Filing at a Glance

Company:	MVP Health Plan, Inc.
Product Name:	VT 2017 Exchange Filing Rates
State:	VermontGMCB
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.002C Any Size Group - HMO
Filing Type:	GMCB Rate
Date Submitted:	05/11/2016
SERFF Tr Num:	MVPH-130558905
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2017
Author(s):	Kristen Marsh, Matt Lombardo, Eric Bachner
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:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Other
Overall Rate Impact:

Deemer Date:
Submitted By: Eric Bachner

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Explanation for Other Group Market Type: Individual
Filing Status Changed: 07/08/2016
State Status Changed:
Created By: Eric Bachner
Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2017 Exchange products.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2017 and December 31, 2017.

Company and Contact

Filing Contact Information

Matt Lombardo,
625 State Street
Schenectady, NY 12305

mlombardo@mvphealthcare.com
518-388-2483 [Phone]

Filing Company Information

MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305
(518) 388-2469 ext. [Phone]

CoCode: 95521
Group Code: 1198
Group Name:
FEIN Number: 14-1640868

State of Domicile: New York
Company Type: Health Maintenance Organization
State ID Number:

Filing Fees

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

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/07/2016	07/07/2016
Pending Response	Jacqueline Lee	07/01/2016	07/01/2016
Pending Response	Jacqueline Lee	06/20/2016	06/21/2016
Pending Response	Jacqueline Lee	06/14/2016	06/14/2016
Pending Response	Jacqueline Lee	06/07/2016	06/07/2016
Pending Response	Jacqueline Lee	05/18/2016	05/18/2016

Response Letters

Responded By	Created On	Date Submitted
Eric Bachner	07/08/2016	07/08/2016
Eric Bachner	07/05/2016	07/05/2016
Eric Bachner	06/24/2016	06/24/2016
Eric Bachner	06/17/2016	06/17/2016
Eric Bachner	06/10/2016	06/10/2016
Matt Lombardo	06/01/2016	06/01/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Proposed Rate Modificaton	Eric Bachner	07/18/2016	07/18/2016
Supporting Document	Response to Objection Letter #3	Eric Bachner	06/17/2016	06/17/2016
Supporting Document	Response to Objection Letter #2	Eric Bachner	06/15/2016	06/15/2016
Supporting Document	Response to Objection Letter #2	Eric Bachner	06/10/2016	06/10/2016
Supporting Document	Response to Objection Letter #1	Matt Lombardo	06/01/2016	06/01/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request For Confidentiality- Objection Letter #6 Question #1	Note To Reviewer	Eric Bachner	07/08/2016	07/08/2016
Updated Request For Confidentiality- Objection Letter #2 Question #5	Note To Reviewer	Eric Bachner	06/15/2016	06/15/2016

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request For Confidentiality- Objection Letter #2 Question #5	Note To Reviewer	Eric Bachner	06/14/2016	06/14/2016

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/07/2016
Submitted Date	07/07/2016
Respond By Date	07/08/2016

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

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.
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Kevin Ruggeberg, A.S.A.
Traci Hughes, A.S.A.

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

Baltimore
David A. Palmer, C.F.E.

July 7, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #6

Dear Mr. Lombardo:

Please provide the following information regarding the above referenced filing:

1. Please provide the final MVP-specific 2015 risk adjustment data supplied to MVP by CMS.

Please be aware that we may 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, but no later than July 8, 2016.

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/01/2016
Submitted Date	07/01/2016
Respond By Date	07/06/2016

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

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.
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Baltimore
David A. Palmer, C.F.E.

July 1, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #5

Dear Mr. Lombardo:

Please provide the following information regarding the above referenced filing:

1. Does MVP have any concerns with the proposed rates in light of the updated 2015 risk adjustment information released on June 30th by CMS?

Please be aware that we may 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, but no later than July 6, 2016.

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/20/2016
Submitted Date	06/21/2016
Respond By Date	06/24/2016

Dear Matt Lombardo,

Introduction:

Please see the attached inquiry letter, submitted on behalf of the Office of the Health Care Advocate.

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.
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June 20, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #4

Dear Mr. Lombardo:

The following additional information is being requested on behalf of the Office of the Health Care Advocate.

1) Please explain the services included in the "Other Medical" benefit category on the URRT including the PMPM value and measurement units used.

2) Exhibit 2a shows an allowed unit cost trend of 2.5% plus leveraging factor of 0.2%, please reconcile this value to the URRT.

3) Regarding the Adjustment for $1,300 Rx Out of Pocket Maximum (Bill H559) discussed on page 6 of the Vermont memorandum,
   a. Please explain why the claim adjustments are being processed within MVP's claims system during the experience period considering that Bill H559 was effective beginning October 2012 and the experience period for this filing is Calendar Year 2015.
   b. When do you anticipate all of the claim adjustments to be realized within MVP's claim system?
   c. Please provide quantitative support for the adjustments provided in line 19 of Exhibit 3.

4) Please explain why grandfathered data, indemnity data, association data, and large group data are appropriate sources to use as the basis of the manual rate. Also,

please explain how base period claims were adjusted for differences in morbidity between the populations and the projected combined 2017 market.

5) Regarding the Taxes and Fees included in Exhibit 5, please reconcile to the Taxes and Fees Load included on the URRT.

6) Regarding the Loss Ratio development shown on page 11 of the Vermont Actuarial Memorandum, the Claims, Taxes/Assessments (including adding in the risk adjustment fee), and the Premiums included in the Loss Ratio Development provided on page 11 of the Vermont Actuarial Memorandum do not match the URRT. Please explain.

7) On page 4 of the State Actuarial Memorandum, MVP discusses adjustments made to the experience period to adjust for large claims. Were similar adjustments made in the experience when performing the trend analysis? If so, please describe and show the emerging experience before and after the adjustments were made. If no such adjustments were made, please explain why.

8) Please explain why Column V, Line 38 of Worksheet 1 of the URRT, [Projected Incurred Claims] which equal $422.23 is different from the claims expense of $433.34 of the Target Loss Ratios for 2017 VT Exchange shown on page 11 of the State Actuarial Memorandum [which is also the same amount shown on Exhibit 3. Index Rate].

9) Please provide the historical experience to support the 0.40% of premium load to reflect non-payment of premium.

10) Please explain how you allocated your administrative expenses to this block of business.

11) Please explain how MVP Health Plan's business practices as a nonprofit differ from MVP Health Insurance Company and how those differences impact premiums.

12) Please describe your quality improvement initiatives, wellness benefits, and charitable giving and the costs associated with each activity within those categories.

13) Please explain your provider contracting timeline. When do you establish the rates you will pay different providers and how often are they renegotiated?

14) Please explain any assumptions you made in your filing based on current and upcoming Health Care reform initiatives in Vermont.

15) Please indicate whether as a result of legislative changes in Vermont during the 2016 session you expect to make any adjustments to the above captioned filing that will affect rates and that are not already incorporated into the filing. Provide details including the rate impact for each adjustment.

16) Please explain why your reinsurance costs increased significantly between your 2016 and 2017 filings (2016 and 2017 Actuarial Memorandums, p. 3, "Summary of Experience Period Non-FFS and Capitation Amounts").

Please be aware that we may 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, but no later than June 24, 2016.

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/14/2016
Submitted Date	06/14/2016
Respond By Date	06/17/2016

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

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.
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June 14, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #3

Dear Mr. Lombardo:

The following additional information is required for this filing.

Unified Rate Review Template

1. Please provide an exhibit in spreadsheet format tying the following values from the URRT to values found in rate filing Exhibits 3 and/or 6:
    a. Paid to Allowed Average Factor in Projection Period of 0.775
    b. Projected Incurred Claims PMPM of $422.23
    c. Index Rate for Projection Period of $506.60

Please be aware that we may 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, but no later than June 17, 2016.

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/07/2016
Submitted Date	06/07/2016
Respond By Date	06/10/2016

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas
Cabe W. Chadick, F.S.A.
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Baltimore
David A. Palmer, C.F.E.

June 7, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #2

Dear Mr. Lombardo:

The following additional information is required for this filing.

Risk Adjustment

1. Please provide the preliminary risk adjustment report from CMS and a demonstration of any calculations necessary to arrive at the $1.88M figure referenced in your previous response.

Allowed Cost Development

2. The calculations provided in your previous response indicate that the weighted average Pricing Model AV and Induced Demand factors are calculated independently of each other, without taking into account the relationship between the two. Due to the relationship between the two, this approach overstates the combined impact of these two factors. By our calculations, calculating the weighted average of the product of these two factors produces an adjustment of 0.7469, as opposed to the factor used which is 0.711 * 1.045 = 0.7428. The net result is an overstatement of the 2017 index rate of approximately 0.5%. Please revise this calculation or propose an alternate remedy.
3. Your prior response indicated that IBNR estimates were revised based on March 2016 claim payments. If these payments were available, why was February run-out used in the filing?

4. Provide claim triangles for coverage dates in 2014 through the most recent payment month available.

Trend

5. Provide a quantitative demonstration of how approved Vermont Hospital Budgets as well as known and assumed contractual reimbursement changes were used to develop projected medical trends, clearly delineating which changes are approved/known and which values are assumed.

Credibility

6. Why was equal weight given to non-Exchange data and Exchange data? Given that the projected claims are for the Exchange population only and the Exchange data is fully credible by most common standards, this methodology seems atypical. It also does not seem consistent with the rate-setting methodology for other filings. For instance, the last Agriservices filing did not utilize any credibility blending, and the experience was composed of significantly less membership.

Enrollment Distribution

7. Explain and support the projected 2017 enrollment distribution by plan and/or metal tier. For example, gold plans made up 6% and 14% of membership in 2015 and in March 2016, respectively, but are assumed to make up 31% of membership in 2017.

Please be aware that we may 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, but no later than June 10, 2016.

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

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/18/2016
Submitted Date	05/18/2016
Respond By Date	06/01/2016

Dear Matt Lombardo,

Introduction:

See the attached letter.

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.
Kevin Ruggeberg, A.S.A.
Traci Hughes, A.S.A.

L&E Actuaries & Consultants

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. Kloeppersmith, 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.

May 18, 2016

Matt Lombardo
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Objection #1

Dear Mr. Lombardo:

The following additional information is required for this filing.

Base Period Data

1. Given that the Exchange experience comprises almost 65,000 member months, which is more than 5 times the full credibility standard used by MVP in large group rate-setting, why was ACA compliant experience not at least given greater weight than experience for other blocks of business?
   Source: URRT

Trend

2. For the ACA compliant plans, please provide individual 36 month history of medical claims and Rx claims split by drug category in a format similar to "Rolling 12 Medical and Rx Data.xls" provided in earlier filings and clearly illustrate normalized historic medical and Rx trends.
   a. Please include measures of medical utilization by service category to substantiate the claim that historical utilization trends are weak and not reliable.
3. How do the assumed trends reflect the impact of changes to the Vermont Hospital Budgets?

Experience Adjustments

4. The IBNR adjustment for recent MVP filings with two months of run-out has been approximately 2%. The base period experience in this filing has an extra month of run-out but has essentially the same IBNR adjustment being applied. Support the IBNR adjustments used in this filing, and explain any changes in methodology between recent filings such as MVPH-130435575 and MVPH-130454426.
   Source: Exh 3 Row 5
5. Provide calculations in spreadsheet format of the average "Benefit Relativity" and "Induced Demand" factors of 0.711 and 1.045, respectively, applied to projected claims in Exhibit 6.
   Source: Exh 6 Cells F8, F9
6. The rate calculation assumes that the $6.65 PMPM allocated to claims settlement expense is a claims expense. Explain the nature of this cost further and why it is included in allowed costs rather than treating this expense as an element of retention.
   Source: Exh 3 Row 3
7. Did MVP perform a study of whether their experience is consistent with the HHS induced utilization factors?
8. Please reconcile the capitation and non-FFS medical costs in the actuarial memorandum with the costs shown in Exhibit 3.
   Source: Exh 3 Row 13
9. Please provide the breakdown of subscriber months and member months between contract types for all market segments included in the development of the index rate.

Non-Benefit Expenses

10. The allocation of the Health Care Advocate assessment seems to assume that MVP has a 56.7% Vermont market share based on earned Premium. Provide support for this assumption.
    Source: Actuarial Memorandum Page 9
11. Provide justification for the inclusion of the Health Care Advocate assessment. Our research and discussions with the GMCB does not show that this was approved as an expense for carriers.
    Source: Actuarial Memorandum Page 9
12. Please reconcile the administrative expenses in the Actuarial dataset to the expenses shown in Exhibits 5 and 6.
13. Please reconcile the assumed general admin load with the 2015 Supplemental Healthcare Exhibit.

Metal AV's

14. The Gold plan FRVT-HMO-G-002-N does not meet the de minimis requirement when calculated from the AV calculator. The AV exhibit provided shows an adjustment of 1.0013 made to the calculator AV, which is not addressed in the AV certification provided. Explain and support this factor.
15. Reconcile the actual generic Rx copays to the copays assumed in the AV calculations.

Risk Adjustment

16. The actuarial memorandum states that the projected risk adjustment payment was multiplied by a factor of 2/3 due to the impact of the 2014 open enrollment period and

the low turnover from 2014 members to 2015 members. Please explain this logic more fully. For example:

a. Why would the extended 2014 open enrollment period, which affected all carriers, be expected to increase MVP's risk score in 2017 relative to the market average (or decrease MVP's risk score in 2014)?
b. Risk adjustment payments are a function of several factors including premium levels, which have increased more than 10% since 2014. Was any more sophisticated analysis performed on the risk adjustment payment than estimating a factor of 2/3 due to the reasons stated above?

Source: Actuarial Memorandum Page 8

17. The non-ACA enrollment used in the development of the manual rate was not part of the 2014 risk adjustment payment. However, the relative risk adjustment projection does not take into account the morbidity of these populations. Support the implicit assumption that these populations have similar risk adjustment characteristics to the 2014 Exchange population.
18. How was the preliminary risk adjustment report considered in the development of the population morbidity and/or Risk Adjustment PMPM assumptions?

URRT

19. Provide quantitative support for the development of the following factors and figures in Worksheet 1 of the URRT and how each ties to Exh 3:
    a. Other Factor
    b. Projected Allowed Experience Claims PMPM
    c. Projected Risk Adjustments PMPM
20. Is the manual rate in the URRT reflective of all experience, or non-ACA plans only?

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, but no later than June 1, 2016.

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

Sincerely,

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/08/2016
Submitted Date	07/08/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the attached documents which contain MVP's response to Objection Letter #6.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #6
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #6.pdf Support for L&E Objection #6- REDACTED.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/05/2016
Submitted Date	07/05/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the attached document which contains MVP's response to the Objection Letter dated July 1, 2016.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #5
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #5.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2016
Submitted Date	06/24/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the attached supporting documentation which contains MVP's written and calculated response to L&E Objection #4. In addition, MVP has amended its response to Question #5 of L&E Objection #2 which is attached.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #2
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #2.pdf Support for L&E Objection #2- NO LINKS redacted.pdf Support for L&E Objection #2 Question #5 UPDATED redacted.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Letter #2*
Comments:	
Attachment(s):	*Response to 2017 VT Exchange Objection #2.pdf* *Support for L&E Objection #2- NO LINKS redacted.pdf*
Previous Version	
Satisfied - Item:	*Response to Objection Letter #2*
Comments:	
Attachment(s):	*Support for L&E Objection #2- NO LINKS redacted.pdf* *Response to 2017 VT Exchange Objection #2.pdf*

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #2
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #2.pdf Support for L&E Objection #2- NO LINKS redacted.pdf Support for L&E Objection #2 Question #5 UPDATED redacted.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Letter #2*
Comments:	
Attachment(s):	*Response to 2017 VT Exchange Objection #2.pdf* *Support for L&E Objection #2- NO LINKS redacted.pdf*
Previous Version	
Satisfied - Item:	*Response to Objection Letter #2*
Comments:	
Attachment(s):	*Support for L&E Objection #2- NO LINKS redacted.pdf* *Response to 2017 VT Exchange Objection #2.pdf*

Satisfied - Item:	Response to Objection Letter #4
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #4.pdf Support for L&E Objection #4- NO LINKS.xlsx Support for L&E Objection #4- NO LINKS.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/17/2016
Submitted Date	06/17/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the submitted amendment which contains MVP's reponse to L&E Objection Letter #3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/10/2016
Submitted Date	06/10/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the amendment submitted containing MVP's response to L&E Objection #2, dated 6/7/16.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State:	*VermontGMCB*	**Filing Company:**	*MVP Health Plan, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*		
Product Name:	*VT 2017 Exchange Filing Rates*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/01/2016
Submitted Date	06/01/2016

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the amendment submitted for MVP's response to L&E's 5/18/16 Objection Letter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Matt Lombardo

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Amendment Letter

Submitted Date: 07/18/2016

Comments:

Please see the attached supporting documentation which details MVP's proposed rate modification in response to L&E's actuarial opinion.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Proposed Rate Modificaton
Comments:	
Attachment(s):	MVP Proposed Rate Modification - July 13, 2016.PDF

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Amendment Letter

Submitted Date: 06/17/2016

Comments:

Please see the attached supporting documentation which supplies MVP's response to Objection Letter #3.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #3
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #3.pdf Support for L&E Objection #3- NO LINKS.pdf Support for L&E Objection #3- NO LINKS.xlsx

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Amendment Letter

Submitted Date: 06/15/2016

Comments:

Please see the attached supporting documentation for Objection Letter #2 which includes an updated pdf version of the Excel response with items deemed confidential labeled as such.

Thanks,
Eric Bachner

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #2
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #2.pdf Support for L&E Objection #2- NO LINKS redacted.pdf
Previous Version	
Satisfied - Item:	*Response to Objection Letter #2*
Comments:	
Attachment(s):	*Support for L&E Objection #2- NO LINKS redacted.pdf* *Response to 2017 VT Exchange Objection #2.pdf*

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Amendment Letter

Submitted Date: 06/10/2016

Comments:

Please see the attached amendment which contains MVP's reponses to L&E's Objection #2, dated 6/7/16.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #2
Comments:	
Attachment(s):	Support for L&E Objection #2- NO LINKS redacted.pdf Response to 2017 VT Exchange Objection #2.pdf

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Amendment Letter

Submitted Date: 06/01/2016

Comments:

Please see the attached supporting documentation items which include MVP's response to L&E's 5/18/16 Objection Letter.

Sincerely,
Matt Lombardo

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #1
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #1.pdf Support for L&E Objection #1- NO LINKS.pdf Support for L&E Objection #1- NO LINKS.xlsx

State:	*VermontGMCB*	**Filing Company:**	*MVP Health Plan, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*		
Product Name:	*VT 2017 Exchange Filing Rates*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Eric Bachner on 07/08/2016 11:16 AM

Last Edited By:

Eric Bachner

Submitted On:

07/08/2016 11:16 AM

Subject:

Request For Confidentiality- Objection Letter #6 Question #1

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential financial information which would result in a competitive disadvantage if our competitors were to learn these results. The file contains detailed financial information based on benefits being offered. If our competitors were to learn this information, they could modify their products to match the benefits which are generating risk adjustment receipts for MVP and also identify plan designs which are generating risk adjustment payments to CMS. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Note To Reviewer

Created By:

Eric Bachner on 06/15/2016 10:56 AM

Last Edited By:

Eric Bachner

Submitted On:

06/15/2016 10:56 AM

Subject:

Updated Request For Confidentiality- Objection Letter #2 Question #5

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential provider contract negotiations between MVP and different providers, disclosure of which would not only violate contractual agreements with those providers, but would result in competitive disadvantage if our competitors were to learn the results of these negotiations. Also, it would harm MVP's future ability to negotiate with these providers, as they could become aware of discounts negotiated with other similarly situated providers, also harming MVP's competitive advantage. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State:	*VermontGMCB*	**Filing Company:**	*MVP Health Plan, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*		
Product Name:	*VT 2017 Exchange Filing Rates*		
Project Name/Number:	*/*		

Note To Reviewer

Created By:

Eric Bachner on 06/14/2016 08:21 AM

Last Edited By:

Eric Bachner

Submitted On:

06/14/2016 08:21 AM

Subject:

Request For Confidentiality- Objection Letter #2 Question #5

Comments:

We make a request for confidentiality pursuant to 1 V.S.A. § 317 (c)(9), and ask that the designated information remain confidential and not subject to disclosure under Vermont’s public records law. The disclosure of this information, which is derived from MVP's proprietary contract negotiations with providers would put our organization at a competitive disadvantage. The public disclosure of this information will potentially result in increased premiums for Vermonters.

Sincerely,
Eric Bachner

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2017 Exchange Filing Rates*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 2.400%
Effective Date of Last Rate Revision: 01/01/2016
Filing Method of Last Filing: SERFF

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):
MVP Health Plan, Inc.	Increase	8.770%	8.770%	$2,981,952	2,987	$34,016,356	13.510%	3.510%

Rate Review Detail

COMPANY:

Company Name: MVP Health Plan, Inc.
HHS Issuer Id: 77566

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	3006
Vermont HMO Contract Ind	77566VT004	77566VT004	3608

Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: VT Exchange COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 127,171
Benefit Change: Increase
Percent Change Requested: Min: 3.51 Max: 13.51 Avg: 8.77

PRIOR RATE:

Total Earned Premium: 34,016,356.00
Total Incurred Claims: 29,832,344.00
Annual $: Min: 3,168.96 Max: 7,925.04 Avg: 5,143.08

REQUESTED RATE:

Projected Earned Premium: 36,998,308.00
Projected Incurred Claims: 33,446,470.00
Annual $: Min: 3,454.68 Max: 8,480.28 Avg: 5,593.94

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	MVP Vermont Essential Health Benefits.pdf Rate Increase Exhibit 2016-2017 SERFF.pdf Rate Increase Exhibit 2016-2017 SERFF.xlsx Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.pdf Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.xlsx 2017 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2017 SERFF.xlsx Coverage Month Adjustments 2017 Exchange SERFF.pdf Coverage Month Adjustments 2017 Exchange SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Gold & Bronze Plans - 2017.pdf VT 2017 Exchange Rate Filing - v01 SERFF.pdf VT 2017 Exchange Rate Filing - v01 SERFF.xlsx VT Exchange 2017 Non-Standard AV Calc Screenshots.pdf VT Standard Plan Designs - AV Certification 2016-05-09 Updated HDHP Req.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2017FederalActMemoVermontExchange.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP complies with the requirements of this regulation.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2017 VT Exchange.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Comments:	
Attachment(s):	Certification of Compliance - VT.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT VT Exchange 2017.pdf UnifiedRateReviewSubmission_2016051015238 VT Exchange 2017.xml URRT VT Exchange 2017.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #1
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #1.pdf Support for L&E Objection #1- NO LINKS.pdf Support for L&E Objection #1- NO LINKS.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #2
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #2.pdf Support for L&E Objection #2- NO LINKS redacted.pdf Support for L&E Objection #2 Question #5 UPDATED redacted.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #3
Comments:	

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2017 Exchange Filing Rates
Project Name/Number: /

Attachment(s):	Response to 2017 VT Exchange Objection #3.pdf Support for L&E Objection #3- NO LINKS.pdf Support for L&E Objection #3- NO LINKS.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #4
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #4.pdf Support for L&E Objection #4- NO LINKS.xlsx Support for L&E Objection #4- NO LINKS.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #5
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #5.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #6
Comments:	
Attachment(s):	Response to 2017 VT Exchange Objection #6.pdf Support for L&E Objection #6- REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Proposed Rate Modificaton
Comments:	
Attachment(s):	MVP Proposed Rate Modification - July 13, 2016.PDF
Item Status:	
Status Date:	

Attachment Rate Increase Exhibit 2016-2017 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2017 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Coverage Month Adjustments 2017 Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2017 Exchange Rate Filing - v01 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2016051015238 VT Exchange 2017.xml is not a PDF document and cannot be reproduced here.

Attachment URRT VT Exchange 2017.xlsm is not a PDF document and cannot be reproduced here.

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Attachment Support for L&E Objection #3- NO LINKS.xlsx is not a PDF document and cannot be reproduced here.

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March 18, 2013

To Kathleen Fish, Matt Lombardo (MVP)
From Howard Kahn (Milliman)
Subject Vermont EHB Pricing

As requested, we have estimated the cost of the following benefits included by Vermont in its Essential Health Benefits (EHB) package:

- Private duty nursing
- Sterilization Reversal
- Couples therapy
- Wigs
- Pediatric vision

MVP Health Care's (MVP) does not currently offer these benefits in Vermont.

In addition, we have:

- Estimated the annual visit limit equivalent to an annual $2,000 limit for private duty nursing.
- Estimated the impact of removing contractual limits on days in a skilled nursing facility (SNF) and home health care visits.

Results

Our estimates for the incremental 2014 allowed Per Member Per Month (PMPM) cost, assuming a standard population, for each of the additional benefits are:

Benefit	Estimated 2014 Allowed PMPM
Private Duty Nursing	$0.31
Sterilization Reversal	$0.00
Couples Therapy	$0.60
Wigs	$0.02
Pediatric Vision	$1.46

In addition, we estimate:

- A 4 visit annual limit is equivalent to a $2,000 annual limit for private duty nursing in 2014.
- Increasing SNF day limits of 30, 45, 60, and 120 to unlimited results in an insignificant increase to the paid PMPM.
- Increasing home health visit limits of 40, 60, and 200 to unlimited results in an insignificant increase to the paid PMPM.

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Methodology

Private Duty Nursing

Using the 2010 Truven Health Analytics MarketScan Commercial database (MarketScan)[1] for the Northeast region we identified all claims for the following codes provided by MVP with a place of service equal to 12:

- HCPCS
  - S9123
  - S9124
  - T1000
  - T1002
  - T1003
  - T1030
  - T1031

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's Health Cost Guidelines (HCGs)[2] for 4 years.

Sterilization Reversal

Using the 2010 MarketScan Commercial database we identified all claims for the following codes provided by MVP:

- HCPCS
  - 55400
  - 58750
  - 58752
  - 58760
  - 58770
- ICD-9 Diagnosis Codes (primary position)
  - V26.0
  - V26.22

[1] This database contains all paid claims generated by approximately 35 million commercially insured lives. The MarketScan database represents the inpatient and outpatient healthcare service use of individuals nationwide who are covered by the benefit plans of large employers, health plans, government, and public organizations. The MarketScan database links paid claims and encounter data to detailed patient information across sites and types of providers, and over time. The annual medical database includes private sector health data from approximately 100 payers.

[2] The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The HCGs are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

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- ICD-9 Procedure Codes
  - 63.82
  - 66.79

The total number of services for these codes in nationwide 2010 MarketScan was insignificant with a resulting allowed PMPM of almost $0.00. Therefore, we estimate that the addition of this benefit will not materially increase claims costs.

Couples Therapy

Using the 2010 MarketScan Commercial database we identified all claims for the following codes:

- HCPCS
  - 90847
  - 99510
- ICD-9 Diagnosis Code (primary position)
  - V61.10

We refined the list of codes provided by MVP to include only codes which we believe represent couple therapy services.

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years and applied the psychiatric area factor of 1.04 recommended by Milliman's HCGs for Vermont.

Wigs

Vermont is including wigs in its EHB when hair loss is due to disease or chemotherapy. Since wigs are not a commonly offered benefit, we are unable to derive credible utilization rates from the MarketScan database. Instead, we refer to other published literature to estimate the incremental cost for wigs due to chemotherapy, assuming no additional cost for other diseases:

2014 Allowed Wig PMPM Development		**Source**
Cancer Incidence (Under 65)	0.22%	http://seer.cancer.gov/statfacts/html/all.html
Probability of Losing Hair Under Chemo	65%	http://www.derma-haarcenter.ch/files/Directory/Publikationen/Chemotherapy.pdf
Percent Female	48%	http://seer.cancer.gov/statfacts/html/all.html
2014 Unit Cost for Wigs	$379.31	2010 Nationwide MarketScan (HCPCS A9282, trended annually at 6%)
2014 PMPY	$0.26	
2014 PMPM	**$0.02**	

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Pediatric Vision

Vermont is including pediatric vision (to age 21) in its EHB:

- 1 vision exam per year
- $150 per year for vision hardware

We priced out the additional allowed PMPM cost for these benefits by calibrating our 2013 HCGs to Vermont and assuming 120% of Medicare reimbursement.

Annual visit limit for private duty nursing

To convert an annual dollar limit to an annual visit limit for private duty nursing services, we develop a claims probability distribution from 2010 MarketScan for Northeast states. We used the codes described above to identify private duty nursing procedures.

The probability distribution table shown in Exhibit 1 represents 2010 claims trended by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years. The table estimates the probability that the allowed cost for a private duty nursing visit will fall within certain ranges.

Based on a simulation of 10,000 trials, we estimated that 4.20 visits on average will exceed $2,000.

Benefit Relativities for increased contractual limits on skilled nursing facility (SNF) and home care

MVP currently offers plans in Vermont that have:

- SNF day limits of 30, 45, 60 and 120
- Home health care visit limits of 40, 60 and 200

Using the 2013 SNF length of stay tables found in the HCGs, adjusted for Milliman's standard plan design (80/20 coinsurance with a $500 deductible) and Vermont's utilization and unit cost, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for day in SNF is removed.

Since the HCGs do not have home health care visit distributions, we developed a probability distribution for members utilizing home health care from 2010 MarketScan for Northeast states. Based on these results, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for home health care visits is removed.

Data Reliance

We relied on the following files provided by MVP:

- VermontNewBenefits.pdf
- Codes for VT Exchange Benefits.xlsx

Additional Notes and Caveats

Our models are based on the assumptions listed above and the data you have provided to us. If you believe any of our assumptions are incorrect, please let us know and we will amend our models accordingly. Actual experience will vary from expected.

This memo has been produced for the sole benefit of MVP and is not for distribution outside MVP.

Howard Kahn is employed by Milliman, Inc. and is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion in this report.

cc: Rob Parke (Milliman)

Exhibit 1
MVP Health Care
Private Duty Nursing Simulation
Converting $2,000 Annual Dollar Limit to Visit Limit

Private Duty Nursing Probability Distribution*

Lower Bound	Upper Bound	2014 Average Allowed Unit Cost per Visit	Visits	Probability
$0	$25	$16.64	30	0.1%
$26	$50	$39.34	139	0.4%
$51	$76	$68.21	696	2.2%
$77	$101	$91.10	823	2.6%
$102	$126	$115.51	3,362	10.6%
$127	$158	$142.00	2,809	8.9%
$159	$189	$176.64	737	2.3%
$190	$221	$208.01	772	2.4%
$222	$252	$233.14	1,061	3.3%
$253	$316	$282.19	1,855	5.8%
$317	$379	$353.86	1,445	4.6%
$380	$442	$410.23	1,577	5.0%
$443	$505	$477.77	1,766	5.6%
$506	$631	$574.33	3,214	10.1%
$632	$757	$708.05	1,809	5.7%
$758	$884	$826.84	1,201	3.8%
$885	$1,010	$955.95	1,791	5.6%
$1,011	$1,136	$1,060.72	1,698	5.4%
$1,137	$1,262	$1,190.31	1,021	3.2%
$1,263	$1,389	$1,324.64	820	2.6%
$1,390	$1,515	$1,484.55	727	2.3%
$1,516	$1,641	$1,577.93	878	2.8%
$1,642	$1,767	$1,700.09	489	1.5%
$1,768	$1,894	$1,831.38	226	0.7%
$1,895	$2,020	$1,966.49	74	0.2%
$2,021	$2,146	$2,096.32	129	0.4%
$2,147	$2,272	$2,261.47	205	0.6%
$2,273	$2,399	$2,349.88	60	0.2%
$2,400	$2,525	$2,481.25	33	0.1%
$2,526		$4,954.81	267	0.8%

Number of Simulation Trials	**10,000**
Average Number of Visits to Meet $2,000 Threshold	**4.20**

*Data represents 2010 MarketScan trended at 6% annually to 2014

MVP Health Care Derivation of 2017 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of March 2016

	NON-STANDARD PLANS					STANDARD PLANS											
	GOLD		SILVER		BRONZE	PLATINUM	GOLD	SILVER				BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
			CSR	Non-CSR				CSR		Non-CSR							
	HDHP	Non-HDHP						HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP				
2017 Proposed Rates																	
Single Rate	$556.91	$614.92	$493.11	$493.11	$425.59	$706.69	$632.24	$515.58	$547.16	$515.58	$547.16	$432.15	$427.50	$287.89			
Couple Rate	$1,113.82	$1,229.84	$986.22	$986.22	$851.18	$1,413.38	$1,264.48	$1,031.16	$1,094.32	$1,031.16	$1,094.32	$864.30	$855.00	$575.78			
Adult and Child(ren) Rate	$1,074.84	$1,186.80	$951.70	$951.70	$821.39	$1,363.91	$1,220.22	$995.07	$1,056.02	$995.07	$1,056.02	$834.05	$825.08	$555.63			
Family Rate	$1,564.92	$1,727.93	$1,385.64	$1,385.64	$1,195.91	$1,985.80	$1,776.59	$1,448.78	$1,537.52	$1,448.78	$1,537.52	$1,214.34	$1,201.28	$808.97	$36,998,308	$466.16	$5,593.94
2016 Approved Rates																	
Single Rate	$510.53	$574.85	$476.39	$476.39	$391.36	$660.42	$588.71	$468.05	$493.38	$468.05	$493.38	$380.71	$392.45	$264.08			
Couple Rate	$1,021.06	$1,149.70	$952.78	$952.78	$782.72	$1,320.84	$1,177.42	$936.10	$986.76	$936.10	$986.76	$761.42	$784.90	$528.16			
Adult and Child(ren) Rate	$985.32	$1,109.46	$919.43	$919.43	$755.32	$1,274.61	$1,136.21	$903.34	$952.22	$903.34	$952.22	$734.77	$757.43	$509.67			
Family Rate	$1,434.59	$1,615.33	$1,338.66	$1,338.66	$1,099.72	$1,855.78	$1,654.28	$1,315.22	$1,386.40	$1,315.22	$1,386.40	$1,069.80	$1,102.78	$742.06	$34,016,356	$428.59	$5,143.08
2017 Proposed Rate Increases																	
Single Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Couple Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Adult and Child(ren) Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Family Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%	**8.8%**	**Total Revenue Change**	
March 2016 Contracts																	
Single Rate	206	60	90	279	145	288	80	24	46	244	263	459	777	42			
Couple Rate	69	14	21	71	52	100	21	4	14	41	63	90	210	2			
Adult and Child(ren) Rate	15	2	1	10	3	20	7	0	0	7	12	27	20	0			
Family Rate	57	19	2	23	22	74	13	0	3	44	36	74	87	1			
Total	**347**	**95**	**114**	**383**	**222**	**482**	**121**	**28**	**63**	**336**	**374**	**650**	**1,094**	**45**			
2017 Proposed PMPY Revenue	$5,938.00	$6,267.88	$5,815.23	$5,574.31	$4,812.36	$7,486.91	$6,979.92	$6,186.96	$6,293.36	$5,521.18	$5,975.92	$4,681.02	$4,854.71	$3,441.28			
2016 Approved PMPY Revenue	$5,443.48	$5,859.44	$5,618.05	$5,385.31	$4,425.30	$6,996.71	$6,499.36	$5,616.60	$5,674.79	$5,012.19	$5,388.55	$4,123.83	$4,456.67	$3,156.67			

MVP Health Care Derivation of 2017 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant + Mapped Non-ACA Members as of March 2016

