce an estimate of the result the AVC would have produced with respect to the specific plan in question had it been able to measure all cost sharing elements for that plan. We created a model to calculate the ratio of expected benefits to allowed charges. See the description of the BCBSVT AV Model (BAVM) below. We used the BAVM to calculate both the complete benefit design and the benefit design for items supported by the AVC. We then applied the ratio of the two values to the AVC output for items supported by the AVC.

## BCBSVT AV Model Methodology

BCBSVT uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from BCBSVT's data warehouse. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The in-network claims from BCBSVT Insured Groups and Individuals expected to be in the Qualified Health Plans in 2017, representing 771,212 member months, are included in the analysis. Claims have been adjusted to reflect the network used for BCBSVT QHPs. Calendar year 2013 claims, trended to 2017 using 6.5% trend<sup>1</sup>, were used in the model. The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service

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<sup>1</sup> BCBSVT used the same trend that CMS used in the 2017 Final AV Calculator (see page 6 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-AVC-Methodology-012016.pdf>)

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date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

The tables following the Actuarial Opinion show the relationship between the BAVM and the AVC.

A complete description of plan provisions is attached at the end of this document. The tables following the Actuarial Opinion contain information regarding the specific benefits that were calculated as adjustments to the AVC model.

Actuarial Opinion

The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These calculations are not intended to be used for other purposes.

I am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2017.

The adjustments for plan design features unable to be determined directly through application of the AV calculator were developed in accordance with generally accepted actuarial principals and methodologies, Actuarial Standards of Practice established by the Actuarial Standards Board, and applicable laws and regulations, and are appropriate for the purpose intended.

Data used for the analysis were taken from the BCBSVT claims adjudication system, and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed.



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Paul A. Schultz, F.S.A., M.A.A.A.  
Chief Actuary  
Blue Cross and Blue Shield of Vermont

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

## Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,500	
	Coinsurance	0%	
	OOPM	\$2,500	
AVC Output for items supported by the AVC		(a)	78.2%
BCBSVT Model Output for items supported by the AVC		(b)	80.5%
BCBSVT Model Output for complete benefit design		(c)	81.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	78.8%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options					
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>				
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:					
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>								
Desired Metal Tier	Gold								
Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design						
	Medical	Drug	Combined	Medical	Drug	Combined			
Deductible (\$)			\$2,500.00						
Coinsurance (%; Insurer's Cost Share)			100.00%						
OOP Maximum (\$)			\$2,500.00						
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
Type of Benefit	Tier 1			Tier 2					
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Coplay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Coplay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>							<b>Plan Description:</b>		
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Gold					Blue Rewards CDHP - Gold		
Set a Maximum on Specialty Rx Coinsurance Maximum	<input type="checkbox"/>	Plan HIOS ID: 13627VT0390001 and 13627VT0370001					Plan HIOS ID: 13627VT0390001 and 13627VT0370001		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):					Issuer HIOS ID: 13627		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):							
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):							
<b>Output</b>									
Calculate							Calculation Successful.		
Status/Error Messages:							78.19%		
Actuarial Value:							Gold		
Metal Tier:									
2017 AV Calculator									

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible	\$4,500	
	Coinsurance	0%	
	OOPM	\$4,500	
AVC Output for items supported by the AVC		(a)	67.6%
BCBSVT Model Output for items supported by the AVC		(b)	72.3%
BCBSVT Model Output for complete benefit design		(c)	73.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>69.0%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

