Filing at a Glance

Company:	TVHP
Product Name:	Q3 2017 TVHP Large Group Rating Program Filing
State:	VermontGMCB
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	GMCB Trend / Admin Charge
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SERFF Tr Num:	BCVT-130935776
SERFF Status:	Assigned
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Implementation Date Requested:	On Approval
Author(s):	Pam Young, Jude Daye, Martine Brisson-Lemieux, Andrew Proulx
Reviewer(s):	Thomas Crompton (primary), David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed, Noel Hudson
Disposition Date:	
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State Filing Description:

State: VermontGMCB **Filing Company:** TVHP
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Q3 2017 TVHP Large Group Rating Program Filing
Project Name/Number: /

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 02/24/2017
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Created By: Martine Brisson-Lemieux
Corresponding Filing Tracking Number:

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Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Martine Brisson-Lemieux

Filing Description:

February 23, 2017

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

Subject:The Vermont Health Plan - NAIC # 95696
Q3 2017 Large Group Rating Program Filing

Dear Mr. Hudson:

Attached for the Green Mountain Care Board's review and approval is The Vermont Health Plan's Q3 2017 Large Group Rating Program Filing. As directed by the Board, this filing combines the various factor filings for large group rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing.

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

Sincerely,

Ruth Greene

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

State: *VermontGMCB* ***Filing Company:*** *TVHP*
TOI/Sub-TOI: *ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*
Product Name: *Q3 2017 TVHP Large Group Rating Program Filing*
Project Name/Number: */*

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CoCode: 95696
Group Code:
Group Name:
FEIN Number: 03-0354356

State of Domicile: Vermont
Company Type: HMO
State ID Number:

Filing Fees

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

SERFF Tracking #:	*BCVT-130935776*	***State Tracking #:***		***Company Tracking #:***	

State:	*VermontGMCB*	***Filing Company:***	*TVHP*
TOI/Sub-TOI:	*ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*		
Product Name:	*Q3 2017 TVHP Large Group Rating Program Filing*		
Project Name/Number:	*/*		

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Q3 2017 TVHP Large Group Rating Program Filing - Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	Not Required
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Q3 2017 TVHP Large Group Rating Program Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	Q3 2017 TVHP Large Group Rating Program Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	Q3 2017 TVHP Large Group Rating Program Filing - Exhibits.pdf Q3 2017 TVHP Large Group Rating Program Filing - Exhibits.xlsx
Item Status:	

SERFF Tracking #:	*BCVT-130935776*	***State Tracking #:***		***Company Tracking #:***	

State:	*VermontGMCB*	***Filing Company:***	*TVHP*
TOI/Sub-TOI:	*ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*		
Product Name:	*Q3 2017 TVHP Large Group Rating Program Filing*		
Project Name/Number:	*/*		

Status Date:	

SERFF Tracking #:	BCVT-130935776	**State Tracking #:**		**Company Tracking #:**	

State:	VermontGMCB	**Filing Company:**	TVHP
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	Q3 2017 TVHP Large Group Rating Program Filing		
Project Name/Number:	/		

Attachment Q3 2017 TVHP Large Group Rating Program Filing - Exhibits.xlsx is not a PDF document and cannot be reproduced here.

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1. Purpose

The Vermont Health Plan (TVHP) performs large group rating on a case-by-case basis. Rating is accomplished through a formulaic approach that blends recent group experience with a manual rate according to a credibility formula. Formula results may be adjusted for underwriting judgment and/or management decisions. This filing establishes the formula, manual rate, and accompanying factors that will be used for renewals beginning upon approval of this filing, most notably January 2018 renewals.

Once approved, this filing will be used for large group and grandfathered small group renewals (we will refer to them collectively as Large Groups for the remainder of the filing) prepared for business under the jurisdiction of the Green Mountain Care Board (GMCB) until superseded by a subsequent filing. This filing will apply beginning with rates communicated 10 business days after the date of its approval, and continuing until 10 business days after the date of approval of the next TVHP Large Group Rating Program Filing. The term "communicated," for this purpose, means a written proposal delivered to a large group account.

2. Overview and Rate Impact

2.1. Overview

This filing includes a description of the renewal formula and the development of each of the factors used in it. TVHP projects that about 15,908 members (8,159 subscribers) in 67 groups will be impacted by this filing. These totals include members of both BCBSVT and TVHP.

We will describe in detail the formula used in the renewals. The formula has been modified from the currently approved version (BCVT-130457790). The changes, described in detail below, pertain to the credibility formula and development of Refund-Eligible charges.

We will then detail the factors applicable to all Large Groups. The factors included in the build-up of the projected claims cost include the Large Claims Factors, Trend Factors, Benefit Relativities, and the Manual Rate. In addition to the projected claims cost, we will explain the calculation of administrative charges, the net cost of reinsurance, contribution to reserve, and State and Federal Assessments, all of which are included in the rate development.

Finally, we will discuss factors applicable only to specific products. We offer an Experience Refund Eligible product for which risk charges and settlement administration changes apply.

2.2. Impact of Formula and Factor Changes

To compute the impact of changes to the rating formula and the various factors in this filing on large group premium rates, we produce two renewals for each of the 59 large groups we expect to enroll in 2018 (excluding eight groups without a complete 12 months experience period with two months of runout). The first renewal uses the approved factors currently in force (BCVT-130457790) with an effective date of January 1, 2017. The rates in these renewals are used as a baseline for the comparison with the rates produced by the new factors. The second renewal uses the same experience period as the first but has an effective date of January 1, 2018 and

uses the factors and formulas detailed in this filing. The new trend factors are applied for 12 months to represent an additional year of trend with the new trend assumption.

The result of comparing the renewals across all 59 large groups is an average 8.0 percent rate increase excluding the impact of the Federal Insurer Fee and 10.7 percent when including the impact of the fee. Reasons for the rate increase can be attributed to two main causes: changes in the rating formula and filed factors, and changes mandated due to the Affordable Care Act (ACA).

The largest component of the increase due to changes in the filed factors is the additional year of trend applied to the experience and manual claims. The trend is responsible for a 6.8 percent increase in projected claims, which results in a 6.1 percent increase in premium. Administrative charges are increasing by 25.0 percent, which increases required premium by 1.5 percent. The average rate increase from all changes to the formula and factors is 8.0 percent.

Changes in federal programs under the ACA work to increase the average rate increase by 2.7 percent. The federal insurer fee is assessed to insured groups and goes to pay for some provisions of the ACA. The Consolidated Appropriation Act of 2016 temporarily suspended this fee for 2017. We estimate the fee is 2.6 percent of premium in 2018 and 2.6 percent of premium in 2019.

The overall 10.7 percent rate increase translates to a $50.74 PMPM increase. The PMPM increase can be broken down as follows:

Component	2017 PMPM	2018 PMPM	PMPM Change	Impact on Premium Increase
Projected Paid claims[1]	$415.34	$443.87	$28.52	6.0%
Administrative charges	$28.98	$36.22	$7.24	1.5%
Contribution to Reserve	$9.05	$10.05	$1.00	0.2%
Federal Programs	$0.19	$13.08	$12.89	2.7%
Additional Items[2]	$18.66	$19.74	$1.08	0.2%
Total	**$472.22**	**$522.96**	**$50.74**	**10.7%**

(1) Projected paid claims include manual claims (5.9 percent increase), experience claims (7.4 percent increase), and projected rebates (5.6 percent increase).

(2) Additional Items includes net cost of reinsurance, Cost Plus stop loss, broker commissions, State mandates and assessments, fees paid to outside vendors, and the Refund-Eligible margin & risk charge.

3. Formula Description

Benefit-Adjusted Projected Single Claims Rate

A sample calculation of this quantity can be found as Exhibit 1A. For each case, we start the rating with a twelve month experience period with two months of runout[1]. We determine a pooling point based on the size of the case at the end of the runout period and split the experience period claims (line A) into amounts above (line B) and below (referred to as Capped Claims, line C) the pooling point.