	NON-STANDARD PLANS					STANDARD PLANS											
	GOLD		SILVER		BRONZE	PLATINUM	GOLD	SILVER				BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
			CSR	Non-CSR				CSR		Non-CSR							
	HDHP	Non-HDHP						HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP				
2017 Proposed Rates																	
Single Rate	$556.91	$614.92	$493.11	$493.11	$425.59	$706.69	$632.24	$515.58	$547.16	$515.58	$547.16	$432.15	$427.50	$287.89			
Couple Rate	$1,113.82	$1,229.84	$986.22	$986.22	$851.18	$1,413.38	$1,264.48	$1,031.16	$1,094.32	$1,031.16	$1,094.32	$864.30	$855.00	$575.78			
Adult and Child(ren) Rate	$1,074.84	$1,186.80	$951.70	$951.70	$821.39	$1,363.91	$1,220.22	$995.07	$1,056.02	$995.07	$1,056.02	$834.05	$825.08	$555.63			
Family Rate	$1,564.92	$1,727.93	$1,385.64	$1,385.64	$1,195.91	$1,985.80	$1,776.59	$1,448.78	$1,537.52	$1,448.78	$1,537.52	$1,214.34	$1,201.28	$808.97	$54,428,038	$466.15	$5,593.84
2016 Approved Rates																	
Single Rate	$510.53	$574.85	$476.39	$476.39	$391.36	$660.42	$588.71	$468.05	$493.38	$468.05	$493.38	$380.71	$392.45	$264.08			
Couple Rate	$1,021.06	$1,149.70	$952.78	$952.78	$782.72	$1,320.84	$1,177.42	$936.10	$986.76	$936.10	$986.76	$761.42	$784.90	$528.16			
Adult and Child(ren) Rate	$985.32	$1,109.46	$919.43	$919.43	$755.32	$1,274.61	$1,136.21	$903.34	$952.22	$903.34	$952.22	$734.77	$757.43	$509.67			
Family Rate	$1,434.59	$1,615.33	$1,338.66	$1,338.66	$1,099.72	$1,855.78	$1,654.28	$1,315.22	$1,386.40	$1,315.22	$1,386.40	$1,069.80	$1,102.78	$742.06	$49,964,321	$427.92	$5,135.08
2017 Proposed Rate Increases																	
Single Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Couple Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Adult and Child(ren) Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Family Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%	**8.9%**	**Total Revenue Change**	
March 2016 Contracts																	
Single Rate	846	153	90	279	145	371	80	24	46	304	263	661	777	42			
Couple Rate	199	48	21	71	52	119	21	4	14	54	63	129	210	2			
Adult and Child(ren) Rate	39	5	1	10	3	22	7	0	0	15	12	34	20	0			
Family Rate	267	37	2	23	22	111	13	0	3	84	36	127	87	1			
Total	**1,351**	**243**	**114**	**383**	**222**	**623**	**121**	**28**	**63**	**457**	**374**	**951**	**1,094**	**45**			
2017 Proposed PMPY Revenue	$5,710.40	$6,526.32	$5,815.23	$5,574.31	$4,812.36	$7,300.85	$6,979.92	$6,186.96	$6,293.36	$5,342.49	$5,975.92	$4,640.89	$4,854.71	$3,441.28			
2016 Approved PMPY Revenue	$5,234.83	$6,101.04	$5,618.05	$5,385.31	$4,425.30	$6,822.83	$6,499.36	$5,616.60	$5,674.79	$4,849.98	$5,388.55	$4,088.48	$4,456.67	$3,156.67			

March 2016 Non-ACA Membership by Actuarial Value, Mapped to 2017 VT Exchange Plans

		Average AV, Current Plan	0.730		Average AV, Mapped Plan	0.726	
Medical Coplan	**Rx Coplan**	**HDHP/Non-HDHP**	**Current Plan AV**	**Assumed Metal Level**	**Exchange Mapped Plan**	**Mapped Plan AV**	**Members**
VE054L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	21
VE054L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	30
VE054L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	18
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	17
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	2
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	36
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	24
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	3
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	2
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	4
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	14
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	34
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	2
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	12
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	11
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	40
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	7
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	26
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	37
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	71
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	12
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	12
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	26
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	83
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	5
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	32
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	66
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	31
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	2
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	23
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	12
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	79
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	4
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	60
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	18
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	56
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	20
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	20
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	67
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	24
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	81
VE003S	No Rx Benefit	Non-HDHP	0.941	Platinum	Platinum Standard HMO	0.879	1
VE003S	V500S	Non-HDHP	0.916	Platinum	Platinum Standard HMO	0.879	15
VE003S	V500S	Non-HDHP	0.916	Platinum	Platinum Standard HMO	0.879	1
VE003S	V502S	Non-HDHP	0.898	Platinum	Platinum Standard HMO	0.879	1
VE004S	No Rx Benefit	Non-HDHP	0.936	Platinum	Platinum Standard HMO	0.879	8
VE004S	V500S	Non-HDHP	0.911	Platinum	Platinum Standard HMO	0.879	4
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	3
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	1
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	2
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	15
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	2
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	2
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	1
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	6
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	332
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	22
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	1
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	96
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	191
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	10
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	56
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	206
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	148
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	68
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	8
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	24
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	65
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	10
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	34
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	67
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	108
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	28
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	6
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	5
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	2
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	12
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	3

VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	27
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	8
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	30
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	13
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	1
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	12
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	20
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	34
VEHD-07S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	1
VEHD-08S	In base	HDHP	0.710	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	10
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-14S	In base	HDHP	0.714	Silver	Silver HDHP HMO Standard	0.692	5
VEHD-14S	In base	HDHP	0.714	Silver	Silver HDHP HMO Standard	0.692	4
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.683	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	10
VEHD-15S	In base	HDHP	0.683	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	4
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-17S	In base	HDHP	0.690	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-19S	In base	HDHP	0.640	Bronze	Silver HDHP HMO Standard	0.586	6
VEHD-19S	In base	HDHP	0.640	Bronze	Silver HDHP HMO Standard	0.586	5
VEHD-19S	In base	HDHP	0.659	Bronze	Silver HDHP HMO Standard	0.692	5
VEHD-19S	In base	HDHP	0.659	Bronze	Silver HDHP HMO Standard	0.692	2
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	57
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	12
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	20
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	2
VEHD-49S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	3
VEHD-49S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	2
VPHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	9
VPHD-04S	In base	HDHP	0.767	Gold	Gold HDHP Non-Standard	0.736	2
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	64
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	8
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	8
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	11

Contact Information

Company Information

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HIOS Issuer ID:	77566
NAIC Number:	95521

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ACTUARIAL MEMORANDUM
2017 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2017 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2017 and 12/31/2017. There are no benefit plans being retired, and there are no new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2016 to 2017. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the $2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 2,987 policyholders, 4,354 subscribers and 6,614 members based on March 2016 membership.

Experience Period Claims

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set. All grandfathered and non-grandfathered membership that will be eligible to purchase these policy forms in 2017 was included. There were no products excluded. MVP Health Plan, Inc. and MVP Health Insurance Co. reimburse providers at the same rate so no adjustments were made to the experience period data for fee schedule differences between the two companies.

MVP combined the experience of these separate pools of data to form a more credible experience base. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/15 and 12/31/15, completed as of 3/31/16. The experience period data complies with the single risk pool requirement of the Federal ACA.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid

index rate PMPM separately for non-ACA compliant data separated by the Agriservices Association, pre-ACA small group, pre-ACA individual, and pre-ACA large groups with 51-100 employees as well as ACA compliant small group and individual data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts

	Agriservices & Pre-ACA Large Group 51-100	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Post-ACA Small Group	Post-ACA Individual
Other Medical Expenses not in claim warehouse	$2.31	$1.82	$1.55	$3.32	$2.14
Dental	$0.00	$0.00	$0.05	$1.02	$0.25
GME	$0.40	$0.00	$0.14	$0.13	$0.00
Net Reinsurance Expense	$0.78	$0.64	$0.64	$0.64	($4.79)
Wellstyle Rewards	$0.90	$0.00	$0.64	$0.01	$0.00
Medical Home and PCP Incentive	$4.65	$10.06	$5.56	$4.71	$5.29
Value Options Cap	($0.17)	($0.50)	($0.21)	($0.12)	($0.14)
Lab Cap	$0.00	$0.00	$0.00	$0.15	$0.10
Chiropractic Cap	$0.00	$0.00	$0.00	$0.70	$0.81
Healthways and ASH Cap	$2.43	$3.57	$2.29	$2.37	$2.86
Total	$11.30	$15.58	$10.65	$12.92	$6.52

*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 * 1.249% + the applicable value shown above.

Adjustments to Experience Period Claims

Line 3 of Exhibit 3 contains a $6.65 PMPM claims settlement fee accrual that will be paid to a VT provider for 2015 dates of service. This amount will be processed through MVP's claim system in the future and as a result is factored into the medical trend calculations for this rate filing. The total estimated value of this payment was divided by total commercial member months in 2015 to arrive at the PMPM amount captured in Line 3.

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2015 dates of service. MVP's claim system processes CSR member claims to reflect MVP's expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 4 of Exhibit 3.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

Experience period Rx rebates are reflected in line 8 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period.

Category for Rating	Rx Rebates	Rx Claims	Rebate %
Agriservices	($124,490)	$636,847	-19.5%
Pre-ACA Individual Indemnity	($5,983)	$25,591	-23.4%
Pre-ACA Small Group	($174,908)	$1,321,376	-13.2%
Large Group 51-100	($177,276)	$1,208,980	-14.7%
ACA Compliant	($442,999)	$3,246,012	-13.6%
Total	($925,655)	$6,438,806	-14.4%

To account for volatility in high cost claims, claims in excess of $100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 17.1% was determined by computing the annual average cost of claims in excess of $100,000 relative to claims less than $100,000 for the eligible population between 2013 and 2015. Note that claims were capped at MVP's corporate reinsurance attachment point of $675,000 as MVP will not be at risk for these claim amounts. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
2013	16.6%
2014	14.9%
2015	19.7%
Average	17.1%

Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim cost were necessary to adjust for benefit changes included in the EHB Benchmark plan as well as other factors not yet reflected in the experience period. The adjustments are explained below.

Adjustment for Average Policy Duration Reflected in Experience Period

MVP is making an adjustment to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most of these products, paid claims are suppressed in the early months of a member's contract and are higher than average in later contract months. Therefore if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors.

An upward adjustment was required to Agriservices' data as well as the ACA Compliant Small Group and Individual data due to MVP's membership in these pools being more heavily weighted towards earlier contract months. Offsetting a portion of these increases is a downward adjustment to non-ACA compliant Individual, Small Group, and Large Group 51-100 claims which were more heavily weighted towards later contract months.

The impact of these adjustments can be found in lines 15 and 16 of Exhibit 3. Please see the attached file, "Coverage Month Adjustments 2017 Exchange SERFF.xlsx" which provides a calculation of these factors for each cohort.

Adjustments to Meet EHB Requirements

Benefits Added

Several new covered benefits need to be accounted for in Non-ACA compliant plans which include: pediatric dental, pediatric vision, disposable medical supplies, wigs, sterilization reversal, couples therapy, private duty nursing and removing limitations for SNF and Home Care.

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2015 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2017. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. Milliman provided these costs on an allowed basis and MVP converted them to paid amounts by multiplying the allowed amount times the experience period paid to allowed ratio of members enrolled in non-ACA compliant plans. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 264 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

Benefits Removed

Non-ACA compliant data includes benefits that are not covered in MVP's ACA compliant plans either as a standard covered benefit or via an optional rider. These benefits include: elective abortion and vision exams/hardware. The cost of these benefits was removed from the Non-ACA compliant data in the experience period.

The net impact of the claim cost adjustments to the projected incurred claim costs are illustrated on Lines 17 and 18 of Exhibit 3. Please see below for detail on these calculations:

Derivation of Medical EHB Adjustments for Non-ACA Compliant Data

Benefits Added	PMPM
Pediatric Dental	$0.65
Pediatric Vision	$0.04
Disposable Supplies	$0.11
Other*	$0.73
Benefits Removed	
Elective Abortion	($0.01)
Vision Exams and Hardware	($0.05)
Total	$1.47

*Please see attached Milliman Actuarial Memorandum

Derivation of Rx EHB Adjustment to Non-ACA Compliant Small Group Data

1	Total Non-ACA Compliant Small Group MM	26,592
2	Non-ACA Compliant Small Group MM without Rx	264
3	Rx Incurred Claims PMPM for Non-ACA Small Group with Rx Coverage	$49.69

4	Projected Rebate % for Block	-13.2%
5	PMPM Adjustment to Meet Rx EHB Requirement	$0.43
	*Line 5 = 3 * 2 / 1 * (1 + 4)*	

Adjustment for $1,300 Rx Out of Pocket Maximum (Bill H559)

Bill H559 was effective beginning with October 2012 renewals. Included in this regulation is an out of pocket maximum for prescription drug expenses. All of the claim adjustments attributable to Bill H559 are not being processed within MVP's claim system during the experience period for this rate filing. Therefore, an adjustment to the experience period claims is needed. To quantify the impact of this mandate, MVP analyzed member level drug claims for members with a January renewal month (107,073 member months) as this approach ensured member cost-share was not captured over two contract periods. The PMPM impact of Bill H559 was computed for each of the cohorts of data shown in Exhibit 3, and these amounts are reflected in line 19.

Adjustment for Experience Period vs Projection Period Membership Characteristics

MVP has modified its methodology used to compute the change in the single conversion factor from the 2016 Exchange filing. Previously, the experience period membership mix was being used to determine the change in the single conversion factor. For this rate filing, March 2016 membership for the population eligible to purchase these products in 2017 is being used to determine the single conversion factor for the rating period. Because the experience period data represents a different set of membership than the current snapshot, an additional adjustment is being made to the claim projection to account for changes in the average HHS age factor between the experience period and the current snapshot. The adjustment factor was determined for each cohort shown in Exhibit 3, and the cohort specific adjustment can be found in line 20.

Cohort	March 2016 Members	March 2016 HHS Age Factor	Experience Period Members	Experience Period HHS Age Factor	Change in HHS Age Factor
Non-ACA Compliant Large Group 51-100	461	1.594	19,417	1.509	1.056
ACA Compliant Small Group	3,006	1.578	27,395	1.583	0.997
ACA Compliant Individual	3,608	1.732	37,527	1.705	1.016
Non-ACA Compliant Small Group	1,972	1.572	26,592	1.567	1.003
Non-ACA Compliant Individual Indemnity	0	n/a	1,593	1.991	n/a
Non-ACA Compliant Agriservices	683	1.668	14,648	1.666	1.001
Total	9,730	1.641	127,172	1.619	1.013

Medical Trend Factors

The development of annual medical paid claim trend factors for 2016 and 2017 is illustrated in Exhibit 2a. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's VT book of business. Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 2.5%. The annual paid leveraging factor is 0.2% which results in an average annual paid FFS medical trend of 2.8% which can be found in line 22 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP specific data over the experience period by drug class. MVP's PBM provided two trend reports using MVP's data: Small Group and Individual combined as well as Large Group. Small group and Individual data was not separated as these blocks alone would not have been credible enough to produce a reliable forecast. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2016 can be found in Exhibit 2b. The trends applied to each of the blocks of data in Exhibit 2b were determined based on how the PBM allocated drug claims in their forecast; Large Group 51-100 and Agriservices data are being trended using the Large Group forecast while the remaining blocks were trended using the Small Group and Individual trends.

MVP received 2016 Rx rebate information from its PBM and has assumed that 2017 rebates per script will match the 2016 rebates per script. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals $10.44 PMPM across all blocks in 2017.

The average annual allowed Rx trend in this filing is 11.6%, and the average annual paid Rx trend net of Rx rebates is 12.2% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [line 6 * line 22 + line 9 * line 23] / [line 6 + line 9].

Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Capitation and Non-FRDM Expense Reflected in Rate Filing	
Other Medical Expense not in warehouse	$1.27
Chiro Cap	$0.71
Net Reinsurance Expense	$0.20
Medical Home and PCP Incentive (VT Blueprint)	$3.15
Total	$5.33

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2017 and equal 0.999%.

Federal Risk Adjustment Program

For 2014 dates of service, MVP paid $44.58 PMPM into the risk adjustment program. MVP compared its 2014 ACA compliant membership to its 2015 ACA compliant membership and determined that 80.6% of the 2015 members were enrolled in MVP's ACA compliant plans in 2014. Additionally, MVP reviewed VHC enrollment figures from December 2014 and December 2015 and determined that the overall market has not changed substantially; there were 67,677 members enrolled in VHC in December 2014 vs 68,045 members in December 2015. Because MVP's membership in ACA compliant plans has not changed materially and the total market membership has not changed substantially between 2014 and 2015, MVP does not anticipate its relative risk position to change from being a payer to a receiver from 2014 to 2015 dates of service. That being said, it is worth noting that risk scores are heavily influenced by months of enrollment, and 2014 data is heavily skewed by the extended open enrollment period where many members did not enroll until May. Because of the factors described above and the uncertainty caused by the extended open enrollment period in 2014, MVP is assuming a risk adjustment payment equal to 2/3 of the 2014 risk adjustment payment PMPM, or $29.42. Please see line 30 of Exhibit 3.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 31 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2017. This is the starting net claim cost that will be used to set 2017 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

$$\textbf{Adjusted Claim Cost For Pricing (see Exhibit 6)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 31 of Exhibit 3)}}{\text{[Avg Inforce Actuarial Value * Avg Inforce Induced Utilization Factor]}}$$

$$\textbf{Plan Specific Net Claim Cost PMPM (see Exhibit 6)} = \text{Adjusted Claim Cost for Pricing * Benefit Actuarial Value * Plan Induced Utilization Factor}$$

The Plan Specific Gross Claim Cost PMPM for each plan is derived by making adjustments to the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.711 and can be found in Exhibit 6.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for

Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.045 and can be found in Exhibit 6.

Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

Federal Taxes PMPM based

A total of $0.33 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: $0.13 HHS risk adjustment user fee and $0.20 Patient Centered Outcome Research Fee.

State Taxes PMPM based – Assessment to Fund Health Care Advocate

Recent legislation has been proposed which will assess carriers and hospitals to fund the Health Care Advocate. The total assessment equals $510,000 with 24.2%, or $123,420, of it being funded by health insurance companies licensed under 8 V.S.A. Chapter 101. The assessment will be allocated amongst carriers under this license based on earned premium. MVP reviewed the earned premium reported on the 2015 Supplemental Health Care Exhibits for carriers under this license and estimates that MVP will be responsible for 56.7% of the assessment, or approximately $70,000. Based on MVP's March 2016 total commercial enrollment in the State of Vermont, $0.49 PMPM is being added to the proposed premium rates for this assessment.

Federal Taxes Premium based

The ACA Insurer Tax is being suspended for 2017 dates of service. Due to the one year suspension of this fee, there is no charge reflected in the proposed 2017 premium rates for this tax.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is unchanged from the 2016 Exchange filing and equals $36.60 PMPM. This amount includes $1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining $35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2015 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, $3.51 PMPM of the $35.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2013, 2014, and 2015 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2013	$39.37
Small Group	2013	$47.28
Combined	2013	$46.57
Individual	2014	$45.43
Small Group	2014	$43.01
Combined	2014	$43.87
Individual	2015	$36.66
Small Group	2015	$34.04
Combined	2015	$35.15

**Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

Contribution to Reserves/Risk Charge
MVP is building a 1% contribution to reserves/risk charge into the VT Exchange premium rates for 2017. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense
A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2016 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)
Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to $50 per year in incentives. MVP projects the net cost of this benefit to equal $0.07 PMPM and is unchanged from the cost of this rider in 2016.

Catastrophic Plan Adjustment
An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2016, 43 of the 45 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.642 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.039
Single Risk Pool Total	1.619
Catastrophic Adjustment	0.642

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of March 2016. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.6%.

Target Loss Ratio for 2017 VT Exchange

A) Claims Expense	$433.34
B) Taxes/Assessments	$3.22
C) Quality Improvement	$3.51
D) Premium	$479.87
E) Traditional Loss Ratio *= A) / D)*	90.3%
F) Federal Loss Ratio *= [A) + C)] / [D) - B)]*	91.6%

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2015 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3. The data presented below does not reflect the impact of the Federal Risk Adjustment or Risk Corridor programs.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
Non-ACA Compliant Agriservices	14,648	$367.44	$350.37	$24.20	$3.52	104.9%	113.7%
Non-ACA Compliant Individual Indemnity	1,593	$224.37	$244.74	$38.85	$3.65	91.7%	110.7%
Non-ACA Compliant Small Group	26,592	$393.44	$406.30	$32.48	$3.47	96.8%	106.2%
Non-ACA Compliant Large Group 51-100	19,417	$364.62	$405.39	$24.99	$4.62	89.9%	97.1%
ACA Compliant Small Group	27,395	$378.44	$425.40	$9.48	$3.46	89.0%	91.8%
ACA Compliant Individual	37,526	$319.82	$401.78	$9.45	$3.72	79.6%	82.5%
Small Group + Individual Single Risk Pool	127,171	$358.97	$400.48	$18.71	$3.73	89.6%	95.0%

Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of March 2016, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the March 2016 enrollment of the population eligible to purchase these products, or 9,730 members. On Worksheet 2 of the URRT, members currently enrolled in non-ACA compliant plans are mapped to ACA compliant plans using the actuarial value of the member's current plan using MVP's benefit

relativity model and the product type of the member's current benefit (QHDHP vs non-QHDHP). Members were then mapped to the ACA compliant plan of the same product type with the actuarial value closest to their current plan.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount 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 Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

_____ 05/11/2016

Matthew Lombardo, FSA, MAAA Date
Associate Director, Actuarial Services
MVP Health Care, Inc.

Agriservices

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09
$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13
$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.23
$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$250	1.7%	1.7%	1.7%	1.7%	1.6%	1.7%	1.7%	1.7%	1.7%	1.7%	1.6%	1.6%
$500	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
$1,000	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%
$2,500	2.5%	2.5%	2.4%	2.5%	2.5%	2.5%	2.3%	2.4%	2.3%	2.3%	2.4%	2.3%
$5,000	2.7%	2.7%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.5%	2.2%

Avg Policy Duration Factor	0.995
Inverse of Factor	1.005
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$365.39
Market-Wide Claim Adjustment	$1.99

Individual Pre-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	1.17	1.20	1.23	1.25	1.27
$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32
$10,000	0.16	0.48	0.69	0.84	0.95	1.05	1.14	1.22	1.28	1.34	1.40	1.45
$25,000	0.08	0.32	0.54	0.75	0.92	1.05	1.16	1.26	1.37	1.45	1.51	1.59
$100,000	0.13	0.13	0.34	0.55	0.78	0.96	1.10	1.27	1.46	1.63	1.80	1.98

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$3,500	0.0%	0.0%	0.7%	1.2%	1.9%	2.5%	3.3%	5.0%	5.0%	5.0%	5.3%	5.3%
$5,000	0.0%	0.0%	0.3%	0.6%	0.9%	1.7%	3.5%	5.4%	5.3%	5.7%	5.9%	6.0%
$10,000	0.0%	0.0%	0.2%	0.3%	0.5%	0.6%	1.0%	1.4%	1.3%	1.4%	1.5%	1.4%
$25,000	0.0%	0.0%	0.1%	0.1%	0.5%	0.7%	1.4%	3.5%	3.1%	3.1%	3.0%	3.1%
$100,000	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%

Avg Policy Duration Factor	1.238
Inverse of Factor	0.808
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$240.91
Market-Wide Claim Adjustment	($46.32)

Small Pre-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09
$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13
$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17
$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20
$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.23
$2,600	0.33	0.67	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.20	1.21	1.23
$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.3%
$250	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$500	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	6.1%	6.2%	6.4%	6.4%	6.4%	6.4%	6.4%	6.5%	6.6%	6.6%	6.6%	6.8%
$2,600	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%
$5,000	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%

Avg Policy Duration Factor	1.002
Inverse of Factor	0.998
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$369.71
Market-Wide Claim Adjustment	($0.86)

Large 51-100

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09
$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13
$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17
$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20
$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.23
$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
$250	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
$500	1.5%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
$1,000	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
$1,500	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.9%
$2,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$2,500	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.2%	2.2%	2.3%
$5,000	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.4%	2.5%	2.5%	2.5%	2.5%	2.2%

Avg Policy Duration Factor	1.003
Inverse of Factor	0.997
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$362.09
Market-Wide Claim Adjustment	($1.03)

Small ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors 1	2	3	4	5	6	7	8	9	10	11	12
$150	0.79	0.97	1.00	1.01	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03
$400	0.64	0.91	0.98	1.01	1.03	1.04	1.05	1.06	1.06	1.07	1.07	1.07
$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09
$750	0.53	0.86	0.95	1.00	1.03	1.06	1.07	1.08	1.09	1.10	1.11	1.11
$1,550	0.41	0.76	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17
$1,700	0.39	0.74	0.90	0.98	1.03	1.07	1.10	1.12	1.14	1.16	1.17	1.18
$1,800	0.39	0.73	0.89	0.98	1.03	1.07	1.10	1.13	1.15	1.16	1.18	1.19
$1,900	0.38	0.73	0.89	0.97	1.03	1.07	1.10	1.13	1.15	1.17	1.18	1.20
$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20
$3,000	0.31	0.65	0.83	0.95	1.03	1.08	1.12	1.16	1.19	1.21	1.23	1.25
$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	1.17	1.20	1.23	1.25	1.27

Percent of Total Member Months

Deductible Level	Coverage Month 1	2	3	4	5	6	7	8	9	10	11	12
$150	2.9%	2.9%	2.9%	2.9%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.9%
$400	0.5%	0.5%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
$1,550	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
$1,700	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,800	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	0.7%	0.7%	0.7%	0.7%
$1,900	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%
$2,000	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
$3,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$3,500	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%

Avg Policy Duration Factor	0.999
Inverse of Factor	1.001
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$379.10
Market-Wide Claim Adjustment	$0.50

Individual ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors 1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$60	0.88	0.99	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
$100	0.84	0.98	1.00	1.01	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
$150	0.79	0.97	1.00	1.01	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03
$300	0.69	0.93	0.99	1.01	1.03	1.04	1.04	1.05	1.05	1.05	1.06	1.06
$400	0.64	0.91	0.98	1.01	1.03	1.04	1.05	1.06	1.06	1.07	1.07	1.07
$450	0.62	0.90	0.98	1.01	1.03	1.05	1.05	1.06	1.07	1.07	1.08	1.08
$600	0.57	0.88	0.96	1.01	1.03	1.05	1.06	1.07	1.08	1.09	1.09	1.10
$700	0.55	0.86	0.96	1.00	1.03	1.05	1.07	1.08	1.09	1.10	1.10	1.11
$750	0.53	0.86	0.95	1.00	1.03	1.06	1.07	1.08	1.09	1.10	1.11	1.11
$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13
$1,250	0.44	0.79	0.92	0.99	1.03	1.07	1.09	1.11	1.12	1.13	1.14	1.15
$1,400	0.43	0.78	0.91	0.99	1.03	1.07	1.09	1.11	1.13	1.14	1.15	1.16
$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17
$1,550	0.41	0.76	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17
$1,800	0.39	0.73	0.89	0.98	1.03	1.07	1.10	1.13	1.15	1.16	1.18	1.19
$1,900	0.38	0.73	0.89	0.97	1.03	1.07	1.10	1.13	1.15	1.17	1.18	1.20
$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20
$3,000	0.31	0.65	0.83	0.95	1.03	1.08	1.12	1.16	1.19	1.21	1.23	1.25
$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	1.17	1.20	1.23	1.25	1.27
$6,400	0.21	0.54	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.33	1.37

Percent of Total Member Months

Deductible Level	Coverage Month 1	2	3	4	5	6	7	8	9	10	11	12
$0	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$60	0.6%	0.6%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%
$100	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$150	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%
$300	0.4%	0.4%	0.5%	0.5%	0.4%	0.4%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%
$400	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$450	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$600	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$700	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$750	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$1,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
$1,250	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$1,400	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$1,500	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$1,550	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$1,800	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
$1,900	0.5%	0.4%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
$2,000	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%
$3,000	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%
$3,500	3.5%	3.5%	3.2%	3.0%	2.9%	2.8%	2.8%	2.7%	2.7%	2.6%	2.6%	2.5%
$6,400	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%

Avg Policy Duration Factor	0.984
Inverse of Factor	1.016
Adjusted Experience Period Claim Expense (Exhibit 3, Line 12)	$331.36
Market-Wide Claim Adjustment	$5.42

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ACTUARIAL CERTIFICATION
FEDERAL ACTUARIAL VALUE ADJUSTMENT
VERMONT EXCHANGE
Gold HDHP Plus 2500
Bronze HMO Plus 5500

I, Matthew Lombardo, Associate Director of Actuarial Services for MVP Health Care, am a member of the American Academy of Actuaries and meet the qualification standards to render this certification. MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and non-standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an actuary representing Wakely Consulting Firm. Non-standard plans are filed at the discretion of MVP. MVP offers two non-standard benefit plans, Gold HDHP Plus 2500 and Bronze HMO Plus 5500, with benefit features that don't fit the parameters of the Federal Actuarial Value Calculator and therefore being certified herein.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. I used the AV Calculator to determine the Federal AV for the plan provisions that do fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan.

I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold HDHP Plus 2500 were determined to not fit the Federal Calculator:

VT secondary Rx OOP max
Aggregate Family Deductible
Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Bronze HMO Plus 5500 was determined to not fit the Federal Calculator:

VT secondary Rx OOP max

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before and after adjustment
Gold HDHP Plus 2500 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	73.50%	78.19%
Gold HDHP Plus 2500 including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	73.50%	78.19%
Bronze HMO Plus 5500 with no secondary Rx OOP max	56.60%	59.71%
Bronze HMO Plus 5500 with secondary Rx OOP max	57.30%	60.43%

Actuarial Adjustment factor for Gold Plan: 1.000 = 73.50%/73.50%
Final Federal AV for Gold HDHP Plus 2500 = 78.19% x 1.000 = 78.19%

Actuarial Adjustment factor for Bronze Plan: 1.012 = 57.30%/56.60%
Final Federal AV for Bronze HMO Plus 5500 = 59.718% x 1.012 = 60.43%

_____ 02/29/2016

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

Date

MVP Health Care -- 2017 Exchange Rate Filing

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2016 to 2017 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2017 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

				In-Network Benefits																	
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	$10 No DD	$30 No DD	10%	$100 No DD	10%	$50 No DD	$250	$500	Embedded	10%	Embedded	Embedded	$1,300	$2,600	$1,300	$2,600	Separate	$5 / $50 / 50%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	$15 No DD	$30 No DD	20%	$150 No DD	20%	$50 No DD	$850	$1,700	Embedded	20%	Embedded	Embedded	$4,500	$9,000	$1,300	$2,600	Separate	$5 / $50 / 50%, $50 / $100 Brand Ded
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	$15 No DD	$30 No DD	20%	$250	$400 (Fac) $200 (Phys)	$50	$950	$1,900	Embedded	20%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$5 / $40 / 50%, $250 / $500 Brand Ded, VBID = $1 #
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	$2,500	$5,000	Aggregate	0%	Aggregate	Aggregate	$2,500	$5,000	$1,300	$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	$25 No DD	$65 No DD	40%	$250	40%	$100 No DD	$2,150	$4,300	Embedded	40%	Embedded	Embedded	$6,000	$12,000	$1,300	$2,600	Integrated	$15 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,600	$3,200	Aggregate	25%	Embedded	Aggregate	$6,400	$12,800	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	$25 No DD	$60	50%	$250	$1,400 (Fac) $600 (Phys)	$100	$1,800	$3,600	Embedded	50%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$15 / 50% / 50%, $500 / $1000 Ded, VBID = $3 #
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	$35	$90	50%	50%	50%	$100	$4,600	$9,200	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $85 / 60%, $700 / $1,400 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	$5,300	$10,600	Aggregate	50%	Embedded	Aggregate	$6,550	$13,100	$1,300	$2,600	Integrated	$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	$40	$100	50%	50%	50%	$100	$5,500	$11,000	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $90 / 60%, $300 / $600 Ded, VBID = $3 #
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	$0**	$0	0%	$0	0%	$0	$7,150	$14,300	Embedded	0%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$0 / $0 / $0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	$25 No DD	$65 No DD	40%	$250	40%	$100 No DD	$2,150	$4,300	Embedded	40%	Embedded	Embedded	$4,900	$9,800	$1,200	$2,400	Integrated	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	$10 No DD	$30 No DD	40%	$250	40%	$100 No DD	$600	$1,200	Embedded	40%	Embedded	Embedded	$1,300	$2,600	$400	$800	Integrated	$10 / $50 / 50%, $100 / $200 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	$5 No DD	$15 No DD	10%	$75	10%	$50 No DD	$100	$200	Embedded	10%	Embedded	Embedded	$700	$1,400	$200	$400	Integrated	$5 / $20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	$20 No DD	$40 No DD	40%	$250	40%	$100 No DD	$1,600	$3,200	Embedded	40%	Embedded	Embedded	$3,700	$7,400	$1,000	$2,000	Integrated	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,600	$3,200	Aggregate	25%	Embedded	Aggregate	$4,700	$9,400	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$1,300	$2,600	Aggregate	0%	Embedded	Aggregate	$1,300	$2,600	$1,300	$2,600	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$550	$1,100	Aggregate	0%	Embedded	Aggregate	$550	$1,100	$550	$1,100	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,400	$2,800	Aggregate	25%	Embedded	Aggregate	$3,400	$6,800	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	$20 No DD	$60	50%	$250	$1400 (Fac) $600 (Phys)	$100	$900	$1,800	Embedded	50%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$15 / 50% / 50%, $300 / $600 Ded, VBID = $3 #
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	$5 No DD	$30	10%	$100	$400 (Fac) $200 (Phys)	$100	$60	$120	Embedded	10%	Embedded	Embedded	$1,900	$3,800	$450	$900	Separate	$10 / 20% / 40%, $50 / $100 Ded, VBID = $3 #
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	$5 No DD	$10 No DD	5%	$50 No DD	$100 (Fac) $75 (Phys)	$50 No DD	$0	$0	Embedded	5%	Embedded	Embedded	$1,900	$3,800	$450	$900	Separate	$5 / 10% / 10%, VBID = $1 #
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	$10 No DD	$40	30%	$100	$800 (Fac) $400 (Phys)	$100	$300	$600	Embedded	30%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$12 / 40% / 40%, $100 / $200 Ded, VBID = $3 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)^				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2017)	HyHMO	Platinum	Standard	$10 No DD	$30 No DD	10%	$100 No DD	10%	$50 No DD	$250	$500	Embedded	10%	Embedded	Embedded	$1,300	$2,600	$1,300	$2,600	Separate	$5 / $50 / 50%
FRVT-HMO-GA2-001-S (2017)	HyHMO	Gold	Standard	$15 No DD	$30 No DD	20%	$150 No DD	20%	$50 No DD	$850	$1,700	Embedded	20%	Embedded	Embedded	$4,500	$9,000	$1,300	$2,600	Separate	$5 / $50 / 50%, $100 / $200 Brand Ded
FRVT-HMO-GA2-002-N (2017)	HyHMO	Gold	Non-Standard	$15 No DD	$30 No DD	20%	$250	$400 (Fac) $200 (Phy)	$50	$950	$1,900	Embedded	20%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$5 / $40 / 50%, $250 / $500 Brand Ded, VBID = $1 #
FRVT-HMOH-GA2-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	$2,500	$5,000	Aggregate	0%	Aggregate	Aggregate	$2,500	$5,000	$1,300	$2,600	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMO-SA2-001-S (2017)	HyHMO	Silver	Standard	$25 No DD	$65 No DD	40%	$250	40%	$100 No DD	$2,150	$4,300	Embedded	40%	Embedded	Embedded	$6,000	$12,000	$1,300	$2,600	Integrated	$15 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-SA2-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,600	$3,200	Aggregate	25%	Embedded	Aggregate	$6,400	$12,800	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-SA2-001-N (2017)	HyHMO	Silver	Non-Standard	$25 No DD	$60	50%	$250	$1,400 (Fac) $600 (Phy)	$100	$1,800	$3,600	Embedded	50%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$15 / 50% / 50%, $500 / $1000 Ded, VBID = $3 #
FRVT-HMO-BA2-001-S (2017)	HMO	Bronze	Standard	$35 No DD	$90 No DD	50%	50%	50%	$100	$4,600	$9,200	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $85 / 60%, $700 / $1,400 Ded
FRVT-HMOH-BA2-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	$5,300	$10,600	Aggregate	50%	Embedded	Aggregate	$6,550	$13,100	$1,300	$2,600	Integrated	$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-001-N (2017)	HMO	Bronze	Non-Standard	$40	$100	50%	50%	50%	$100	$5,500	$11,000	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $90 / 60%, $300 / $600 Ded, VBID = $3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0

Services subject to deductible (DD) unless otherwise stated.
*** 3 PCP Office Visits are covered in full, not subject to deductible*
^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to $50 per adult member (age >= 18) per year.