4	A	B	C	D	E	F	G	H	I	K	L	M
1	<b>User Inputs for Plan Parameters</b>											
2	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>							
3	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>							
4	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:							
5	Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:							
6	Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>										
7	Desired Metal Tier	Silver										
8	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>								
9		Medical	Drug	Combined	Medical	Drug	Combined					
10	Deductible (\$)			\$4,500.00								
11	Coinsurance (%; Insurer's Cost Share)			100.00%								
12	OOP Maximum (\$)			\$4,500.00								
13	OOP Maximum if Separate (\$)											
14	<a href="#">Click Here for Important Instructions</a>											
15	<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Tier 1 Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance, if different</b>	<b>Tier 2 Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2</b>		
16	<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
17	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20	Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22	Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00			
27	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
30	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
31	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
32	<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
33	Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
34	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
35	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
36	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
37	<b>Options for Additional Benefit Design Limits:</b>											
38	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
39	Specialty Rx Coinsurance Maximum:											
40	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
41	# Days (1-10):											
42	Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>										
43	# Visits (1-10):											
44	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
45	# Copays (1-10):											
46	<b>Plan Description:</b>											
47	Name: Blue Rewards CDHP - Silver											
48	Plan HIOS ID: 13627VT0390002 and 13627VT0370002											
49	Issuer HIOS ID: 13627											
50	<b>Output</b>											
51	Status:	Error Messages:										
52	Actuarial Value:	Error: Result is outside of +/- 2 percent de minimis variation.										
53	Metal Tier:	67.64%										
54	<b>2017 AV Calculator</b>											

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 73% CSR			
Items supported by the AV Calculator	Deductible	\$3,500	
	Coinsurance	0%	
	OOPM	\$3,500	
AVC Output for items supported by the AVC		(a)	72.3%
BCBSVT Model Output for items supported by the AVC		(b)	76.0%
BCBSVT Model Output for complete benefit design		(c)	77.0%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	73.2%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters												
1	Use Integrated Medical and Drug Deductible?		<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>						
2	Apply Inpatient Copay per Day?		<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>						
3	Apply Skilled Nursing Facility Copay per Day?		<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:						
4	Separate OOP Maximum for Medical and Drug Spending?		<input type="checkbox"/>			2nd Tier Utilization:						
5	Indicate if Plan Meets CSR Standard?		<input checked="" type="checkbox"/>									
6	Desired Metal Tier		Silver									
7												
8												
9												
10	Deductible (\$)											
11	Coinsurance (% , Insurer's Cost Share)											
12	OOP Maximum (\$)											
13	OOP Maximum if Separate (\$)											
14												
15	<a href="#">Click Here for Important Instructions</a>											
16	<b>Type of Benefit</b>		<b>Tier 1</b>		<b>Tier 2</b>		<b>Tier 1</b>		<b>Tier 2</b>		<b>Copay applies only after deductible?</b>	
17			Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
18	<b>Medical</b>		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
19	Emergency Room Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
20	All Inpatient Hospital Services (inc. MHSA)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
21	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
22	Specialist Visit		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
23	Mental/Behavioral Health and Substance Abuse Disorder		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
24	Outpatient Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
25	Imaging (CT/PET Scans, MRIs)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
26	Rehabilitative Speech Therapy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
27	Rehabilitative Occupational and Rehabilitative Physical Therapy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
28	Preventive Care/Screening/Immunization		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
29	Laboratory/Outpatient and Professional Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
30	X-rays and Diagnostic Imaging		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
31	Skilled Nursing Facility		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
32	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
33	Outpatient Surgery Physician/Surgical Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
34	<b>Drugs</b>		<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
35	Generics		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
36	Preferred Brand Drugs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
37	Non-Preferred Brand Drugs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
38	Specialty Drugs (i.e. high-cost)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
39	<b>Options for Additional Benefit Design Limits:</b>											
40	Set a Maximum on Specialty Rx Coinsurance Payments?											
41	Specialty Rx Coinsurance Maximum:											
42	Set a Maximum Number of Days for Charging an IP Copay?											
43	# Days (1-10):											
44	In Primary Care Cost-Sharing After a Set Number of Visits?											
45	# Visits (1-10):											
46	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?											
47	# Copays (1-10):											
48	<b>Plan Description:</b>											
49	Name: Blue Rewards CDHP - Silver CSR 73%											
50	Plan HIOS ID: 13627VT0390002 and 13627VT0370002											
51	Issuer HIOS ID: 13627											
52	<b>Output</b>											
53	Calculate											
54	Status/Error Messages:											
55	Actuarial Value:											
56	Metal Tier:											
57												
58												
59	2017 AV Calculator											
60												