We apply completion factors (line D) developed from the monthly financial reporting process to Capped Claims to produce Completed Capped Claims (line E). We multiply the completed capped claims by the pooling factor (line F, described in section 4.1) to calculate the expected claims above the pooling point (line G). The expected claims above the pooling limit are added to the Completed Capped Claims to produce large-claim-adjusted experience period claims. We then multiply the large-claim-adjusted experience claims by an adjustment factor (line H) to reflect structural changes in the benefit plan from the experience period to the rating period. This is to adjust for such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the experience appropriate for the estimation of the expected claims in the rating period. We divide the result (line I) by the number of member months during the experience period (line J) to produce Adjusted Experience Period Claims per member per month (line K).

The Adjusted Experience Period Claims per member per month (PMPM) is then divided by a seasonally-adjusted benefit relativity value to neutralize any effect of seasonality and benefits on the paid claims. To determine this factor, we first determine a benefit relativity factor for each benefit plan (using the factors described in section 4.3) and contract tier type (single, 2-person, family, etc.). Based on the seasonal patterns observed as part of the reserving process for each calendar month, we determine seasonal factors for CDHPs and for non-CDHPs and normalize them so that they total to 12. We combine these factors to calculate seasonal benefit relativity factors for each combination of benefit plan, contract tier type, and month. We apply these factors to the number of contracts for each benefit plan, contract tier type, and month in the experience period. We total the results and divide the resultant sum by the number of member months in the experience period. This produces the Average Experience Period Seasonal Adjusted Benefit Relativity Factor (line L).

Dividing the Adjusted Experience Period Claims PMPM (line K) by the Average Experience Period Seasonal Adjusted Benefit Relativity Factor (line L) produces the Benefit-Adjusted Experience Period Single Claims Rate (line M), which is the expected cost for a single contract in the experience, neutral of benefit and seasonality. We then multiply this by a trend factor (line N, as calculated in section 4.2) to project the claims from the experience period to the rating period. We also multiply by a factor (line O) to account for differences in contracted pharmacy discounts between the experience period and the projection period.

The resulting Projected Single Contract Rate (line P) is then blended (using the credibility formula described below) with the Adjusted Manual Rate (line Q, as described in section 4.4).

The credibility factor (line R) is calculated as follows:

[1] For first year renewals, where twelve months of experience is not available, we generally use claims incurred in nine months with no runout.

$$Credibility = \sqrt{\frac{Member\ Months}{Upper\ Bound}}$$

The upper bound is determined based on pooling point as follows:

Pooling Point	Member Months
$70,000	14,002
$90,000	16,127
$110,000	17,923

If member months are greater than the upper bound, the credibility factor will be 1.

The credibility formula has been modified from the currently approved version. We periodically review the credibility formula to ensure that it is expected to produce reasonable results and that it is appropriate for its intended use and purpose[2]. The development of a credibility procedure has two parts: the determination of the threshold for full credibility and the selection and parametrization of a survival function to assign partial credibility. To determine the threshold for full credibility, we used classical (limited fluctuation) credibility theory. According to this theory, full credibility is achieved when, for selected values P and *k*, the probability that the sample mean differs from its expected value by less than a fraction *k* of the expected mean is equal to P. Formulaically, for a given distribution X, the number of observations of X required for full credibility is:

$N_0 * \frac{Var(X)}{(E(X))^2}$, where $N_0 = \left(\frac{y_p}{k}\right)^2$ and y_p is the $\frac{(1+P)}{2}$ percentile of the standard normal distribution.

Using the tables created from the combined BCBSVT projected claims file described in section 4.1, the mean and variance of claims by pooling point is calculated. This is then multiplied by N_0, where P = 90% and *k* = 0.10. To assign partial credibility, the square root of member months divided by the upper bound is calculated. If a group's pooling point is not in the table, identical data, assumptions and methodology as described above will be used to calculate the upper bound for the required pooling point.

To blend the Projected Single Contract Rate with the Adjusted Manual Rate, we use the following equation:

$$Benefit\text{-}Adjusted\ Projected\ Single\ Claims\ Rate = Projected\ Single\ Contract\ Rate \times (Credibility) + Adjusted\ Manual\ Rate \times (1 - Credibility)$$

Required premium by Plan, Tier Type

A sample calculation of premium can be found as Exhibit 1B. For each plan and contract tier type anticipated in the rating period, we calculate projected claims (line B1) as the product of

[2] http://www.actuarialstandardsboard.org/wp-content/uploads/2014/02/asop025_174.pdf

the Benefit-Adjusted Projected Single Claims Rate (S) and the BRV for the plan and contract tier (line A).

The members per contract tier during the last month of the runout period is the basis for the projected members per tier in the rating period. The underwriter will adjust this if, in their opinion, the result is not representative of the expected values in the rating period.[3]

The calculation for the total required premium by (plan, tier) is as follows:

{ Projected Claims by plan and tier (line B1)	+
Expected Net Cost of Reinsurance (line B2, as described in section 4.6)	+
Projected Pharmacy Rebates (line B3, as described in section 4.7)	+
Administrative Charges (line E, as described in section 4.5)	+
State Mandates (line C1 to C3, as described in section 4.9)	+
Federal Mandates } (line D, as described in section 4.10)	/
{ 1 – Contribution to Reserve (line G, as described in section 4.8) – Broker Commissions (line F) - Federal Insurer Fee (line H, as described in section 4.10)}	=
Required premium by plan and tier (line I)	

Underwriting Judgment Adjustments
If, in the underwriter's professional judgment, the specific properties of the case being rated are such that the standard formula would not produce appropriate rates for the rating period, the underwriter will make such modifications as needed to produce appropriate rates. The underwriter will document in the case file the reason(s) for the adjustment(s) and the method of determining the appropriate adjustment(s).

Management Discretionary Adjustments
For marketing or other reasons, management may decide to modify the rates on a specific case or block of cases. The underwriter will document in the case file the adjustment(s) made, along with a description of the nature of the adjustment(s).

4. Factors applicable to all Large Groups

4.1. Large Claims Factors

As described in section 3, experience claims above a certain pooling level are removed from the calculation and replaced by the expected claims above the pooling level. In order to develop the large claims factors used to calculate the expected claims above a pooling level, allowed charges and paid claims through September 30, 2016 were analyzed for the experience years ended December 31, 2013, December 31, 2014, and December 31, 2015. The data includes claims from BCBSVT Cost Plus groups, BCBSVT ASO Groups, BCBSVT Insured Large Groups, and TVHP Insured Large Groups. Combining these homogeneous populations creates greater

[3] E.g., the number of contracts in a particular tier may be small (or even 0). In such instances, the underwriter should use appropriate values based on total block of business or other appropriate source.

consistency and credibility within the large claim factor development. Fee-for-Service equivalents were used for capitated services and claims incurred by Medicare Primary members were excluded. Any groups that do not include prescription drugs as a covered expense under their BCBSVT/TVHP benefit plan were also excluded. The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment, and other financial reports.

For each experience year, allowed charges and paid claim amounts were totaled for each claimant. These were then sorted into categories by the amount of allowed charges. The categories used were:

- $0 up to $50
- $50 up to $100
- $100 up to $200…$1,900 up to $2,000
- $2,000 up to $2,500…$9,500 up to $10,000
- $10,000 up to $15,000…$995,000 up to $1,000,000
- Further categories in $5,000 increments as necessary for claims above $1,000,000

For each category, paid-to-allowed ratios were calculated. The ratios for each year were averaged for each category, while the resulting ratios at allowed amounts greater than $1,000 were smoothed. The high-to-low-to-high pattern of the ratios observed at allowed amounts less than $1,000 was maintained; presumably this pattern is due to the increased provision and use of preventive benefits covered at no charge.

Factors were created for use with Insured groups based on data from BCBSVT and TVHP Insured Large Groups. These factors were blended with factors generated by two other distributions of claims to generate the final factors used in the rating program. One set of factors was based on data from the 2014 Milliman Health Cost Guidelines and the other was based on the combined experience of BCBSVT and TVHP Insured Groups, Cost Plus groups, and ASO groups.