Exhibit 1a -- Comparison of 2016 to 2017 Benefits by Plan

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

				In-Network Benefits																	
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-P-001-S (2016)	HyHMO	Platinum	Standard	$10 No DD	$20 No DD	10%	$100 No DD	10%	$50 No DD	$150	$300	Embedded	10%	Embedded	Embedded	$1,250	$2,500	$1,250	$2,500	Separate	$5 / $40 / 50%
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	$10 No DD	$30 No DD	10%	$100 No DD	10%	$50 No DD	$250	$500	Embedded	10%	Embedded	Embedded	$1,300	$2,600	$1,300	$2,600	Separate	$5 / $50 / 50%
FRVT-HMO-G-001-S (2016)	HyHMO	Gold	Standard	$15 No DD	$25 No DD	20%	$150 No DD	20%	$50 No DD	$750	$1,500	Embedded	20%	Embedded	Embedded	$4,250	$8,500	$1,250	$2,500	Separate	$5 / $40 / 50%, $50 / $100 Brand Ded
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	$15 No DD	$30 No DD	20%	$150 No DD	20%	$50 No DD	$850	$1,700	Embedded	20%	Embedded	Embedded	$4,500	$9,000	$1,300	$2,600	Separate	$5 / $50 / 50%, $50 / $100 Brand Ded
FRVT-HMO-G-002-N (2016)	HyHMO	Gold	Non-Standard	$10 No DD	$30 No DD	20%	$200	$400 (Fac) $200 (Phys)	$50	$650	$1,300	Embedded	20%	Embedded	Embedded	$5,550	$11,100	$1,300	$2,600	Separate	$5 / $40 / 50%, $200 / $400 Brand Ded, VBID = $1 #
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	$15 No DD	$30 No DD	20%	$250	$400 (Fac) $200 (Phys)	$50	$950	$1,900	Embedded	20%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$5 / $40 / 50%, $250 / $500 Brand Ded, VBID = $1 #
FRVT-HMOH-G-003-N (2016)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	$2,400	$4,800	Aggregate	0%	Aggregate	Aggregate	$2,400	$4,800	$1,300	$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	$2,500	$5,000	Aggregate	0%	Aggregate	Aggregate	$2,500	$5,000	$1,300	$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2016)	HyHMO	Silver	Standard	$25 No DD	$50 No DD	40%	$250	40%	$100 No DD	$2,000	$4,000	Embedded	40%	Embedded	Embedded	$5,600	$11,200	$1,250	$2,500	Separate	$15 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	$25 No DD	$65 No DD	40%	$250	40%	$100 No DD	$2,150	$4,300	Embedded	40%	Embedded	Embedded	$6,000	$12,000	$1,300	$2,600	Integrated	$15 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-S-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,550	$3,100	Aggregate	25%	Embedded	Aggregate	$5,750	$11,500	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,600	$3,200	Aggregate	25%	Embedded	Aggregate	$6,400	$12,800	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-S-001-N (2016)	HyHMO	Silver	Non-Standard	$20 No DD	$60	50%	$250	$1,400 (Fac) $600 (Phys)	$100	$2,000	$4,000	Embedded	50%	Embedded	Embedded	$5,550	$11,100	$1,300	$2,600	Separate	$15 / $50 / 50%, $250 / $500 Ded, VBID = $3 #
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	$25 No DD	$60	50%	$250	$1,400 (Fac) $600 (Phys)	$100	$1,800	$3,600	Embedded	50%	Embedded	Embedded	$5,850	$11,700	$1,300	$2,600	Separate	$15 / 50% / 50%, $500 / $1000 Ded, VBID = $3 #
FRVT-HMO-B-001-S (2016)	HMO	Bronze	Standard	$35	$85	50%	50%	50%	$100	$4,000	$8,000	Embedded	50%	Embedded	Embedded	$6,850	$13,700	$1,250	$2,500	Integrated	$20 / $80 / 60%, $500 / $1,000 Ded
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	$35	$90	50%	50%	50%	$100	$4,600	$9,200	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $85 / 60%, $700 / $1,400 Ded
FRVT-HMOH-B-001-S (2016)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	$4,400	$8,800	Aggregate	50%	Embedded	Aggregate	$6,500	$13,000	$1,300	$2,600	Integrated	$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	$5,300	$10,600	Aggregate	50%	Embedded	Aggregate	$6,550	$13,100	$1,300	$2,600	Integrated	$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2016)	HMO	Bronze	Non-Standard	$40	$100	50%	50%	50%	$100	$5,000	$10,000	Embedded	50%	Embedded	Embedded	$6,850	$13,700	$1,300	$2,600	Integrated	$20 / $90 / 60%, $300 / $600 Ded, VBID = $3 #
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	$40	$100	50%	50%	50%	$100	$5,500	$11,000	Embedded	50%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$20 / $90 / 60%, $300 / $600 Ded, VBID = $3 #
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	$0**	$0	0%	$0	0%	$0	$7,150	$14,300	Embedded	0%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$0 / $0 / $0 Subject to Med Deductible
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	$0**	$0	0%	$0	0%	$0	$7,150	$14,300	Embedded	0%	Embedded	Embedded	$7,150	$14,300	$1,300	$2,600	Integrated	$0 / $0 / $0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S1-001-S (2016)	HyHMO	Silver	Standard	$25 No DD	$50 No DD	40%	$250	40%	$100 No DD	$2,000	$4,000	Embedded	40%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	$25 No DD	$65 No DD	40%	$250	40%	$100 No DD	$2,150	$4,300	Embedded	40%	Embedded	Embedded	$4,900	$9,800	$1,200	$2,400	Integrated	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-002-S (2016)	HyHMO	Silver	Standard	$10 No DD	$30 No DD	40%	$250	40%	$100 No DD	$600	$1,200	Embedded	40%	Embedded	Embedded	$1,250	$2,500	$400	$800	Separate	$10 / $50 / 50%, $100 / $200 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	$10 No DD	$30 No DD	40%	$250	40%	$100 No DD	$600	$1,200	Embedded	40%	Embedded	Embedded	$1,300	$2,600	$400	$800	Integrated	$10 / $50 / 50%, $100 / $200 Brand Ded
FRVT-HMO-S1-003-S (2016)	HyHMO	Silver	Standard	$5 No DD	$15 No DD	10%	$75	10%	$50 No DD	$100	$200	Embedded	10%	Embedded	Embedded	$500	$1,000	$200	$400	Separate	$5 / $20 / 30%
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	$5 No DD	$15 No DD	10%	$75	10%	$50 No DD	$100	$200	Embedded	10%	Embedded	Embedded	$700	$1,400	$200	$400	Integrated	$5 / $20 / 30%
FRVT-HMO-S1-004-S (2016)	HyHMO	Silver	Standard	$20 No DD	$40 No DD	40%	$250	40%	$100 No DD	$1,600	$3,200	Embedded	40%	Embedded	Embedded	$3,400	$6,800	$1,000	$2,000	Separate	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	$20 No DD	$40 No DD	40%	$250	40%	$100 No DD	$1,600	$3,200	Embedded	40%	Embedded	Embedded	$3,700	$7,400	$1,000	$2,000	Integrated	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-S1-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,550	$3,100	Aggregate	25%	Embedded	Aggregate	$4,250	$8,500	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,600	$3,200	Aggregate	25%	Embedded	Aggregate	$4,700	$9,400	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$1,200	$2,400	Aggregate	0%	Aggregate	Aggregate	$1,200	$2,400	$1,200	$2,400	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$1,300	$2,600	Aggregate	0%	Embedded	Aggregate	$1,300	$2,600	$1,300	$2,600	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$500	$1,000	Aggregate	0%	Aggregate	Aggregate	$500	$1,000	$500	$1,000	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$550	$1,100	Aggregate	0%	Embedded	Aggregate	$550	$1,100	$550	$1,100	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,400	$2,800	Aggregate	25%	Aggregate	Aggregate	$3,100	$6,200	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,400	$2,800	Aggregate	25%	Embedded	Aggregate	$3,400	$6,800	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-S1-001-N (2016)	HyHMO	Silver	Non-Standard	$10 No DD	$50	40%	$150	$800 (Fac) $400 (Phys)	$100	$700	$1,400	Embedded	40%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12 / $40 / 50%, $200 / $400 Ded, VBID = $3 #
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	$20 No DD	$60	50%	$250	$1400 (Fac) $600 (Phys)	$100	$900	$1,800	Embedded	50%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$15 / 50% / 50%, $300 / $600 Ded, VBID = $3 #
FRVT-HMO-S1-002-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$30	10%	$100	$100 (Fac) $75 (Phys)	$100	$60	$120	Embedded	10%	Embedded	Embedded	$1,800	$3,600	$450	$900	Separate	$10 / $25 / 40%, $50 / $100 Ded, VBID = $3 #
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	$5 No DD	$30	10%	$100	$400 (Fac) $200 (Phys)	$100	$60	$120	Embedded	10%	Embedded	Embedded	$1,900	$3,800	$450	$900	Separate	$10 / 20% / 40%, $50 / $100 Ded, VBID = $3 #
FRVT-HMO-S1-003-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$10 No DD	5%	$50 No DD	$50 (Fac) $25 (Phys)	$50 No DD	$0	$0	Embedded	5%	Embedded	Embedded	$1,800	$3,600	$450	$900	Separate	$5 / $10 / 5%, VBID = $1 #
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	$5 No DD	$10 No DD	5%	$50 No DD	$100 (Fac) $75 (Phys)	$50 No DD	$0	$0	Embedded	5%	Embedded	Embedded	$1,900	$3,800	$450	$900	Separate	$5 / 10% / 10%, VBID = $1 #
FRVT-HMO-S1-004-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$40	30%	$100	$400 (Fac) $200 (Phys)	$100	$300	$600	Embedded	30%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12 / $40 / 40%, $100 / $200 Ded, VBID = $3 #
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	$10 No DD	$40	30%	$100	$800 (Fac) $400 (Phys)	$100	$300	$600	Embedded	30%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$12 / 40% / 40%, $100 / $200 Ded, VBID = $3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-BA1-001-S (2016)	HMO	Bronze	Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0
FRVT-HMO-BA1-001-N (2016)	HMO	Bronze	Non-Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	$0	$0	0%	$0	0%	$0	$0	$0	$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0

Services subject to deductible (DD) unless otherwise stated.
*** 3 PCP Office Visits are covered in full, not subject to deductible*
^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
Note: AI/AN Unsubsidized plan designs match the corresponding coplan's plan design.
Changes in benefits from 2016 to 2017 are shown in gray shading.

Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

		Midpoint
Experience Period:	January 1, 2015 - December 31, 2015	July 1, 2015
Rating Period:	January 1, 2017 - December 31, 2017	July 1, 2017

	2016	2017	Total
Months of Trend	12	12	**24**

Medical Trend Summary

2016 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.2%	4.1%	0.0%	4.1%
OP and Other Med	47.7%	3.5%	0.0%	3.5%
PHY	32.1%	-3.1%	0.0%	-3.1%
Medical Total		1.5%	0.0%	**1.5%**

2017 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.7%	5.1%	0.0%	5.1%
OP and Other Med	48.6%	4.3%	0.0%	4.4%
PHY	30.7%	1.4%	0.0%	1.4%
Medical Total		3.6%	0.0%	**3.6%**

Annual Allowed Medical Trend **2.5%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid
Rating Period:	$396.88	$11.98	$4.85	$63.29	$316.75
24 Months of Trend:	1.052	1.052	1.000	1.030	**1.057**
Projection Period:	$417.34	$12.60	$4.85	$65.17	$334.71
Allowed Trend (Annual)	2.5%				
Paid Trend (Annual)	2.8%				
Leveraging (Annual)	**0.2%**				

Rx Trend Summary

Small Group/Individual Trends

	2016 Trend		2017 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-12.6%	3.4%	-3.2%	3.1%	-8.0%	3.3%
Brand	10.4%	-2.2%	17.3%	-1.9%	13.8%	-2.0%
Specialty	10.9%	10.3%	11.7%	7.9%	11.3%	9.1%

Large Group Trends

	2016 Trend		2017 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-11.2%	3.4%	-2.7%	3.2%	-7.0%	3.3%
Brand	15.8%	-5.2%	17.1%	-2.2%	16.4%	-3.7%
Specialty	8.2%	9.5%	9.1%	8.1%	8.6%	8.8%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,529	1,270	86	10,884
Experience Period Allowed Cost per Script	$19.17	$219.47	$3,442.66	$69.45
Experience Period Deductible Per Script	$4.18	$25.22	$45.85	$6.96
Experience Period Copay Per Script	$3.15	$15.38	$16.94	$4.68
Experience Period Coinsurance Per Script	$0.14	$10.93	$17.74	$1.54
Experience Period Paid Cost Per Script	$11.70	$167.95	$3,362.13	$56.27
Experience Period Allowed PMPM	$15.22	$23.22	$24.55	$63.00
Experience Period Deductible PMPM	$3.32	$2.67	$0.33	$6.31
Experience Period Copay PMPM	$2.50	$1.63	$0.12	$4.25
Experience Period Coinsurance PMPM	$0.11	$1.43	$0.15	$1.70
Experience Period Paid PMPM	$9.29	$17.50	$23.95	$50.74
Experience Period Rx Rebates PMPM				($7.28)
Annual Util Trend	1.033	0.975	1.090	1.027
Annual Unit Cost Trend	0.922	1.146	1.105	1.087
Annual Allowed Trend	0.952	1.117	1.205	1.116
Annual Paid Trend	0.930	1.129	1.206	1.133
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.122
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,162	1,206	102	11,470
Projected Allowed Cost per Script	$16.30	$288.09	$4,206.88	$82.04
Projected Deductible Per Script	$3.55	$33.11	$55.98	$7.13
Projected Copay Per Script	$3.15	$15.38	$16.94	$4.56
Projected Coinsurance Per Script	$0.12	$17.70	$26.63	$2.20
Projected Paid Cost Per Script	$9.48	$221.89	$4,107.33	$68.15
Projected Allowed PMPM	$13.81	$28.96	$35.65	$78.42
Projected Deductible PMPM	$3.01	$3.33	$0.47	$6.81
Projected Copay PMPM	$2.67	$1.55	$0.14	$4.36
Projected Coinsurance PMPM	$0.10	$1.78	$0.23	$2.11
Projected Paid PMPM	$8.03	$22.31	$34.81	$65.14
Projected Rx Rebates				($10.44)
Net Projected Paid PMPM				$54.71

Exhibit 2b -- Rx Trend Development (Small Non-ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	8,469	1,052	107	9,628
Experience Period Allowed Cost per Script	$20.09	$209.84	$3,393.05	$78.33
Experience Period Deductible Per Script	$6.89	$45.79	$90.34	$12.06
Experience Period Copay Per Script	$2.02	$10.49	$10.45	$3.04
Experience Period Coinsurance Per Script	$0.14	$4.98	$1.46	$0.68
Experience Period Paid Cost Per Script	$11.04	$148.59	$3,290.80	$62.55
Experience Period Allowed PMPM	$14.18	$18.39	$30.29	$62.85
Experience Period Deductible PMPM	$4.86	$4.01	$0.81	$9.68
Experience Period Copay PMPM	$1.42	$0.92	$0.09	$2.44
Experience Period Coinsurance PMPM	$0.10	$0.44	$0.01	$0.55
Experience Period Paid PMPM	$7.80	$13.02	$29.37	$50.19
Experience Period Rx Rebates PMPM				($6.58)
Annual Util Trend	1.033	0.980	1.091	1.028
Annual Unit Cost Trend	0.920	1.138	1.113	1.070
Annual Allowed Trend	0.950	1.115	1.214	1.100
Annual Paid Trend	0.934	1.124	1.214	1.152
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.131
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,032	1,009	127	10,168
Projected Allowed Cost per Script	$16.99	$271.74	$4,201.52	$94.74
Projected Deductible Per Script	$5.83	$59.29	$111.86	$12.46
Projected Copay Per Script	$2.02	$10.49	$10.45	$2.96
Projected Coinsurance Per Script	$0.12	$6.44	$1.80	$0.77
Projected Paid Cost Per Script	$9.03	$195.52	$4,077.40	$78.55
Projected Allowed PMPM	$12.79	$22.86	$44.63	$80.28
Projected Deductible PMPM	$4.39	$4.99	$1.19	$10.56
Projected Copay PMPM	$1.52	$0.88	$0.11	$2.51
Projected Coinsurance PMPM	$0.09	$0.54	$0.02	$0.65
Projected Paid PMPM	$6.80	$16.45	$43.31	$66.56
Projected Rx Rebates				($10.74)
Net Projected Paid PMPM				$55.82

Exhibit 2b -- Rx Trend Development (Small ACA)

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,340	1,397	103	11,840
Experience Period Allowed Cost per Script	$21.74	$241.23	$3,483.19	$77.73
Experience Period Deductible Per Script	$2.42	$16.90	$20.94	$4.29
Experience Period Copay Per Script	$4.14	$18.65	$15.57	$5.95
Experience Period Coinsurance Per Script	$0.04	$22.82	$45.48	$3.12
Experience Period Paid Cost Per Script	$15.14	$182.86	$3,401.20	$64.37
Experience Period Allowed PMPM	$18.73	$28.08	$29.88	$76.69
Experience Period Deductible PMPM	$2.09	$1.97	$0.18	$4.23
Experience Period Copay PMPM	$3.57	$2.17	$0.13	$5.87
Experience Period Coinsurance PMPM	$0.03	$2.66	$0.39	$3.08
Experience Period Paid PMPM	$13.05	$21.29	$29.18	$63.51
Experience Period Rx Rebates PMPM				($8.14)
Annual Util Trend	1.033	0.980	1.091	1.027
Annual Unit Cost Trend	0.920	1.138	1.113	1.088
Annual Allowed Trend	0.950	1.115	1.214	1.118
Annual Paid Trend	0.926	1.128	1.215	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.118
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,027	1,341	123	12,490
Projected Allowed Cost per Script	$18.39	$312.39	$4,313.14	$92.08
Projected Deductible Per Script	$2.05	$21.88	$25.93	$4.41
Projected Copay Per Script	$4.14	$18.65	$15.57	$5.81
Projected Coinsurance Per Script	$0.03	$29.56	$56.31	$3.75
Projected Paid Cost Per Script	$12.17	$242.30	$4,215.33	$78.10
Projected Allowed PMPM	$16.90	$34.91	$44.03	$95.84
Projected Deductible PMPM	$1.88	$2.45	$0.26	$4.59
Projected Copay PMPM	$3.80	$2.08	$0.16	$6.05
Projected Coinsurance PMPM	$0.03	$3.30	$0.57	$3.91
Projected Paid PMPM	$11.18	$27.07	$43.04	$81.29
Projected Rx Rebates				($12.05)
Net Projected Paid PMPM				$69.25

Exhibit 2b -- Rx Trend Development (Individual ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,535	1,224	54	10,812
Experience Period Allowed Cost per Script	$18.53	$213.26	$3,570.31	$58.32
Experience Period Deductible Per Script	$3.92	$17.97	$14.17	$5.56
Experience Period Copay Per Script	$3.74	$16.95	$30.56	$5.37
Experience Period Coinsurance Per Script	$0.22	$22.23	$26.75	$2.85
Experience Period Paid Cost Per Script	$10.65	$156.11	$3,498.82	$44.55
Experience Period Allowed PMPM	$14.72	$21.75	$16.08	$52.55
Experience Period Deductible PMPM	$3.11	$1.83	$0.06	$5.01
Experience Period Copay PMPM	$2.98	$1.73	$0.14	$4.84
Experience Period Coinsurance PMPM	$0.18	$2.27	$0.12	$2.56
Experience Period Paid PMPM	$8.46	$15.92	$15.76	$40.14
Experience Period Rx Rebates PMPM				($5.86)
Annual Util Trend	1.033	0.980	1.091	1.027
Annual Unit Cost Trend	0.920	1.138	1.113	1.075
Annual Allowed Trend	0.950	1.115	1.214	1.104
Annual Paid Trend	0.919	1.129	1.215	1.124
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.109
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,167	1,175	64	11,406
Projected Allowed Cost per Script	$15.68	$276.17	$4,421.02	$67.35
Projected Deductible Per Script	$3.31	$23.27	$17.55	$5.45
Projected Copay Per Script	$3.74	$16.95	$30.56	$5.26
Projected Coinsurance Per Script	$0.19	$28.79	$33.13	$3.32
Projected Paid Cost Per Script	$8.43	$207.16	$4,339.78	$53.32
Projected Allowed PMPM	$13.28	$27.04	$23.70	$64.02
Projected Deductible PMPM	$2.81	$2.28	$0.09	$5.18
Projected Copay PMPM	$3.17	$1.66	$0.16	$5.00
Projected Coinsurance PMPM	$0.16	$2.82	$0.18	$3.16
Projected Paid PMPM	$7.14	$20.28	$23.26	$50.68
Projected Rx Rebates				($8.52)
Net Projected Paid PMPM				$42.16

Exhibit 2b -- Rx Trend Development (51-100)

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,924	1,328	113	11,365
Experience Period Allowed Cost per Script	$19.12	$220.79	$3,604.36	$78.36
Experience Period Deductible Per Script	$4.27	$32.29	$58.49	$8.09
Experience Period Copay Per Script	$2.55	$14.38	$17.65	$4.08
Experience Period Coinsurance Per Script	$0.18	$2.12	$4.77	$0.45
Experience Period Paid Cost Per Script	$12.12	$172.00	$3,523.44	$65.74
Experience Period Allowed PMPM	$15.81	$24.44	$33.97	$74.22
Experience Period Deductible PMPM	$3.53	$3.57	$0.55	$7.66
Experience Period Copay PMPM	$2.11	$1.59	$0.17	$3.87
Experience Period Coinsurance PMPM	$0.15	$0.23	$0.04	$0.43
Experience Period Paid PMPM	$10.02	$19.04	$33.21	$62.26
Experience Period Rx Rebates PMPM				($9.13)
Annual Util Trend	1.033	0.963	1.088	1.025
Annual Unit Cost Trend	0.930	1.164	1.086	1.090
Annual Allowed Trend	0.960	1.121	1.182	1.118
Annual Paid Trend	0.944	1.133	1.182	1.132
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.129
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,586	1,231	134	11,951
Projected Allowed Cost per Script	$16.52	$299.40	$4,254.22	$93.13
Projected Deductible Per Script	$3.69	$43.78	$69.04	$8.55
Projected Copay Per Script	$2.55	$14.38	$17.65	$3.94
Projected Coinsurance Per Script	$0.16	$2.88	$5.63	$0.50
Projected Paid Cost Per Script	$10.12	$238.36	$4,161.90	$80.14
Projected Allowed PMPM	$14.57	$30.72	$47.46	$92.76
Projected Deductible PMPM	$3.26	$4.49	$0.77	$8.52
Projected Copay PMPM	$2.25	$1.48	$0.20	$3.92
Projected Coinsurance PMPM	$0.14	$0.30	$0.06	$0.50
Projected Paid PMPM	$8.93	$24.46	$46.43	$79.82
Projected Rx Rebates				($12.07)
Net Projected Paid PMPM				$67.74

Exhibit 2b -- Rx Trend Development (Agriservices)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,704	1,515	57	11,276
Experience Period Allowed Cost per Script	$14.76	$208.19	$3,120.96	$56.54
Experience Period Deductible Per Script	$3.64	$20.61	$24.95	$6.03
Experience Period Copay Per Script	$2.49	$14.60	$11.71	$4.17
Experience Period Coinsurance Per Script	$0.00	$0.57	$0.00	$0.08
Experience Period Paid Cost Per Script	$8.62	$172.41	$3,084.30	$46.27
Experience Period Allowed PMPM	$11.94	$26.28	$14.91	$53.13
Experience Period Deductible PMPM	$2.95	$2.60	$0.12	$5.67
Experience Period Copay PMPM	$2.02	$1.84	$0.06	$3.92
Experience Period Coinsurance PMPM	$0.00	$0.07	$0.00	$0.07
Experience Period Paid PMPM	$6.97	$21.76	$14.74	$43.48
Experience Period Rx Rebates PMPM				($8.50)
Annual Util Trend	1.033	0.963	1.088	1.024
Annual Unit Cost Trend	0.930	1.164	1.086	1.079
Annual Allowed Trend	0.960	1.121	1.182	1.105
Annual Paid Trend	0.938	1.134	1.182	1.122
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.134
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,351	1,404	68	11,823
Projected Allowed Cost per Script	$12.75	$282.31	$3,683.67	$65.85
Projected Deductible Per Script	$3.15	$27.94	$29.45	$6.24
Projected Copay Per Script	$2.49	$14.60	$11.71	$3.98
Projected Coinsurance Per Script	$0.00	$0.77	$0.00	$0.09
Projected Paid Cost Per Script	$7.11	$238.99	$3,642.51	$55.53
Projected Allowed PMPM	$11.00	$33.04	$20.84	$64.88
Projected Deductible PMPM	$2.71	$3.27	$0.17	$6.15
Projected Copay PMPM	$2.15	$1.71	$0.07	$3.93
Projected Coinsurance PMPM	$0.00	$0.09	$0.00	$0.09
Projected Paid PMPM	$6.13	$27.97	$20.60	$54.71
Projected Rx Rebates				($9.76)
Net Projected Paid PMPM				$44.95

Exhibit 2b -- Rx Trend Development (Indemnity)

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	6,531	806	98	7,435
Experience Period Allowed Cost per Script	$12.67	$169.69	$1,403.55	$48.01
Experience Period Deductible Per Script	$8.43	$26.89	$38.46	$10.82
Experience Period Copay Per Script	$0.00	$0.00	$0.00	$0.00
Experience Period Coinsurance Per Script	$1.65	$62.00	$234.89	$11.26
Experience Period Paid Cost Per Script	$2.60	$80.80	$1,130.20	$25.93
Experience Period Allowed PMPM	$6.90	$11.40	$11.45	$29.75
Experience Period Deductible PMPM	$4.59	$1.81	$0.31	$6.71
Experience Period Copay PMPM	$0.00	$0.00	$0.00	$0.00
Experience Period Coinsurance PMPM	$0.90	$4.16	$1.92	$6.98
Experience Period Paid PMPM	$1.41	$5.43	$9.22	$16.06
Experience Period Rx Rebates PMPM				($3.76)
Annual Util Trend	1.033	0.980	1.091	1.028
Annual Unit Cost Trend	0.920	1.138	1.113	1.089
Annual Allowed Trend	0.950	1.115	1.214	1.119
Annual Paid Trend	0.950	1.115	1.214	1.160
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.031
Months of Trend	24	24	24	24
Projected Scripts / 1000	6,965	774	117	7,855
Projected Allowed Cost per Script	$10.72	$219.75	$1,737.98	$56.94
Projected Deductible Per Script	$7.13	$34.82	$47.63	$10.46
Projected Copay Per Script	$0.00	$0.00	$0.00	$0.00
Projected Coinsurance Per Script	$1.39	$80.28	$290.86	$13.46
Projected Paid Cost Per Script	$2.20	$104.64	$1,399.49	$33.02
Projected Allowed PMPM	$6.22	$14.17	$16.88	$37.27
Projected Deductible PMPM	$4.14	$2.25	$0.46	$6.85
Projected Copay PMPM	$0.00	$0.00	$0.00	$0.00
Projected Coinsurance PMPM	$0.81	$5.18	$2.82	$8.81
Projected Paid PMPM	$1.28	$6.75	$13.59	$21.61
Projected Rx Rebates				($8.52)
Net Projected Paid PMPM				$13.09

Development of Index PMPM Claim Rate
Experience Period Incurred DOS: 1/1/15 - 12/31/15
Completed Through: 3/31/16

		Exhibit 3 - VT Small Group and Individual Index Rate						
		Non-ACA Compliant Agriservices	**Non-ACA Compliant Individual Indemnity**	**Non-ACA Compliant Small Group**	**Non-ACA Compliant Large Group 51-100**	**ACA Compliant Small Group**	**ACA Compliant Individual**	**Small Group + Individual Single Risk Pool**
1	Member Months	14,648	1,593	26,592	19,417	27,395	37,526	127,171
2	FFS Paid Medical Claims	$304.11	$183.73	$322.98	$284.24	$291.87	$313.78	$303.73
3	Claims Settlement Payment	$6.65	$6.65	$6.65	$6.65	$6.65	$6.65	$6.65
4	CSR Payments	$0.00	$0.00	$0.00	$0.00	$0.00	($12.85)	($3.79)
5	IBNR Factor	1.019	1.017	1.017	1.017	1.024	1.024	1.021
6	FFS Incurred Paid Medical Claims	$316.60	$193.47	$335.06	$295.67	$305.42	$314.68	$312.75
7	FFS Incurred Rx Claims	$43.48	$16.06	$49.69	$62.26	$63.51	$40.14	$50.63
8	Experience Period Rx Rebates	($8.50)	($3.76)	($6.58)	($9.13)	($8.14)	($5.86)	($7.28)
9	FFS Incurred Rx Claims (Net of Rebates)	$34.98	$12.31	$43.11	$53.13	$55.37	$34.27	$43.35
10	FFS Medical & Rx Claims in Excess of $100,000 Pooling Point	($39.47)	$0.00	($62.37)	($39.51)	($36.96)	($65.92)	($51.03)
11	Pooling Charge	$53.28	$35.13	$53.91	$52.80	$55.28	$48.32	$52.07
12	FFS Experience Period Claim Expense After Pooling Adjustment	$365.39	$240.91	$369.71	$362.09	$379.10	$331.36	$357.14
13	Experience Period Capitation and Non-FFS Medical Costs	$15.86	$18.59	$15.27	$15.82	$17.65	$10.65	$14.62
14	**Adjusted Experience Period Claim Expense**	**$381.26**	**$259.50**	**$384.98**	**$377.91**	**$396.75**	**$342.01**	**$371.76**
	Market-Wide Adjustments to Experience Period Claims							
15	Adjustment for average policy during beginning of policy year	$1.99	$0.00	$0.00	$0.00	$0.50	$5.42	$1.94
16	Adjustment for average policy during end of policy year	$0.00	($46.32)	($0.86)	($1.03)	$0.00	$0.00	($0.92)
17	Medical Benefit Modifications to Meet EHB Requirements	$1.47	$1.47	$1.47	$1.47	$0.00	$0.00	$0.72
18	Rx Benefit Modifications to Meet EHB Requirements	$0.00	$0.00	$0.43	$0.00	$0.00	$0.00	$0.09
19	Adjustment to experience period claims for $1,300 Rx Out-of-Pocket Max	$0.31	$0.00	$1.21	$1.41	$0.38	$0.38	$0.70
20	Adjustment for experience period vs projected membership characteristics	$0.44	$0.00	$1.16	$20.44	($1.17)	$5.29	$4.72
21	**Experience Period Claim Expense After All Adjustments**	**$385.46**	**$214.65**	**$388.39**	**$400.19**	**$396.46**	**$353.10**	**$379.00**
22	Annual FFS Medical projection factor	1.028	1.028	1.028	1.028	1.028	1.028	1.028
23	Annual FFS Rx projection factor	1.122	1.160	1.131	1.129	1.118	1.109	1.122
24	Annual FFS Claim trend projection factor	1.037	1.036	1.040	1.043	1.042	1.036	1.039
25	Months of Trend	24	24	24	24	24	24	24
26	Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	$397.68	$210.36	$403.37	$418.44	$411.15	$367.50	$393.67
27	Projection Period VT Paid Claim Surcharge + NYS HCRA	$4.97	$2.63	$5.04	$5.23	$5.14	$4.59	$4.92
28	Projection Period Capitation and Non-FFS Medical Costs	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33	$5.33
29	**Paid Index Rate PMPM Prior to Adjustments for Federal Programs**	**$407.97**	**$218.32**	**$413.74**	**$428.99**	**$421.61**	**$377.41**	**$403.92**
	Federal Risk Adjustment Program							
30	Federal Risk Adjustment Program Impact	$29.72	$15.90	$30.14	$31.25	$30.71	$27.49	$29.42
31	**Paid Index Rate PMPM After Adjustments for Federal Programs**	**$437.69**	**$234.22**	**$443.88**	**$460.24**	**$452.32**	**$404.91**	**$433.34**

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,081	4,081	1.000	1.000
4	Double	1,007	2,014	2.000	2.000
4	Parent/Child(ren)	168	425	2.530	1.930
4	Family	813	3,210	3.948	2.810

Single Conversion Factor **1.118**

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

% of Premium Retention Components	
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.00%
Total % of Premium Retention Components	1.40%

PMPM Retention Components	
General Administrative Load	$35.10
National Network Fee	$1.50
Total % of Premium Retention Components	$36.60

% of Premium Taxes and Assessments	
Premium Tax	0.00%
VT Vaccine Pilot	0.50%
ACA Insurer Tax	0.00%
Total % of Premium Taxes/Assessments	0.50%

% of Paid Claim Taxes and Assessments	
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%

PMPM Taxes and Assessments	
HHS Risk Adjustment User Fee	$0.13
Comparative Eff Research Tax	$0.20
2017 Billback- Health Care Advocate	$0.49
Total PMPM Taxes/Assessments	$0.82

Exhibit 6 -- 2017 Exchange Premium Rates

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

2015 Adjusted Paid Claim Cost (Exhibit 3, Line 34)	$433.34
Benefit Relativity Reflected in Index Rate	0.711
Induced Demand Reflected in Index Rate	1.045
Adjusted Claim Cost for Pricing	$583.24