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,800	
	Coinsurance	0%	
	OOPM	\$2,800	
AVC Output for items supported by the AVC		(a)	76.1%
BCBSVT Model Output for items supported by the AVC		(b)	79.1%
BCBSVT Model Output for complete benefit design		(c)	79.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>76.7%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters														
Use Integrated Medical and Drug Deductible?		<input checked="" type="checkbox"/>		HSA/HRA Options					Narrow Network Options					
Apply Inpatient Copay per Day?		<input type="checkbox"/>		HSA/HRA Employer Contribution? <input type="checkbox"/>					Blended Network/POS Plan? <input type="checkbox"/>					
Apply Skilled Nursing Facility Copay per Day?		<input type="checkbox"/>		Annual Contribution Amount:					1st Tier Utilization:					
Separate ODP Maximum for Medical and Drug Spending?		<input type="checkbox"/>							2nd Tier Utilization:					
Indicate if Plan Meets CSR Standard?		<input checked="" type="checkbox"/>												
Desired Metal Tier		Silver												
		Tier 1 Plan Benefit Design					Tier 2 Plan Benefit Design							
		Medical	Drug	Combined			Medical	Drug	Combined					
Deductible (\$)				\$2,800.00										
Coinsurance (%; Insurer's Cost Share)				100.00%										
ODP Maximum (\$)				\$2,800.00										
ODP Maximum if Separate (\$)														
<a href="#">Click Here for Important Instructions</a>														
Type of Benefit		Subject to Deductible?	Subject to Coinsurance?	Tier 1 Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Tier 2 Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2			
<b>Medical</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Room Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
All Inpatient Hospital Services (inc. M-HSA)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Specialist Visit		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Outpatient Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Speech Therapy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Preventive Care/Screening/Immunization		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			
Laboratory Outpatient and Professional Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
X-rays and Diagnostic Imaging		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Skilled Nursing Facility		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
<b>Drugs</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Generics		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Preferred Brand Drugs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Non-Preferred Brand Drugs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Specialty Drugs (i.e. high-cost)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
<b>Options for Additional Benefit Design Limits:</b>														
Set a Maximum on Specialty Rx Coinsurance Payments?		<input type="checkbox"/>		<b>Plan Description:</b> Name: Blue Rewards CDHP - Silver CSR 77% Plan HIOS ID: 13627VT0390002 and 13627VT0370002 Issuer HIOS ID 13627										
Set a Maximum Number of Days for Charging an IP Copay?		<input type="checkbox"/>												
Primary Care Cost-Sharing After a Set Number of Visits?		<input type="checkbox"/>												
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?		<input type="checkbox"/>												
<b>Output</b>														
Calculate														
Status/ErrorMessage: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.														
Actuarial Value: 76.11%														
Metal Tier:														
<b>2017 AV Calculator</b>														

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$1,300	
AVC Output for items supported by the AVC		(a)	86.8%
BCBSVT Model Output for items supported by the AVC		(b)	87.6%
BCBSVT Model Output for complete benefit design		(c)	87.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>86.9%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options						
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>					
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:						
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:						
Separate ODP Maximum for Medical and Drug Spending?	<input type="checkbox"/>									
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>									
Desired Metal Tier	Gold									
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design					
		Medical	Drug	Combined	Medical	Drug	Combined			
Deductible (\$)				\$1,300.00						
Coinsurance (%; Insurer's Cost Share)				100.00%						
ODP Maximum (\$)				\$1,300.00						
ODP Maximum if Separate (\$)										
<a href="#">Click Here for Important Instructions</a>										
Type of Benefit	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>				<b>Plan Description:</b>						
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Silver CSR 87%								
Specialty Rx Coinsurance Maximum:		Plan HIOS ID: 13627VT0390002 and 13627VT0370002								
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627								
# Days (1-10):										
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>									
# Copays (1-10):										
<b>Output</b>										
Calculate										
Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.									
Actuarial Value:	86.80%									
Metal Tier:	Gold									
<b>2017 AV Calculator</b>										