We calculated the charge factors assuming experience periods begin on the first day of the quarter. To project the charges for future experience periods, the allowed amounts by claimant for 2013 and 2014 were trended by the observed trends to 2015, and then by 6.9 percent per annum (see section 4.2 for details). The allowed amounts for 2015 were also trended forward at 6.9 percent per annum. For each claimant record, a claim amount was calculated by applying the appropriate factor from the paid/allowed amount factor table. A projected claim file was built by combining the trended 2013 records with two copies of the trended 2014 records and three copies of the 2015 records (thus weighting the 2014 experience twice as heavily and the 2015 experience three times as heavily as the 2013 experience). For a set of limits (in increments of $5,000), the amounts in excess of the limit for each claim and the amounts under the limit for each claim were totaled and the ratio of these calculated. This produced a factor for each limit value expressing claims above the limit in terms of claims below the limit.

A distribution of claims by amount was generated from the 2014 Milliman Health Cost Guidelines distribution of allowed charges (adjusted for Vermont) by trending the distribution to produce the same expected average annual allowed charge per member as the trended BCBSVT/TVHP distribution and then applying the paid-to-allowed factors calculated above. Factors for claims above the limit as a percentage of those below the limit were calculated from this distribution.

As discussed in Section 3, we develop a credibility procedure using classical credibility. We let X be the paid claims per member-year in our blended experience and select P = 95% and *k* = 0.10. With these values, the standard for full credibility for the various experience groups is summarized below:

Groups in Base Data	Member-Years for Full Credibility	Claims Threshold for Full Credibility
Insured	8,463	$20,000
Combined	6,392	$60,000

To determine partial credibility for limits above the threshold, we fit our distribution of claimants above that limit to a Pareto distribution. We selected the Pareto distribution due to its decreasing, thick-tailed survival function, given by the formula $S(x) = \left(\frac{\theta}{x}\right)^q$ for x > θ, where θ is the threshold for full credibility and q is a parameter estimated from the data.

For each limit, two credibility factors were calculated to blend the three pooling factors. Credibility factor Z is the credibility given to the Insured pooling factor and Credibility Factor Y is the credibility of the remaining (1-Z) given to the combined BCBSVT experience. The blended pooling factor is calculated by the formula Z*(Insured Factor) + (1-Z)*Y*(BCBSVT Combined Factor) + (1-Z)*(1-Y)*(Milliman Factor). This calculation is demonstrated in Exhibit 2A.

Exhibit 2B shows the factors that will be applied to the experience claims under the pooling limit to calculate the expected claims above the limit for Insured groups. These factors are calculated for each experience period starting quarter expected to be covered by this filing.

4.2. Trend Factors

Medical Trend Development

The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment, and other financial reports. Claims incurred between November 1, 2012 and August 31, 2016, paid through October 31, 2016, were used in the analysis. Completion factors are applied to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from BCBSVT Cost Plus groups, BCBSVT ASO Groups, BCBSVT Insured Large Groups, and TVHP Insured Large Groups. CDHP and Non-CDHP claims are combined. The data from one large ASO group has been excluded from the medical analysis because they were not active for the entire experience period. Additionally, ASO groups with special pricing arrangements are excluded. Claims from Medicare Primary members are excluded.

BCBSVT and TVHP cover substantially similar populations under similar benefit packages. Combining these homogeneous populations creates greater consistency and credibility within the trend factor development. Using the historical contracted reimbursement schedules, we calculated network factors that represent the different contracts and modify the claims to

reflect a single contract. By making these adjustments we can observe the historical cost increases using all large group claims information.

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

Utilization

Historical utilization trend patterns were examined by first normalizing claims for unit cost increases. Contract changes for the entirety of the experience period were measured explicitly for each facility within our service area as well as the three largest physician groups.

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

This accounted for over 85 percent of allowed claims dollars during the experience period. Costs for other claims are primarily for out-of-area services. Contracting changes for these claims were derived from the Fall 2016 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

Claims were normalized to the October 2016 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through October 2016. The derived trend for other claims was assumed to be continuous. Please see Exhibit 3A for an illustration of this approach.

Exhibit 3B shows the resulting array of allowed PMPM claims costs, before and after normalization for contract changes. We performed a 24-month regression on monthly PMPM costs to match the length of the period used in the calculation of the cost trend (described below). We believe the resulting utilization trend of 1.5 percent to be overstated. The 24-month regression can be unduly influenced by the beginning and end months in the experience period. We observed utilization trends ranging from 0.3 percent to 1.7 percent by shifting the experience period used to calculate the regression. Alternatively, a regression on rolling PMPM costs can be too slow to capture shifts in utilization. We also calculated a year-over-year rolling PMPM utilization trend of 0.9 percent for the year ended August 2016. We have selected a utilization trend of 1.0 percent. This is lower than the trend calculated by our standard methodology, but balances the shifts noted in the monthly regressions and is consistent with the utilization trend of 1.0 percent in the most recently approved Large Group Rating Program filing.

We also investigated the impact of benefit changes throughout the experience period on utilization. Large groups have engaged in a benefit buy-down strategy over the last several years as a means of limiting rate increases. This manifests itself in a lower actuarial value over time and a dampening effect on trend due to decreases in induced utilization, as shown in the table below:

Year Ended	Paid-to-Allowed Ratio	Induced Utilization	Percent Change
October 2013	86.5%	0.981	
August 2014	84.7%	0.965	-1.6%
August 2015	83.6%	0.955	-1.0%
August 2016	84.1%	0.960	0.5%

To account for the impact of the benefit buy-downs in the trend, we normalized claims to the mix of benefits present during the year ended August 2016. We did this by using a factor for each month equal to the ratio of the induced utilization for benefits present in the year ended August 2016 to the induced utilization for benefits present in the year ended that particular month. Exhibit 3C shows that the impact of induced utilization on the utilization trend is 0.3 percent. Applying this adjustment to our selected trend of 1.0 percent results in a final utilization trend of 1.3 percent when accounting for benefit changes. The concept of induced utilization is discussed further in section 4.3.

Unit Cost

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

During the year ended July 2016, roughly 55 percent of total claims dollars were provided by Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). We started with the assumption that the GMCB would approve hospital budgets for October 1, 2017 and October 1, 2018 that support identical commercial increases as that approved for October 1, 2016. While the GMCB, through increased oversight, has limited the overall increase of hospital budgets in recent years, the cost shift from Medicare and Medicaid has accelerated, driving commercial increases higher. We have little reason to believe that the cost shift will not continue at current levels. Based upon that assumption, Provider Contracting and Actuarial worked together to assess the impact such an increase would have on contract negotiations for BCBSVT Managed Care, BCBSVT Non-Managed Care, and TVHP Managed Care contracts. Provider Contracting provided estimates for specific facilities in 2017 and 2018 that supplanted the assumptions noted above.

Similarly, we assumed for other providers within the BCBSVT service area that overall 2017 and 2018 budget increases would be identical to those implemented during calendar 2016, except when Provider Contracting provided a specific estimate. Again, Provider Contracting and Actuarial worked together to assess the impact these increases would have on contracts for BCBSVT Managed Care, BCBSVT Non-Managed Care, and TVHP Managed Care contracts.

Finally, unit cost increases for providers outside the BCBSVT service area were derived from the Fall 2016 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

For marketing reasons, Provider Contracting has been negotiating different unit cost increases for each of the three contracts. To reflect this, we calculated three different cost trends, one for each contract.

Normalized claims were trended forward using expected increases. Unit cost trend is calculated by dividing claims year-ending December 2018 by claims year-ending June 2017 and converting to an annual factor.

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

	Annual Unit Cost Trend Assumption		
	BCBSVT Managed Care	BCBSVT Non-Managed Care	TVHP Managed Care
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	4.4%	4.4%	4.4%
Other facilities and providers	4.9%	5.0%	5.0%
Total	4.6%	4.7%	4.7%

Total Medical Trend

The total medical trend factors are the product of the utilization trend and the unit cost trend factors.