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2016 Single Rate	Increase over 2016 Double Rate	Increase over 2016 P/C Rate	Increase over 2016 Family Rate
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	Non-Subsidized	0.879	1.137	$582.67	$8.85	$36.60	$3.16	$0.82	$0.00	$632.10	$706.69	$1,413.38	$1,363.91	$1,985.80	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	Non-Subsidized	0.812	1.092	$517.35	$7.92	$36.60	$2.83	$0.82	$0.00	$565.51	$632.24	$1,264.48	$1,220.22	$1,776.59	7.4%	7.4%	7.4%	7.4%
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.797	1.080	$502.08	$7.70	$36.60	$2.75	$0.82	$0.07	$550.02	$614.92	$1,229.84	$1,186.80	$1,727.93	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.736	1.051	$451.18	$6.97	$36.60	$2.49	$0.82	$0.07	$498.13	$556.91	$1,113.82	$1,074.84	$1,564.92	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	Non-Subsidized	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	Non-Subsidized	0.579	1.000	$337.69	$5.35	$36.60	$1.91	$0.82	$0.00	$382.38	$427.50	$855.00	$825.08	$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	Non-Subsidized	0.586	1.000	$341.78	$5.41	$36.60	$1.93	$0.82	$0.00	$386.54	$432.15	$864.30	$834.05	$1,214.34	13.5%	13.5%	13.5%	13.5%
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	Non-Subsidized	0.576	1.000	$335.95	$5.33	$36.60	$1.90	$0.82	$0.07	$380.67	$425.59	$851.18	$821.39	$1,195.91	8.7%	8.7%	8.7%	8.7%
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	Non-Subsidized	0.575	0.642	$215.19	$3.61	$36.60	$1.29	$0.82	$0.00	$257.50	$287.89	$575.78	$555.63	$808.97	9.0%	9.0%	9.0%	9.0%
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	Subsidized (73%)	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	Subsidized (87%)	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	Subsidized (94%)	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	Subsidized (77%)	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-PA2-001-S (2017)	HyHMO	Platinum	Standard	AI/AN	0.879	1.137	$582.67	$8.85	$36.60	$3.16	$0.82	$0.00	$632.10	$706.69	$1,413.38	$1,363.91	$1,985.80	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-GA2-001-S (2017)	HyHMO	Gold	Standard	AI/AN	0.812	1.092	$517.35	$7.92	$36.60	$2.83	$0.82	$0.00	$565.51	$632.24	$1,264.48	$1,220.22	$1,776.59	7.4%	7.4%	7.4%	7.4%
FRVT-HMO-GA2-002-N (2017)	HyHMO	Gold	Non-Standard	AI/AN	0.797	1.080	$502.08	$7.70	$36.60	$2.75	$0.82	$0.07	$550.02	$614.92	$1,229.84	$1,186.80	$1,727.93	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-GA2-003-N (2017)	HDHMO	Gold	Non-Standard	AI/AN	0.736	1.051	$451.18	$6.97	$36.60	$2.49	$0.82	$0.07	$498.13	$556.91	$1,113.82	$1,074.84	$1,564.92	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-SA2-001-S (2017)	HyHMO	Silver	Standard	AI/AN	0.727	1.044	$442.70	$6.85	$36.60	$2.45	$0.82	$0.00	$489.41	$547.16	$1,094.32	$1,056.02	$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-SA2-001-S (2017)	HDHMO	Silver	Standard	AI/AN	0.692	1.028	$414.98	$6.46	$36.60	$2.31	$0.82	$0.00	$461.16	$515.58	$1,031.16	$995.07	$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-SA2-001-N (2017)	HyHMO	Silver	Non-Standard	AI/AN	0.664	1.020	$395.19	$6.17	$36.60	$2.21	$0.82	$0.07	$441.06	$493.11	$986.22	$951.70	$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-BA2-001-S (2017)	HMO	Bronze	Standard	AI/AN	0.579	1.000	$337.69	$5.35	$36.60	$1.91	$0.82	$0.00	$382.38	$427.50	$855.00	$825.08	$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-BA2-001-S (2017)	HDHMO	Bronze	Standard	AI/AN	0.585	1.000	$341.19	$5.40	$36.60	$1.93	$0.82	$0.00	$385.95	$431.49	$862.98	$832.78	$1,212.49	13.3%	13.3%	13.3%	13.3%
FRVT-HMO-BA2-001-N (2017)	HMO	Bronze	Non-Standard	AI/AN	0.576	1.000	$335.95	$5.33	$36.60	$1.90	$0.82	$0.07	$380.67	$425.59	$851.18	$821.39	$1,195.91	8.7%	8.7%	8.7%	8.7%
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	AI/AN, Subsidized	0.579	1.000	$337.69	$5.35	$36.60	$1.91	$0.82	$0.00	$382.38	$427.50	$855.00	$825.08	$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.576	1.000	$335.95	$5.33	$36.60	$1.90	$0.82	$0.07	$380.67	$425.59	$851.18	$821.39	$1,195.91	8.7%	8.7%	8.7%	8.7%

*The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memoranc
**Reflects cost of Member Wellness Incentive Rider, Form FRVT-30
***Child Only Rate = Single Rate

User Inputs for Plan Parameters

2017 Bronze

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$5,500.00	$300.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)			$0.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$40.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$40.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$16.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$90.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$20.00
VBID	$3.00
Facility	
Surgery	

Output

Status/Error Messages:	Calculation Successful.		
Actuarial Value:	59.71%	1.012	60.43%
Metal Tier:	Bronze	AV Adjust	final AV

2017 AV Calculator

User Inputs for Plan Parameters

2017 Gold HDHP 2500

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$2,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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]

Generic
VBID

Facility
Surgery

Output

Status/Error Messages:	Calculation Successful.		
Actuarial Value:	78.19%	1	78.19%
Metal Tier:	Gold	AV Adjust	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Gold Hybrid

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$950.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$5,850.00	$1,300.00	$7,150.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.13%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	70.11%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$4.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$5.00
VBID	$1.00
Facility	$400.00
Surgery	$200.00

Output

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.		
Actuarial Value:	77.99%	1.0013	78.09%
Metal Tier:		AV Adj	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Silver 73

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$900.00	$300.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,500.00	$1,200.00	$5,700.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$60.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$800.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$60.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$60.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$60.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	61.95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	10.33%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$12.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$15.00
VBID	$3.00
Facility	$1,400.00
Surgery	$600.00

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.		
Actuarial Value:	73.30%	1	73.30%
Metal Tier:	Silver	AV Adjust	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Silver 77

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$300.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,500.00	$1,200.00	$5,700.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	78.26%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	40.22%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$12.00
VBID	$3.00
Facility	$800.00
Surgery	$400.00

Output

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.		
Actuarial Value:	76.89%	1	76.89%
Metal Tier:		AV Adjust	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Silver 87

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$60.00	$50.00				
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$1,900.00	$450.00	$2,350.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$30.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$5.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.13%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	70.11%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$8.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$10.00
VBID	$3.00
Facility	$400.00
Surgery	$200.00

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.		
Actuarial Value:	87.55%	1	87.55%
Metal Tier:	Gold	AV Adjust	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Silver 94

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	95.00%	90.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$1,900.00	$450.00	$2,350.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$50.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$10.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$5.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$10.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$10.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$10.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$10.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	97.28%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	88.79%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$4.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$5.00
VBID	$1.00
Facility	$100.00
Surgery	$75.00

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.		
Actuarial Value:	94.48%	1	94.48%
Metal Tier:	Platinum	AV Adjust	Final AV

2017 AV Calculator

User Inputs for Plan Parameters

Silver

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?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,800.00	$500.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$5,850.00	$1,300.00	$7,150.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$60.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$1,400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$60.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$60.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$60.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	61.95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	10.33%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$12.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

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]
Generic	$15.00
VBID	$3.00
Facility	$1,400.00
Surgery	$600.00

Output

Status/Error Messages:	Calculation Successful.		
Actuarial Value:	69.09%	1	69.09%
Metal Tier:	Silver	AV Adjust	Final AV

2017 AV Calculator

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)[1] 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.

[1] 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[2] 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*

[2] 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[3]. 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

[3] 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.

	Costs that Accumulate			
		Maximum Out-of-Pocket (MOOP)		
Options	Deductible	Medical	Rx	Deductible / MOOP Type
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.

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.

Julie A. Peper, FSA, MAAA
May 9, 2016

APPENDIX B

Summary of Plan Design Changes from 2016 designs

	Deductible Plans	
Plan	**Platinum**	**Gold**
Changes	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**
Changes	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**
Changes	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**
Changes	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 appropriate 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

	2017 Plan Designs - Deductible Plans			
Deductible/OOP Max	**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 [1]	10%	20%	40%	50%
Outpatient [2]	10%	20%	40%	50%
ER [3]	$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 [4]	$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)

	2017 Plan Designs – Deductible CSR Plans			
Deductible/OOP Max	**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 [1]	40%	40%	40%	10%
Outpatient [2]	40%	40%	40%	10%
ER [3]	$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 [4]	$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

	2017 Plan Designs - HDHP Plans Option 1: Embedded MOOP		2017 Plan Designs - HDHP Plans Option 2: Stacked MOOP	
Deductible/OOP Max	**Silver**	**Bronze**	**Silver**	**Bronze**
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
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	25%	50%	25%	50%
Outpatient [2]	25%	50%	25%	50%
ER [3]	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 [4]	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%
Actuarial Value				
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)

	2017 Plan Designs – HDHP Option 1: Embedded MOOP CSR Plans			
Deductible/OOP Max	**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	$1,550	$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
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	25%	25%	0%	0%
Outpatient [2]	25%	25%	0%	0%
ER [3]	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 [4]	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	72.8%	76.7%	86.7%	93.8%

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

	HDHP Stacked MOOP CSR Plan Options			
Deductible/OOP Max	**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 [1]	25%	25%	0%	0%
Outpatient [2]	25%	25%	0%	0%
ER [3]	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 [4]	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 bicuspids*
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

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded $7,150	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded $7,150 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.2%	70.0%
Bronze HDHP– Embedded $7,150 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.8%	60.9%
Silver HDHP – Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	71.9%	70.0%
Bronze HDHP– Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	61.6%	61.0%
Silver Deductible	No	No	No	Yes	No	Yes	71.0%	71.5%
Bronze Deductible	No	No	No	Yes	No	Yes	60.4%	61.3%
Silver HDHP - Embedded $7,150 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.3%	72.8%
Silver HDHP - Embedded $7,150 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	79.0%	76.7%
Silver HDHP - Embedded $7,150 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	87.2%	86.7%
Silver HDHP - Embedded $7,150 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.8%	93.8%
Silver HDHP - Stacked MOOP CSR 73%	Yes	No	Yes	Yes	Yes	Yes	74.0%	72.7%
Silver HDHP - Stacked MOOP CSR 77%	Yes	No	Yes	Yes	Yes	Yes	77.6%	76.8%
Silver HDHP - Stacked MOOP CSR 87%	Yes	No	Yes	No	Yes	Yes	86.8%	86.7%
Silver HDHP - Stacked MOOP CSR 94%	Yes	No	Yes	No	Yes	Yes	93.8%	93.9%
Silver Deductible CSR – 73%	No	No	No	Yes	No	Yes	73.3%	73.8%
Silver Deductible CSR – 77%	No	No	No	Yes	No	Yes	77.1%	77.4%
Silver Deductible CSR – 87%	No	No	No	Yes	No	Yes	87.5%	87.5%
Silver Deductible CSR – 94%	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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	$0.00

Narrow Network Options	
Blended Network/POS Plan?	☐
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 ($)			$1,550.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	$0.00

Narrow Network Options	
Blended Network/POS Plan?	☐
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 ($)			$5,050.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,600.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	$0.00

Narrow Network Options	
Blended Network/POS Plan?	☐
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 ($)			$5,300.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

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

2017 AV Calculator

4. Bronze HDHP – Stacked MOOP, Continued

HDHP Model – Normalization:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)	$2,150.00	$150.00				
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.01%
Metal Tier: Silver

2017 AV Calculator

5. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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	$700.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

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

2017 AV Calculator

6. **Bronze Deductible, Continued**

HDHP Model – Without Prescription Drug Adjustments:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,550.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$4,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value: 75.32%
Metal Tier:

2017 AV Calculator

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

HDHP Model – Normalization:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

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

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$3,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value: 79.01%
Metal Tier:

2017 AV Calculator

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

HDHP Model – Normalization:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,250.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$1,250.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$550.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☑
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,600.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$4,700.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☑
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,400.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$3,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$1,300.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	86.80%
Metal Tier:	Gold

2017 AV Calculator

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

HDHP Model – Normalization:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)			$550.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)	$2,150.00	$150.00				
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum ($)	$4,900.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 73.34%
Metal Tier: Silver

2017 AV Calculator

15. **Silver Deductible CSR – 73%**

HDHP Model – Without Prescription Drug Adjustments:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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	$150.00				
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum ($)	$3,700.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value: 77.14%
Metal Tier:

2017 AV Calculator

16. **Silver Deductible CSR – 77%**

HDHP Model – Without Prescription Drug Adjustments:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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	$100.00				
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum ($)	$1,300.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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?	☐	Blended Network/POS Plan?	☐
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 ($)	$100.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	90.00%	70.00%				
OOP Maximum ($)	$700.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 94.74%
Metal Tier: Platinum

2017 AV Calculator

18. **Silver Deductible CSR – 94%**

HDHP Model – Without Prescription Drug Adjustments:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	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:

Inputs

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.
Press 'Calculate' anytime an input or dropdown selection is changed.
Note that the model run-time will vary based on the computers processing speed.
A message box will appear to indicate that the calculations are done.

	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 /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	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%

Contact Information

Company Information

Company Legal Name:	MVP Health Plan, Inc.
HIOS Issuer ID:	77566
NAIC Number:	95521

Primary Contact Information

Contact Name:	Matthew Lombardo, FSA, MAAA
Contact Title:	Associate Director, Actuarial Services
Primary Contact Phone #:	1-800-777-4793, ext. 2483
Primary Contact Address:	625 State Street Schenectady, NY 12301-2207
Primary Contact E-mail:	mlombardo@mvphealthcare.com

ACTUARIAL MEMORANDUM

2017 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2017 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2017 and 12/31/2017. There are no benefit plans being retired, and there are no new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to medical inflation, experience period data not reflecting a full 12-month contract, and an aging population. Premium rate increases are varying by plan due to uniform benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2016 to 2017. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the $2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 2,987 policyholders, 4,354 subscribers and 6,614 members based on March 2016 membership.

Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2015 – 12/31/2015, completed through 3/31/2016. All of the members included in this section are enrolled in ACA compliant plans.

MVP does not project to rebate consumers for 2015 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	**Incurred**
Claims Processed Through Claim System	$28,763,920	$22,523,130
Experience Period Costs Not Processed Through Claims System	$921,644	$883,478
IBNR	$572,941	$455,543
Total	$30,258,505	$23,862,151

Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

Other Adjustment for Experience Period vs Projection Period Membership Characteristics

This adjustment represents the change in the HHS age factor for March 2016 membership enrolled in ACA compliant plans compared to the experience period ACA compliant enrollment. MVP is assuming the projection period enrollment will equal March 2016 enrollment. As a result, an adjustment is being made to the claim projection to account for changes in the average HHS age factor between the experience period and the current snapshot.

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set used to develop premium rates. MVP combined the experience of these separate pools of data to form a more credible experience

base. In aggregate, the claim data is assumed to be fully credible. The experience period data complies with the single risk pool requirement of the Federal ACA.

Because MVP's experience period membership shown in Worksheet 1, Section 1 does not fully reflect this population, the claims not reflected in that section which are being used in MVP's premium rate development are reflected in the credibility manual.

MVP determined the credibility weights between the two sections of URRT data based on the membership enrolled in each of these populations over the experience period.

A portion of the index rate claims are covered under a capitation arrangement. The cost associated with these claims reflects the PMPM payment MVP will owe its capitated vendors in 2017.

Paid-to-Allowed Ratio and Membership Projection (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)

MVP projects a 77.5% paid-to-allowed ratio in 2017. MVP's projection period membership equals the March 2016 enrollment of the population eligible to purchase these products, or 9,730 members. On Worksheet 2 of the URRT, members currently enrolled in non-ACA compliant plans are mapped to ACA compliant plans using the actuarial value of the member's current plan using MVP's benefit relativity model and the product type of the member's current benefit (QHDHP vs non-QHDHP). Members were then mapped to the ACA compliant plan of the same product type with the actuarial value closest to their current plan.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2017.

Federal Risk Adjustment Program

For 2014 dates of service, MVP paid $44.58 PMPM into the risk adjustment program. MVP compared its 2014 ACA compliant membership to its 2015 ACA compliant membership and determined that 80.6% of the 2015 members were enrolled in MVP's ACA compliant plans in 2014. Additionally, MVP reviewed VHC enrollment figures from December 2014 and December 2015 and determined that the overall market has not changed substantially; there were 67,677 members enrolled in VHC in December 2014 vs 68,045 members in December 2015. Because MVP's membership in ACA compliant plans has not changed materially and the total market membership has not changed substantially between 2014 and 2015, MVP does not anticipate its relative risk position to change from being a payer to a receiver from 2014 to 2015 dates of service. That being said, it is worth noting that risk scores are heavily influenced by months of enrollment, and 2014 data is heavily skewed by the extended open enrollment period where many members did not enroll until May. Because of the factors described above and the uncertainty caused by the extended open enrollment period in 2014, MVP is assuming a risk adjustment payment equal to 2/3 of the 2014 risk adjustment payment PMPM, or $29.42.

Index Rate and Premium Rate Development

The experience period index rate of $466 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2015 – 12/31/2015, completed through 3/31/2016. The single risk pool projection period index rate is $506.60. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustment discussed above in the section labeled, "Projection Factors".

The market adjusted index rate for the projection period equals $543.63. This value was computed by adjusting the projection period index rate for the federal risk adjustment program and marketplace user fees. Please see above for

details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

Plan Adjusted Index PMPM rates

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2017 premium rates.

Note the AV pricing value does not reflect the expected actuarial value of benefits being offered. Because the market adjusted index rate does not reflect the impact of administrative costs and the AV pricing value accounts for these costs, many of the AV pricing values seen on Worksheet 2 are greater than 1.00.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below.

Federal Taxes PMPM based

A total of $0.33 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: $0.13 HHS risk adjustment user fee and $0.20 Patient Centered Outcome Research Fee.

State Taxes PMPM based – Assessment to Fund Health Care Advocate

Recent legislation has been proposed which will assess carriers and hospitals to fund the Health Care Advocate. The total assessment equals $510,000 with 24.2%, or $123,420, of it being funded by health insurance companies licensed under 8 V.S.A. Chapter 101. The assessment will be allocated amongst carriers under this license based on earned premium. MVP reviewed the earned premium reported on the 2015 Supplemental Health Care Exhibits for carriers under this license and estimates that MVP will be responsible for 56.7% of the assessment, or approximately $70,000. Based on MVP's March 2016 total commercial enrollment in the State of Vermont, $0.49 PMPM is being added to the proposed premium rates for this assessment.

Federal Taxes Premium based
The ACA Insurer Tax is being suspended for 2017 dates of service. Due to the one year suspension of this fee, there is no charge reflected in the proposed 2017 premium rates for this tax.

State Taxes Premium based – VT Vaccine Assessment
This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)
The total administrative expense load included as a plan level adjustment is unchanged from the 2016 Exchange filing and equals $36.60 PMPM. This amount includes $1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining $35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2015 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, $3.51 PMPM of the $35.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2013, 2014, and 2015 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2013	$39.37
Small Group	2013	$47.28
Combined	2013	$46.57
Individual	2014	$45.43
Small Group	2014	$43.01
Combined	2014	$43.87
Individual	2015	$36.66
Small Group	2015	$34.04
Combined	2015	$35.15

**Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

Contribution to Reserves/Risk Charge
MVP is building a 1% contribution to reserves/risk charge into the VT Exchange premium rates for 2017. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense
A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2016 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)
Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to $50 per year in incentives. MVP projects the net cost of this benefit to equal $0.07 PMPM and is unchanged from the cost of this rider in 2016.

Catastrophic Plan Adjustment
An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial

hardship could also qualify to enroll in this plan. As of March 2016, 43 of the 45 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.642.

Catastrophic Plan Level Adjustment

	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.039
Single Risk Pool Total	1.619
Catastrophic Adjustment	0.642

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of March 2016. The SCF = weighted average contract size/ weighted average load ratio.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.6%.

Target Loss Ratio for 2017 VT Exchange

A) Claims Expense	$433.34
B) Taxes/Assessments	$3.22
C) Quality Improvement	$3.51
D) Premium	$479.87
E) Traditional Loss Ratio *= A) / D)*	90.3%
F) Federal Loss Ratio *= [A) + C)] / [D) - B)]*	91.6%

Terminated Products

There are no products being terminated.

Warning Alerts

There are no Warning Alerts being generated.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount 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 Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

_____ 05/11/2016

Matthew Lombardo, FSA, MAAA Date
Associate Director, Actuarial Services
MVP Health Care, Inc.

Consumer Disclosure about Proposed Health Insurance Rate Increase

VT 2017 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2017 Exchange rates (effective dates of coverage beginning between January 1, 2017 and December 31, 2017).

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates; however, premium rates generally increase over time. Increases in premium rates are driven by many factors including increases in use of medical services by the insured population, increases in hospital and physician required charges for medical care, expanded covered services due to government mandates, fees and assessments charged by the government to insurers, and the exit of healthier individuals from the insurance market place as the cost of insurance increases.

The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%. There are 2,987 policyholders, 4,354 subscribers and 6,614 members impacted by this rate filing.

Certification of Compliance
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.
Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President
Signature: Date: 05/10/16

Unified Rate Review v3.3

Company Legal Name:	**MVP Health Plan, Inc.**	State:	**VT**
HIOS Issuer ID:	**77566**	Market:	**Combined**
Effective Date of Rate Change(s):	**1/1/2017**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$26,730,989	$411.75	100.00%
Incurred Claims in Experience Period	$23,862,151	367.56	89.27%
Allowed Claims:	$30,258,505	466.08	113.20%
Index Rate of Experience Period		$466.00	
Experience Period Member Months	64,921		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	224.03	$4,463.64	$83.33	1.000	1.006	1.046	1.000	224.03	$4,913.05	$91.72	157.48	$6,186.40	$81.19
Outpatient Hospital	Visits	2,809.38	720.63	168.71	1.000	1.006	1.039	1.000	2,809.38	782.61	183.22	2043.04	1,182.96	201.40
Professional	Visits	8,168.27	182.56	124.27	1.000	1.006	0.991	1.000	8,168.27	180.37	122.77	5587.34	265.44	123.59
Other Medical	Other	272.64	564.96	12.84	1.000	1.006	1.039	1.000	272.64	613.54	13.94	165.43	1,028.58	14.18
Capitation	Benefit Period	12,000.00	14.20	14.20	1.000	1.000	0.898	1.000	12,000.00	11.45	11.45	12000.00	11.57	11.57
Prescription Drug	Prescriptions	11,246.04	66.94	62.74	1.000	1.006	1.087	1.027	11,861.52	79.57	78.66	6125.78	156.48	79.88
Total				$466.08							$501.76			$511.82

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	51.05%	48.95%	$506.68	$59,160,519
Paid to Allowed Average Factor in Projection Period			0.775	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$392.68	$45,849,402
Projected Risk Adjustments PMPM			-29.55	(3,450,258)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$422.23	$49,299,660
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$422.23	$49,299,660
Administrative Expense Load		8.22%	38.51	4,496,208
Profit & Risk Load		1.00%	4.68	546,984
Taxes & Fees		0.65%	3.05	355,540
Single Risk Pool Gross Premium Avg. Rate, PMPM			$468.47	$54,698,391
Index Rate for Projection Period			$506.60	
% increase over Experience Period			13.78%	
% Increase, annualized:			6.67%	
Projected Member Months				116,760

Information Not Releasable to the Public Unless Authorized by Law: 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.

Product-Plan Data Collection

Company Legal Name:	**MVP Health Plan, Inc.**	State:	**VT**
HIOS Issuer ID:	**77566**	Market:	**Combined**
Effective Date of Rate Change(s):	**1/1/2017**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Vermont HMO Contract Individual											Vermont HMO Contract Group								
Product ID:	77566VT004											77566VT005								
Metal:	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze
AV Metal Value	0.891	0.820	0.781	0.782	0.715	0.700	0.691	0.613	0.610	0.604	0.575	0.891	0.820	0.781	0.782	0.715	0.700	0.691	0.613	0.609
AV Pricing Value	1.163	1.040	1.012	0.916	0.900	0.848	0.811	0.703	0.711	0.700	0.474	1.163	1.040	1.012	0.916	0.900	0.848	0.811	0.703	0.710
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	FRVT-HMO-P-001-S (2017)	FRVT-HMO-G-001-S (2017)	FRVT-HMO-G-002-N (2017)	FRVT-HMOH-G-003-N (2017)	FRVT-HMO-S-001-S (2017)	FRVT-HMOH-S-001-S (2017)	FRVT-HMO-S-001-N (2017)	FRVT-HMO-B-001-S (2017)	FRVT-HMOH-B-001-S (2017)	FRVT-HMO-B-001-N (2017)	FRVT-HMO-C-001-N (2017)	FRVT-HMO-P-001-S (2017)	FRVT-HMO-G-001-S (2017)	FRVT-HMO-G-002-N (2017)	FRVT-HMOH-G-003-N (2017)	FRVT-HMO-S-001-S (2017)	FRVT-HMOH-S-001-S (2017)	FRVT-HMO-S-001-N (2017)	FRVT-HMO-B-001-S (2017)	FRVT-HMOH-B-001-S (2017)
Plan ID (Standard Component ID):	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%											0.00%								
Historical Rate Increase - Calendar Year - 1	9.00%											17.10%								
Historical Rate Increase - Calendar Year 0	-1.27%											-2.39%								
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	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)	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%	11.37%	11.65%	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%
Cum'tive Rate Change % (over 12 mos prior)	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%	11.37%	11.65%	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%
Proj'd Per Rate Change % (over Exper. Period)	7.31%	8.40%	4.84%	#DIV/0!	10.81%	11.00%	5.26%	9.81%	8.82%	7.77%	35.50%	7.31%	8.40%	4.84%	#DIV/0!	10.81%	11.00%	5.26%	9.81%	8.82%
Product Rate Increase %	11.52%											11.63%								

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

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010
Inpatient	$8.60	$10.65	$9.87	$9.28	$9.89	$10.91	$9.84	$5.27	$7.58	$9.98	$7.45	$5.23	$10.65	$9.87	$9.28	$9.89	$10.91	$9.84	$5.27	$7.58	$9.98
Outpatient	$19.10	$23.65	$21.91	$20.61	$21.96	$24.23	$21.86	$11.70	$16.84	$22.16	$16.55	$11.62	$23.65	$21.91	$20.61	$21.96	$24.23	$21.86	$11.70	$16.84	$22.16
Professional	$12.24	$15.16	$14.05	$13.21	$14.08	$15.54	$14.01	$7.50	$10.80	$14.21	$10.61	$7.45	$15.16	$14.05	$13.21	$14.08	$15.54	$14.01	$7.50	$10.80	$14.21
Prescription Drug	$1.40	$1.73	$1.60	$1.51	$1.61	$1.77	$1.60	$0.86	$1.23	$1.62	$1.21	$0.85	$1.73	$1.60	$1.51	$1.61	$1.77	$1.60	$0.86	$1.23	$1.62
Other	$1.14	$1.42	$1.31	$1.23	$1.32	$1.45	$1.31	$0.70	$1.01	$1.33	$0.99	$0.70	$1.42	$1.31	$1.23	$1.32	$1.45	$1.31	$0.70	$1.01	$1.33
Capitation	$7.87	$9.75	$9.03	$8.49	$9.05	$9.99	$9.01	$4.82	$6.94	$9.13	$6.82	$4.79	$9.75	$9.03	$8.49	$9.05	$9.99	$9.01	$4.82	$6.94	$9.13
Administration	$0.63	$0.77	$0.72	$0.67	$0.73	$0.82	$0.73	$0.35	$0.55	$0.76	$0.54	$0.38	$0.77	$0.72	$0.67	$0.73	$0.82	$0.73	$0.35	$0.55	$0.76
Taxes & Fees	-$10.13	-$13.59	-$12.29	-$12.05	-$10.85	-$10.51	-$10.07	-$10.36	-$8.75	-$8.46	-$8.73	-$6.46	-$13.59	-$12.29	-$12.05	-$10.85	-$10.51	-$10.07	-$10.36	-$8.75	-$8.46
Risk & Profit Charge	$4.10	$5.77	$5.14	$5.02	$4.46	$4.31	$4.09	$4.16	$3.43	$3.33	$3.42	$2.31	$5.77	$5.14	$5.02	$4.46	$4.31	$4.09	$4.16	$3.43	$3.33
Total Rate Increase	$44.95	$55.31	$51.34	$47.97	$52.25	$58.51	$52.38	$25.00	$39.63	$54.06	$38.86	$26.87	$55.31	$51.34	$47.97	$52.25	$58.51	$52.38	$25.00	$39.63	$54.06
Member Cost Share Increase	$35.55	$26.46	$29.21	$30.27	$30.41	$25.70	$30.65	$50.74	$41.43	$27.47	$42.05	$27.06	$26.46	$29.21	$30.27	$30.41	$25.70	$30.65	$50.74	$41.43	$27.47
Average Current Rate PMPM	$419.70	$576.79	$514.16	$502.05	$445.88	$430.90	$408.78	$416.06	$342.75	$332.50	$341.80	$230.64	$576.79	$514.16	$502.05	$445.88	$430.90	$408.78	$416.06	$342.75	$332.50
Projected Member Months	116,760	5,496	948	1,224	12,972	4,620	3,612	6,684	14,796	10,368	3,096	588	7,932	1,296	3,696	16,092	3,180	6,180	1,452	3,972	7,620

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010
Plan Adjusted Index Rate	$418.00	$589.04	$521.71	$524.61	$0.00	$441.67	$415.47	$419.03	$348.22	$355.22	$353.21	$190.04	$589.04	$521.71	$524.61	$0.00	$441.67	$415.47	$419.03	$348.22	$355.22
Member Months	64,922	2,177	801	429	0	4,309	2,277	5,455	15,735	2,153	2,980	1,211	7,380	1,270	1,522	0	3,018	4,114	2,307	4,247	2,509
Total Premium (TP)	$27,137,298	$1,282,340	$417,890	$225,058	$0	$1,903,156	$946,025	$2,285,809	$5,479,242	$764,789	$1,052,566	$230,138	$4,347,115	$662,572	$798,456	$0	$1,332,960	$1,709,244	$966,702	$1,478,890	$891,247
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.97%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%
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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%
Total Allowed Claims (TAC)	$30,257,436	$2,922,468	$959,484	$243,818	$0	$1,863,441	$1,939,372	$3,195,523	$5,182,534	$379,850	$814,357	$105,819	$4,471,601	$810,412	$741,663	$0	$1,073,815	$1,480,960	$1,283,935	$1,657,641	$890,924
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.98%	0.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.97%	100.00%	100.00%	100.00%	99.98%	0.00%	100.00%	100.00%	99.98%	100.00%	100.00%
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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.02%	100.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%	100.00%	0.00%	0.00%	0.02%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$6,403,233	$177,557	$107,451	$37,151	$0	$551,076	$284,890	$615,950	$1,657,188	$199,875	$306,926	$53,146	$329,975	$99,235	$83,469	$0	$300,304	$441,751	$254,152	$521,789	$275,668
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$493,511	$0	$0	$0	$0	$176,608	$93,325	$223,578	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	7.71%	0.00%	0.00%	0.00%	#DIV/0!	32.05%	32.76%	36.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$23,854,203	$2,744,911	$852,033	$206,667	$0	$1,312,365	$1,654,482	$2,579,573	$3,525,346	$179,975	$507,431	$52,673	$4,141,626	$711,177	$658,194	$0	$773,511	$1,039,209	$1,029,783	$1,135,853	$615,256
Net Amt of Rein	$1,255,073.81	$78,641.26	$28,935.07	$15,497.06	$0.00	$155,656.95	$82,253.63	$197,054.69	$568,406.15	$77,774.29	$107,648.58	$43,745.78	-$27,084.60	-$4,660.90	-$5,585.74	$0.00	-$11,076.06	-$15,098.38	-$8,466.69	-$15,586.49	-$9,208.03
Net Amt of Risk Adj	$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	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Incurred Claims PMPM	$367.43	$1,260.87	$1,063.71	$481.74	#DIV/0!	$304.56	$726.61	$472.88	$224.04	$83.59	$170.28	$43.50	$561.20	$559.98	$432.45	#DIV/0!	$256.30	$252.60	$446.37	$267.45	$245.22
Allowed Claims PMPM	$466.06	$1,342.43	$1,197.86	$568.34	#DIV/0!	$432.45	$851.72	$585.80	$329.36	$176.43	$273.27	$87.38	$605.91	$638.12	$487.29	#DIV/0!	$355.80	$359.98	$556.54	$390.31	$355.09
EHB portion of Allowed Claims, PMPM	$466.04	$1,342.43	$1,197.86	$568.23	#DIV/0!	$432.45	$851.72	$585.68	$329.36	$176.43	$273.19	$87.38	$605.91	$638.12	$487.20	#DIV/0!	$355.80	$359.98	$556.43	$390.31	$355.09

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010
Plan Adjusted Index Rate	$468.29	$632.10	$565.51	$550.02	$498.13	$489.41	$461.16	$441.06	$382.38	$386.54	$380.67	$257.50	$632.10	$565.51	$550.02	$498.13	$489.41	$461.16	$441.06	$382.38	$386.54
Member Months	116,760	5,496	948	1,224	12,972	4,620	3,612	6,684	14,796	10,368	3,096	588	7,932	1,296	3,696	16,092	3,180	6,180	1,452	3,972	7,620
Total Premium (TP)	$54,677,994	$3,474,022	$536,103	$673,224	$6,461,742	$2,261,074	$1,665,710	$2,948,045	$5,657,694	$4,007,647	$1,178,554	$151,410	$5,013,817	$732,901	$2,032,874	$8,015,908	$1,556,324	$2,849,969	$640,419	$1,518,813	$2,945,435
EHB Percent of TP, [see instructions]	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%
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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%
Total Allowed Claims (TAC)	$59,153,874	$3,047,349	$505,215	$644,964	$6,651,470	$2,353,165	$1,811,805	$3,327,453	$7,218,218	$5,058,022	$1,510,381	$184,061	$4,398,030	$690,674	$1,947,538	$8,251,269	$1,619,711	$3,099,932	$722,840	$1,937,737	$3,717,412
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%
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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$9,887,094	-$155,008	$14,769	$30,421	$798,798	$307,919	$312,893	$686,025	$2,221,702	$1,514,484	$470,299	$57,533	-$223,713	$20,191	$91,859	$990,924	$211,944	$535,348	$149,029	$596,418	$1,113,076

Portion of above payable by HHS's funds on behalf of insured person, in dollars	$561,096	$0	$0	$0	$0	$200,794	$106,105	$254,196	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	5.68%	0.00%	0.00%	0.00%	0.00%	65.21%	33.91%	37.05%	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%
Total Incurred claims, payable with issuer funds	$49,266,781	$3,202,357	$490,446	$614,543	$5,852,672	$2,045,246	$1,498,913	$2,641,428	$4,996,516	$3,543,537	$1,040,083	$126,529	$4,621,743	$670,483	$1,855,680	$7,260,345	$1,407,767	$2,564,585	$573,811	$1,341,319	$2,604,336
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$3,450,360	-$162,412	-$28,014	-$36,170	-$383,334	-$136,525	-$106,738	-$197,518	-$437,235	-$306,383	-$91,490	-$17,376	-$234,398	-$38,298	-$109,220	-$475,533	-$93,972	-$182,624	-$42,908	-$117,376	-$225,178

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June 1, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Exchange rate filing
SERFF Tracking #: MVPH-130558905

Dear Mr. Ruggeberg:

This letter is in response to your correspondence received 05/18/16 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Given that the Exchange experience comprises almost 65,000 member months, which is more than 5 times the full credibility standard used by MVP in large group rate-setting, why was ACA compliant experience not at least given greater weight than experience for other blocks of business?

Response: To develop premium rates, MVP gave equal weight to every member month in the experience period, regardless of enrollment status. To be consistent with this logic, MVP used all ACA compliant data on worksheet 1 of the URRT (to be in compliance with the URRT instructions) and used a credibility factor equal to [ACA Compliant MMs in experience period] / [Total ACA and non-ACA Compliant MMs in experience period].