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR			
Items supported by the AV Calculator	Deductible	\$600	
	Coinsurance	0%	
	OOPM	\$600	
AVC Output for items supported by the AVC		(a)	93.3%
BCBSVT Model Output for items supported by the AVC		(b)	93.3%
BCBSVT Model Output for complete benefit design		(c)	93.3%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>93.3%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters	A	B	C	D	E	F	G	H	I	K	L
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>							
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution?		<input type="checkbox"/>	Blended Network/POS Plan?		<input type="checkbox"/>				
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:							
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>										
Desired Metal Tier	Platinum										
<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>								
	Medical	Drug	Combined	Medical	Drug	Combined					
Deductible (\$)			\$600.00								
Coinsurance (%; Insurer's Cost Share)			100.00%								
OOP Maximum (\$)			\$600.00								
OOP Maximum if Separate (\$)											
<a href="#">Click Here for Important Instructions</a>											
<b>Type of Benefit</b>	Subject to Deductible	Subject to Coinsurance	Tier 1 Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2		
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Options for Additional Benefit Design Limits:</b>			<b>Plan Description:</b>								
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>		Name: Blue Rewards CDHP - Silver CSR 94%								
Specialty Rx Coinsurance Maximum:			Plan HIOS ID: 13627VT0390002 and 13627VT0370002								
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>		Issuer HIOS ID: 13627								
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>										
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
# Copays (1-10):											
<b>Output</b>											
Calculate											
Status/ErrorMessage:	CSR Level of 94% (100-150% FPL), Calculation Successful.										
Actuarial Value:	93.26%										
Metal Tier:	Platinum										
<b>2017 AV Calculator</b>											

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$7,150	
	Coinsurance	0%	
	OOPM	\$7,150	
AVC Output for items supported by the AVC		(a)	59.4%
BCBSVT Model Output for items supported by the AVC		(b)	64.6%
BCBSVT Model Output for complete benefit design		(c)	66.9%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	61.6%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options	Narrow Network Options						
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	Blended Network/PCS Plan?	<input type="checkbox"/>					
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization:						
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>		2nd Tier Utilization:						
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>								
Desired Metal Tier	Bronze								
		<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>				
		Medical	Drug	Combined	Medical	Drug	Combined		
Deductible (\$)				\$7,150.00					
Coinsurance (% Insurer's Cost Share)				100.00%					
OOP Maximum (\$)				\$7,150.00					
OOP Maximum if Separate?									
<a href="#">Click Here for Important Instructions</a>									
<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2</b>
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PE T Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>				<b>Plan Description:</b>					
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>			Name: Blue Rewards CDHP - Bronze					
Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>			Plan HIOS ID: 13627VT0390003 and 13627VT0370003					
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>			Issuer HIOS IL 13627					
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>								
<b>Output</b>									
Calculate				Calculation Successful.					
Status/ErrorMessage:				59.43%					
Actuarial Value:				Bronze					
Metal Tier:									
2017 AV Calculator									

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

**Blue Rewards Copayment Plans**

Items not supported by the AV Calculator for these plans are

- Pharmacy MOOP of \$1,300
- Three Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services and Home Health Care

For Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, we blended the Office Visit copayment and the Outpatient Facility copayment based on the frequency of services from the continuance tables in the AVC to calculate the input needed in the AVC.