	BCBSVT Managed Care	BCBSVT Non-Managed Care	TVHP Managed Care
Cost Trend	4.6%	4.7%	4.7%
Utilization Trend	1.3%	1.3%	1.3%
Total Medical Trend	6.0%	6.0%	6.0%

To calculate the overall medical total trend to be applied in the renewal formula, we trended the manual rate (see section 4.4) experience medical claims based on the network to calendar year 2018. We then divided the projected claims cost by the experience claims cost to get the overall medical trend.

	BCBSVT Managed Care	BCBSVT Non-Managed Care	TVHP Managed Care	Total
Experience Allowed Claims (Medical Only)	$7,288,679	$51,065,123	$15,209,332	$73,563,134
Trend Factors for 27 months	1.140276	1.140735	1.140735	
Trended Claims	$8,311,108	$58,251,774	$17,349,818	$83,912,701
Annual Trend				6.0%

Pharmacy Trend Development

The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment and other financial reports. The data includes claims from BCBSVT Cost Plus groups, BCBSVT ASO Groups, BCBSVT Insured Large Groups, and TVHP Insured Large Groups. Combining these homogeneous populations creates greater consistency and credibility within the trend factor development. CDHP and Non-CDHP claims are combined. Claims from Medicare Primary members are excluded. The data from ASO groups whose pharmacy benefits are not administered through the BCBSVT contract with ESI are excluded. We used claims incurred from October 1, 2014 to September 30, 2016, paid through October 31, 2016. Completion factors were applied to estimate the ultimate incurred claims for each period shown in the exhibits.

ESI has been the pharmacy benefits manager for BCBSVT and TVHP since July 2009. The initial ESI contract was for a period of 3 years; new contracts became effective July 2012 and July 2015. Similar to the Q3 2016 Large Group Rating Program Filing, we base our cost trend calculation on Average Wholesale Price (AWP) and apply a factor to the rating formula to account for the contracting changes.

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

Non-Specialty Drugs

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

drugs for the purpose of analyzing utilization patterns (the separate GDR projection is applied to the total projected utilization to arrive at brand and generic components). The regressions use 24 data points on the monthly data, in order to best capture an adequate amount of the most recent history of drug costs. We selected annual trends of 5.1 percent for generic cost, 15.6 percent for brand cost, and 0.7 percent for total non-specialty utilization.

Based on our current distribution of days supply and a list of brands expected to move to generic in the period during which these trend rates will be in effect, as provided by ESI, we estimate that GDR will reach 89.0 percent in the projected period. It is important to note that care must be taken in projecting the GDR to avoid the simplistic assumption that generic shift will continue at historical levels. Generic conversion is a very discrete function – while specific dates for generic launches may be impacted by ongoing litigation, the list of brand drugs losing their patent protection is well-recognized in the industry. Furthermore, generic substitution protocols have increased generic substitution rates to well over 99 percent where such switches are clinically viable. For the above reasons, it would be actuarially inappropriate to base a future GDR assumption on a linear projection of past increases, which is why we have chosen to take a far more detailed, and more discrete, approach. Exhibit 3E shows the calculation of the 89.0 percent GDR in the projection period. Utilization for brand drugs losing or expected to lose their patent protection from November 2014 through the projection period is summarized by month. Because Average Wholesale Price (AWP) and effective discounts do not change significantly for most new generic drugs until the six-month exclusivity period has closed (that is, when the generic becomes "multi-source"), monthly utilization for the year ended October 2016 is repeated through six months following each generic launch date (i.e. we assume the same days of supply in November 2016 as we had in November 2015, and so on). After that time, all utilization is expected to shift to generic. We assume drugs with no generic exclusivity period will switch to generic immediately after the patent expires.

Exhibit 3F summarizes the trends for non-specialty drugs and calculates our total non-specialty allowed drug trend as 6.2 percent.

Specialty Drugs

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

Exhibit 3G, Page 1 shows the calculation of specialty trend both for all specialty drugs and for specialty drugs excluding the new treatments described above. For our regressions, we chose 24 points of 12-month rolling data to capture the most recent history of drug costs. Rolling 12-months regression is more appropriate for specialty drugs because of the low-frequency, high-cost nature of these drugs. The total specialty trend is 17.3 percent. Removing the large cost

increases associated with the new treatments results in a 14.9 percent trend for the remaining specialty drugs.

To project the cost of hepatitis C treatments in the rating period, we began by looking at actual hepatitis C claimants in 2015 and year-to-date 2016. We project 30 hepatitis C claimants in 2018 based on the ratio of claimants to members in 2015. There are several different drugs available for the treatment of hepatitis C (Sovaldi, Viekira Pak, Harvoni, Olysio, and Epclusa are in our experience). Hepatits C drugs are available in 3- and 6-month treatments.
We project the distribution amongst the drugs in 2018 will be similar to our experience in 2015. In our experience, roughly 4/5s of claimants receive the 3-month treatment and 1/5 receive the 6-month treatment, so the average claimant receives 3.65 months of the drug. At an average monthly cost of $30,200, 30 claimants with an average treatment of 3.65 months have a projected 2018 cost of $3.30 million.

PCSK9 inhibitors such as Repatha are used to treat high cholesterol. BCBSVT's current policy is to approve PCSK9 inhibitors for the treatment of familial hypercholesterolemia (FH), a genetic disease characterized by very high levels of cholesterols in the blood, after failure of one high-does statin for 60 days. Current incidence studies suggest that 200 persons per 100,000 lives are diagnosed with FH. Another indication for these drugs is for patients who have had a heart attack and then failed two different high-dose statins for 60 days. Based on current membership, we project 16 members will use a PCSK9 inhibitor in 2018. With an annual cost of about $14,000, the projected total is $225,000.

Orkambi is a drug used in the treatment of cystic fibrosis. In particular, it is used to treat a specific mutation of the disease that is found in roughly 50 percent of cystic fibrosis patients. Orkambi is prescribed to patients age 12 and older. We assumed that 50 percent of our members diagnosed with cystic fibrosis who are at least age 12 will take Orkambi. Orkambi has an annual cost of $247,000 and we project 8 members will use it. The projected cost for those members is $1.97 million.

In our previous filing, we made an adjustment for the expected impact of biosimilars. We now do not expect biosimilars to have a cost impact until at least 2020, so the adjustment has been removed.

To calculate the effective specialty trend, we started with the pharmacy claims from the year ended September 30, 2016 experience period and removed the claims for hepatitis C drugs, PCSK9 inhibitors, and Orkambi. We then trended the remaining claims at a 17.3 percent rate for 27 months and added the incremental cost of hepatitis C treatments, PCSK9 inhibitors, and Orkambi for a total restated projected claims. Using this method, the restated effective specialty drug trend is 19.3 percent. See Exhibit 3G, Page 2 for details.

Total Pharmacy Trend
Using the PMPM claims as weights between Non-Specialty and Specialty claims for the 12 months ended September 2016, we calculate the following:

Category	PMPM	Overall Trend
Generic	$20.14	7.2%
Brand	$41.25	5.7%
Specialty	$32.34	19.3%
Total	$93.73	11.0%

Contract Adjustment Factors

Exhibit 3H contains the contract adjustment factors that will be applied to the drug claims in a group's renewal. For drug claims in the year ended September 30, 2016, we took the AWP of the claims and applied the contracted discounts and dispensing fees for each potential renewal experience period and rating period to calculate adjusted allowed charges. The contract adjustment factor for each experience and rating period combination is the ratio of the adjusted allowed charges. These factors assume that both the experience period and rating period are 12 months. For cases where this is not true, we will calculate an appropriate factor using analogous methodology.

Overall Total Trend

Using the year ended September 2016 for the groups included in the manual rate (see section 4.4), the overall allowed trend is

Category	Allowed PMPM	Allowed Trend
Medical	$ 424.24	6.0%
Pharmacy	$ 89.13	11.0%
Total	$ 513.37	6.9%

While we have included no implicit or explicit margin in our trend selections, we recognize that an environmental change may create a significant shift in either direction. As we have suggested in past years, we would submit an interim trend filing should information become available that meaningfully differs from the underpinnings of the trend analysis in this filing.