2. For the ACA compliant plans, please provide individual 36 month history of medical claims and Rx claims split by drug category in a format similar to "Rolling 12 Medical and Rx Data.xls" provided in earlier filings and clearly illustrate normalized historic medical and Rx trends.

Response: For rolling 3- and 6-month trends, normalized for age factors and on annualized basis, please the tab "Question #2" in the attached excel spreadsheet. Please note that the completed medical claims on this tab may not tie out to the rate filing Exhibit 3 as the application of IBNR is different on each exhibit (IBNR is applied monthly on the attached tab and is applied to the entire experience period on Exhibit 3 of the rate filing).

2a. Please include measure of medical utilization by service category to substantiate the claim that historical utilization trends are weak and not reliable.

Response: Please see the tab "Question #2a" in the attached excel file that shows historical utilization trends for the combined ACA Small Group and Individual market. MVP has graphed utilization/1000 for inpatient days as well as outpatient and physician visits for the 24 months beginning January 2014. A best fit logarithmic trend line has been plotted for each graph along with the coefficient of determination (R-squared value).

While the rolling 12 data would suggest a strong fit for a negative utilization trend, there is severe pent-up demand for services in the beginning of 2014 (particularly in January, February, and May). This skews the rolling 12 month graphs into showing declining demand for services. To remove the impact of pent-up demand on historical utilization, MVP has also graphed the rolling 12 month periods removing the first five periods to display the impact these early months are having on historical trends. In particular, note the changes to the R-squared value for

outpatient and physician utilization as well as the change from negative to positive utilization trend for these service categories after the first five rolling 12 month periods are removed.

3. How do the assumed trends reflect the impact of changes to the Vermont Hospital Budgets?

Response: The trends reflected in the proposed premium rates represent a combination of the approved Vermont Hospital Budgets as well as known and assumed contractual reimbursement changes between MVP and the provider community.

4. The IBNR adjustment for recent MVP filings with two months of run-out has been approximately 2%. The base period experience in this filing has an extra month of run-out but has essentially the same IBNR adjustment being applied. Support the IBNR adjustments used in this filing, and explain any changes in methodology between recent filings such as MVPH-130435575 and MVPH-130454426.

Response: For an illustration of the IBNR factors by data pool by month, please see the tab "Question #4" in the attached excel spreadsheet. Please note that due to the way our IBNR models are calculated, the non-ACA compliant 51-100, small group, and individual data pools share IBNR factors while the non-ACA Agriservices model has its own factors. The ACA compliant small group and individual data also share a model.

MVP's experience period data was paid through February 2016 with the incurred estimates to calculate IBNR updated as of March 2016. The time period used for paid run-out is consistent with the two prior filings listed. Therefore, the IBNR factor should be consistent between filings, provided that there is not a large change in the incurred estimate between months.

5. Provide calculations in spreadsheet format of the average "Benefit Relativity" and "Induced Demand" factors of 0.711 and 1.045, respectively, applied to projected claims in Exhibit 6.

Response: Please see the tab "Question #5" in the attached excel spreadsheet for a weighted average of these factors.

6. The rate calculation assumes that the $6.65 PMPM allocated to claims settlement expense is a claims expense. Explain the nature of this cost further and why it is included in allowed costs rather than treating this expense as an element of retention.

Response: The claims settlement expense reflects a payment that will be made to a group of VT providers and therefore is a claim expense and not a retention element. MVP had stalled negotiations with the providers throughout 2015 and finally reached an agreement late in the year. Claims were processed in 2015, but the claims did not reflect the final agreed upon reimbursement rates. The difference between the claims processed through MVP's payment system and the negotiated contract rate was computed and represents the value of the claims settlement expense. This amount is being held as an accrual by MVP's finance department until the claims are reprocessed.

7. Did MVP perform a study of whether their experience is consistent with the HHS induced utilization factors?

Response: MVP has analyzed historical experience and found that the utilization spread among metal levels is much larger than the prescribed induced utilization factors. MVP has chosen to use the HHS factors with sloping to capture

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benefit differences within metal levels. Please see the following table which calculates assumed induced utilization factors from the experience period ACA compliant data.

Normalized Induced Utilization Factors, ACA Compliant plans, 2015 Calendar Year

Small					
Metal Level	**MMs**	**Allowed PMPM**	**HHS Age Fx**	**Normalized Allowed PMPM**	**Assumed IU Factor**
Platinum	7380	$585.06	1.709	$342.30	1.550
Gold	2792	$535.05	1.676	$319.27	1.446
Silver	9439	$385.84	1.501	$257.04	1.164
Bronze	7784	$337.37	1.528	$220.81	1.000

Individual					
Metal Level	**MMs**	**Allowed PMPM**	**HHS Age Fx**	**Normalized Allowed PMPM**	**Assumed IU Factor**
Platinum	2177	$1,321.58	2.063	$640.55	3.721
Gold	1230	$957.45	1.856	$515.77	2.996
Silver	12041	$560.44	1.780	$314.77	1.828
Bronze	20867	$284.74	1.654	$172.15	1.000
Catastrophic	1211	$66.54	1.041	$63.93	0.371

8. Please reconcile the capitation and non-FFS medical costs in the actuarial memorandum with the costs shown in Exhibit 3.

Response: Please see the tab "Question #8" in the attached excel spreadsheet.

9. Please provide the breakdown of subscriber months and member months between contract types for all market segments included in the development of the index rate.

Response: Please see the tab "Question #9" in the attached excel spreadsheet.

10. The allocation of the Health Care Advocate assessment seems to assume that MVP has a 56.7% Vermont market share based on earned Premium. Provide support for this assumption.

Response: The Health Care Advocate assessment as passed allocated 24.2% of the fee to BCBSVT and 24.2% to all other insurers in the market. The 56.7% market share is therefore MVP's share of the non-BCBSVT earned premium collected. For this assumption, MVP assumed that all other carriers' premium beside our own and CIGNA's was immaterial, and used total non-government earned premium from the 2015 annual Supplemental Health Care Exhibit to calculate the market share. Please see the following calculation of the market share.

A)	MVP's 2015 Commercial Health premiums earned (SHCE Part 1, Line 1.1)	$64,908,654
B)	CIGNA's 2015 Commercial Health premiums earned (SHCE Part 1, Line 1.1)	$49,573,513
C)	Total non-BCBSVT 2015 Commercial Health premiums earned [A) + B)]	$114,482,167
D)	MVP's share of non-BCBSVT 2015 Health premiums earned [A) / C)]	**56.7%**

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11. Provide justification for the inclusion of the Health Care Advocate assessment. Our research and discussions with the GMCB does not show that this was approved as an expense for carriers.

Response: According to discussions with our legal department, bill H.873 has been signed into law on May 25, 2016. This bill, under Section 28 18 V.S.A § 9607, provides funding for the Office of the Health Care Advocate in the following percentages: 27.5% by the state, 24.2% by hospitals, 24.2% by medical service corporations, and 24.2% by health insurance companies. Per discussions with state officials, the total amount allocated to insurance companies other than BCBSVT for FY 2017 is $123,333. The assessment is MVP's estimated share of this amount.

12. Please reconcile the administrative expenses in the Actuarial dataset to the expenses shown in Exhibits 5 and 6.

Response: Please see the following table, which lists the administrative expenses in the Actuarial dataset by category and the associated line(s) from Exhibit 5 of the rate filing. Please note that all percent of premium loads are converted to a PMPM basis using the "Future Year 1" line of the dataset (premium PMPM calculated as cell F158 / cell D158).

Reconciliation of Actuarial dataset to Rate Filing Exhibit 5, PMPM basis

Line Item in Actuarial Dataset	Amount	Line item in Exhibit 5	Amount	Notes
Taxes, Licenses & Fees	$2.82	2017 Billback- Health Care Advocate	$0.49	
		VT Vaccine Pilot	$2.33	0.5% of Premium
Exchange Fees	$0.33	HHS Risk Adjustment User Fee	$0.13	
		Comparative Eff Research Tax	$0.20	
All Other Admin Expense	$38.46	General Administrative Load	$35.10	
		National Network Fee	$1.50	
		Bad Debt	$1.86	0.4% of Premium
Profit/Risk Margin	$4.66	Contribution to Reserves	$4.66	1.0% of Premium

13. Please reconcile the assumed general admin load with the 2015 Supplemental Healthcare Exhibit.

Response: Please see the following table which details the lines that compose the administrative expenses from the 2015 Supplemental Health Care Exhibit shown in the actuarial memorandum.

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Details of 2015 Supplemental Health Care Exhibit Administrative Expenses

MVP Health Plan & MVP Health Insurance Company

Line Number in SHCE	Line Name in SHCE	Individual	Small Group Employer	Total
1.7	Regulatory authority licenses and fees	$31,579	$19,120	$50,699
6.6	TOTAL of Defined Expenses Incurred for Improving Health Care Quality	$123,177	$180,180	$303,357
8.3	TOTAL Claims Adjustment Expenses	$265,152	$359,587	$624,739
10.1	Direct sales salaries and benefits	$78,983	$107,346	$186,329
10.4	Other general and administrative expenses	$951,129	$1,171,857	$2,122,986
	Total Admin Dollars, SHCE	$1,450,020	$1,838,090	$3,288,110
O4	Member Months	39,551	53,993	93,544
	Admin Dollars PMPM, SHCE	$36.66	$34.04	$35.15

14. The Gold plan FRVT-HMO-G-002-N does not meet the de minimis requirement when calculated from the AV calculator. The AV exhibit provided shows an adjustment of 1.0013 made to the calculator AV, which is not addressed in the AV certification provided. Explain and support this factor.

Response: The 1.0013 adjustment factor reflects the impact of reduced mail order copays which are not included in the AV calculator. MVP calculated this adjustment factor using its pricing model and this plan was the only plan that required an adjustment. Our pricing model assigns a benefit AV of 79.6% for this plan without mail order copays and a 79.7% AV for the plan as filed. Therefore, the adjustment made to the AV calculator is equal to [0.797] / [0.796], or approximately 0.13%. The Department of Vermont Health Access submitted an objection to our form filing on April 16 which mandated this change.

15. Reconcile the actual generic Rx copays to the copays assumed in the AV calculations.

Response: Approximately 26% of Tier 1 scripts are on the VBID list and have reduced copays. MVP has calculated the generic copay in the AV calculator as a weighted average of the traditional generic copay and the VBID copay based on this factor, rounded to the nearest dollar.

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16. The actuarial memorandum states that the projected risk adjustment payment was multiplied by a factor of 2/3 due to the impact of the 2014 open enrollment period and the low turnover from 2014 members to 2015 members. Please explain this logic more fully. For example:

a. *Why would the extended 2014 open enrollment period, which affected all carriers, be expected to increase MVP's risk score in 2017 relative to the market average (or decrease MVP's risk score in 2014)?*
b. *Risk adjustment payments are a function of several factors including premium levels, which have increased more than 10% since 2014. Was any more sophisticated analysis performed on the risk adjustment payment than estimating a factor of 2/3 due to the reasons stated above?*

Response: The extended open enrollment period in 2014 does not necessarily indicate MVP's relative risk position will increase or decrease, but it puts a high degree of uncertainty around every carrier's relative risk position in 2014. MVP's preliminary risk adjustment results for 2015 were drastically different than actual 2014 results (see response to Question #18 below). Because there is so much uncertainty in the actual 2014 risk adjustment results representing the market-wide average risk and there are significant changes between actual 2014 results vs. 2015 preliminary results, MVP chose to estimate a risk adjustment factor equal to 2/3 of its 2014 risk adjustment results for the proposed premium rates. Note MVP recognizes that 2015 actual risk adjustment results will be known prior to the Green Mountain Care Board rendering a final decision for the proposed premium rates.

17. The non-ACA enrollment used in the development of the manual rate was not part of the 2014 risk adjustment payment. However, the relative risk adjustment projection does not take into account the morbidity of these populations. Support the implicit assumption that these populations have similar risk adjustment characteristics to the 2014 Exchange population.

Response: MVP reviewed allowed PMPM costs for the ACA population vs the non-ACA population used for setting premium rates. Over the experience period, the non-ACA population allowed PMPM was 2.7% higher than the allowed PMPM for the ACA compliant block ($471.91 vs $459.35). Because the allowed costs of the two populations were similar, MVP assumed the morbidity between the two populations was also similar which implies the risk adjustment position assumed for the ACA population is a reasonable assumption for the non-ACA population.

18. How was the preliminary risk adjustment report considered in the development of the population morbidity and/or Risk Adjustment PMPM assumptions?

Response: MVP paid $2.69M into the risk adjustment program for 2014 dates of service, and the preliminary risk adjustment report from CMS indicated that MVP would receive $1.88M for 2015 dates of service. Because 80.6% of members that were enrolled in ACA compliant plans with MVP in 2015 were also enrolled in ACA compliant plans with MVP in 2014, a change of this magnitude did not seem reasonable in our opinion. Additionally, MVP does not know how frequently BCBSVT submits claims to the EDGE and qualification criteria for the preliminary report is only through 3Q 2015. Therefore, if BCBSVT 4Q 2015 claims were not complete, the preliminary results would be skewed. As described above, the difference between actual 2014 results and the preliminary 2015 results is one of the reasons that MVP is adjusting its 2014 risk adjustment results by a factor of 2/3 for its 2017 risk adjustment assumption.

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19. Provide quantitative support for the development of the following factors and figures in Worksheet 1 of the URRT and how each ties to Exh 3:

a. Other Factor

Response: The other factor of 1.006 reflects the "Adjustment for experience period vs projected membership characteristics" represented in line 20 on Exhibit 3 of the rate filing. Please see the following calculation of the factor.

Derivation of Other Factor, URRT Wksh 1

	Item Name	Location / Calculation	ACA Compliant Small Group	ACA Compliant Individual	Total ACA Compliant
A)	Member Months	Line 1 of Exh. 3	27,395	37,526	64,921
B)	Adjustment for experience period vs projected membership characteristics	Line 20 of Exh. 3	($1.17)	$5.29	$2.56
C)	Experience Period Allowed Claims PMPM	Cells H24:H27 + H29 of the URRT Wksh 1			$451.89
D)	Experience Period Allowed Claims Adjusted for projected membership characteristics	[B] + [C]			$454.45
E)	Factor Adjustment for projected membership characteristics	[D] / [C]			1.0057
F)	Other Factor	URRT Wksh 1 Cell K24			1.006

b. Projected Allowed Experience Claims PMPM

Response: The Projected Allowed Experience Claims PMPM is a member month weighted average of the ACA compliant Projected Allowed PMPM and the non-ACA compliant Projected Allowed PMPM (used as the Credibility Manual in this case). This number is not reflected anywhere on Exhibit 3 of the rate filing as MVP does not set premiums using allowed claims.

c. Projected Risk Adjustments PMPM

Response: The Projected Risk Adjustments PMPM of ($29.55) is the sum of the Federal Risk Adjustment Impact (line 30 on Exhibit 3) of $29.42 PMPM and the HHS Risk Adjustment User Fee of $0.13 PMPM (found on Exhibit 5 of the rate filing).

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20. Is the manual rate in the URRT reflective of all experience, or non-ACA plans only?

Response: The credibility manual rate in the URRT is reflective of non-ACA plans only. It is designed to make the Projected Allowed Experience Claims PMPM mimic the weighting (based on member months) of our ACA and non-ACA data in the rate filing.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

Small Group Historical Medical & Rx Claims Summary - ACA Compliant

Month	Medical Claim Expense PMPM	Rx Claim Expense PMPM	Medical Allowed - COB PMPM	Rx Allowed PMPM	Average HHS Age Fx	Member Months	Age Normalized Medical Claim Expense PMPM	Age Normalized Rx Claim Expense PMPM	Age Normalized Medical Allowed - COB PMPM	Age Normalized Rx Allowed PMPM	Normalized Rolling 3 Medical Claim Expense Trend (Annualized)	Normalized Rolling 6 Medical Claim Expense Trend (Annualized)	Normalized Rolling 3 Medical Allowed Trend (Annualized)	Normalized Rolling 6 Medical Allowed Trend (Annualized)	Normalized Rolling 3 Rx Claim Expense Trend (Annualized)	Normalized Rolling 6 Rx Claim Expense Trend (Annualized)	Normalized Rolling 3 Rx Allowed Trend (Annualized)	Normalized Rolling 6 Rx Allowed Trend (Annualized)
201401	$185.40	$21.71	$284.72	$43.48	1.501	942	$123.52	$14.46	$189.70	$28.97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201402	$115.94	$17.22	$194.60	$29.34	1.487	1,104	$77.97	$11.58	$130.87	$19.73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201403	$228.41	$35.49	$291.43	$52.30	1.512	1,238	$151.09	$23.47	$192.78	$34.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201404	$228.31	$30.52	$306.59	$42.64	1.511	1,787	$151.11	$20.20	$202.92	$28.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201405	$223.46	$31.75	$305.53	$43.86	1.525	1,881	$146.53	$20.82	$200.35	$28.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201406	$257.44	$34.60	$318.18	$46.94	1.528	1,942	$168.53	$22.65	$208.29	$30.73	196.3%	N/A	101.8%	N/A	150.8%	N/A	19.6%	N/A
201407	$272.08	$35.67	$344.70	$47.23	1.522	2,035	$178.79	$23.44	$226.51	$31.03	147.7%	N/A	90.1%	N/A	96.1%	N/A	38.0%	N/A
201408	$236.25	$39.03	$283.32	$51.83	1.527	2,119	$154.70	$25.55	$185.52	$33.94	56.9%	N/A	15.0%	N/A	60.2%	N/A	27.9%	N/A
201409	$303.03	$39.41	$357.58	$51.42	1.536	2,228	$197.26	$25.66	$232.77	$33.47	68.3%	N/A	23.8%	N/A	88.8%	N/A	58.6%	N/A
201410	$274.40	$42.52	$339.90	$55.04	1.538	2,367	$178.41	$27.64	$220.99	$35.79	32.9%	N/A	3.1%	N/A	92.9%	N/A	69.0%	N/A
201411	$199.99	$42.50	$230.84	$53.44	1.545	2,447	$129.48	$27.51	$149.45	$34.60	0.5%	N/A	-12.2%	N/A	61.5%	N/A	38.3%	N/A
201412	$237.09	$65.04	$288.07	$79.98	1.568	2,862	$151.20	$41.48	$183.71	$51.01	-45.0%	33.2%	-46.1%	6.9%	198.8%	120.9%	144.7%	68.2%
201501	$291.52	$39.89	$379.40	$63.81	1.574	2,320	$185.21	$25.34	$241.04	$40.54	-42.1%	19.3%	-37.3%	2.1%	120.9%	97.7%	133.4%	75.7%
201502	$247.36	$40.08	$325.84	$56.33	1.575	2,307	$157.07	$25.45	$206.90	$35.77	-8.8%	7.9%	18.7%	1.1%	87.1%	66.4%	139.0%	57.2%
201503	$262.68	$61.89	$351.06	$77.46	1.575	2,294	$166.79	$39.30	$222.91	$49.19	52.8%	-7.5%	116.9%	-6.5%	-29.6%	83.7%	7.3%	76.6%
201504	$306.08	$64.58	$377.91	$78.99	1.576	2,285	$194.24	$40.98	$239.82	$50.13	55.6%	-9.5%	89.7%	-6.6%	45.0%	88.3%	25.0%	81.4%
201505	$332.14	$65.84	$385.97	$77.91	1.577	2,271	$210.62	$41.75	$244.76	$49.40	84.0%	11.2%	63.2%	19.3%	176.5%	97.4%	75.5%	91.2%
201506	$312.60	$51.28	$370.35	$62.68	1.582	2,276	$197.64	$32.42	$234.15	$39.63	96.0%	27.8%	31.7%	36.4%	167.9%	36.9%	51.4%	39.4%
201507	$332.03	$53.43	$403.46	$65.56	1.585	2,272	$209.47	$33.71	$254.54	$41.36	102.3%	31.2%	44.0%	35.0%	8.7%	46.6%	-13.0%	30.3%
201508	$221.35	$66.10	$268.41	$77.41	1.587	2,273	$139.47	$41.65	$169.13	$48.78	-16.3%	26.9%	-25.2%	24.0%	-39.1%	70.6%	-42.0%	41.8%
201509	$326.85	$102.27	$382.62	$113.22	1.589	2,269	$205.75	$64.38	$240.85	$71.27	-28.2%	43.9%	-26.9%	29.0%	116.7%	82.3%	80.8%	46.1%
201510	$341.61	$57.35	$396.88	$68.25	1.590	2,267	$214.85	$36.07	$249.60	$42.92	-32.5%	44.7%	-34.6%	27.2%	201.1%	53.9%	144.1%	25.0%
201511	$236.76	$77.67	$290.87	$86.94	1.591	2,266	$148.78	$48.81	$182.78	$54.63	17.8%	11.2%	9.7%	0.2%	267.8%	42.3%	186.6%	16.1%
201512	$382.22	$82.49	$442.44	$92.26	1.591	2,295	$240.23	$51.84	$278.08	$57.98	41.0%	8.8%	31.1%	-2.0%	-8.1%	81.9%	-13.5%	43.6%

Individual Historical Medical & Rx Claims Summary - ACA Compliant

Month	Medical Claim Expense PMPM	Rx Claim Expense PMPM	Medical Allowed - COB PMPM	Rx Allowed PMPM	Average HHS Age Fx	Member Months	Age Normalized Medical Claim Expense PMPM	Age Normalized Rx Claim Expense PMPM	Age Normalized Medical Allowed - COB PMPM	Age Normalized Rx Allowed PMPM	Normalized Rolling 3 Medical Claim Expense Trend (Annualized)	Normalized Rolling 6 Medical Claim Expense Trend (Annualized)	Normalized Rolling 3 Medical Allowed Trend (Annualized)	Normalized Rolling 6 Medical Allowed Trend (Annualized)	Normalized Rolling 3 Rx Claim Expense Trend (Annualized)	Normalized Rolling 6 Rx Claim Expense Trend (Annualized)	Normalized Rolling 3 Rx Allowed Trend (Annualized)	Normalized Rolling 6 Rx Allowed Trend (Annualized)
201401	$194.57	$26.52	$285.76	$35.55	1.734	1,283	$112.23	$15.30	$164.83	$20.51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201402	$271.53	$40.08	$357.58	$51.68	1.714	1,520	$158.40	$23.38	$208.59	$30.15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201403	$301.27	$48.70	$312.59	$59.80	1.692	1,810	$178.01	$28.77	$184.70	$35.33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201404	$271.81	$27.33	$349.23	$36.22	1.659	3,071	$163.79	$16.47	$210.45	$21.82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201405	$247.34	$32.37	$331.91	$41.41	1.643	3,649	$150.52	$19.70	$201.99	$25.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
201406	$259.42	$39.24	$341.78	$49.07	1.650	3,628	$157.19	$23.77	$207.09	$29.73	9.6%	N/A	47.9%	N/A	-43.4%	N/A	-41.6%	N/A
201407	$234.81	$53.17	$310.10	$63.18	1.661	3,628	$141.41	$32.02	$186.75	$38.05	-34.7%	N/A	-7.9%	N/A	84.3%	N/A	58.3%	N/A
201408	$345.26	$41.57	$400.45	$51.20	1.667	3,642	$207.15	$24.94	$240.26	$30.72	19.9%	N/A	21.5%	N/A	199.2%	N/A	149.1%	N/A
201409	$334.83	$46.99	$386.76	$57.42	1.665	3,634	$201.14	$28.23	$232.34	$34.50	86.7%	N/A	28.9%	N/A	292.7%	N/A	217.3%	N/A
201410	$384.41	$42.03	$450.73	$53.57	1.671	3,617	$230.05	$25.15	$269.74	$32.06	307.8%	N/A	140.8%	N/A	16.0%	N/A	19.9%	N/A
201411	$289.30	$33.19	$345.03	$44.08	1.678	3,536	$172.40	$19.78	$205.61	$26.27	103.5%	N/A	55.6%	N/A	-32.1%	N/A	-20.7%	N/A
201412	$433.83	$53.25	$498.34	$65.35	1.687	3,428	$257.16	$31.57	$295.40	$38.74	106.0%	66.9%	85.8%	41.0%	-35.6%	62.7%	-22.6%	53.5%
201501	$497.69	$29.42	$600.73	$47.20	1.666	3,527	$298.78	$17.66	$360.64	$28.33	69.0%	112.6%	81.3%	77.8%	-40.6%	6.0%	-16.0%	13.9%
201502	$298.94	$26.58	$383.58	$40.54	1.667	3,522	$179.35	$15.95	$230.13	$24.32	119.0%	81.7%	145.0%	64.3%	-38.5%	-8.4%	-7.4%	5.4%
201503	$271.82	$34.36	$356.01	$49.25	1.674	3,428	$162.37	$20.53	$212.67	$29.42	-9.8%	61.9%	19.6%	51.5%	-74.8%	-20.5%	-48.6%	-2.6%
201504	$244.48	$37.81	$320.60	$51.83	1.691	3,286	$144.59	$22.36	$189.61	$30.65	-79.9%	25.5%	-70.7%	25.3%	-47.2%	-31.3%	-33.2%	-13.0%
201505	$295.77	$34.07	$359.73	$46.41	1.701	3,167	$173.83	$20.03	$211.42	$27.28	-81.8%	21.5%	-77.0%	26.2%	-11.6%	-31.1%	-15.4%	-12.9%
201506	$215.39	$38.70	$287.55	$50.38	1.710	3,075	$125.99	$22.64	$168.20	$29.47	-76.9%	-17.5%	-74.9%	-5.7%	109.2%	-46.2%	29.2%	-28.6%
201507	$337.69	$39.70	$416.37	$51.71	1.718	3,044	$196.59	$23.11	$242.40	$30.11	7.4%	-48.0%	-7.4%	-38.4%	57.8%	-29.1%	13.0%	-19.5%
201508	$290.51	$40.60	$362.64	$51.42	1.722	2,992	$168.68	$23.57	$210.55	$29.85	8.9%	-47.3%	4.6%	-39.9%	47.2%	-8.9%	9.4%	-7.8%
201509	$345.20	$44.51	$415.37	$55.28	1.724	2,962	$200.18	$25.81	$240.86	$32.06	160.9%	-40.1%	119.9%	-36.0%	54.3%	10.7%	22.5%	0.4%
201510	$386.43	$55.92	$444.01	$66.55	1.730	2,891	$223.40	$32.33	$256.70	$38.48	101.5%	-20.6%	67.5%	-21.5%	137.4%	32.7%	77.9%	10.7%
201511	$304.80	$53.30	$359.93	$61.57	1.739	2,835	$175.31	$30.66	$207.03	$35.41	122.5%	-20.9%	66.7%	-22.9%	168.1%	51.7%	96.5%	18.9%
201512	$352.04	$54.67	$412.81	$64.29	1.746	2,797	$201.62	$31.31	$236.42	$36.82	27.4%	13.0%	3.9%	1.2%	187.0%	96.5%	110.0%	42.8%

Summary of Historical Rx Claims Broken Out by Rx Category- Small Group

LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Small	201401	1 Generic	$16,414	942	$17.42	$11.61	N/A	N/A
AR44	Small	201402	1 Generic	$14,954	1,104	$13.55	$9.11	N/A	N/A
AR44	Small	201403	1 Generic	$18,927	1,238	$15.29	$10.11	N/A	N/A
AR44	Small	201404	1 Generic	$24,494	1,787	$13.71	$9.07	N/A	N/A
AR44	Small	201405	1 Generic	$29,759	1,881	$15.82	$10.37	N/A	N/A
AR44	Small	201406	1 Generic	$32,120	1,942	$16.54	$10.83	-3.4%	N/A
AR44	Small	201407	1 Generic	$35,295	2,035	$17.34	$11.40	79.9%	N/A
AR44	Small	201408	1 Generic	$35,742	2,119	$16.87	$11.04	61.9%	N/A
AR44	Small	201409	1 Generic	$41,606	2,228	$18.67	$12.16	69.6%	N/A
AR44	Small	201410	1 Generic	$45,307	2,367	$19.14	$12.45	43.5%	N/A
AR44	Small	201411	1 Generic	$55,216	2,447	$22.56	$14.61	94.8%	N/A
AR44	Small	201412	1 Generic	$74,582	2,862	$26.06	$16.62	162.2%	70.8%
AR44	Small	201501	1 Generic	$43,759	2,320	$18.86	$11.98	123.8%	68.4%
AR44	Small	201502	1 Generic	$42,887	2,307	$18.59	$11.80	19.4%	62.2%
AR44	Small	201503	1 Generic	$42,089	2,294	$18.35	$11.65	-58.2%	50.1%
AR44	Small	201504	1 Generic	$41,871	2,285	$18.32	$11.63	-58.4%	33.5%
AR44	Small	201505	1 Generic	$47,437	2,271	$20.89	$13.25	-37.7%	13.5%
AR44	Small	201506	1 Generic	$44,400	2,276	$19.51	$12.33	21.5%	-16.7%
AR44	Small	201507	1 Generic	$45,350	2,272	$19.96	$12.59	40.1%	-16.0%
AR44	Small	201508	1 Generic	$41,725	2,273	$18.36	$11.57	-0.3%	-17.7%
AR44	Small	201509	1 Generic	$42,491	2,269	$18.73	$11.79	-12.8%	-16.3%
AR44	Small	201510	1 Generic	$39,094	2,267	$17.24	$10.85	-35.5%	-16.5%
AR44	Small	201511	1 Generic	$40,442	2,266	$17.85	$11.22	-26.0%	-18.3%
AR44	Small	201512	1 Generic	$41,647	2,295	$18.15	$11.41	-24.9%	-8.7%

Summary of Historical Rx Claims Broken Out by Rx Category- Individual

LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Individual	201401	1 Generic	$13,624	1,283	$10.62	$6.13	N/A	N/A
AR44	Individual	201402	1 Generic	$18,382	1,520	$12.09	$7.05	N/A	N/A
AR44	Individual	201403	1 Generic	$25,672	1,810	$14.18	$8.38	N/A	N/A
AR44	Individual	201404	1 Generic	$37,309	3,071	$12.15	$7.32	N/A	N/A
AR44	Individual	201405	1 Generic	$44,590	3,649	$12.22	$7.44	N/A	N/A
AR44	Individual	201406	1 Generic	$54,994	3,628	$15.16	$9.18	44.0%	N/A
AR44	Individual	201407	1 Generic	$52,114	3,628	$14.36	$8.65	54.2%	N/A
AR44	Individual	201408	1 Generic	$51,858	3,642	$14.24	$8.54	79.6%	N/A
AR44	Individual	201409	1 Generic	$61,122	3,634	$16.82	$10.10	66.1%	N/A
AR44	Individual	201410	1 Generic	$66,133	3,617	$18.28	$10.94	87.9%	N/A
AR44	Individual	201411	1 Generic	$64,267	3,536	$18.18	$10.83	113.1%	N/A
AR44	Individual	201412	1 Generic	$84,871	3,428	$24.76	$14.68	214.2%	84.1%
AR44	Individual	201501	1 Generic	$45,648	3,527	$12.94	$7.77	58.2%	66.3%
AR44	Individual	201502	1 Generic	$49,460	3,522	$14.04	$8.43	-13.3%	59.5%
AR44	Individual	201503	1 Generic	$53,968	3,428	$15.74	$9.40	-75.5%	45.2%
AR44	Individual	201504	1 Generic	$53,652	3,286	$16.33	$9.66	-53.2%	22.5%
AR44	Individual	201505	1 Generic	$44,806	3,167	$14.15	$8.32	-36.8%	0.2%
AR44	Individual	201506	1 Generic	$50,432	3,075	$16.40	$9.59	35.1%	-30.2%
AR44	Individual	201507	1 Generic	$45,515	3,044	$14.95	$8.70	-11.8%	-25.6%
AR44	Individual	201508	1 Generic	$47,960	2,992	$16.03	$9.31	2.8%	-22.8%
AR44	Individual	201509	1 Generic	$53,030	2,962	$17.90	$10.38	12.1%	-18.6%
AR44	Individual	201510	1 Generic	$35,027	2,891	$12.12	$7.00	2.2%	-22.8%
AR44	Individual	201511	1 Generic	$32,202	2,835	$11.36	$6.53	-42.8%	-21.3%
AR44	Individual	201512	1 Generic	$40,827	2,798	$14.59	$8.36	-64.7%	-9.7%

LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Small	201401	2 Brand	$16,521	942	$17.54	$11.69	N/A	N/A
AR44	Small	201402	2 Brand	$15,707	1,104	$14.23	$9.57	N/A	N/A
AR44	Small	201403	2 Brand	$29,060	1,238	$23.47	$15.53	N/A	N/A
AR44	Small	201404	2 Brand	$35,407	1,787	$19.81	$13.11	N/A	N/A
AR44	Small	201405	2 Brand	$41,033	1,881	$21.81	$14.31	N/A	N/A
AR44	Small	201406	2 Brand	$44,583	1,942	$22.96	$15.03	69.6%	N/A
AR44	Small	201407	2 Brand	$45,268	2,035	$22.24	$14.62	67.0%	N/A
AR44	Small	201408	2 Brand	$55,900	2,119	$26.38	$17.27	49.2%	N/A
AR44	Small	201409	2 Brand	$51,412	2,228	$23.08	$15.02	48.2%	N/A
AR44	Small	201410	2 Brand	$61,624	2,367	$26.03	$16.93	57.1%	N/A
AR44	Small	201411	2 Brand	$56,021	2,447	$22.89	$14.82	-2.0%	N/A
AR44	Small	201412	2 Brand	$72,213	2,862	$25.23	$16.09	8.0%	36.5%
AR44	Small	201501	2 Brand	$73,693	2,320	$31.76	$20.18	13.4%	43.5%
AR44	Small	201502	2 Brand	$63,343	2,307	$27.46	$17.43	68.7%	24.1%
AR44	Small	201503	2 Brand	$71,020	2,294	$30.96	$19.66	105.6%	35.9%
AR44	Small	201504	2 Brand	$59,247	2,285	$25.93	$16.45	23.6%	24.1%
AR44	Small	201505	2 Brand	$63,152	2,271	$27.81	$17.63	3.3%	30.3%
AR44	Small	201506	2 Brand	$52,682	2,276	$23.15	$14.63	-47.6%	25.0%
AR44	Small	201507	2 Brand	$67,725	2,272	$29.81	$18.81	-17.3%	9.3%
AR44	Small	201508	2 Brand	$57,265	2,273	$25.19	$15.87	-29.2%	5.6%
AR44	Small	201509	2 Brand	$67,195	2,269	$29.61	$18.64	43.5%	-4.9%
AR44	Small	201510	2 Brand	$64,314	2,267	$28.37	$17.84	10.5%	-1.5%
AR44	Small	201511	2 Brand	$61,286	2,266	$27.05	$17.00	38.4%	-7.8%
AR44	Small	201512	2 Brand	$68,351	2,295	$29.78	$18.72	1.9%	1.6%

LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Individual	201401	2 Brand	$13,384	1,283	$10.43	$6.02	N/A	N/A
AR44	Individual	201402	2 Brand	$18,593	1,520	$12.23	$7.14	N/A	N/A
AR44	Individual	201403	2 Brand	$28,756	1,810	$15.89	$9.39	N/A	N/A
AR44	Individual	201404	2 Brand	$38,213	3,071	$12.44	$7.50	N/A	N/A
AR44	Individual	201405	2 Brand	$53,415	3,649	$14.64	$8.91	N/A	N/A
AR44	Individual	201406	2 Brand	$55,282	3,628	$15.24	$9.23	55.2%	N/A
AR44	Individual	201407	2 Brand	$69,110	3,628	$19.05	$11.47	137.9%	N/A
AR44	Individual	201408	2 Brand	$58,675	3,642	$16.11	$9.67	100.9%	N/A
AR44	Individual	201409	2 Brand	$64,077	3,634	$17.63	$10.59	128.3%	N/A
AR44	Individual	201410	2 Brand	$64,040	3,617	$17.71	$10.60	17.9%	N/A
AR44	Individual	201411	2 Brand	$61,229	3,536	$17.32	$10.32	15.9%	N/A
AR44	Individual	201412	2 Brand	$78,263	3,428	$22.83	$13.53	37.6%	74.8%
AR44	Individual	201501	2 Brand	$67,522	3,527	$19.14	$11.49	71.2%	44.5%
AR44	Individual	201502	2 Brand	$57,368	3,522	$16.29	$9.77	47.8%	37.5%
AR44	Individual	201503	2 Brand	$67,359	3,428	$19.65	$11.74	-15.1%	36.3%
AR44	Individual	201504	2 Brand	$74,118	3,286	$22.56	$13.34	-6.2%	34.2%
AR44	Individual	201505	2 Brand	$59,962	3,167	$18.93	$11.13	18.1%	31.4%
AR44	Individual	201506	2 Brand	$68,496	3,075	$22.28	$13.03	67.3%	13.2%
AR44	Individual	201507	2 Brand	$61,733	3,044	$20.28	$11.81	14.7%	14.2%
AR44	Individual	201508	2 Brand	$69,643	2,992	$23.28	$13.51	25.5%	26.5%
AR44	Individual	201509	2 Brand	$71,349	2,962	$24.09	$13.97	20.0%	29.7%
AR44	Individual	201510	2 Brand	$70,459	2,891	$24.37	$14.09	78.9%	22.1%
AR44	Individual	201511	2 Brand	$68,476	2,835	$24.15	$13.89	43.4%	27.9%
AR44	Individual	201512	2 Brand	$79,722	2,798	$28.49	$16.32	61.7%	40.8%

Summary of Historical Rx Claims Broken Out by Rx Category- Small Group

LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Small	201401	3 Specialty	$8,028	942	$8.52	$5.68	N/A	N/A
AR44	Small	201402	3 Specialty	$1,731	1,104	$1.57	$1.05	N/A	N/A
AR44	Small	201403	3 Specialty	$16,763	1,238	$13.54	$8.96	N/A	N/A
AR44	Small	201404	3 Specialty	$16,300	1,787	$9.12	$6.04	N/A	N/A
AR44	Small	201405	3 Specialty	$11,704	1,881	$6.22	$4.08	N/A	N/A
AR44	Small	201406	3 Specialty	$14,451	1,942	$7.44	$4.87	-25.6%	N/A
AR44	Small	201407	3 Specialty	$15,544	2,035	$7.64	$5.02	-51.0%	N/A
AR44	Small	201408	3 Specialty	$18,177	2,119	$8.58	$5.62	-45.3%	N/A
AR44	Small	201409	3 Specialty	$21,546	2,228	$9.67	$6.30	67.6%	N/A
AR44	Small	201410	3 Specialty	$23,354	2,367	$9.87	$6.42	195.9%	N/A
AR44	Small	201411	3 Specialty	$19,525	2,447	$7.98	$5.17	73.3%	N/A
AR44	Small	201412	3 Specialty	$82,114	2,862	$28.69	$18.30	1058.2%	161.4%
AR44	Small	201501	3 Specialty	$30,592	2,320	$13.19	$8.38	967.7%	201.0%
AR44	Small	201502	3 Specialty	$23,721	2,307	$10.28	$6.53	1350.9%	154.2%
AR44	Small	201503	3 Specialty	$64,595	2,294	$28.16	$17.88	19.0%	298.7%
AR44	Small	201504	3 Specialty	$79,366	2,285	$34.73	$22.04	280.4%	483.2%
AR44	Small	201505	3 Specialty	$66,334	2,271	$29.21	$18.52	695.8%	655.8%
AR44	Small	201506	3 Specialty	$45,572	2,276	$20.02	$12.66	599.9%	198.9%
AR44	Small	201507	3 Specialty	$35,868	2,272	$15.79	$9.96	-38.1%	177.8%
AR44	Small	201508	3 Specialty	$76,970	2,273	$33.86	$21.34	-68.0%	271.4%
AR44	Small	201509	3 Specialty	$147,203	2,269	$64.88	$40.84	236.6%	283.4%
AR44	Small	201510	3 Specialty	$51,313	2,267	$22.63	$14.24	1090.5%	121.8%
AR44	Small	201511	3 Specialty	$95,280	2,266	$42.05	$26.42	1082.4%	85.1%
AR44	Small	201512	3 Specialty	$101,734	2,295	$44.33	$27.86	-18.2%	168.6%

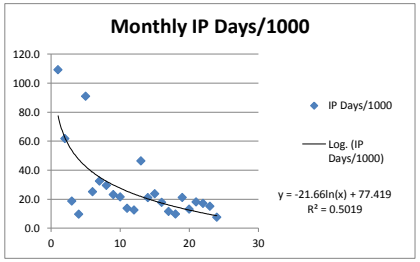
Summary of Historical Rx Claims Broken Out by Rx Category- Individual

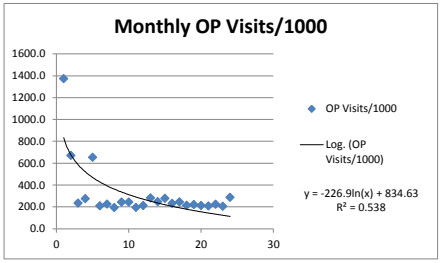
LOB	Size	Month	Rx Category	Allowed	Member Months	Allowed PMPM	Normalized Allowed PMPM	Normalized Rolling 3 Month Allowed Trend (Annualized)	Normalized Rolling 6 Month Allowed Trend (Annualized)
AR44	Individual	201401	3 Specialty	$18,599	1,283	$14.50	$8.36	N/A	N/A
AR44	Individual	201402	3 Specialty	$41,584	1,520	$27.36	$15.96	N/A	N/A
AR44	Individual	201403	3 Specialty	$53,810	1,810	$29.73	$17.57	N/A	N/A
AR44	Individual	201404	3 Specialty	$35,696	3,071	$11.62	$7.00	N/A	N/A
AR44	Individual	201405	3 Specialty	$53,088	3,649	$14.55	$8.85	N/A	N/A
AR44	Individual	201406	3 Specialty	$67,749	3,628	$18.67	$11.31	-83.9%	N/A
AR44	Individual	201407	3 Specialty	$108,002	3,628	$29.77	$17.93	20.3%	N/A
AR44	Individual	201408	3 Specialty	$75,943	3,642	$20.85	$12.51	269.6%	N/A
AR44	Individual	201409	3 Specialty	$83,473	3,634	$22.97	$13.80	568.6%	N/A
AR44	Individual	201410	3 Specialty	$63,582	3,617	$17.58	$10.52	-12.4%	N/A
AR44	Individual	201411	3 Specialty	$30,377	3,536	$8.59	$5.12	-74.9%	N/A
AR44	Individual	201412	3 Specialty	$60,875	3,428	$17.76	$10.53	-87.8%	18.8%
AR44	Individual	201501	3 Specialty	$53,288	3,527	$15.11	$9.07	-80.0%	-32.1%
AR44	Individual	201502	3 Specialty	$35,962	3,522	$10.21	$6.13	-43.1%	-43.1%
AR44	Individual	201503	3 Specialty	$47,490	3,428	$13.85	$8.28	-35.2%	-52.7%
AR44	Individual	201504	3 Specialty	$42,543	3,286	$12.95	$7.66	-36.3%	-61.2%
AR44	Individual	201505	3 Specialty	$42,227	3,167	$13.33	$7.84	-26.3%	-51.9%
AR44	Individual	201506	3 Specialty	$35,979	3,075	$11.70	$6.84	-17.5%	-57.8%
AR44	Individual	201507	3 Specialty	$50,168	3,044	$16.48	$9.59	47.4%	-44.1%
AR44	Individual	201508	3 Specialty	$36,237	2,992	$12.11	$7.03	-5.2%	-26.9%
AR44	Individual	201509	3 Specialty	$39,371	2,962	$13.29	$7.71	40.9%	-11.6%
AR44	Individual	201510	3 Specialty	$86,922	2,891	$30.07	$17.38	200.2%	43.8%
AR44	Individual	201511	3 Specialty	$73,870	2,835	$26.06	$14.99	735.3%	61.9%
AR44	Individual	201512	3 Specialty	$59,325	2,798	$21.20	$12.14	1022.6%	122.4%

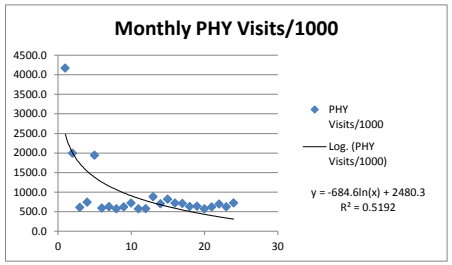
Historical Utilization/1000- ACA Market Segments, 2014 & 2015

Monthly

Month	x-Axis	Members	IP Days/1000	OP Visits/1000	PHY Visits/1000
1/31/2014	1	2,225	109.2	1373.0	4173.5
2/28/2014	2	2,624	61.7	671.5	1994.7
3/31/2014	3	3,048	18.7	235.6	607.3
4/30/2014	4	4,858	9.7	275.8	739.6
5/31/2014	5	5,530	91.0	654.6	1942.1
6/30/2014	6	5,570	25.1	210.2	589.2
7/31/2014	7	5,663	32.5	226.0	623.7
8/31/2014	8	5,761	29.5	195.0	568.7
9/30/2014	9	5,862	23.2	244.5	618.7
10/31/2014	10	5,984	21.6	244.0	717.9
11/30/2014	11	5,983	13.7	195.1	568.9
12/31/2014	12	6,290	12.6	212.3	573.3
1/31/2015	13	5,847	46.4	282.4	879.9
2/28/2015	14	5,829	21.1	247.8	700.4
3/31/2015	15	5,722	23.8	279.2	816.1
4/30/2015	16	5,571	17.8	232.9	716.0
5/31/2015	17	5,438	11.6	246.1	704.8
6/30/2015	18	5,351	9.7	215.1	628.6
7/31/2015	19	5,316	21.2	221.6	636.7
8/31/2015	20	5,265	13.2	213.2	569.1
9/30/2015	21	5,231	18.1	209.3	618.5
10/31/2015	22	5,158	17.2	224.8	692.7
11/30/2015	23	5,101	15.2	205.7	622.6
12/31/2015	24	5,093	7.6	287.3	719.7

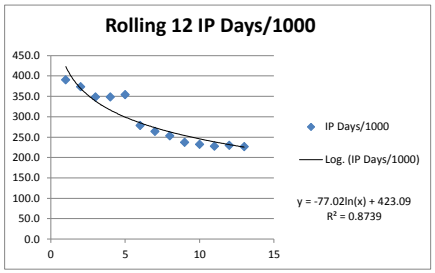


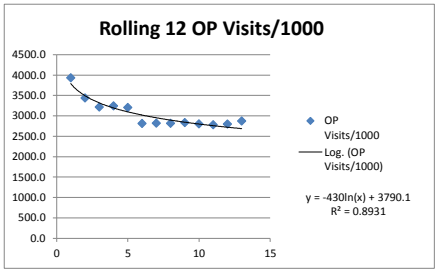


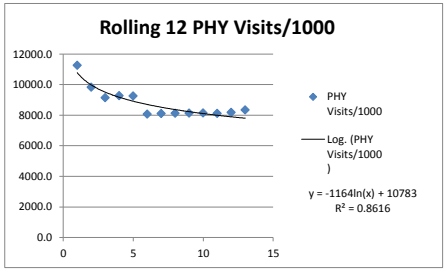


Rolling 12 Month

12 Month End Date	x-Axis	Member Months	IP Days/1000	OP Visits/1000	PHY Visits/1000
12/31/2014	1	59,398	390.4	3932.5	11258.4
1/31/2015	2	63,020	373.3	3439.1	9822.7
2/28/2015	3	66,225	348.2	3215.2	9138.7
3/31/2015	4	68,899	348.5	3243.6	9275.0
4/30/2015	5	69,612	353.9	3203.0	9248.2
5/31/2015	6	69,520	278.4	2813.4	8068.1
6/30/2015	7	69,301	264.1	2818.8	8107.7
7/31/2015	8	68,954	253.0	2815.2	8122.8
8/31/2015	9	68,458	237.2	2835.6	8132.6
9/30/2015	10	67,827	232.1	2802.1	8139.0
10/31/2015	11	67,001	227.7	2782.9	8109.9
11/30/2015	12	66,119	229.9	2798.6	8176.7
12/31/2015	13	64,922	226.6	2873.7	8338.5

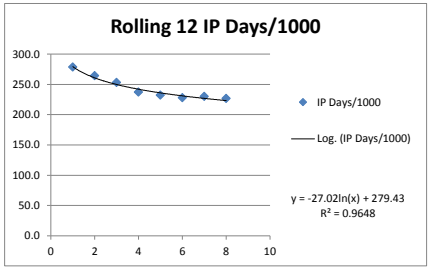


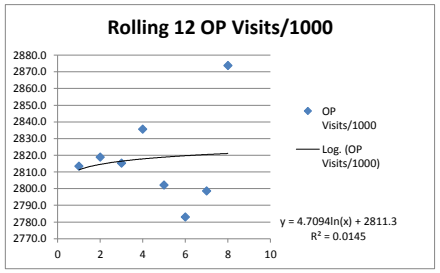


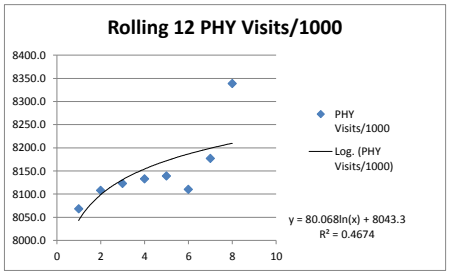


Rolling 12 Month (removing first 5 months)

12 Month End Date	x-Axis	Member Months	IP Days/1000	OP Visits/1000	PHY Visits/1000
5/31/2015	1	69,520	278.4	2813.4	8068.1
6/30/2015	2	69,301	264.1	2818.8	8107.7
7/31/2015	3	68,954	253.0	2815.2	8122.8
8/31/2015	4	68,458	237.2	2835.6	8132.6
9/30/2015	5	67,827	232.1	2802.1	8139.0
10/31/2015	6	67,001	227.7	2782.9	8109.9
11/30/2015	7	66,119	229.9	2798.6	8176.7
12/31/2015	8	64,922	226.6	2873.7	8338.5







Experience Period IBNR Factors by Data Pool by Month

Non-ACA Compliant 51-100, Small Group, Individual

Incurred Month	Paid Claims	Incurred Claims	IBNR Factor
201512	$1,471,061	$1,575,113	1.071
201511	$1,784,497	$1,887,266	1.058
201510	$1,791,071	$1,841,493	1.028
201509	$2,105,381	$2,129,446	1.011
201508	$1,984,982	$2,009,822	1.013
201507	$2,049,844	$2,084,961	1.017
201506	$1,567,862	$1,575,733	1.005
201505	$1,501,531	$1,506,037	1.003
201504	$1,573,410	$1,575,384	1.001
201503	$1,870,990	$1,871,678	1.000
201502	$1,771,330	$1,772,420	1.001
201501	$1,923,086	$1,924,930	1.001
Total	$21,395,045	$21,754,282	**1.017**

Non-ACA Compliant Agriservices

Incurred Month	Paid Claims	Incurred Claims	IBNR Factor
201512	$607,799	$625,055	1.028
201511	$373,547	$395,617	1.059
201510	$293,956	$332,961	1.133
201509	$338,135	$341,085	1.009
201508	$281,411	$283,452	1.007
201507	$352,586	$352,865	1.001
201506	$311,358	$312,695	1.004
201505	$462,851	$462,879	1.000
201504	$359,793	$359,797	1.000
201503	$279,073	$279,073	1.000
201502	$482,453	$482,453	1.000
201501	$279,630	$279,630	1.000
Total	$4,422,592	$4,507,561	**1.019**

Note: 1.133 Factor for October is due to claims reversed in February 2016 and repaid in March 2016

ACA Compliant Small Group, Individual

Incurred Month	Paid Claims	Incurred Claims	IBNR Factor
201512	$1,629,487	$1,967,232	1.207
201511	$1,423,333	$1,488,900	1.046
201510	$1,900,447	$1,933,415	1.017
201509	$1,782,812	$1,815,705	1.018
201508	$1,410,858	$1,416,780	1.004
201507	$1,828,829	$1,826,972	0.999
201506	$1,515,687	$1,518,240	1.002
201505	$1,707,653	$1,709,207	1.001
201504	$1,526,193	$1,527,942	1.001
201503	$1,599,240	$1,599,828	1.000
201502	$1,703,346	$1,704,007	1.000
201501	$2,445,090	$2,448,271	1.001
Total	$20,472,974	$20,956,499	**1.024**

Note: 1.207 Factor for December is due to larger than anticipated volume of claims paid in March 2016

Note: 0.999 Factor for July is due to claims reversed in March 2016

Derivation of Experience Period Average AV and Induced Demand Factor

				Weighted Average AV	Weighted Average ID
				0.711	**1.045**
Medical Coplan	**Rx Coplan**	**Safe Harbor Rider**	**Member Months**	**Pricing Model AV**	**Induced Demand Factor**
VE054L	V500L	NO	795	0.774	1.071
VE090L	V500L	NO	2569	0.849	1.117
VE101L	V502L	NO	180	0.763	1.063
VE105L	V500L	NO	973	0.857	1.122
VE107L	V500L	NO	313	0.774	1.071
VE107L	V502L	NO	19	0.756	1.062
VE107L	V500L	NO	696	0.774	1.071
VE107L	V602	NO	220	0.768	1.068
VE111LA	V500L	NO	824	0.811	1.090
VEHD-01L	In base	RX-VHD510-A	8	0.803	1.084
VEHD-02L	In base	NO	1008	0.727	1.044
VEHD-02L	In base	RX-VHD510-B	1224	0.733	1.047
VEHD-02L	In base	NO	312	0.727	1.044
VEHD-02L	In base	RX-VHD510-B	666	0.733	1.047
VEHD-03L	In base	NO	543	0.612	1.004
VEHD-03L	In base	RX-VHD510-C	2731	0.632	1.011
VEHD-03L	In base	NO	381	0.612	1.004
VEHD-03L	In base	RX-VHD510-C	1531	0.632	1.011
VEHD-06L	In base	RX-VHD510-F	823	0.699	1.028
VEHD-06L	In base	RX-VHD510-F	230	0.699	1.028
VEHD-08L	In base	RX-VHD510-H	838	0.710	1.036
VEHD-08L	In base	RX-VHD510-H	61	0.710	1.036
VEHD-09L	In base	NO	248	0.670	1.022
VEHD-09L	In base	NO	93	0.670	1.022
VEHD-17L	In base	RX-VHD510-Q	406	0.696	1.029
VEHD-17L	In base	RX-VHD510-Q	227	0.696	1.029
VEHD-19L	In base	NO	141	0.640	1.013
VEHD-19L	In base	RX-VHD510-S	1139	0.659	1.017
VP073L	V500L	NO	80	0.771	1.067
VT08LAA	V500L	NO	36	0.923	1.163
VT08LAA	V601	NO	86	0.924	1.166
VT08LAB	V601	NO	16	0.924	1.166
VEHD-02L	In base	RX-VHD510-B	2648	0.733	1.047
VEHD-02L	In base	RX-VHD510-B	1724	0.733	1.047
VP017L	V500L	NO	1000	0.804	1.086
VP019L	V500L	NO	2028	0.900	1.152
VP020L	V500L	NO	1333	0.865	1.127
VPHD-03L	In base	RX-VHD510-C	3802	0.632	1.011
VPHD-03L	In base	RX-VHD510-C	2113	0.632	1.011
VE003S	No Rx Benefit	NO	36	0.941	1.173
VE003S	V500S	NO	352	0.916	1.161
VE003S	V502S	NO	78	0.898	1.150
VE004S	No Rx Benefit	NO	165	0.936	1.172
VE004S	V500S	NO	234	0.911	1.156
VE004S	V504S	NO	16	0.917	1.160
VE006S	V500S	NO	20	0.900	1.152
VE031S	V500S	NO	68	0.882	1.140
VE033S	V500S	NO	12	0.799	1.081
VE033S	V501S	NO	60	0.788	1.078
VE036S	No Rx Benefit	NO	3	0.880	1.139
VE036S	V500S	NO	77	0.863	1.126
VE047S	V500S	NO	7	0.879	1.137
VE047S	V502S	NO	172	0.862	1.127
VE052S	V502S	NO	24	0.839	1.110
VE054S	No Rx Benefit	NO	60	0.784	1.076
VEHD-01S	In base	NO	73	0.801	1.082
VEHD-01S	In base	RX-VHD510-A	201	0.803	1.084
VEHD-01S	In base	NO	16	0.801	1.082
VEHD-01S	In base	RX-VHD510-A	30	0.803	1.084
VEHD-02S	In base	NO	6871	0.727	1.044
VEHD-02S	In base	RX-VHD510-B	5046	0.733	1.047
VEHD-02S	In base	NO	3393	0.727	1.044
VEHD-02S	In base	RX-VHD510-B	3427	0.733	1.047
VEHD-03S	In base	NO	24	0.612	1.004
VEHD-03S	In base	NO	769	0.612	1.004
VEHD-03S	In base	RX-VHD510-C	1050	0.632	1.011
VEHD-03S	In base	NO	418	0.612	1.004
VEHD-03S	In base	RX-VHD510-C	504	0.632	1.011
VEHD-07S	In base	NO	3	0.749	1.056
VEHD-07S	In base	RX-VHD510-G	9	0.752	1.060
VEHD-08S	In base	RX-VHD510-H	12	0.710	1.036
VEHD-09S	In base	RX-VHD510-I	122	0.677	1.022
VEHD-09S	In base	NO	19	0.670	1.022
VEHD-09S	In base	RX-VHD510-I	78	0.677	1.022
VEHD-12S	In base	RX-VHD510-L	144	0.699	1.028
VEHD-12S	In base	RX-VHD510-L	36	0.699	1.028
VEHD-14S	In base	NO	62	0.714	1.039
VEHD-14S	In base	NO	56	0.714	1.039

Derivation of Experience Period Average AV and Induced Demand Factor

				Weighted Average AV	Weighted Average ID
				0.711	**1.045**
Medical Coplan	**Rx Coplan**	**Safe Harbor Rider**	**Member Months**	**Pricing Model AV**	**Induced Demand Factor**
VEHD-15S	In base	NO	72	0.678	1.024
VEHD-15S	In base	RX-VHD510-O	26	0.683	1.024
VEHD-15S	In base	NO	157	0.678	1.024
VEHD-15S	In base	RX-VHD510-O	24	0.683	1.024
VEHD-17S	In base	NO	12	0.690	1.028
VEHD-18S	In base	NO	50	0.740	1.053
VEHD-18S	In base	RX-VHD510-R	261	0.746	1.056
VEHD-19S	In base	NO	145	0.640	1.013
VEHD-19S	In base	RX-VHD510-S	86	0.659	1.017
VEHD-49S	In base	NO	785	0.741	1.052
VEHD-49S	In base	RX-VHD510-AJ	58	0.749	1.056
VP048S	V502S	NO	12	0.821	1.097
VP051S	V501S	NO	5	0.885	1.140
VPHD-03S	In base	NO	3	0.612	1.004
VPHD-03S	In base	NO	116	0.612	1.004
VPHD-04S	In base	NO	24	0.767	1.065
VPHD-06S	In base	NO	839	0.692	1.028
VPHD-06S	In base	NO	114	0.692	1.028
VT03SA	V500S	NO	32	0.924	1.166
VT03SB	V500S	NO	24	0.922	1.165
VIIP-100000-G	In base	NO	22	0.230	1.000
VIIP-10000-G	In base	NO	170	0.465	1.000
VIIP-25000-G	In base	NO	327	0.353	1.000
VIIP-3500-G	In base	NO	504	0.605	1.000
VIIP-5000-G	In base	NO	570	0.559	1.000
VT Non-Standard Bronze (2015)	In base	NO	34	0.609	1.001
VT Non-Standard Bronze (2015)	In base	NO	2980	0.609	1.001
VT Non-Standard Bronze (2015)	In base	NO	994	0.609	1.001
VT Standard Bronze HMO (2015)	In base	NO	68	0.606	1.002
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002
VT Standard Bronze HMO (2015)	In base	NO	15730	0.606	1.002
VT Standard Bronze HMO (2015)	In base	NO	4179	0.606	1.002
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002
VT Catastrophic (2015)	In base	NO	1211	0.593	1.000
VT Standard Gold (2015)	In base	NO	801	0.820	1.098
VT Standard Gold (2015)	In base	NO	1270	0.820	1.098
VT Non-Standard Gold (2015)	In base	NO	14	0.833	1.106
VT Non-Standard Gold (2015)	In base	NO	429	0.833	1.106
VT Non-Standard Gold (2015)	In base	NO	1508	0.833	1.106
VT Standard Bronze HDHP (2015)	In base	NO	46	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	14	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	1310	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	1590	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	48	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	843	0.627	1.007
VT Standard Bronze HDHP (2015)	In base	NO	811	0.627	1.007
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	366	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	2673	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	460	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	1433	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	132	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	162	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	300	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	303	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	20	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	24	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	126	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	5	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	148	0.711	1.035
VT Standard Silver HDHP (2015)	In base	NO	231	0.711	1.035
VT Standard Platinum (2015)	In base	NO	687	0.888	1.144
VT Standard Platinum (2015)	In base	NO	2177	0.888	1.144
VT Standard Platinum (2015)	In base	NO	6693	0.888	1.144
VT Non-Standard Silver (2015)	In base	NO	5	0.716	1.040
VT Non-Standard Silver (2015)	In base	NO	1318	0.716	1.040
VT Non-Standard Silver (2015)	In base	NO	2266	0.716	1.040
VT Non-Standard Silver (2015)	In base	NO	36	0.716	1.040
VT Standard Silver HMO (2015)	In base	NO	95	0.729	1.045
VT Standard Silver HMO (2015)	In base	NO	1448	0.729	1.045
VT Standard Silver HMO (2015)	In base	NO	2923	0.729	1.045
VT Non-Standard Silver (2015)	In base	NO	510	0.716	1.040
VT Standard Silver HMO (2015)	In base	NO	472	0.729	1.045
VT Non-Standard Silver (2015)	In base	NO	1781	0.716	1.040
VT Standard Silver HMO (2015)	In base	NO	11	0.729	1.045
VT Standard Silver HMO (2015)	In base	NO	908	0.729	1.045
VT Non-Standard Silver (2015)	In base	NO	408	0.716	1.040
VT Standard Silver HMO (2015)	In base	NO	450	0.729	1.045
VT Non-Standard Silver (2015)	In base	NO	1438	0.716	1.040
VT Standard Silver HMO (2015)	In base	NO	1020	0.729	1.045

Summary of Experience Period Non-FFS and Capitation Amounts						
Non-FFS / Capitation PMPM Category	**Non-ACA Compliant Agriservices**	**Non-ACA Compliant Individual**	**Non-ACA Compliant Small Group**	**Non-ACA Compliant 51-100**	**ACA Compliant Small Group**	**ACA Compliant Individual**
Other Medical Expenses not in claim warehouse	$2.31	$1.82	$1.55	$2.31	$3.32	$2.14
Dental	($0.00)	$0.00	$0.05	($0.00)	$1.02	$0.25
GME	$0.40	$0.00	$0.14	$0.40	$0.13	$0.00
Net Reinsurance Expense	$0.78	$0.64	$0.64	$0.78	$0.64	($4.79)
Wellstyle Rewards	$0.90	$0.00	$0.64	$0.90	$0.01	$0.00
Medical Home and PCP Incentive	$4.65	$10.06	$5.56	$4.65	$4.71	$5.29
Value Options Cap	($0.17)	($0.50)	($0.21)	($0.17)	($0.12)	($0.14)
Lab Cap	$0.00	$0.00	$0.00	$0.00	$0.15	$0.10
Chiropractic Cap	$0.00	$0.00	$0.00	$0.00	$0.70	$0.81
Healthways and ASH Cap	$2.43	$3.57	$2.29	$2.43	$2.37	$2.86
Total PMPM Non-FFS and Capitation Amounts	$11.30	$15.58	$10.65	$11.30	$12.92	$6.52
FFS Experience Period Claim Expense After Pooling Adjustment (line 12 of rate filing Exh. 3)	$365.39	$240.91	$369.71	$362.09	$379.10	$331.36
VT Paid Claim Surcharge + NY HCRA Surcharge (1.249% * above)	$4.56	$3.01	$4.62	$4.52	$4.73	$4.14
Total Non-FFS and Capitation Amounts	$15.86	$18.59	$15.27	$15.82	$17.65	$10.65
Experience Period Capitation and Non-FFS Medical Costs (line 13 of rate filing Exh. 3)	$15.86	$18.59	$15.27	$15.82	$17.65	$10.65

Experience Period Membership by Market Segment by Contract Type

Total

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	49,092	49,092	1.000	1.00
4	Double	13,295	26,590	2.000	2.00
4	Parent/Child(ren)	2,551	6,321	2.478	1.93
4	Family	11,316	45,168	3.992	2.81

Single Conversion Factor	**1.131**

Non-ACA Compliant Agriservices

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	5,362	5,362	1.000	1.00
4	Double	1,210	2,420	2.000	2.00
4	Parent/Child(ren)	249	630	2.530	1.93
4	Family	1,502	6,236	4.152	2.81

Single Conversion Factor	**1.173**

Non-ACA Compliant Small Group

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	9,275	9,275	1.000	1.00
4	Double	1,774	3,548	2.000	2.00
4	Parent/Child(ren)	441	1,214	2.753	1.93
4	Family	3,108	12,555	4.040	2.81

Single Conversion Factor	**1.187**

Non-ACA Compliant 51-100

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	5,896	5,896	1.000	1.00
4	Double	2,103	4,206	2.000	2.00
4	Parent/Child(ren)	551	1,284	2.330	1.93
4	Family	2,061	8,031	3.897	2.81

Single Conversion Factor	**1.145**

ACA Compliant Small Group

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	9,916	9,916	1.000	1.00
4	Double	2,402	4,804	2.000	2.00
4	Parent/Child(ren)	549	1,433	2.610	1.93
4	Family	2,730	11,242	4.118	2.81

Single Conversion Factor	**1.168**

ACA Compliant Individual

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	18,019	18,019	1.000	1.00
4	Double	5,630	11,260	2.000	2.00
4	Parent/Child(ren)	715	1,658	2.319	1.93
4	Family	1,769	6,589	3.725	2.81

Single Conversion Factor	**1.053**

Non-ACA Compliant Individual

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	624	624	1.000	1.00
4	Double	176	352	2.000	2.00
4	Parent/Child(ren)	46	102	2.217	1.93
4	Family	146	515	3.527	2.81

Single Conversion Factor	**1.080**

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June 10, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Vermont Exchange Rate Filing
Response to Objection Letter #2
SERFF Tracking #: MVPH-130558905

Dear Mr. Ruggeberg:

This letter is in response to your correspondence received 06/07/16 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Please provide the preliminary risk adjustment report from CMS and a demonstration of any calculation necessary to arrive at the $1.88M figure referenced in your previous response.

Response: Please see the tab "Question #1" in the attached excel file which contains CMS' preliminary risk adjustment report. The sum of cells B9 and B10 reflects the sum of the merged market and catastrophic transfer amounts which total $1,880,781.

*2. The calculations provided in your previous response indicate that the weighted average Pricing Model AV and Induced Demand factors are calculated independently of each other, without taking into account the relationship between the two. Due to the relationship between the two, this approach overstates the combined impact of these two factors. By our calculations, calculating the weighted average of the products of these two factors produces an adjustment of 0.7469, as opposed to the factor used which is 0.711 * 1.045 = 0.7428. The net result is an overstatement of the 2017 index rate of approximately 0.5%. Please revise this calculation or propose an alternate remedy.*

Response: MVP agrees with L&E's methodology regarding the calculation of the experience period average AV and Induced Demand factor. Please see the tab "Question #2" in the attached excel file which calculates the experience period average AV * ID factor as a member-weighted average of the products. The calculation in the response of 0.7469 is consistent with L&E's calculation above.

3. Your prior response indicated that IBNR estimates were revised based on March 2016 claim payments. If these payments were available, why was February run-out used in the filing?

Response: Due to resource limitations, MVP extracted data paid through February 2016 in order to provide an adequate amount of time to analyze the data and meet the state's deadline for the initial filing. The ultimate incurred estimate of MVP's data is based on the additional claims paid in March and an updated estimate of claims not yet paid as of March.

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4. Provide claim triangles for coverage dates in 2014 through the most recent payment month available.

Response: Please see the tab "Question #4" in the attached excel file, which displays the fee for service medical claims triangle for the risk pools in the rate filing over the previous two calendar years.

5. Provide a quantitative demonstration of how approved Vermont Hospital Budgets as well as known and assumed contractual reimbursement changes were used to develop projected medical trends, clearly delineating which changes are approved/known and which values are assumed.

Response: Please see the tab "Question #5" in the attached excel file which details how MVP's facility trends were created using known and assumed trends by provider for 2016 and 2017. Assumed trends represent MVP's best estimate of future contract changes at the time rates were set.

6. Why was equal weight given to non-Exchange data and Exchange data? Given that the projected claims are of the Exchange population only and the Exchange data is fully credible by most common standards, this methodology seems atypical. It also does not seem consistent with the rate-setting methodology for other filings. For instance, the last Agriservices filing did not utilize any credibility blending, and the experience was composed significantly less membership.

Response: All of the risk pool segments used to develop the proposed premium rates are eligible to enroll in the products offered within this filing regardless of their enrollment status during the experience period. Because these members will be eligible to enroll in ACA products during the projection period, it is prudent to include their data in the claim projection used to develop premium rates.

MVP is not using any credibility blending in its rate filing, but simply including experience period data that would enroll in these products in 2017 to fully reflect the impact of a changing market. MVP used the non-ACA compliant data as the credibility manual in the Unified Rate Review Template because CMS guidelines require the experience period data in the URRT "reflect historical financial and enrollment information for the identified legal entity only" (URRT instructions, page 13, Section 2.1.2), and MVP's experience period data used in the rate filing comes from two separate legal entities.

7. Explain and support the projected 2017 enrollment distribution by plan and/or metal tier. For example, gold plans made up 6% and 14% of membership in 2015 and in March 2016, respectively, but are assumed to make up 31% of membership in 2017.

Response: As stated in the Actuarial Memorandum, MVP used March 2016 enrollment for all market segments included in the experience period to develop its projected 2017 enrollment. ACA compliant members were assumed to stay in their current plan, and non-ACA compliant members were mapped to a plan using their current actuarial value and plan type (QHDHP vs. non-QHDHP). 80% of MVP's non-ACA Small Group members are enrolled in a QHDHP benefit which maps to the Gold QHDHP benefit being offered within this filing. Mapping these members to the Gold metal level is the primary driver of the increase in the distribution of Gold Membership in the projection period. Please see the tab "Question #7" of the attached excel file, which details the March 2016 enrollment by metal level for ACA compliant plans, non-ACA compliant plans by risk pool, and the total enrollment used for the 2017 projection.