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,250
	Coinsurance	0%
	OOPM	\$4,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      79.4%
BCBSVT Model Output for items supported by the AVC		(b)      82.5%
BCBSVT Model Output for complete benefit design		(c)      84.2%
Estimated AVC value		(d)=(c)/(b)*(a) <b>81.0%</b>

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>						
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/PCS Plan?	<input type="checkbox"/>					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:						
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:						
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>									
Desired Metal Tier	Gold	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>					
		Medical	Drug	Combined	Medical	Drug	Combined			
Deductible (\$)				\$1,250.00						
Coinsurance (%; Insurer's Cost Share)				100.00%						
OOP Maximum (\$)				\$4,250.00						
OOP Maximum if Separate (\$)										
<a href="#">Click Here for Important Instructions</a>										
Type of Benefit	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>										
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>									
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>									
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>									
# Copays (1-10):										
<b>Output</b>										
Calculate										
Status/Error Messages:		Calculation Successful.								
Actuarial Value:		79.35%								
Metal Tier:		Gold								
<b>2017 AV Calculator</b>										
<b>Plan Description:</b>										
Name: Blue Rewards Gold										
Plan HIOS ID: 13627VT0380001 and 13627VT0360001										
Issuer HIOS ID: 13627										

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,300
	Coinsurance	0%
	OOPM	\$7,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 69.5%
BCBSVT Model Output for items supported by the AVC		(b) 74.2%
BCBSVT Model Output for complete benefit design		(c) 76.4%
Estimated AVC value		(d)=(c)/(b)*(a) 71.6%

User Inputs for Plan Parameters													
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>								
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/PCPS Plan? <input type="checkbox"/>								
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:								
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:								
5	Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>											
6	Desired Metal Tier	Silver											
7			<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>							
8			Medical	Drug	Combined	Medical	Drug	Combined					
9	Deductible (\$)				\$2,300.00								
10	Coinsurance (% , Insurer's Cost Share)				100.00%								
11	OOP Maximum (\$)				\$7,150.00								
12	OOP Maximum if Separate (\$)												
13													
14													
15	<a href="#">Click Here for Important Instructions</a>												
16	<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>		
17	<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
18	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
19	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
20	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
21	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
22	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
23	Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
25	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
26	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
27	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
28	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
29	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
30	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
31	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
32	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
33	<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
34	Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
35	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
36	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
37	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
38	<b>Options for Additional Benefit Design Limits:</b>												
39	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>											
40	Specialty Rx Coinsurance Maximum:												
41	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>											
42	# Days (1-10):												
43	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>											
44	# Visits (1-10):	3											
45	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>											
46	# Copays (1-10):												
47	<b>Plan Description:</b>												
48	Name:	Blue Rewards Silver											
49	Plan HIOS ID:	13627VT0380002 and 13627VT0380002											
50	Issuer HIOS ID:	13627											
51	<b>Output</b>												
52	Calculate												
53	Status/Error Messages:	Calculation Successful.											
54	Actuarial Value:	69.48%											
55	Metal Tier:	Silver											
56	<b>2017 AV Calculator</b>												

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,200
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      71.4%
BCBSVT Model Output for items supported by the AVC		(b)      75.3%
BCBSVT Model Output for complete benefit design		(c)      77.4%
Estimated AVC value		(d)=(c)/(b)*(a) <b>73.4%</b>