Leveraged Trends

The above trends are based on allowed charges and do not account for the leveraging effect of deductibles and copays. We utilized our Benefit Relativity models (see section 4.3 for a description of the methodology) to calculate the impact of leveraging on each benefit. To do so, we calculated the Paid PMPM with and without the trend (as described above). The ratio between the two paid PMPMs is the paid trend for that benefit, and the difference between the paid trend and the allowed trend is the leverage factor. See Exhibits 3I and 3J for example of leverage factors.

Applying the leverage factors for benefits present in the year ended September 2016 for the groups included in the manual rate, we calculate the following paid trends:

Category	Paid PMPM	Paid Trend
Medical	$ 338.51	7.1%
Pharmacy	$ 76.36	12.2%
Total	$ 414.87	8.0%

4.3. Benefit Relativity Factors

Overview

To determine standardized premium rate relationships, also called relativities, we have created models that simulate the impact of member benefits for all types of plans. The models determine the allowed charges for the completed 12 months of claims included in the study and "re-adjudicate" the claims, thereby simulating the impact of member cost sharing for a given benefit plan.

Claims data is from BCBSVT's data warehouse. To ensure accuracy, the claims data used has been reconciled against internal reserving, enrollment and other financial reports. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance) for each claim.

For each benefit plan of interest, the models produced the simulated PMPM values of the benefits. The PMPM for each plan was then divided by the manual rate, as calculated in section 4.4 but without adjustment for changes in the pharmacy contract, to produce its relativity. Relativities are included for medical only plans, Rx only plans, and integrated CDHP plans.

Incurred allowed charges from July 2015 to June 2016, paid through September 2016, were used in the models. The allowed charges were trended to July 1, 2018, which is the midpoint of the 12-month period that begins January 1, 2018. The majority of the business that will be renewed using these relativity factors has a January 1 renewal date; the rating formula adjusts the trend for non-January renewals (see section 4.4).

The data includes claims from BCBSVT Cost Plus Groups, BCBSVT ASO Groups, BCBSVT Insured Large Groups, and TVHP Insured Large Groups. Combining these homogeneous populations creates greater consistency and credibility within the relativity factor development. CDHP and Non-CDHP claims are combined. We also excluded groups that have special benefits. This predominantly refers to groups that have specific reimbursement with particular providers outside of BCBSVT's contracts and/or claims processing function.

Benefit Relativity Model: Medical

The trends used were the total medical trend, by type of service. Cost trends for each type of service were calculated by the discrete unit cost trend method above, while the same utilization trends were used for all types of service (see section 4.2).

Using the contracted reimbursement schedules, we calculated network factors that represent the different network contracts. Using these factors, we can include all claims in each of the

three networks by adjusting each claim to the basis of a single network. This enables us to combine all the experience for each plan design.

The claims were categorized according to how benefits are paid, and one record was generated for each member, date of service, and type of service. Each record was then assigned a cost share (deductible/coinsurance, copay, covered in full) for each plan available.

The plan designs modeled are:

- BlueCare Lo Options (LO)
- Open Access (OAP)
- BlueCare (HMO)
- Consumer Driven Health Plan (CDHP)

For all products, claims for preventive mandated benefits were assigned a "covered in full" cost share, independently of the product that is being modeled.

The model tested one benefit design at a time. It determined the member portion of the allowed charges, and from this, a total simulated paid PMPM for each benefit design. The impact of copay, deductible, coinsurance, out-of-pocket maximum, and preventive mandated benefits were all considered. If the average allowed cost of a category was less than the copay being examined, it was assumed that the member paid the full cost of the service.

OAP plans have two levels of benefits, In-Network and Out-of-Network. The In-Network benefit levels are applied to providers in the TVHP Managed Care network and the Out-of-Network benefits are applied to BlueCard© providers. Services performed at non-participating providers are not covered. In the administration of this benefit, there is no overlap between the In-Network and Out-of-Network deductible and coinsurance.

For CDHP, LO, and HMO plans, benefits are applied only to the TVHP Managed Care network. Services performed at BlueCard© providers and other non-participating providers are not covered.

We use BRVs in two places in the rating formula described in section 3. The Average Experience Period Seasonal Adjusted Benefit Relativity Factor (line L in Exhibit 1A) is calculated using BRVs for the benefits in the experience period, while the Projected Claims for the rating period (line B1 in Exhibit 1B) uses BRVs for the benefits in the rating period.

The relativities for the medical products currently in our book of business are displayed on Exhibits 4A and 4B.

Benefit Induced Utilization: Medical

An independent analysis was performed to measure the correlation between the benefit design and the overall health care spending. The correlation used the paid-to-allowed ratio as the independent variable and the total allowed charges (capped at $30,000 per member per year) as the dependent variable. A 2nd order polynomial was found to best fit the data. The polynomial was then normalized such that the average paid-to-allowed (PA) ratio underlying the base BRV experience returned a utilization adjustment of 1.00. In other words, if a

simulated benefit has a paid-to-allowed ratio less than that of the average, then utilization will be reduced (i.e. factor < 1.00). If a simulated benefit has a paid-to-allowed ratio greater than the average, then the benefit will have induced utilization (i.e. factor > 1.00). The resulting formula is $Medical\ Utilization: 0.5670 \times (PA)^2 - 0.0652 \times (\mathrm{PA}) + 0.6133$, with a minimum set at 0.74 and a maximum of 1.20.

Benefit Relativity Model: Pharmacy

The trends used were the total trend, by type of drug, as described above (section 4.2) for Brand, Generic, and Specialty drugs.

Within the model, all pharmacy scripts, including specialty, are assigned to one of six categories: Retail Generic, Retail Preferred Brand, Retail non-Preferred Brand, Mail Generic, Mail Preferred Brand, and Mail non-Preferred Brand. We apply flags to identify several categories of drugs that are either required to be covered in full (ACA contraceptives and vaccines) or for which a group may purchase a rider to offer additional coverage (some fertility drugs) or exclusion (lifestyle drugs). We also flag drugs for which a group may offer special cost-sharing arrangements, such a diabetic medications and wellness drugs. We assign these flags by National Drug Codes as reported to us by ESI.

The experience period data was adjusted to reflect the major brands that are expected to become generic during 2017 and 2018. The list was based on a report provided by ESI.

For these brands, in the first 6 months (the exclusivity period), we reduced the Average Wholesale Price (AWP) by 10 percent and kept the brand discount. For the months after the exclusivity period, we reduced the AWP by 10 percent and changed the discount to the generic discount. The 10 percent reduction in AWP is based upon industry standard assumptions, supported by our own analysis of AWP changes for drugs that have moved from brand to generic over the past several years.

One record was created for each member and date of service combination. One record can have more than one script category. The model tested one benefit design at a time. It determined the member portion of the allowed charges and a total simulated paid PMPM for each benefit design. The impact of the deductible, coinsurance, copays and out-of-pocket maximum (OOPM) were considered. Following the ACA, contraceptives and vaccines were excluded from the cost sharing. If the average allowed cost of a category is less than the copay being examined, it is assumed that the member pays only the full cost of the script. With Vermont Act 171, all pharmacy benefits effective January 1, 2017 or later will have an OOPM of $1,300. It is possible that this limit will increase effective January 1, 2018, following the IRC rules for Health Savings Account and High Deductible Plans. The exhibits include the $1,300 OOPM benefit on pharmacy for benefits.

The relativities for the pharmacy products currently in our book of business are displayed on Exhibit 4D.

Benefit Induced Utilization: Pharmacy

Independent analysis was performed to measure the correlation between the benefit design and the quantity of pharmacy prescriptions consumed. The pharmacy benefits are adjusted in two

ways. First, the generic utilization varies with the benefit design. Claims and membership data from January 2012 through June 2016 were examined, and a table was created to adjust the base generic utilization up or down depending on the difference in the Generic and Brand copays of the member's drug plan.