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If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

CMS Interim Risk Adjustment Results - 2015 Dates of Service

File ID	TPIR.2GMEZ5XHBX
File Run Date	3/8/2016
Program Year	2015
Report Type	final
Batch ID	75273
Issuer ID	77566
State ID	VT
Issuer's Number of	19
Merged Total Issuer	$1,961,829
Cat Total Issuer Tra	($81,047)

Risk Pool/Market	Cycle	State Average Premium	State Average Risk Score	Issuer Average Premium	Issuer Market Risk Pool Average Transfer	Issuer Transfer PMPM as % of State Market Risk Pool Average Premium	Issuer Market Risk Pool PLRS	Issuer Market Risk Pool PLRS as % of State PLRS	Plan ID	Total Plan Transfer Amount	Metal Level	Rating Area
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050002	354513.37	2	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040010	-269078.93	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050005	-245514.55	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050001	1684357.29	1	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040006	1359778.63	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040001	1058991.05	1	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050006	-117232.58	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040011	-309451.56	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040005	-178059.98	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050010	-229270.52	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050007	-16445.53	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040009	-1938869.01	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050011	-142799.36	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040002	240749.82	2	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050009	-154450.72	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050004	4612.81	2	1
VTC	RA Transfer	218.9889	0.1926352	211.42248	-65.36776665	-370.0978298	0.1353331	0.702535749	77566VT0040013	-81047.31	5	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040007	828360.52	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040004	31638.03	2	1

CMS Interim Risk Adjustment Results -

File ID	TPIR.2GMEZ5XHBX
File Run Date	3/8/2016
Program Year	2015
Report Type	final
Batch ID	75273
Issuer ID	77566
State ID	VT
Issuer's Number of	19
Merged Total Issuer	$1,961,829
Cat Total Issuer Tra	($81,047)

Risk Pool/Market	Cycle	Rating Area Transfer Amount	Rating Area Transfer PMPM	Total Member Billable Months	PLRS	IDF	GCF	AV	ARF	Product for All Plans with Risk	Product for All Plans without Risk
VTM	RA Transfer	$354,513.37	293.86867	1206.3667	2.3309865	1.08	1	0.8	0.9809165	1.459951778	0.768257079
VTM	RA Transfer	($269,078.93)	-133.0822	2021.9	0.708765	1	1	0.6	0.9818118	1.459951778	0.768257079
VTM	RA Transfer	($245,514.55)	-92.65632	2649.7333	1.0202709	1.03	1	0.7	0.9756791	1.459951778	0.768257079
VTM	RA Transfer	$1,684,357.29	258.94996	6504.5667	2.3641105	1.15	1	0.9	0.9759677	1.459951778	0.768257079
VTM	RA Transfer	$1,359,778.63	607.70419	2237.5667	3.1360547	1.03	1	0.7	0.9887349	1.459951778	0.768257079
VTM	RA Transfer	$1,058,991.05	524.52997	2018.9333	3.0964402	1.15	1	0.9	0.9874468	1.459951778	0.768257079
VTM	RA Transfer	($117,232.58)	-33.1512	3536.3	1.1958224	1.03	1	0.7	0.9736212	1.459951778	0.768257079
VTM	RA Transfer	($309,451.56)	-106.877	2895.4	0.7989732	1	1	0.6	0.9900005	1.459951778	0.768257079
VTM	RA Transfer	($178,059.98)	-41.88431	4251.2333	1.1911628	1.03	1	0.7	0.9897886	1.459951778	0.768257079
VTM	RA Transfer	($229,270.52)	-104.7296	2189.1667	0.7848956	1	1	0.6	0.9718418	1.459951778	0.768257079
VTM	RA Transfer	($16,445.53)	-7.715836	2131.4	1.2800655	1.03	1	0.7	0.9796606	1.459951778	0.768257079
VTM	RA Transfer	($1,938,869.01)	-127.1734	15245.867	0.7354983	1	1	0.6	0.9892652	1.459951778	0.768257079
VTM	RA Transfer	($142,799.36)	-150.2571	950.36667	0.6554896	1	1	0.6	0.9815731	1.459951778	0.768257079
VTM	RA Transfer	$240,749.82	309.64608	777.5	2.3796863	1.08	1	0.8	0.9832952	1.459951778	0.768257079
VTM	RA Transfer	($154,450.72)	-39.32245	3927.8	0.996803	1	1	0.6	0.980661	1.459951778	0.768257079
VTM	RA Transfer	$4,612.81	3.44	1340.9333	1.4891543	1.08	1	0.8	0.9730643	1.459951778	0.768257079
VTC	RA Transfer	($81,047.31)	-65.36777	1239.8667	0.1353331	1	1	0.57	0.9993131	0.19263518	0.569020192
VTM	RA Transfer	$828,360.52	154.66799	5355.7333	1.7843674	1.03	1	0.7	0.9930179	1.459951778	0.768257079
VTM	RA Transfer	$31,638.03	79.081903	400.06667	1.7243243	1.08	1	0.8	0.9855782	1.459951778	0.768257079

Derivation of Experience Period Average AV and Induced Demand Factor

Medical Coplan	Rx Coplan	Safe Harbor Rider	Member Months	Pricing Model AV	Induced Demand Factor	AV * ID
					Weighted Average AV * ID	0.7469
VE054L	V500L	NO	795	0.774	1.071	0.829
VE090L	V500L	NO	2569	0.849	1.117	0.948
VE101L	V502L	NO	180	0.763	1.063	0.811
VE105L	V500L	NO	973	0.857	1.122	0.962
VE107L	V500L	NO	313	0.774	1.071	0.829
VE107L	V502L	NO	19	0.756	1.062	0.803
VE107L	V500L	NO	696	0.774	1.071	0.829
VE107L	V602	NO	220	0.768	1.068	0.820
VE111LA	V500L	NO	824	0.811	1.090	0.884
VEHD-01L	In base	RX-VHD510-A	8	0.803	1.084	0.870
VEHD-02L	In base	NO	1008	0.727	1.044	0.759
VEHD-02L	In base	RX-VHD510-B	1224	0.733	1.047	0.768
VEHD-02L	In base	NO	312	0.727	1.044	0.759
VEHD-02L	In base	RX-VHD510-B	666	0.733	1.047	0.768
VEHD-03L	In base	NO	543	0.612	1.004	0.615
VEHD-03L	In base	RX-VHD510-C	2731	0.632	1.011	0.639
VEHD-03L	In base	NO	381	0.612	1.004	0.615
VEHD-03L	In base	RX-VHD510-C	1531	0.632	1.011	0.639
VEHD-06L	In base	RX-VHD510-F	823	0.699	1.028	0.719
VEHD-06L	In base	RX-VHD510-F	230	0.699	1.028	0.719
VEHD-08L	In base	RX-VHD510-H	838	0.710	1.036	0.736
VEHD-08L	In base	RX-VHD510-H	61	0.710	1.036	0.736
VEHD-09L	In base	NO	248	0.670	1.022	0.685
VEHD-09L	In base	NO	93	0.670	1.022	0.685
VEHD-17L	In base	RX-VHD510-Q	406	0.696	1.029	0.716
VEHD-17L	In base	RX-VHD510-Q	227	0.696	1.029	0.716
VEHD-19L	In base	NO	141	0.640	1.013	0.648
VEHD-19L	In base	RX-VHD510-S	1139	0.659	1.017	0.670
VP073L	V500L	NO	80	0.771	1.067	0.823
VT08LAA	V500L	NO	36	0.923	1.163	1.074
VT08LAA	V601	NO	86	0.924	1.166	1.077
VT08LAB	V601	NO	16	0.924	1.166	1.077
VEHD-02L	In base	RX-VHD510-B	2648	0.733	1.047	0.768
VEHD-02L	In base	RX-VHD510-B	1724	0.733	1.047	0.768
VP017L	V500L	NO	1000	0.804	1.086	0.873
VP019L	V500L	NO	2028	0.900	1.152	1.036
VP020L	V500L	NO	1333	0.865	1.127	0.975
VPHD-03L	In base	RX-VHD510-C	3802	0.632	1.011	0.639
VPHD-03L	In base	RX-VHD510-C	2113	0.632	1.011	0.639
VE003S	No Rx Benefit	NO	36	0.941	1.173	1.104
VE003S	V500S	NO	352	0.916	1.161	1.064
VE003S	V502S	NO	78	0.898	1.150	1.033
VE004S	No Rx Benefit	NO	165	0.936	1.172	1.097
VE004S	V500S	NO	234	0.911	1.156	1.053
VE004S	V504S	NO	16	0.917	1.160	1.064
VE006S	V500S	NO	20	0.900	1.152	1.036
VE031S	V500S	NO	68	0.882	1.140	1.006
VE033S	V500S	NO	12	0.799	1.081	0.864
VE033S	V501S	NO	60	0.788	1.078	0.849
VE036S	No Rx Benefit	NO	3	0.880	1.139	1.002
VE036S	V500S	NO	77	0.863	1.126	0.972
VE047S	V500S	NO	7	0.879	1.137	0.999
VE047S	V502S	NO	172	0.862	1.127	0.972
VE052S	V502S	NO	24	0.839	1.110	0.931
VE054S	No Rx Benefit	NO	60	0.784	1.076	0.843
VEHD-01S	In base	NO	73	0.801	1.082	0.867
VEHD-01S	In base	RX-VHD510-A	201	0.803	1.084	0.870
VEHD-01S	In base	NO	16	0.801	1.082	0.867
VEHD-01S	In base	RX-VHD510-A	30	0.803	1.084	0.870
VEHD-02S	In base	NO	6871	0.727	1.044	0.759
VEHD-02S	In base	RX-VHD510-B	5046	0.733	1.047	0.768
VEHD-02S	In base	NO	3393	0.727	1.044	0.759
VEHD-02S	In base	RX-VHD510-B	3427	0.733	1.047	0.768
VEHD-03S	In base	NO	24	0.612	1.004	0.615
VEHD-03S	In base	NO	769	0.612	1.004	0.615
VEHD-03S	In base	RX-VHD510-C	1050	0.632	1.011	0.639
VEHD-03S	In base	NO	418	0.612	1.004	0.615
VEHD-03S	In base	RX-VHD510-C	504	0.632	1.011	0.639
VEHD-07S	In base	NO	3	0.749	1.056	0.791
VEHD-07S	In base	RX-VHD510-G	9	0.752	1.060	0.797
VEHD-08S	In base	RX-VHD510-H	12	0.710	1.036	0.736
VEHD-09S	In base	RX-VHD510-I	122	0.677	1.022	0.692
VEHD-09S	In base	NO	19	0.670	1.022	0.685
VEHD-09S	In base	RX-VHD510-I	78	0.677	1.022	0.692
VEHD-12S	In base	RX-VHD510-L	144	0.699	1.028	0.719
VEHD-12S	In base	RX-VHD510-L	36	0.699	1.028	0.719
VEHD-14S	In base	NO	62	0.714	1.039	0.742
VEHD-14S	In base	NO	56	0.714	1.039	0.742

Derivation of Experience Period Average AV and Induced Demand Factor

Medical Coplan	Rx Coplan	Safe Harbor Rider	Member Months	Pricing Model AV	Induced Demand Factor	AV * ID
						Weighted Average AV * ID
						0.7469
VEHD-15S	In base	NO	72	0.678	1.024	0.695
VEHD-15S	In base	RX-VHD510-O	26	0.683	1.024	0.699
VEHD-15S	In base	NO	157	0.678	1.024	0.695
VEHD-15S	In base	RX-VHD510-O	24	0.683	1.024	0.699
VEHD-17S	In base	NO	12	0.690	1.028	0.709
VEHD-18S	In base	NO	50	0.740	1.053	0.779
VEHD-18S	In base	RX-VHD510-R	261	0.746	1.056	0.788
VEHD-19S	In base	NO	145	0.640	1.013	0.648
VEHD-19S	In base	RX-VHD510-S	86	0.659	1.017	0.670
VEHD-49S	In base	NO	785	0.741	1.052	0.779
VEHD-49S	In base	RX-VHD510-AJ	58	0.749	1.056	0.791
VP048S	V502S	NO	12	0.821	1.097	0.901
VP051S	V501S	NO	5	0.885	1.140	1.009
VPHD-03S	In base	NO	3	0.612	1.004	0.615
VPHD-03S	In base	NO	116	0.612	1.004	0.615
VPHD-04S	In base	NO	24	0.767	1.065	0.817
VPHD-06S	In base	NO	839	0.692	1.028	0.712
VPHD-06S	In base	NO	114	0.692	1.028	0.712
VT03SA	V500S	NO	32	0.924	1.166	1.077
VT03SB	V500S	NO	24	0.922	1.165	1.074
VIIP-100000-G	In base	NO	22	0.230	1.000	0.230
VIIP-10000-G	In base	NO	170	0.465	1.000	0.465
VIIP-25000-G	In base	NO	327	0.353	1.000	0.353
VIIP-3500-G	In base	NO	504	0.605	1.000	0.605
VIIP-5000-G	In base	NO	570	0.559	1.000	0.559
VT Non-Standard Bronze (2015)	In base	NO	34	0.609	1.001	0.610
VT Non-Standard Bronze (2015)	In base	NO	2980	0.609	1.001	0.610
VT Non-Standard Bronze (2015)	In base	NO	994	0.609	1.001	0.610
VT Standard Bronze HMO (2015)	In base	NO	68	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	15730	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	4179	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002	0.607
VT Catastrophic (2015)	In base	NO	1211	0.593	1.000	0.593
VT Standard Gold (2015)	In base	NO	801	0.820	1.098	0.901
VT Standard Gold (2015)	In base	NO	1270	0.820	1.098	0.901
VT Non-Standard Gold (2015)	In base	NO	14	0.833	1.106	0.921
VT Non-Standard Gold (2015)	In base	NO	429	0.833	1.106	0.921
VT Non-Standard Gold (2015)	In base	NO	1508	0.833	1.106	0.921
VT Standard Bronze HDHP (2015)	In base	NO	46	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	14	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	1310	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	1590	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	48	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	843	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	811	0.627	1.007	0.632
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	366	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	2673	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	460	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	1433	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	132	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	162	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	300	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	303	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	20	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	24	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	126	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	5	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	148	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	231	0.711	1.035	0.736
VT Standard Platinum (2015)	In base	NO	687	0.888	1.144	1.016
VT Standard Platinum (2015)	In base	NO	2177	0.888	1.144	1.016
VT Standard Platinum (2015)	In base	NO	6693	0.888	1.144	1.016
VT Non-Standard Silver (2015)	In base	NO	5	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	1318	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	2266	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	36	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	95	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	1448	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	2923	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	510	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	472	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	1781	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	11	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	908	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	408	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	450	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	1438	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	1020	0.729	1.045	0.762

FFS Medical Incurred Claim Triangle, 2014-2015, ACA Compliant & Non-ACA Con

	Incurred Year/Month												
Paid Year/Month	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014	01/2015
01/2014	$1,266,977												
02/2014	$1,692,092	$937,340											
03/2014	$601,845	$1,498,792	$1,065,673										
04/2014	$251,428	$437,313	$1,857,879	$1,296,730									
05/2014	$252,453	$947,692	$999,117	$1,876,025	$1,224,966								
06/2014	$50,943	($649,492)	$231,511	$503,867	$1,911,882	$1,372,312							
07/2014	$13,172	$791,165	$244,121	$248,947	$800,128	$2,163,285	$1,443,518						
08/2014	$36,511	$79,518	$88,775	$104,702	$72,935	$256,018	$2,165,168	$1,163,448					
09/2014	$10,260	($47,029)	$46,741	$76,525	$202,533	$95,712	$333,548	$1,880,663	$1,565,295				
10/2014	$14,982	$81,380	$53,566	$27,910	$78,476	$90,635	$188,383	$576,715	$2,141,048	$1,982,491			
11/2014	($83,661)	$1,806	$8,173	$5,283	$11,264	$20,294	$57,852	$127,462	$512,340	$1,610,777	$1,299,170		
12/2014	$36,911	$1,072	$3,782	($10,688)	$21,999	($7,383)	$18,287	$32,251	$479,067	$726,366	$1,465,754	$1,236,110	
01/2015	$1,302	$3,178	$3,193	$3,303	$11,224	$42,349	$14,885	$361,540	$237,653	$259,100	$504,081	$2,417,518	$606,482
02/2015	$2,422	$490	($897)	($79,576)	$2,863	$1,457	($16,177)	$14,868	$84,878	$26,546	$90,281	$659,314	$1,221,230
03/2015	$2,573	$2,988	$2,061	$54,787	$38,426	$2,394	$10,312	$51,346	$14,852	$33,601	$80,263	$408,439	$917,976
04/2015	$184	$158	$269	$8,827	$1,580	$2,657	$16,713	$8,848	$98,726	$73,388	$34,691	$55,200	$553,711
05/2015	$84	$795	$201	$901	($97)	$6,258	$3,932	$38,729	($8,181)	$49,953	$37,944	$10,233	$505,464
06/2015	$261	($1,958)	$1,274	($273)	$30	$543	$2,553	$78,120	$11,525	$4,950	$6,529	$2,567	($227,246)
07/2015	($868)	($644)	($2,824)	($645)	$895	($40)	($1,626)	($9,291)	($1,201)	$40,228	($201)	$7,763	$220,782
08/2015	$164	$181	$104	($664)	$104	$0	($1,854)	$439	$56,257	$24,271	$1,576	$20,257	($1,779)
09/2015	($197)	($102)	$482	($224)	$0	($49)	$0	$4,103	$116	$3,942	$10,939	$3,749	($4,429)
10/2015	($178)	$0	($21)	$196	$94	$351	$21,301	$329	$1,860	$453	($1,991)	$441	$808
11/2015	$0	$0	$210	$58	$3,667	($350)	($777)	($312)	$299	$1,874	$686	$1,422	$3,128
12/2015	$44	$762	$217	$155	$0	$232	$282	$687	$344	$316	($5,815)	$860	$52,853
01/2016	$143	$102	($140)	$0	$0	$13	$0	$0	$17	$45	$152	$802	$3,001
02/2016	$110	$117	$604	$0	($244)	$231	($713)	($76)	$469	$369	$1,202	$6,157	$1,242

npliant SG/51-100/Agriservices Data

Paid Year/Month	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
01/2014											
02/2014											
03/2014											
04/2014											
05/2014											
06/2014											
07/2014											
08/2014											
09/2014											
10/2014											
11/2014											
12/2014											
01/2015											
02/2015	$661,295										
03/2015	$1,508,733	$862,663									
04/2015	$446,444	$1,301,659	$995,628								
05/2015	$139,016	$330,861	$957,698	$960,417							
06/2015	$266,287	$129,976	$607,741	$1,591,558	$1,155,655						
07/2015	$13,573	$127,248	$124,088	$468,911	$1,319,900	$1,409,549					
08/2015	$46,139	$157,154	$81,332	$84,536	$219,394	$1,542,245	$800,301				
09/2015	$3,710	$21,623	$24,978	$11,706	$48,543	$306,677	$1,516,146	$1,056,006			
10/2015	$31,738	$6,111	$8,205	$9,790	$32,880	$234,951	$512,295	$1,915,681	$1,202,914		
11/2015	$4,195	$33,420	$8,176	$11,539	$16,471	($24,607)	($58,321)	$139,228	$1,488,399	$962,324	
12/2015	$30,103	$39,128	$30,288	$51,863	$40,661	$151,267	$171,175	$145,913	$610,934	$1,350,114	$1,420,273
01/2016	$6,754	$2,779	$10,341	$3,778	$6,736	$13,735	$23,600	$252,548	$74,755	$448,631	$1,369,887
02/2016	$156	$125	$15,218	$2,583	$11,944	$79,650	$19,947	$13,460	$23,925	$153,992	$361,336

Derivation of Inpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Inpatient %	2016 IP Contract	2016 Trended IP %	2017 IP Contract	2016 IP Contract Approved/ Assumed	2017 IP Contract Approved/ Assumed
Brattleboro Memorial Hospital	CONFIDENTIAL					
Brattleboro Retreat						
Carlos Otis Health Care						
Central Vermont Physicians Medical Center						
Copley Hospital (VMC)						
UVMC Fletcher Allen Hospital						
Gifford Medical Center						
Mt. Ascutney Hospital						
North Country Hospital						
Northeast Vermont Regional Hospital						
Northwestern Medical Center (VMC)						
Porter Hospital						
Rutland Regional						
Southwestern Vermont Medical Center						
Springfield Hospital						
Non-VT, CIGNA and Non-par Hospitals						
TOTAL	100.0%	**4.1%**	100.0%	**5.1%**		

Derivation of Outpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Outpatient %	2016 OP Contract	2016 Trended OP %	2017 OP Contract	2016 OP Contract Approved/ Assumed	2017 OP Contract Approved/ Assumed
Brattleboro Memorial Hospital	CONFIDENTIAL					
Brattleboro Retreat						
Carlos Otis Health Care						
Central Vermont Physicians Medical Center						
Copley Hospital (VMC)						
UVMC Fletcher Allen Hospital						
Gifford Medical Center						
Mt. Ascutney Hospital						
North Country Hospital						
Northeast Vermont Regional Hospital						
Northwestern Medical Center (VMC)						
Porter Hospital						
Rutland Regional						
Southwestern Vermont Medical Center						
Springfield Hospital						
Non-VT, CIGNA and Non-par Hospitals						
TOTAL	100.0%	**3.5%**	100.0%	**4.4%**		

March 2016 Membership by Metal Level, ACA Compliant Data Only

Metal Level	Members	Percent
Platinum	832	12.6%
Gold	958	14.5%
Silver	1,879	28.4%
Bronze	2,896	43.8%
Catastrophic	49	0.7%
Total	6,614	100.0%

March 2016 Membership by Metal Level, Non-ACA Compliant Data

Mapped to ACA Compliant plans

	Agriservices		Small Non-ACA		Large 51-100		Total	
Metal Level	Members	Percent	Members	Percent	Members	Percent	Members	Percent
Platinum	257	37.6%	30	1.5%	0	0.0%	287	9.2%
Gold	254	37.2%	1,577	80.0%	230	49.9%	2,061	66.1%
Silver	0	0.0%	144	7.3%	121	26.2%	265	8.5%
Bronze	172	25.2%	221	11.2%	110	23.9%	503	16.1%
Catastrophic	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	683	100.0%	1,972	100.0%	461	100.0%	3,116	100.0%

March 2016 Membership by Metal Level, Combined ACA & Mapped Non-ACA Compliant Data

Metal Level	Members	Percent
Platinum	1,119	11.5%
Gold	3,019	31.0%
Silver	2,144	22.0%
Bronze	3,399	34.9%
Catastrophic	49	0.5%
Total	9,730	100.0%

Derivation of Inpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Inpatient %	2016 IP Contract	2016 Trended IP %	2017 IP Contract	2016 IP Contract Approved/ Assumed	2017 IP Contract Approved/ Assumed
Brattleboro Memorial Hospital	CONFIDENTIAL				Approved	Assumed
Brattleboro Retreat					Approved	Assumed
Carlos Otis Health Care					Approved	Assumed
Central Vermont Physicians Medical Center					Approved	Assumed
Copley Hospital (VMC)					Approved	Assumed
UVMC Fletcher Allen Hospital					Approved	Assumed
Gifford Medical Center					Approved	Assumed
Mt. Ascutney Hospital					Approved	Assumed
North Country Hospital					Approved	Assumed
Northeast Vermont Regional Hospital					Approved	Assumed
Northwestern Medical Center (VMC)					Approved	Assumed
Porter Hospital					Approved	Assumed
Rutland Regional					Approved	Assumed
Southwestern Vermont Medical Center					Approved	Assumed
Springfield Hospital					Approved	Assumed
Non-VT, CIGNA and Non-par Hospitals					Approved/Assumed	
TOTAL	100.0%	**4.1%**	100.0%	**5.1%**		

Derivation of Outpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Outpatient %	2016 OP Contract	2016 Trended OP %	2017 OP Contract	2016 OP Contract Approved/ Assumed	2017 OP Contract Approved/ Assumed
Brattleboro Memorial Hospital	CONFIDENTIAL				Approved	Assumed
Brattleboro Retreat					Approved	Assumed
Carlos Otis Health Care					Approved	Assumed
Central Vermont Physicians Medical Center					Approved	Assumed
Copley Hospital (VMC)					Approved	Assumed
UVMC Fletcher Allen Hospital					Approved	Assumed
Gifford Medical Center					Approved	Assumed
Mt. Ascutney Hospital					Approved	Assumed
North Country Hospital					Approved	Assumed
Northeast Vermont Regional Hospital					Approved	Assumed
Northwestern Medical Center (VMC)					Approved	Assumed
Porter Hospital					Approved	Assumed
Rutland Regional					Approved	Assumed
Southwestern Vermont Medical Center					Approved	Assumed
Springfield Hospital					Approved	Assumed
Non-VT, CIGNA and Non-par Hospitals					Approved/Assumed	
TOTAL	100.0%	**3.5%**	100.0%	**4.4%**		

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June 17, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Vermont Exchange Rate Filing
Response to Objection Letter #3
SERFF Tracking #: MVPH-130558905

Dear Mr. Ruggeberg:

This letter is in response to your correspondence dated 06/14/16 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Please provide an exhibit in spreadsheet format tying the following values from the URRT to values found in rate filing Exhibits 3 and/or 6:

a. Paid to Allowed Average Factor in Projection Period of 0.775
b. Projected Incurred Claims PMPM of $422.23
c. Index Rate for Projection Period of $506.60

Response: MVP developed the proposed premium rates based on experience period membership and incurred claims. Allowed claims and projection period membership is not included in MVP's rate filing. Therefore, items A and C above cannot be found in the rate filing. The paragraphs below and supporting excel file outline MVP's derivation of these values.

The projected incurred claims PMPM was determined by taking the Net Claim Cost PMPM for each plan (this can be found on Exhibit 6 of the rate filing, column I) and weighting based on the projected 2017 membership found in the URRT. This calculation results in a Projected Incurred Claims PMPM of $421.95. Please see this calculation performed on the tab "Question #1b" in the attached excel file.

Because the amount above includes a Risk Adjustment Payment that would artificially inflate the paid to allowed ratio, the URRT removes this payment. MVP applied a similar adjustment in calculating their projection period paid to allowed ratio, which results in an adjusted Incurred Claims PMPM of $392.40. MVP then took this adjusted claim amount and divided by MVP's calculated Projected Allowed Experience Claims PMPM of $506.63. This calculation results in a projection period paid to allowed ratio of approximately 77.45% which can be found on the tab "Question #1a" in the attached excel file. The URRT requires the user to enter a paid to allowed ratio rounded to 3 decimal places (i.e. 77.5%). Due to rounding requirements in the URRT, there is a $0.28 PMPM discrepancy between the projected incurred claims PMPM displayed in the URRT and the calculation explained above.

According to the URRT instructions, the Index Rate for Projection Period is "simply projected allowed claims PMPM for EHBs only". MVP calculated a value of $506.60 by taking its internal Projected Allowed Experience Claims PMPM of $506.63 (discussed above) and removed non-EHB claims of approximately $0.03 PMPM. This results in an Index Rate for Projection Period of $506.60 as shown on URRT Wksh 1. Note that MVP did not use the URRT to develop premium rates and therefore any future adjustments made to the URRT should not impact premium rates.

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If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

Derivation of Paid to Allowed Average Factor in Projection Period

Line Item	Value	Calculation	Location
a) Projected Incurred Claims	$421.95		Question #1b
b) Projected Risk Adjustments PMPM	($29.55)		URRT Wksh 1 cell V35
c) Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM	$392.40	= a) + b)	URRT Wksh 1 cell V34
d) Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	$506.63		URRT Wksh 1 cell V32
e) Paid to Allowed Average Factor in Projection Period	77.453%	= d) / c)	URRT Wksh 1 cell V33

Calculation of Projected Incurred Claims PMPM (URRT Wksh 1 cell V38)

Plan Name	Projected Members	Projected Member Months	Net Claim Cost PMPM	NCC PMPM * MMs
Platinum Standard	1,119	13,428	$582.67	$7,824,100
Gold Standard	187	2,244	$517.35	$1,160,929
Gold Non-Standard Non-HDHP	410	4,920	$502.08	$2,470,223
Gold Non-Standard HDHP	2,422	29,064	$451.18	$13,113,017
Silver Standard Non-HDHP	650	7,800	$442.69	$3,453,012
Silver Standard HDHP	816	9,792	$414.98	$4,063,497
Silver Non-Standard	678	8,136	$395.19	$3,215,239
Bronze Standard Non-HDHP	1,564	18,768	$337.69	$6,337,835
Bronze Standard HDHP	1,499	17,988	$341.78	$6,147,873
Bronze Non-Standard	336	4,032	$335.94	$1,354,526
Catastrophic	49	588	$215.18	$126,529
Total	9,730	116,760	**$421.95**	$49,266,781

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June 24, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Response to Objection Letter #4

Dear Mr. Ruggeberg:

This letter is in response to your correspondence dated 6/20/16 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Please explain the services included in the "Other Medical" benefit category on the URRT including the PMPM value and measurement units used.

Response: The "Other Medical" benefit category in the URRT includes Ambulance services ($2.36 PMPM, measured on a per-trip basis), Durable Medical Equipment, Prosthetics and Orthotics ($2.14 PMPM, measured on a per-visit basis), Contraceptives ($1.68 PMPM, measured on a per-script basis), and the $6.65 PMPM Claims Settlement Payment (line 3, Exhibit 3 of the Rate Filing).

2. Exhibit 2a shows an allowed unit cost trend 2.5% plus leveraging factor of 0.2%, please reconcile this value to the URRT.

Response: The 2.5% Annual Allowed Medical Trend shown on Exhibit 2a of the rate filing is a weighted average of the individual service category trends for medical claims only. In the URRT, this would be found by taking the weighted average of the Inpatient Hospital, Outpatient Hospital, Professional, and Other Medical Cost trends, weighted by the experience period PMPM for each. The leveraging factor of 0.2% shown on Exhibit 2a is not reflected in the trend section of Worksheet 1 of the URRT because this is a factor to show the effect fixed cost sharing has on paid claim trends and the URRT is on an allowed claim basis.

3. Regarding the Adjustment for $1,300 Rx Out of Pocket Maximum (Bill H559) discussed on page 6 of the Vermont memorandum,

3a. Please explain why the claim adjustments are being processed within MVP's claims system during the experience period considering that Bill H559 was effective beginning October 2012 and the experience period for this filing is Calendar Year 2015.

Response: MVP and its pharmacy benefit manager (PBM) are still having issues administering Bill H559, particularly for HDHPs where the deductible and out of pocket accumulators need to be synced between MVP and the PBM.

3b. When do you anticipate all of the claim adjustments to be realized within MVP's claim system?

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Response: MVP is continually working toward full automation of the Bill, but an estimated time frame for when this will occur has not yet been determined. MVP is currently making manual check payments to members who incur over $1,300 in Rx cost sharing, and will continue to do so until the Bill is fully automated.

3c. Please provide quantitative support for the adjustments provided in line 19 of Exhibit 3.

Response: MVP analyzed the pharmacy claims of members renewing in January 2015 and having a full 12 months of data from January to December. This amounted to 8,923 members, or approximately 84% of the members in the experience period. For each member, the difference between their actual pharmacy cost sharing for the year and $1,300 was calculated, and any amounts above zero were considered to have been paid by the plan instead of the member. PMPM amounts were calculated for each rating category, and the resulting amounts can be found on Exhibit 3, line 19. Please see a detailed calculation of the amounts by rating category on the tab "Question #3c" of the attached excel file.

4. Please explain why grandfathered data, indemnity data, association data, and large group data are appropriate sources to use as the basis of the manual rate. Also, please explain how base period claims were adjusted for differences in morbidity between the populations and the projected combined 2017 market.

Response: As stated in MVP's response to L&E Objection #2, Question #6, all of the risk pool segments used to develop the proposed premium rates are eligible to enroll in the products offered within this filing regardless of their enrollment status during the experience period. Because these members will be eligible to enroll in ACA products during the projection period, it is prudent to include their data in the claim projection used to develop premium rates. MVP adjusted for differences in morbidity between the experience period and projection period by comparing the average HHS age factor by risk pool from the experience period to MVP's current membership as of March 2016 (which was used as the membership projection for 2017).

5. Regarding the Taxes and Fees included in Exhibit 5, please reconcile to the Taxes and Fees Load included on the URRT.

Response: Please see the tab "Question #5" of the attached excel file which reconciles Exhibit 5 of the rate filing to the URRT. Please note that the 1.249% Paid Claim Taxes and Assessments and $0.13 HHS Risk Adjustment User Fee on Exhibit 5 are reflected in other places of the URRT Worksheet 1 and are therefore not included in this reconciliation. Additionally, any flat PMPM amounts were converted to a percent of premium (to be entered into the URRT) using the Single Risk Pool Gross Premium Avg. Rate PMPM.

6. Regarding the Loss Ratio development shown on page 11 of the Vermont Actuarial Memorandum, the Claims, Taxes/ Assessments (including adding in the risk adjustment fee), and the Premiums included in the Loss Ratio Development provided on page 11 of the Vermont Actuarial Memorandum do not match the URRT. Please explain.

Response: The claims in the Loss Ratio Development section of the Actuarial Memorandum do not reflect changes in membership and plan design from the experience period to the projection period whereas the URRT's Projected Incurred Claims reflect these changes.

7. On page 4 of the State Actuarial Memorandum, MVP discusses adjustments made to the experience period to adjust for large claims. Were similar adjustments made in the experience when performing the trend analysis? If so, please describe and show the emerging experience before and after the adjustments were made. If no such adjustments were made, please explain why.

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Response: MVP did not make any adjustments for large claims when performing trend analyses. The unit cost trends reflect known and assumed price increases from MVP's provider network, and would affect both large and small claims equally. Utilization trend analysis was performed without consideration to the severity of the claims, only the frequency.

8. Please explain why Column V, Line 38 of Worksheet 1 of the URRT, [Projected Incurred Claims] which equal $422.23 is different from the claims expense of $433.34 of the Target Loss Ratios for 2017 VT Exchange shown on page 11 of the State Actuarial Memorandum [which is also the same amount shown on Exhibit 3. Index Rate].

Response: As stated in the response to question #6 above, the amount shown on Exhibit 3 is the projected paid claims PMPM without considering membership mix changes from non-ACA compliant plans to ACA compliant plans from the experience period to the rating period. The number in the URRT reflects the average Net Claim Cost PMPM from Exhibit 6 by plan weighted on MVP's 2017 projected membership (which is not the same membership base used to develop the rates on Exhibit 3).

9. Please provide the historical experience to support the 0.40% of premium load to reflect non-payment of premium.

Response: Please see the following table which shows MVP's bad debt as a percentage of premium for small group and individual ACA compliant products in 2014 and 2015. MVP's premium billing department anticipates an average bad debt percentage of 0.40% which falls between the historical averages for this block.

Bad Debt as a Percent of Premium, ACA Compliant Plans, 2014-15

Year	Group Size	Premium	Bad Debt	Bad Debt / Premium
2014	Small Group	$9,054,927	$26,404	0.29%
2014	Individual	$13,347,427	$38,258	0.29%
2015	Small Group	$11,647,934	$85,741	0.74%
2015	Individual	$15,076,698	$114,741	0.76%

10. Please explain how you allocated your administrative expenses to this block of business.

Response: MVP's finance team manages administrative expense allocations. The allocation of expenses is determined based on cost drivers by department and accounts for fixed and variable administrative expenses. For example, to determine the allocation of call center salaries to this block of business, the number of calls fielded for this block of business is compared to the total number of calls fielded by call center representatives. That percentage is then multiplied by total call center salaries to determine the administrative expense allocation for this block.

11. Please explain how MVP Health Plan's business practices as a nonprofit differ from MVP Health Insurance Company and how those differences impact premiums.