User Inputs for Plan Parameters																	
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>													
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>												
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:													
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:													
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>																
Desired Metal Tier	Silver	<b>Tier 1 Plan Benefit Design</b>				<b>Tier 2 Plan Benefit Design</b>											
		Medical	Drug	Combined	Medical	Drug	Combined										
Deductible (\$)				\$2,200.00													
Coinsurance (%; Insurer's Cost Share)				100.00%													
OOP Maximum (\$)				\$5,700.00													
OOP Maximum if Separate (\$)																	
<a href="#">Click Here for Important Instructions</a>																	
<b>Type of Benefit</b>	<b>Tier 1</b>		<b>Coinsurance, if different</b>		<b>Copay, if separate</b>		<b>Tier 2</b>		<b>Coinsurance, if different</b>		<b>Copay, if separate</b>		<b>Tier 1</b>		<b>Tier 2</b>		
	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>					<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>					<b>Copay applies only after deductible?</b>				
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All					<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All					<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$400.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$1,500.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$30.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$50.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$28.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$28.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$1,500.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$50.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$50.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		\$0.00		<input type="checkbox"/>	<input type="checkbox"/>	100%		\$0.00		<input type="checkbox"/>	<input type="checkbox"/>			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$50.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$50.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$1,500.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All					<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All					<input type="checkbox"/> All	<input type="checkbox"/> All			
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$5.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Options for Additional Benefit Design Limits:</b>												<b>Plan Description:</b>					
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>											Name: Blue Rewards Silver CSR 73%					
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>											Plan HIOS ID: 1362TVT0380002 and 1362TVT0360002					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>											Issuer HIOS ID: 13627					
# Visits (1-10):	3																
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>																
# Copays (1-10):																	
<b>Output</b>																	
Calculate																	
Status/Error Messages:												Error: Result is outside of +/- 1percent de minimis variation for CSRs.					
Actuarial Value:												71.42%					
Metal Tier:																	
<b>2017 AV Calculator</b>																	

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$5,200	
	Copayments after the deductible	See print below	
	PCP visits at no cost share before the deductible	3	
AVC Output for items supported by the AVC		(a)	75.7%
BCBSVT Model Output for items supported by the AVC		(b)	79.5%
BCBSVT Model Output for complete benefit design		(c)	80.8%
Estimated AVC value		(d)=(c)/(b)*(a)	76.9%

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options					
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>				
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:					
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>								
Desired Metal Tier	Silver								
<b>Tier 1 Plan Benefit Design</b>		<b>Tier 2 Plan Benefit Design</b>							
	Medical	Drug	Combined	Medical	Drug				
Deductible (\$)			\$1,300.00						
Coinsurance (%; Insurer's Cost Share)			100.00%						
OOP Maximum (\$)			\$5,200.00						
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
Type of Benefit	Tier 1				Tier 2				
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Tier 1 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>						<b>Plan Description:</b>			
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>					Name: Blue Rewards Silver CSR 77%			
Specialty Rx Coinsurance Maximum:						Plan HIOS ID: 13627VT0380002 and 13627VT0360002			
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>					Issuer HIOS ID: 13627			
# Days (1-10):									
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>								
# Visits (1-10):	3								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>								
# Copays (1-10):									
<b>Output</b>									
Calculate									
Status/Error Messages:						Error: Result is outside of +/- 1percent de minimis variation for CSRs.			
Actuarial Value:						75.67%			
Metal Tier:									
<b>2017 AV Calculator</b>									

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%		
Items supported by the AV Calculator	Deductible	\$200
	Coinsurance	0%
	OOPM	\$2,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      87.1%
BCBSVT Model Output for items supported by the AVC		(b)      90.2%
BCBSVT Model Output for complete benefit design		(c)      90.3%
Estimated AVC value		(d)=(c)/(b)*(a) <b>87.2%</b>

User Inputs for Plan Parameters												
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>							
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>							
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:							
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:							
5	Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>										
6	Desired Metal Tier	Gold										
			<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>						
			Medical	Drug	Combined	Medical	Drug	Combined				
Deductible (\$)					\$200.00							
Coinsurance (%; Insurer's Cost Share)					100.00%							
OOP Maximum (\$)					\$2,250.00							
OOP Maximum if Separate (\$)												
<a href="#">Click Here for Important Instructions</a>												
<b>Tier 1</b>												
<b>Tier 2</b>												
<b>Tier 1      Tier 2</b>												
<b>Copay applies only after deductible?</b>												
<b>Medical</b>												
17	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
18	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
19	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
20	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
21	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
22	Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
27	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
31	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
32	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
33	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
34	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
35	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
36	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
37	<b>Drugs</b>											
38	Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
39	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
40	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
41	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Options for Additional Benefit Design Limits:</b>												
45	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
46	Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>										
47	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
48	# Days (1-10):											
49	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>										
50	# Visits (1-10):	3										
51	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
52	# Copays (1-10):											
<b>Output</b>												
54	Calculate											
55	Status/Error Messages:	CSR Level of 87% (150-200% FPL). Calculation Successful.										
56	Actuarial Value:	87.03%										
57	Metal Tier:	Gold										
<b>2017 AV Calculator</b>												