Second, a separate analysis was done to adjust for the overall pharmacy benefit. A modeled paid-to-allowed (PA) ratio was assigned to every benefit in the experience period. The correlation used the paid-to-allowed ratio as the independent variable and total allowed charges as the dependent variable. A line was found to best fit the data. The line was then normalized such that the paid-to-allowed ratio underlying the base BRV benefit (manual rate) returned a utilization adjustment of 1.00. The resulting formula is $Pharmacy\ Utilization: 1.6201 \times (\mathrm{PA}) - 0.4589$, with a minimum set at 0.65 and a maximum of 1.20.

Although we use two steps to calculate the induced utilization, we are not adjusting the data twice. The adjustment for difference in Generic/Brand copays changes the mixture of scripts (i.e. generic dispensing rate) without adjusting the overall frequency of scripts. The richness or leanness of the plan, as measured by the paid to allowed ratio, drives an adjustment to the overall frequency of scripts without changing the mixture of scripts.

Integrated Benefit Relativity Model (CDHP)

The CDHP model combines both the medical and pharmacy models described above. One record was created for each member, date of service and type of service combination. A separate medical and pharmacy paid-to-allowed ratio was calculated, and the appropriate utilization adjustment was made.

The relativities for the CDHP products currently in our book of business are displayed on Exhibit 4C.

Tier Factors

The BRV models calculate the average paid claims of a single member on a particular benefit design. TVHP sells products with rate tiers for multiple members. These rate tiers feature family deductibles and out-of-pocket maximums either in addition to or in place of the individual limits. We refer to products that have family limits in addition to individual limits as Stacked and to products with only family limits as Aggregate. For products renewing after January 1, 2016, members on Aggregate plans are subject to the federal maximum allowed individual out-of-pocket, even if the aggregate out-of-pocket maximum is higher. We refer to these plans as Hybrid.

To price benefits for rate tiers with multiple members, we calculated tier factors to apply to the BRV for the benefit. We used the BRV models to calculate member paid amounts for each member in the model and used every combination of members to create "families" in the following categories:

- One Adult
- Two Adults
- One Adult and One Child, … , One Adult and Seven Children
- Two Adults and One Child, … , Two Adults and Seven Children

For each category of family, we calculated the average plan paid amount subject to the family cost sharing. Then we combined the categories of families into rate tiers using the proportion of each category in the experience period membership as a weight. The ratio of plan paid amount for each rate tier to the single rate tier is the tier factor. For Aggregate and Hybrid factors, we grouped products together into three ranges of out-of-pocket maximums and calculated tier factors for each range. We calculated different factors for products with separate medical and drug benefits and for products with integrated benefits (CDHPs). The Hybrid factors are applicable to benefits with a $7,150 individual out-of-pocket maximum. The tier factors calculated for each range and type of benefit are shown in Exhibit 4E.

These factors assume a family multiplier of two. If a group requests a benefit with a non-standard multiplier, out-of-pocket maximum, or individual out-of-pocket maximum (for a Hybrid plan) that is not in the exhibit, identical data, assumptions and methodology as described above will be used to calculate appropriate tier factors for the requested benefit.

4.4. Manual Rate

The Manual Rate is the experience paid claims PMPM from the groups impacted by this filing, trended to calendar year 2018 using the trends and pharmacy contracts adjustments described in section 4.2.

Calculation of the Manual Rate

Experience Paid Claims, capped at $750,000 and completed	A	$ 72,137,723
Overall Paid Trend factor (8.0% for 27 months)	B_1	1.190
Pharmacy Contract Adjustment	B_2	0.995
Projected Total Paid Claims	$C = A \times B_1 \times B_2$	$ 85,410,917
Total Member Months	D	173,473
Manual Rate	**E = C / D**	**$ 492.36**

As noted in section 4.3 above, we use a version of the manual rate without the pharmacy contract adjustment as the denominator of the relativity calculation. Per the above calculation, this value is $494.76. We multiply the benefit relativity by the manual rate to calculate projected manual claims. If both the denominator of the relativity and the manual rate included the pharmacy contract adjustment, they would cancel in the multiplication and the projected claims would not reflect the discounts in the new pharmacy contract.

The Manual Rate is adjusted to reflect a group's particular characteristics, as demonstrated in Exhibit 5A. An adjustment is made for the average age/gender factor (line B) as derived from the 2014 Milliman Health Cost Guidelines, normalized such that the Manual Rate has an age/gender factor of one. The case's industry factor (line C) is developed based on the SIC and a standard table that has been updated based on BCBSVT experience data from October 2014 through September 2015 to reflect relationships between industries. See Exhibit 5B for the schedule of industry factors. These have also been normalized such that the Manual Rate has a factor of one.

For groups with a projection period other than calendar year 2018, the manual rate will be adjusted for trend to reflect the group's projection period (line D) and the additional impact of pharmacy contract changes (line E). Finally, a contract conversion factor (line F) is calculated based on member distribution and tier factors in order to convert from a PMPM to a single rate basis (necessary because the Adjusted Manual Rate is blended with the Projected Single Contract Rate, which is not on a PMPM basis).

4.5. Administrative Charges

The sources of actual expense data in this filing are BCBSVT's data warehouse and accounting records. The Experience Base period for this filing is November 2015 to October 2016. Actual BCBSVT administrative expenses for the Experience Base period are compiled on a GAAP reporting basis. During 2015, BCBSVT completed a comprehensive cost accounting study. The results were refreshed during 2016 to reflect known operational changes. Allocations to specific lines of business on a GAAP reporting basis were updated for the results of this study, beginning in December 2015. In order to normalize experience period data to the same allocation methodology, November 2015 expenses were reallocated according to the results of the cost accounting study. Exhibit 6A provides a reconciliation of the Experience Base period to restated GAAP financial report data.

Experience Base of Actual Expenses

Administrative expenses are allocated under BCBSVT's cost accounting system to lines of business. Overhead expenses are allocated to lines of business on the basis of relative capital requirements, which were measured as each line's relative impact on Risk-Based Capital (RBC). In past filings, we have combined BCBSVT Large Group Insured, BCBSVT Cost Plus and TVHP Large Group Insured actual administrative expenses to calculate the base administrative charges. A Cost Plus group with over 98 percent of the membership of that line of business is moving to an ASO arrangement as of January 1, 2018. We therefore only used Insured Group information for the base administrative charges. This is the main reason for the large increase in administrative charges. The remaining Cost Plus groups will continue to use the same administrative charge factors as the Insured groups.

The cost accounting data by cost center is then allocated into Cost Categories for purposes of determining administrative charges for each specific TVHP group account, given that account's characteristics.[4] As noted above, BCBSVT updated the allocation methodology to reflect the results from the cost accounting study. With this filing, we are also updating the Group Cost Categories to align with the rules used in the cost allocation model. The Group Cost Categories include:

Account – those expenses that are allocated to specific group accounts on a per group account basis.
Member – those expenses that are allocated on a per member basis.
Contract – those expenses that are allocated on a per contract (subscriber) basis.
Medical Claims – those expenses that are allocated on a per medical claim basis.
Total Projected Claims – those expenses that are allocated on a Capital Requirement basis.

[4] PUPM costs for Cost Plus members having Medicare Supplement plans are set equal to the corresponding values for conventionally funded Medicare Supplement members. The resulting costs are removed from the Cost Plus cost accounting charges before dividing by the (non-Medicare Supplement) Cost Plus units.

For each of the Group Cost Categories described above, the respective number of unit months during the Experience Base period is tabulated for the Insured Large Group (both BCBSVT and TVHP). These segments are combined in this filing for marketing considerations. The unit months include the number of account months, number of member months, number of contract months and number of medical claims by months. For the expenses allocated on a Capital Requirement basis, the experience administrative charges were divided by total paid claims to calculate a percent of claims factor.

Fees paid to our vendor GHI for the electronic processing of Medicare Supplement claims are not being assigned correctly to all members whose claims go through the GHI system. These members are in the following product categories: Individual Medicare Supplement, Group Medicare Secondary, Cost Plus Medicare Supplement, Cost Plus Medicare Secondary, and TVHP Medigap Blue. They are currently only booked to Individual Medicare Supplement and TVHP Medigap Blue. The GHI fees are reallocated to the appropriate product categories using membership as a weight. This reclassification is reflected in Exhibit 6A.