Response: MVP's business practices do not vary between products filed on MVP Health Plan and MVP Health Insurance Company. MVP Health Insurance Company business practices align with its parent company, MVP Health Care, which is a nonprofit insurer. Premiums for products offered by MVP Health Insurance Company are 2% higher than MVP Health Plan due to a required premium tax applied to any products offered on an Article 42 license.

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12. Please describe your quality improvement initiatives, wellness benefits, and charitable giving and the costs associated with each activity within those categories.

Response: MVP takes part in two major quality improvement initiatives in Vermont. The first is Vermont Blueprint for Health. This is a statewide multi-payer demonstration that includes two types of payments to providers to help manage care for the community, Patient-Centered Medical Home payments and payments to support the Community Health Teams. In 2015, MVP paid $812,673 in PCMH and CHT support payments. The second initiative is a Quality Incentive program with the Healthfirst IPA. The IPA is eligible to receive withhold returns based on quality performance standards (scored using Nation HEDIS benchmark data). The award for 2015 is still being calculated.

MVP offers a wellness benefit to all of the non-standard plan enrollees in the marketplace. The benefit provides up to $50 per year to adult members in reimbursements, contingent on performing several tasks related to a healthy lifestyle. The approximate cost of this benefit is $0.84 per member per year as of 2016 (unchanged from 2015).

MVP's charitable giving was in excess of $1.5 million across all licenses in 2015. MVP focuses its financial community support on programs and events in its service area that promote wellness, fitness and healthy lifestyles, enhance the health of individuals and our communities, and improve the efficiency of health care or enhance the vitality of the community.

13. Please explain your provider contracting timeline. When do you establish the rates you will pay different providers and how often are they renegotiated?

Response: MVP's provider contracting timeline is continuous and the renegotiations vary based on the length of the contract.

14. Please explain any assumptions you made in your filing based on current and upcoming Health Care reform initiatives in Vermont.

Response: MVP has not made any assumptions based on current or upcoming Health Care reform initiatives in Vermont.

15. Please indicate whether as a result of legislative changes in Vermont during the 2016 session you expect to make any adjustments to the above captioned filing that will affect rates and that are not already incorporated into the filing. Provide details including the rate impact for each adjustment.

Response: MVP does not expect to make any further adjustments to rates based on legislative changes during the 2016 session. MVP has already incorporated the assessment due to bill H.873 being passed.

16. Please explain why your reinsurance costs increased significantly between your 2016 and 2017 filings (2016 and 2017 Actuarial Memorandums, p. 3, "Summary of Experience Period Non-FFS and Capitation Amounts").

Response: MVP disagrees with the assertion that reinsurance costs increased significantly between the 2016 and 2017 filings. Please see the tab "Question #16" on the attached excel file which calculates the Net Reinsurance Expense PMPM for the entire block as a whole. As you can see, the Net Reinsurance Expense was over $1.00 PMPM lower in calendar year 2015 than calendar year 2014 (which was $0.21 PMPM). This is due to an increase in the

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frequency and/or severity of claims subject to the reinsurance threshold. Note that MVP's proposed premium rates reflect its expected net reinsurance cost for 2017 which is $0.20 PMPM (see page 7 of the Actuarial Memorandum).

Revision to Objection Letter #2, Question #5 Response:
Note that MVP has revised the 2017 "Approved/Assumed" column in the excel response for Objection Letter #2, Question #5. After further conversations with MVP's informatics staff, it was determined that MVP's negotiated discounts have been approved for the facilities that were labeled as "Approved" in the initial response, but since the VT Hospital Budgets for 2017 have not yet been finalized, this portion of the trend is assumed. As a result, MVP has revised the 2017 "Approved/Assumed" column to "Assumed" for all of the facilities subject to the VT Hospital Budget.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

Calculation of Bill H559 Adjustment PMPMs by Risk Segment

		Non-ACA Compliant Agriservices	Non-ACA Compliant Small Group	Non-ACA Compliant Large Group 51-100	ACA Compliant Small Group/Individual
A)	**Rx Cost Share over $1,300**	$4,494	$18,281	$17,554	$24,456
B)	**Member Months in Study**	14,648	15,077	12,489	64,859
A) / B)	**Rx Cost Share over $1,300 PMPM**	$0.31	$1.21	$1.41	$0.38

Reconciliation of Expenses- Exhibit 5 of Rate Filing to URRT

Expense	Amount (PMPM)	Amount (% of Premium or PMPM converted %)	Category
Bad Debt	N/A	0.40%	Administrative Expense Load
Contribution to Reserves	N/A	1.00%	Profit & Risk Load
General Administrative Load	$35.10	7.49%	Administrative Expense Load
National Network Fee	$1.50	0.32%	Administrative Expense Load
VT Vaccine Pilot	N/A	0.50%	Taxes & Fees
Comparative Eff Research Tax	$0.20	0.04%	Taxes & Fees
2017 Billback- Health Care Advocate	$0.49	0.10%	Taxes & Fees
Single Risk Pool Gross Premium Avg. Rate, PMPM	$468.47		

Calculation of Single Risk Pool Net Reinsurance Expense, 2015 Experience Period

	Agriservices & Pre-ACA Large Group 51-100	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Post-ACA Small Group	Post-ACA Individual
Net Reinsurance Expense PMPM	$0.78	$0.64	$0.64	$0.64	($4.79)
Experience Period Member Months	34,065	1,593	26,592	27,395	37,526

Total Reinsurance Expense	($117,608)
Total Member Months	127,171
Net Reinsurance Expense PMPM	($0.92)

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July 5, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Response to Objection Letter #5

Dear Mr. Ruggeberg:

This letter is in response to your correspondence dated 7/1/2016 regarding the above mentioned rate filing. The verbal response to your question is provided below.

1. Does MVP have any concerns with the proposed rates in light of the updated 2015 risk adjustment information released on June 30th by CMS?

Response: The 2015 risk adjustment results do not raise any concerns for MVP related to our 2017 proposed rates. While the results are more favorable than MVP expected, there is still uncertainty regarding how the actual 2017 risk adjustment results will play out. This is due both to changes in the model CMS uses for risk adjustment as well as changes to MVP's anticipated membership between 2015 and 2017. In addition, MVP's risk adjustment results from year to year are volatile and unpredictable due to its small market share. For example, nearly 80% of the members enrolled in 2015 were also enrolled in 2014, yet the risk adjustment results varied considerably between the two years.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

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July 8, 2016

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2017 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130558905
Response to Objection Letter #6

Dear Mr. Ruggeberg:

This letter is in response to your correspondence dated 7/7/2016 regarding the above mentioned rate filing. The verbal response to your question is provided below and an excel workbook is attached.

1. Please provide the final MVP-specific 2015 risk adjustment data supplied to MVP by CMS.

Response: Please see the attached excel file which details MVP's 2015 risk adjustment data provided by CMS.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

File ID	TPIR.2KQFSKN2JJ
File Run Date	########
Program Year	2015
Report Type	final
Batch ID	158459
Issuer ID	77566
State ID	VT
Issuer's Number of Plans	19
Ind Total Issuer Transfer Amount	0
Ind Previous Remaining RA Payment Balance	
Ind RA Prorated Payment	
Ind Proration Factor	
Ind New Remaining RA Payment Balance	
SG Total Issuer Transfer Amount	0
SG Previous Remaining RA Payment Balance	
SG RA Prorated Payment	
SG Proration Factor	
SG New Remaining RA Payment Balance	
Merged Total Issuer Transfer Amount	-503587
Merged Previous Remaining RA Payment Balance	
Merged RA Prorated Payment	
Merged Proration Factor	
Merged New Remaining RA Payment Balance	
Cat Total Issuer Transfer Amount	-77700.9
Cat Previous Remaining RA Payment Balance	
Cat RA Prorated Payment	
Cat Proration Factor	
Cat New Remaining RA Payment Balance	

REDACTED

PRIMMER
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July 13, 2016

VIA E-MAIL – *Noel.Hudson@vermont.gov*
ORIGINAL BY U.S. MAIL

Noel Hudson, Esq., Health Policy Director
Green Mountain Care Board
89 Main Street, Third Floor
City Center
Montpelier, VT 05620

RE: MVP Health Care 2017 Vermont Health Connect Rate Filing – Docket No. GMCB-007-16rr

Dear Mr. Hudson:

After reviewing Green Mountain Care Board Actuary Lewis & Ellis, Inc.'s ("L&E") July 11, 2016 Recommendation ("Recommendation Letter"), MVP Health Plan, Inc. ("MVP") hereby amends its rate increase request from 8.8% to 6.3%, a reduction of 2.3%*. This reduction addresses the two recommendations of L&E at page 10 of its Recommendation Letter, reproduced in bold below.

- **Modify the normalization for AV and induced utilization to be the weighted average of the combined factor (rather than combined impact of the weighted averages). This change results in a decrease in the proposed rates of 0.5%.**

Response

MVP accepts L&E's recommendation to modify the inforce actuarial value and induced demand factor which will reduce the initially proposed premium rates by 0.5%.

**Although a change of 8.8% to 6.3% appears to equal 2.5%, the computed change is only 2.3%; 1.063 / 1.088 - 1 = (2.3%).*

- **Reduce the projected risk adjustment payment from $29.42 to $9.75. This change results in a decrease in the proposed rates of 4.2%.**

Response

MVP does not agree with L&E's recommendation to reduce premium rates by 4.2% as a result of modifying the assumed risk adjustment payment reflected in MVP's 2017 premium rates. MVP's enrollment represents less than 10% of the VT Exchange market, and therefore MVP's risk scores as well as realized profit margins are going to be much more volatile than BCBS's risk scores and profit margins assuming both plans are pricing rationally. To illustrate, between 2014 and 2015, MVP's risk score increased by 20.1% while the statewide average risk score only increased by 6.4% yet MVP's membership was largely unchanged (80% retention).

Because the Risk Adjustment program is a zero sum game, MVP has substantially more pricing risk than BCBS and MVP's realized profit margins are far more significantly impacted by the results of the Risk Adjustment formula. A $1 million miss on the assumed risk adjustment receipt/payment would impact MVP's profits by approximately $12.60 PMPM or about 2.5-3.0% of premium yet impact BCBS's profits by only $1.15 PMPM or 0.3% of premium.

MVP is of the opinion that giving full credibility to the 2015 Risk Adjustment results, which is what L&E is doing, exposes MVP to too much pricing risk given the known imperfections of the CMS Risk Adjustment program. MVP is proposing to revise the requested 2017 premium rates to reflect a refined estimate of the expected Risk Adjustment liability for 2017 given that we now have two data points to take into consideration. MVP is revising the rates to reflect a weighting of the 2014 and 2015 RA results, 1/3 and 2/3 respectively. This acknowledges that we should place more credibility on the 2015 results yet not ignore the 2014 results as valid and real and reflective of the potential for large swings in risk scores that do not necessarily reflect corresponding changes in claim costs. This proposal would result in a reduction to MVP's initially proposed rates of 1.8% as compared to the 4.2% reduction found in L&E's recommendation.

The table below contains the annual premium rate changes if the Board accepts MVP's risk adjustment proposal described above and modification of the inforce actuarial value and induced demand factor.

	Initially Proposed Rate Change	Modified Proposed Rate Change	Impact of Modifications
Platinum	7.0%	4.5%	-2.3%
Gold	8.3%	5.8%	-2.3%
Silver	8.0%	5.5%	-2.3%
Bronze	10.4%	7.9%	-2.2%
Catastrophic	9.0%	6.7%	-2.1%
Total	8.8%	6.3%	-2.3%

Based on March 2016 Exchange Enrollment

I am providing a copy of this letter to the Department of Financial Regulation and would request that it supplement its opinion regarding solvency (in light of the enclosed) prior to the July 21 hearing.

Respectfully submitted,

Gary F. Karnedy

Cc: David Cassetty, General Counsel, Department of Financial Regulation
Judith Henkin, Esq. (via e-mail at Judy.Henkin@vermont.gov and U.S. Mail)
Kaili Kuiper, Esq. (via e-mail at kkuiper@vtlegalaid.org and U.S. Mail)
Lila Richardson, Esq. (via e-mail at lrichardson@vtlegalaid.org and U.S. Mail)

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)
06/15/2016		Supporting Document	Response to Objection Letter #2	06/24/2016	Response to 2017 VT Exchange Objection #2.pdf Support for L&E Objection #2- NO LINKS redacted.pdf
06/10/2016		Supporting Document	Response to Objection Letter #2	06/15/2016	Support for L&E Objection #2- NO LINKS redacted.pdf (Superceded) Response to 2017 VT Exchange Objection #2.pdf

CMS Interim Risk Adjustment Results - 2015 Dates of Service

File ID	TPIR.2GMEZ5XHBX
File Run Date	3/8/2016
Program Year	2015
Report Type	final
Batch ID	75273
Issuer ID	77566
State ID	VT
Issuer's Number of	19
Merged Total Issuer	$1,961,829
Cat Total Issuer Trai	($81,047)

Risk Pool/Market	Cycle	State Average Premium	State Average Risk Score	Issuer Average Premium	Issuer Market Risk Pool Average Transfer	Issuer Transfer PMPM as % of State Market Risk Pool Average Premium	Issuer Market Risk Pool PLRS	Issuer Market Risk Pool PLRS as % of State PLRS	Plan ID	Total Plan Transfer Amount	Metal Level	Rating Area
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050002	354513.37	2	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040010	-269078.93	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050005	-245514.55	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050001	1684357.29	1	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040006	1359778.63	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040001	1058991.05	1	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050006	-117232.58	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040011	-309451.56	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040005	-178059.98	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050010	-229270.52	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050007	-16445.53	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040009	-1938869.01	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050011	-142799.36	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040002	240749.82	2	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050009	-154450.72	4	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0050004	4612.81	2	1
VTC	RA Transfer	218.9889	0.1926352	211.42248	-65.36776665	-370.0978298	0.1353331	0.702535749	77566VT0040013	-81047.31	5	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040007	828360.52	3	1
VTM	RA Transfer	473.07639	1.4821774	455.44464	32.89405363	4146.959826	1.478840617	0.997748725	77566VT0040004	31638.03	2	1

CMS Interim Risk Adjustment Results -

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Report Type	final
Batch ID	75273
Issuer ID	77566
State ID	VT
Issuer's Number of	19
Merged Total Issuer	$1,961,829
Cat Total Issuer Trai	($81,047)

Risk Pool/Market	Cycle	Rating Area Transfer Amount	Rating Area Transfer PMPM	Total Member Billable Months	PLRS	IDF	GCF	AV	ARF	Product for All Plans with Risk	Product for All Plans without Risk
VTM	RA Transfer	$354,513.37	293.86867	1206.3667	2.3309865	1.08	1	0.8	0.9809165	1.459951778	0.768257079
VTM	RA Transfer	($269,078.93)	-133.0822	2021.9	0.708765	1	1	0.6	0.9818118	1.459951778	0.768257079
VTM	RA Transfer	($245,514.55)	-92.65632	2649.7333	1.0202709	1.03	1	0.7	0.9756791	1.459951778	0.768257079
VTM	RA Transfer	$1,684,357.29	258.94996	6504.5667	2.3641105	1.15	1	0.9	0.9759677	1.459951778	0.768257079
VTM	RA Transfer	$1,359,778.63	607.70419	2237.5667	3.1360547	1.03	1	0.7	0.9887349	1.459951778	0.768257079
VTM	RA Transfer	$1,058,991.05	524.52997	2018.9333	3.0964402	1.15	1	0.9	0.9874468	1.459951778	0.768257079
VTM	RA Transfer	($117,232.58)	-33.1512	3536.3	1.1958224	1.03	1	0.7	0.9736212	1.459951778	0.768257079
VTM	RA Transfer	($309,451.56)	-106.877	2895.4	0.7989732	1	1	0.6	0.9900005	1.459951778	0.768257079
VTM	RA Transfer	($178,059.98)	-41.88431	4251.2333	1.1911628	1.03	1	0.7	0.9897886	1.459951778	0.768257079
VTM	RA Transfer	($229,270.52)	-104.7296	2189.1667	0.7848956	1	1	0.6	0.9718418	1.459951778	0.768257079
VTM	RA Transfer	($16,445.53)	-7.715836	2131.4	1.2800655	1.03	1	0.7	0.9796606	1.459951778	0.768257079
VTM	RA Transfer	($1,938,869.01)	-127.1734	15245.867	0.7354983	1	1	0.6	0.9892652	1.459951778	0.768257079
VTM	RA Transfer	($142,799.36)	-150.2571	950.36667	0.6554896	1	1	0.6	0.9815731	1.459951778	0.768257079
VTM	RA Transfer	$240,749.82	309.64608	777.5	2.3796863	1.08	1	0.8	0.9832952	1.459951778	0.768257079
VTM	RA Transfer	($154,450.72)	-39.32245	3927.8	0.996803	1	1	0.6	0.980661	1.459951778	0.768257079
VTM	RA Transfer	$4,612.81	3.44	1340.9333	1.4891543	1.08	1	0.8	0.9730643	1.459951778	0.768257079
VTC	RA Transfer	($81,047.31)	-65.36777	1239.8667	0.1353331	1	1	0.57	0.9993131	0.19263518	0.569020192
VTM	RA Transfer	$828,360.52	154.66799	5355.7333	1.7843674	1.03	1	0.7	0.9930179	1.459951778	0.768257079
VTM	RA Transfer	$31,638.03	79.081903	400.06667	1.7243243	1.08	1	0.8	0.9855782	1.459951778	0.768257079

Derivation of Experience Period Average AV and Induced Demand Factor

Medical Coplan	Rx Coplan	Safe Harbor Rider	Member Months	Pricing Model AV	Induced Demand Factor	AV * ID
						Weighted Average AV * ID: 0.7469
VE054L	V500L	NO	795	0.774	1.071	0.829
VE090L	V500L	NO	2569	0.849	1.117	0.948
VE101L	V502L	NO	180	0.763	1.063	0.811
VE105L	V500L	NO	973	0.857	1.122	0.962
VE107L	V500L	NO	313	0.774	1.071	0.829
VE107L	V502L	NO	19	0.756	1.062	0.803
VE107L	V500L	NO	696	0.774	1.071	0.829
VE107L	V602	NO	220	0.768	1.068	0.820
VE111LA	V500L	NO	824	0.811	1.090	0.884
VEHD-01L	In base	RX-VHD510-A	8	0.803	1.084	0.870
VEHD-02L	In base	NO	1008	0.727	1.044	0.759
VEHD-02L	In base	RX-VHD510-B	1224	0.733	1.047	0.768
VEHD-02L	In base	NO	312	0.727	1.044	0.759
VEHD-02L	In base	RX-VHD510-B	666	0.733	1.047	0.768
VEHD-03L	In base	NO	543	0.612	1.004	0.615
VEHD-03L	In base	RX-VHD510-C	2731	0.632	1.011	0.639
VEHD-03L	In base	NO	381	0.612	1.004	0.615
VEHD-03L	In base	RX-VHD510-C	1531	0.632	1.011	0.639
VEHD-06L	In base	RX-VHD510-F	823	0.699	1.028	0.719
VEHD-06L	In base	RX-VHD510-F	230	0.699	1.028	0.719
VEHD-08L	In base	RX-VHD510-H	838	0.710	1.036	0.736
VEHD-08L	In base	RX-VHD510-H	61	0.710	1.036	0.736
VEHD-09L	In base	NO	248	0.670	1.022	0.685
VEHD-09L	In base	NO	93	0.670	1.022	0.685
VEHD-17L	In base	RX-VHD510-Q	406	0.696	1.029	0.716
VEHD-17L	In base	RX-VHD510-Q	227	0.696	1.029	0.716
VEHD-19L	In base	NO	141	0.640	1.013	0.648
VEHD-19L	In base	RX-VHD510-S	1139	0.659	1.017	0.670
VP073L	V500L	NO	80	0.771	1.067	0.823
VT08LAA	V500L	NO	36	0.923	1.163	1.074
VT08LAA	V601	NO	86	0.924	1.166	1.077
VT08LAB	V601	NO	16	0.924	1.166	1.077
VEHD-02L	In base	RX-VHD510-B	2648	0.733	1.047	0.768
VEHD-02L	In base	RX-VHD510-B	1724	0.733	1.047	0.768
VP017L	V500L	NO	1000	0.804	1.086	0.873
VP019L	V500L	NO	2028	0.900	1.152	1.036
VP020L	V500L	NO	1333	0.865	1.127	0.975
VPHD-03L	In base	RX-VHD510-C	3802	0.632	1.011	0.639
VPHD-03L	In base	RX-VHD510-C	2113	0.632	1.011	0.639
VE003S	No Rx Benefit	NO	36	0.941	1.173	1.104
VE003S	V500S	NO	352	0.916	1.161	1.064
VE003S	V502S	NO	78	0.898	1.150	1.033
VE004S	No Rx Benefit	NO	165	0.936	1.172	1.097
VE004S	V500S	NO	234	0.911	1.156	1.053
VE004S	V504S	NO	16	0.917	1.160	1.064
VE006S	V500S	NO	20	0.900	1.152	1.036
VE031S	V500S	NO	68	0.882	1.140	1.006
VE033S	V500S	NO	12	0.799	1.081	0.864
VE033S	V501S	NO	60	0.788	1.078	0.849
VE036S	No Rx Benefit	NO	3	0.880	1.139	1.002
VE036S	V500S	NO	77	0.863	1.126	0.972
VE047S	V500S	NO	7	0.879	1.137	0.999
VE047S	V502S	NO	172	0.862	1.127	0.972
VE052S	V502S	NO	24	0.839	1.110	0.931
VE054S	No Rx Benefit	NO	60	0.784	1.076	0.843
VEHD-01S	In base	NO	73	0.801	1.082	0.867
VEHD-01S	In base	RX-VHD510-A	201	0.803	1.084	0.870
VEHD-01S	In base	NO	16	0.801	1.082	0.867
VEHD-01S	In base	RX-VHD510-A	30	0.803	1.084	0.870
VEHD-02S	In base	NO	6871	0.727	1.044	0.759
VEHD-02S	In base	RX-VHD510-B	5046	0.733	1.047	0.768
VEHD-02S	In base	NO	3393	0.727	1.044	0.759
VEHD-02S	In base	RX-VHD510-B	3427	0.733	1.047	0.768
VEHD-03S	In base	NO	24	0.612	1.004	0.615
VEHD-03S	In base	NO	769	0.612	1.004	0.615
VEHD-03S	In base	RX-VHD510-C	1050	0.632	1.011	0.639
VEHD-03S	In base	NO	418	0.612	1.004	0.615
VEHD-03S	In base	RX-VHD510-C	504	0.632	1.011	0.639
VEHD-07S	In base	NO	3	0.749	1.056	0.791
VEHD-07S	In base	RX-VHD510-G	9	0.752	1.060	0.797
VEHD-08S	In base	RX-VHD510-H	12	0.710	1.036	0.736
VEHD-09S	In base	RX-VHD510-I	122	0.677	1.022	0.692
VEHD-09S	In base	NO	19	0.670	1.022	0.685
VEHD-09S	In base	RX-VHD510-I	78	0.677	1.022	0.692
VEHD-12S	In base	RX-VHD510-L	144	0.699	1.028	0.719
VEHD-12S	In base	RX-VHD510-L	36	0.699	1.028	0.719
VEHD-14S	In base	NO	62	0.714	1.039	0.742
VEHD-14S	In base	NO	56	0.714	1.039	0.742

Derivation of Experience Period Average AV and Induced Demand Factor

Medical Coplan	Rx Coplan	Safe Harbor Rider	Member Months	Pricing Model AV	Induced Demand Factor	AV * ID
						Weighted Average AV * ID
						0.7469
VEHD-15S	In base	NO	72	0.678	1.024	0.695
VEHD-15S	In base	RX-VHD510-O	26	0.683	1.024	0.699
VEHD-15S	In base	NO	157	0.678	1.024	0.695
VEHD-15S	In base	RX-VHD510-O	24	0.683	1.024	0.699
VEHD-17S	In base	NO	12	0.690	1.028	0.709
VEHD-18S	In base	NO	50	0.740	1.053	0.779
VEHD-18S	In base	RX-VHD510-R	261	0.746	1.056	0.788
VEHD-19S	In base	NO	145	0.640	1.013	0.648
VEHD-19S	In base	RX-VHD510-S	86	0.659	1.017	0.670
VEHD-49S	In base	NO	785	0.741	1.052	0.779
VEHD-49S	In base	RX-VHD510-AJ	58	0.749	1.056	0.791
VP048S	V502S	NO	12	0.821	1.097	0.901
VP051S	V501S	NO	5	0.885	1.140	1.009
VPHD-03S	In base	NO	3	0.612	1.004	0.615
VPHD-03S	In base	NO	116	0.612	1.004	0.615
VPHD-04S	In base	NO	24	0.767	1.065	0.817
VPHD-06S	In base	NO	839	0.692	1.028	0.712
VPHD-06S	In base	NO	114	0.692	1.028	0.712
VT03SA	V500S	NO	32	0.924	1.166	1.077
VT03SB	V500S	NO	24	0.922	1.165	1.074
VIIP-100000-G	In base	NO	22	0.230	1.000	0.230
VIIP-10000-G	In base	NO	170	0.465	1.000	0.465
VIIP-25000-G	In base	NO	327	0.353	1.000	0.353
VIIP-3500-G	In base	NO	504	0.605	1.000	0.605
VIIP-5000-G	In base	NO	570	0.559	1.000	0.559
VT Non-Standard Bronze (2015)	In base	NO	34	0.609	1.001	0.610
VT Non-Standard Bronze (2015)	In base	NO	2980	0.609	1.001	0.610
VT Non-Standard Bronze (2015)	In base	NO	994	0.609	1.001	0.610
VT Standard Bronze HMO (2015)	In base	NO	68	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	15730	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	4179	0.606	1.002	0.607
VT Standard Bronze HMO (2015)	In base	NO	2	0.606	1.002	0.607
VT Catastrophic (2015)	In base	NO	1211	0.593	1.000	0.593
VT Standard Gold (2015)	In base	NO	801	0.820	1.098	0.901
VT Standard Gold (2015)	In base	NO	1270	0.820	1.098	0.901
VT Non-Standard Gold (2015)	In base	NO	14	0.833	1.106	0.921
VT Non-Standard Gold (2015)	In base	NO	429	0.833	1.106	0.921
VT Non-Standard Gold (2015)	In base	NO	1508	0.833	1.106	0.921
VT Standard Bronze HDHP (2015)	In base	NO	46	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	14	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	1310	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	1590	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	48	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	843	0.627	1.007	0.632
VT Standard Bronze HDHP (2015)	In base	NO	811	0.627	1.007	0.632
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	4	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	366	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	2673	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	460	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	1433	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	132	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	162	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	300	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	303	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	20	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	24	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	126	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	5	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	148	0.711	1.035	0.736
VT Standard Silver HDHP (2015)	In base	NO	231	0.711	1.035	0.736
VT Standard Platinum (2015)	In base	NO	687	0.888	1.144	1.016
VT Standard Platinum (2015)	In base	NO	2177	0.888	1.144	1.016
VT Standard Platinum (2015)	In base	NO	6693	0.888	1.144	1.016
VT Non-Standard Silver (2015)	In base	NO	5	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	1318	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	2266	0.716	1.040	0.744
VT Non-Standard Silver (2015)	In base	NO	36	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	95	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	1448	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	2923	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	510	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	472	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	1781	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	11	0.729	1.045	0.762
VT Standard Silver HMO (2015)	In base	NO	908	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	408	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	450	0.729	1.045	0.762
VT Non-Standard Silver (2015)	In base	NO	1438	0.716	1.040	0.744
VT Standard Silver HMO (2015)	In base	NO	1020	0.729	1.045	0.762

FFS Medical Incurred Claim Triangle, 2014-2015, ACA Compliant & Non-ACA Con

	Incurred Year/Month												
Paid Year/Month	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014	01/2015
01/2014	$1,266,977												
02/2014	$1,692,092	$937,340											
03/2014	$601,845	$1,498,792	$1,065,673										
04/2014	$251,428	$437,313	$1,857,879	$1,296,730									
05/2014	$252,453	$947,692	$999,117	$1,876,025	$1,224,966								
06/2014	$50,943	($649,492)	$231,511	$503,867	$1,911,882	$1,372,312							
07/2014	$13,172	$791,165	$244,121	$248,947	$800,128	$2,163,285	$1,443,518						
08/2014	$36,511	$79,518	$88,775	$104,702	$72,935	$256,018	$2,165,168	$1,163,448					
09/2014	$10,260	($47,029)	$46,741	$76,525	$202,533	$95,712	$333,548	$1,880,663	$1,565,295				
10/2014	$14,982	$81,380	$53,566	$27,910	$78,476	$90,635	$188,383	$576,715	$2,141,048	$1,982,491			
11/2014	($83,661)	$1,806	$8,173	$5,283	$11,264	$20,294	$57,852	$127,462	$512,340	$1,610,777	$1,299,170		
12/2014	$36,911	$1,072	$3,782	($10,688)	$21,999	($7,383)	$18,287	$32,251	$479,067	$726,366	$1,465,754	$1,236,110	
01/2015	$1,302	$3,178	$3,193	$3,303	$11,224	$42,349	$14,885	$361,540	$237,653	$259,100	$504,081	$2,417,518	$606,482
02/2015	$2,422	$490	($897)	($79,576)	$2,863	$1,457	($16,177)	$14,868	$84,878	$26,546	$90,281	$659,314	$1,221,230
03/2015	$2,573	$2,988	$2,061	$54,787	$38,426	$2,394	$10,312	$51,346	$14,852	$33,601	$80,263	$408,439	$917,976
04/2015	$184	$158	$269	$8,827	$1,580	$2,657	$16,713	$8,848	$98,726	$73,388	$34,691	$55,200	$553,711
05/2015	$84	$795	$201	$901	($97)	$6,258	$3,932	$38,729	($8,181)	$49,953	$37,944	$10,233	$505,464
06/2015	$261	($1,958)	$1,274	($273)	$30	$543	$2,553	$78,120	$11,525	$4,950	$6,529	$2,567	($227,246)
07/2015	($868)	($644)	($2,824)	($645)	$895	($40)	($1,626)	($9,291)	($1,201)	$40,228	($201)	$7,763	$220,782
08/2015	$164	$181	$104	($664)	$104	$0	($1,854)	$439	$56,257	$24,271	$1,576	$20,257	($1,779)
09/2015	($197)	($102)	$482	($224)	$0	($49)	$0	$4,103	$116	$3,942	$10,939	$3,749	($4,429)
10/2015	($178)	$0	($21)	$196	$94	$351	$21,301	$329	$1,860	$453	($1,991)	$441	$808
11/2015	$0	$0	$210	$58	$3,667	($350)	($777)	($312)	$299	$1,874	$686	$1,422	$3,128
12/2015	$44	$762	$217	$155	$0	$232	$282	$687	$344	$316	($5,815)	$860	$52,853
01/2016	$143	$102	($140)	$0	$0	$13	$0	$0	$17	$45	$152	$802	$3,001
02/2016	$110	$117	$604	$0	($244)	$231	($713)	($76)	$469	$369	$1,202	$6,157	$1,242

npliant SG/51-100/Agriservices Data

Paid Year/Month	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
01/2014											
02/2014											
03/2014											
04/2014											
05/2014											
06/2014											
07/2014											
08/2014											
09/2014											
10/2014											
11/2014											
12/2014											
01/2015											
02/2015	$661,295										
03/2015	$1,508,733	$862,663									
04/2015	$446,444	$1,301,659	$995,628								
05/2015	$139,016	$330,861	$957,698	$960,417							
06/2015	$266,287	$129,976	$607,741	$1,591,558	$1,155,655						
07/2015	$13,573	$127,248	$124,088	$468,911	$1,319,900	$1,409,549					
08/2015	$46,139	$157,154	$81,332	$84,536	$219,394	$1,542,245	$800,301				
09/2015	$3,710	$21,623	$24,978	$11,706	$48,543	$306,677	$1,516,146	$1,056,006			
10/2015	$31,738	$6,111	$8,205	$9,790	$32,880	$234,951	$512,295	$1,915,681	$1,202,914		
11/2015	$4,195	$33,420	$8,176	$11,539	$16,471	($24,607)	($58,321)	$139,228	$1,488,399	$962,324	
12/2015	$30,103	$39,128	$30,288	$51,863	$40,661	$151,267	$171,175	$145,913	$610,934	$1,350,114	$1,420,273
01/2016	$6,754	$2,779	$10,341	$3,778	$6,736	$13,735	$23,600	$252,548	$74,755	$448,631	$1,369,887
02/2016	$156	$125	$15,218	$2,583	$11,944	$79,650	$19,947	$13,460	$23,925	$153,992	$361,336

Derivation of Inpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Inpatient %	2016 IP Contract	2016 Trended IP %	2017 IP Contract	2016 IP Contract Approved/ Assumed	2017 IP Contract Approved/ Assumed
Brattleboro Memorial Hospital	[redacted]					
Brattleboro Retreat						
Carlos Otis Health Care						
Central Vermont Physicians Medical Center						
Copley Hospital (VMC)						
UVMC Fletcher Allen Hospital						
Gifford Medical Center						
Mt. Ascutney Hospital						
North Country Hospital						
Northeast Vermont Regional Hospital						
Northwestern Medical Center (VMC)						
Porter Hospital						
Rutland Regional						
Southwestern Vermont Medical Center						
Springfield Hospital						
Non-VT, CIGNA and Non-par Hospitals						
TOTAL	100.0%	**4.1%**	100.0%	**5.1%**		

Derivation of Outpatient Trends for VT Exchange, 2016 & 2017, by Provider

Facility Name	Outpatient %	2016 OP Contract	2016 Trended OP %	2017 OP Contract	2016 OP Contract Approved/ Assumed	2017 OP Contract Approved/ Assumed
Brattleboro Memorial Hospital	[redacted]					
Brattleboro Retreat						
Carlos Otis Health Care						
Central Vermont Physicians Medical Center						
Copley Hospital (VMC)						
UVMC Fletcher Allen Hospital						
Gifford Medical Center						
Mt. Ascutney Hospital						
North Country Hospital						
Northeast Vermont Regional Hospital						
Northwestern Medical Center (VMC)						
Porter Hospital						
Rutland Regional						
Southwestern Vermont Medical Center						
Springfield Hospital						
Non-VT, CIGNA and Non-par Hospitals						
TOTAL	100.0%	**3.5%**	100.0%	**4.4%**		

March 2016 Membership by Metal Level, ACA Compliant Data Only

Metal Level	Members	Percent
Platinum	832	12.6%
Gold	958	14.5%
Silver	1,879	28.4%
Bronze	2,896	43.8%
Catastrophic	49	0.7%
Total	6,614	100.0%

March 2016 Membership by Metal Level, Non-ACA Compliant Data

Mapped to ACA Compliant plans

	Agriservices		Small Non-ACA		Large 51-100		Total	
Metal Level	Members	Percent	Members	Percent	Members	Percent	Members	Percent
Platinum	257	37.6%	30	1.5%	0	0.0%	287	9.2%
Gold	254	37.2%	1,577	80.0%	230	49.9%	2,061	66.1%
Silver	0	0.0%	144	7.3%	121	26.2%	265	8.5%
Bronze	172	25.2%	221	11.2%	110	23.9%	503	16.1%
Catastrophic	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	683	100.0%	1,972	100.0%	461	100.0%	3,116	100.0%

March 2016 Membership by Metal Level, Combined ACA & Mapped Non-ACA Compliant Data

Metal Level	Members	Percent
Platinum	1,119	11.5%
Gold	3,019	31.0%
Silver	2,144	22.0%
Bronze	3,399	34.9%
Catastrophic	49	0.5%
Total	9,730	100.0%