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

## Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%

The inclusion of Mental Health office visits in the three PCP or Mental Health Office visits at no cost share before the deductible benefit and copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care are not supported by the AVC for this plan. The difference between the AVC benefit of three PCP visits at no cost share before the deductible and the BCBSVT benefit of three PCP or MHSA visits at no cost share is immaterial<sup>2</sup> and the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care is also immaterial; therefore we are using the AVC directly for this plan.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options	
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	1st Tier Utilization:		
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	2nd Tier Utilization:		
5	Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>			
6	Desired Metal Tier	Platinum			
		Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design	
		Medical	Drug	Combined	
10	Deductible (\$)			\$0.00	
11	Coinsurance (%; Insurer's Cost Share)			100.00%	
12	OOP Maximum (\$)			\$1,100.00	
13	OOP Maximum if Separate (\$)				
		Tier 1		Tier 2	
	Type of Benefit	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate
17	<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
18	Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00
19	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00
20	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00
21	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
22	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00
27	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
28	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
31	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
32	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
33	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
34	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00
35	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
36	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
37	<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
38	Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00
39	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%	
40	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%	
41	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%	
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>			
45	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards Silver CSR 94%		
46	Specialty Rx Coinsurance Maximum:		Plan HIOS ID: 13627VT0380002 and 13627VT0360002		
47	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627		
48	# Days (1-10):				
49	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>			
50	# Visits (1-10):	3			
51	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>			
52	# Copays (1-10):				
53	<b>Output</b>				
54	calculate				
55	Status/Error Messages:	CSR Level of 94% (100-150%: FPL), Calculation Successful.			
56	Actuarial Value:	94.03%			
57	Metal Tier:	Platinum			
58					
59	<b>2017 AV Calculator</b>				
60					

<sup>2</sup> The AV calculator produces an AV of 94.13% for a plan with identical inputs other than MHSA cost sharing which is set to no cost sharing, therefore the waiving of cost sharing on up to three MHSA visits for those not having 3 or more PCP visits is not expected to have any material impact.

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix – Complete Benefit Designs

	Gold	Silver	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,250	\$2,300	\$2,200	\$1,300	\$200	\$0
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,250	\$7,150	\$5,700	\$5,200	\$2,250	\$1,100
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,100
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A
Service Category						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit						
Specialist Office Visit	\$30	\$50	\$50	\$50	\$50	\$35
Urgent Care	\$30	\$50	\$50	\$50	\$50	\$35
Ambulance	\$30	\$50	\$50	\$50	\$50	\$35
DME	\$30	\$50	\$50	\$50	\$50	\$35
ER	\$250	\$400	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Outpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Inpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Rx Generic	\$5	\$5	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
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	<b>Gold</b>	<b>Silver</b>	<b>73% AV</b>	<b>77% AV</b>	<b>87% AV</b>	<b>94% AV</b>	<b>Bronze</b>
<b>Deductible/OOP Max</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP - Not HSAQ</b>	<b>CDHP - Not HSAQ</b>
Medical Ded	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
<b>Service Category</b>							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%	0%	0%	0%
DME	0%	0%	0%	0%	0%	0%	0%
ER	0%	0%	0%	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%	0%	0%	0%
Outpatient	0%	0%	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%	0%	0%
Rx Generic	\$5	\$15	\$15	\$15	\$15	\$15	\$25
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%