Other reclassifications reflected in the exhibit include the removal of federal fees (these are added to premium rates separately; see section 4.10) and fees paid to our vendor Health Equity for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products (participation in this service is optional and we assign these fees to groups who select the service). For this filing, we have also removed any expenses incurred due to one-time, non-recurring events, as these fees are not expected to continue to occur in the projection period.

Using the adjusted Experience Base administrative expenses and unit months, per unit per month (PUPM) values are calculated. For the group segments included in this filing, there are four such PUPM values and one percent of claims value – one for each of the Cost Categories indicated above.

The Experience Base administrative expenses PUPM are shown in Exhibit 6B, line C.

Projection Factors

Actual administrative costs PUPM from the Experience Base period are projected to each of the rating periods. Projection factors are based on a 2.4 percent annual trend. These projection factors are intended to make reasonable but modest provision for increases in overall operating costs PUPM. Note that there are no known extraordinary or mandate-related costs at this time which require separate provision for the rating periods involved in this filing.

We are assuming that personnel costs (wages and benefits) will increase by 3 percent, the budgeted wage increase for 2017, over the projection period. Other operating costs are assumed to remain flat. Based on year-to-date October 2016 information, we have calculated that 81.4 percent of our administrative costs are for salaries and benefits. We are therefore increasing our projected administrative expenses by the weighted average of 2.4 percent per annum.

		YTD Oct 2016	Percent of Total
Employee costs	A	35,159,939	56.2%
Purchased service	B	19,326,059	30.9%
Other operating costs	C	8,046,148	12.9%
Subtotal administrative expenses	D = A+B+C	**62,532,147**	**100.0%**
Total Personnel Cost	E = A / (A + C)		81.4%
Trend for Personnel Cost	F		3.0%
Total Trend	**G =** {(1+F) x E + (1.00) x (1-E)} - 1		**2.4%**

An examination of historical administrative charges shows a decreasing trend in recent years, driven primarily by membership increases. For 2018, we project total BCBSVT membership will also increase. We calculated PMPM admin charges with experience period enrollment and projected 2018 enrollment and found they decreased by 0.7 percent with the projected increased 2018 enrollment. We assumed that variable costs represent half of the increase, and therefore applied a decrease of 0.4 percent to the base PUPM charges to account for the reduction in membership.

Charges for Group Accounts

The Administrative Charge PUPM figures shown in Exhibit 6B are the values to be applied on an account by account basis, along with each group account's corresponding unit count, to produce account-specific administrative charges. These amounts will then be expressed as equivalent PMPM amounts for each group account.

Amounts for special items or unique services not part of TVHP's standard scope of administrative services (e.g., special booklets, certificates, or reports) are to be determined and applied separately on an account-specific basis. Commissions based on the commission scale applicable to the account are not reflected in the schedule of admin charges in Exhibit 6B; they are to be calculated and applied separately.

4.6. Net Cost of Reinsurance

TVHP has purchased reinsurance for claims in excess of $750,000 for 2017, and expects to purchase similar reinsurance in future years with limits approximately equal to the 2017 limit increased by trend. We estimate that the target loss ratio for the reinsurance is approximately 75 percent, which implies a cost of reinsurance of approximately 33 percent of claims above the reinsurance limit. For each pricing period starting quarter, we determined an annual cost of reinsurance for the trended reinsurance limit by multiplying the expected annual claims cost above the limit by 33 percent. Dividing this by 12 produces the PMPM cost of reinsurance. The table of these PMPM's, based on pricing period starting quarter, is shown in the table below.

Pricing Period Starting Quarter					
Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
$1.55	$1.59	$1.61	$1.65	$1.67	$1.69

4.7. Pharmacy Rebates

Pharmacy rebates are calculated by taking the experience period rebates and trending them using the Brand Cost trend (from Exhibit 3D). Pharmacy rebates are paid with an average six-month delay from the time of the original claims. For months in the experience for which we do not have detailed rebate information, an estimated rebate amount is included in the calculation.

4.8. Contribution to Reserve

The administrative charges developed are for administrative expenses only, and contain no provision for reserve contribution. Contribution to reserves (CTR) supports the overall financial health of the company for the benefit of all members. CTR is required in order to maintain an adequate level of members' surplus. Surplus is a critical consumer protection that allows members to receive needed care and providers to continue to receive payments in the event of unforeseen adverse events that may otherwise impact TVHP's ability to pay claims. TVHP must remain financially strong in order to continue to provide Vermonters with outstanding member experiences, responsible cost management and access to high value care. TVHP also believes that CTR should be managed to an adequate long-term level, rather than fluctuating significantly from year to year. We believe that maintaining the currently approved CTR of two percent for Insured Groups represents an adequate long-term, yet not excessive, CTR. While this may fall above or below that required to maintain RBC in this or any given future year, consistently maintaining an adequate long-term assumption will allow us to avoid rate shocks in years of high growth in membership or high increases in health care cost trend. Using these long-term assumptions maintains consistency across product lines, which promotes fairness to ratepayers.

Line of Business	Contribution to Reserve
TVHP Insured Groups	2% of premium

4.9. State Mandates and Assessments

Vermont Vaccine Purchasing Program Payments
The Vermont Vaccine Purchasing Program[5] offers health care providers state-supplied vaccines at no charge by collecting payments from Health plans, insurers, and other payers. The program's assessment is a PMPM for each Vermont resident. The approved assessment for 2017 is $0.50 for Adults and $11.95 for Children. We will use these rates until new rates are approved.

[5] http://www.vtvaccine.org/

New Hampshire Purchasing Program Payments
The New Hampshire Purchasing Program[6] offers health care providers state-supplied vaccines at no charge by collecting payments from Health plans, insurers, and other payers. The assessment for 2017 is $10.30 for each child that is a New Hampshire resident. We will use this rate until a new rate is approved.

New York Graduate Medical Education (GME) Program
TVHP pays the New York GME Covered Lives Assessment[7] for all members who are New York residents. The assessment varies based on the county of residence. We will use the approved 2017 rates until new rates are approved.

Health Care Claims Tax
The Health Care Claims Tax of 0.8 percent applies to all claims or capitations incurred by members with Vermont zip codes. We used the percentage of current members with Vermont zip codes to estimate the percentage of rating period claims expected to be incurred by Vermont members.

Blueprint
TVHP participates in the Vermont Blueprint for Health program. The current assessments for this program, applied to members who are attributed to a Blueprint provider as of the month the renewal is produced, are $2.77 PMPM for the Community Health Team and $3.00 PMPM for the Patient Centered Medical Homes (PCMH). PCMH are eligible for up to $0.50 for performance. We project that our total PMPM for PCMH will be $3.25. Any updates made to the Blueprint Manual[8] will be incorporated in renewals.

Other Assessments
Other state mandates and assessments will be included in the calculation as applicable.

4.10. Federal Assessments

Patient-Centered Outcomes Research Institute Fee:
This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012. We estimate the fee to be $2.44 annually and therefore, we will include a $0.20 PMPM charge in the rate calculation. This estimate will be updated once additional information is received.

Federal Insurer Fee
The Federal Insurer Fee is intended to help pay for some provisions in the Affordable Care Act. This fee is only applicable to Fully Insured Groups. The Consolidated Appropriation Act of 2016 temporarily suspended this fee for 2017 only. For groups renewing in 2017, we will include the projected 2018 fee, currently estimated at 2.6 percent of premium, prorated for the months in 2018 that the policy will be effective. Please see below for the estimate of the 2018 and 2019 fee, which will be updated once additional information is received.

[6] http://www.nhvaccine.org/nhvaccine.nsf/pages/home.html
[7] https://www.health.ny.gov/regulations/hcra/gme/2017_surcharges_and_assessments.htm
[8] http://blueprintforhealth.vermont.gov/implementation_materials

		2018	2019
Projected Fully Insured Premium subject to the Federal Insurer Fee	a	$593,391,000	$630,230,000
Total Industry Assessment for Federal Insurer Fee	b	$14,300,000,000	$15,600,000,000
BCBSVT Portion of Total Assessment (based on 2016 information)	c	0.1%	0.1%
Projected BCBSVT Federal Insurer Fee, grossed up for Federal Income Tax (20%)	d = b x c / 0.8	$12,130,000	$13,230,000
Estimated Required Charge as a percent of Total Premium	e = d / a	2.6%	2.6%

Other Assessments
Other federal mandates and assessments will be included in the calculation as applicable.

5. Factors applicable only to specific Products

5.1. Risk and Administrative Charges for Experience Refund Eligible products

Risk Charges for Experience Refund Eligible Plans

The TVHP Experience Refund Eligible products involve pricing margins of 10% or 5% (i.e. expected claims below the pooling limit will be increased by 10% or 5% in the determination of the premium). These factors are applied to total expected claims (before adjustment for pricing margin) and the retention is increased by the risk charge (both in the prospective pricing and in the refund calculation).

Distribution of Individual Claims by Amount

The distribution of individual claims by amount was stochastically modeled using the tables created from the combined BCBSVT projected claims file described in section 4.1 (including BCBSVT Cost Plus Groups, BCBSVT ASO Groups, BCBSVT Insured Groups, and TVHP Insured Groups). For each number of members (N) 25, 50, 100, 150, 200 to 1000 (at 100 increments), 1,500, 2,000 to 5,000 (by 1,000 increments) and 10,000 to 40,000 (by 10,000 increments), 5,000 simulations were run. For each specific stop loss level, the expected claims amount and standard deviation of the distribution of claims less than the specific stop loss level are calculated.

Expected Claims Factors

For each number of members (N) noted above and for each pooling limit, a preliminary expected fraction of aggregate claims in excess of 110%, 115%, 120%, 125% and 130% of expected aggregate claims was calculated. These were then adjusted for uncertainty in the projection of expected claims as described in the table below:

Expected to projected expected	>107.5%	107.5% - 102.5%	102.5% - 97.5%	97.5% - 92.5%	< 92.5%
Fraction of projections	F_1*	F_2*	F_3*	F_4*	F_5*

* Estimated for distribution

The resulting factors were then multiplied by ratios of claims under the limit to total claims at the various pooling limits. Thus the final factors are applicable to total expected claims.

The tables of factors are contained in Exhibit 7A.

If the expected number of members (N) in the rating period is not one of the values in either table, the value is determined by interpolating linearly between the entries in the table for the numbers of members immediately below and above N.

If a group requests a pooling limit that is not in the exhibit or there are more than 40,000 members, identical data, assumptions and methodology as described above will be used to calculate the appropriate risk charge for the required attachment point.

Settlement Administration Charge

An administration charge equal to a settlement administration charge, offset by an investment income credit, will be added to the group's administrative charges (described in section 4.5).

1. Settlement Administration Charge: An additional administrative charge of $1,740 will be included to offset the costs of administering the retrospective arrangement. This amount is based on the 2017 settlement administration charge of $1,700 increased by 2.4 percent trend to reflect the assumed increase for the direct staff cost.

2. Investment Income Adjustment: A credit of 0.2 percent of the margin at 5% and 0.4 percent of the margin at 10% will be applied to the settlement administrative charge to reflect investment income earned on the margin.

6. Historical Financial Results

Below is the combined medical and pharmacy experience for TVHP Large Groups for the prior five calendar years.

Year	Incurred Claims	Earned Premium	Loss Ratio	Number of Groups	Member Months
2012	$64,804,618	$75,012,242	86.4%	97	195,686
2013	$59,893,298	$65,090,227	92.0%	104	179,709
2014	$42,277,031	$46,976,469	90.0%	84	126,349
2015	$36,936,814	$42,123,384	87.7%	71	102,396
2016	$16,719,001	$19,310,907	86.6%	35	48,249

The incurred claims and earned premium are from TVHP's GAAP financials. The claims include capitations, fee-for-services claims, certain assessments, and other claims expenses. Note that the 2016 financials have not been finalized at the time of this filing; the 2016 results above are preliminary.

The chart below shows the expected and actual contribution to reserves from the previous five years for Insured Large Groups. The expected contribution to reserves is based on our forecasting model, which incorporates final premiums including amendments ordered by regulators.

Year	Expected	Actual
2012	2.1%	5.0%
2013	3.0%	-1.3%
2014	-3.2%	-3.3%
2015	-4.7%	-2.0%
2016	-4.4%	-4.2%

We used the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2018. Using the manual rate as a proxy for projected claims, we project a 2018 MLR of 89.7 percent. The TVHP credibility-adjusted MLR for Large Group was 95.4 percent in 2014 and 97.7 percent in 2015.

(A)	Manual Rate	$490.37	Exhibit 5A
(B)	Rebates	$9.31	2015 MLR Filing, untrended
(C)	Estimated HCQ	$4.26	2015 MLR Filing, untrended
(D)	State Mandates and Assessments	$8.64	Calculation as described on Exhibit 1B, using latest actual PMPM as needed
(E)	**MLR Numerator**	**$493.96**	**= (A) - (B) + (C) + (D)**
(F)	Projected Claims	$489.70	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	$1.65	Actuarial Memorandum, Section 4.6
(H)	PCORI	$0.20	Actuarial Memorandum, Section 4.10
(I)	Administrative Charge	$36.10	Calculation as of January 2018, from Exhibit 6B
(J)	Subtotal	$527.65	= (F) + (G) + (H) + (I)
(K)	Total Premium	$565.54	= (J) / (1-0.026-0.021-0.02)
(L)	Federal Insurer Fee	$14.70	= (K) x 2.6% (from Actuarial Memorandum, Section 4.10)
(M)	Commissions	$11.88	= (K) x 2.1% (from 2015 MLR filing)
(N)	Contribution to Reserve	$11.31	= (K) x 2.0% (from Actuarial Memorandum, Section 4.8)
(O)	**MLR Denominator**	**$550.64**	**= (K) - (H) - (L)**
(P)	**MLR**	**89.7%**	**= (E) / (O)**

The above calculation represents an estimate assuming that all pricing assumptions hold true, and assuming no change from 2015 values for various quantities (e.g. rebates, commissions).

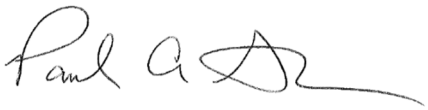
7. Actuarial Opinion

The purpose of this filing is to establish the formula, manual rate and accompanying factors that will be used for renewals of Blue Cross and Blue Shield of Vermont large group plans. This filing is not intended to be used for other purposes.

The data used in this analysis has been reviewed for reasonableness and consistency; however, it has not been audited.

It is my opinion that the rating formula and factors presented in this filing are reasonable, and have been prepared in accordance with applicable Actuarial Standards of Practice. The formula and factors will produce premium rates that are reasonable in relation to the benefits provided, and will not be excessive, deficient or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.



Paul A Schultz, F.S.A., M.A.A.A.

February 23, 2017

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Plain Language Summary

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

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

TVHP performs large group premium rating on a case-by-case basis. Rating is accomplished through a formulaic approach that blends recent group claims experience with a manual rate according to a credibility formula. This filing establishes the rating formula, manual rate and accompanying factors that will be used for large group renewals beginning upon approval of this filing, most notably January 2018 renewals.

The filing describes in detail the formula used in the renewals, along with each of the factors included in that formula. These include large claims pooling factors, medical and pharmacy trends, and benefit relativities, along with the development of the manual rate. In addition, the filing details the calculation of administrative charges, the net cost of reinsurance, contribution to reserve, and state and federal assessments, all of which are included in the rate development. Finally, the filing discusses certain factors applicable only to specific products.

Key results include the following:

- TVHP is proposing paid trends of 7.1 percent for medical claims and 12.2 percent for pharmacy claims, for a total combined trend of 8.0 percent.
- Administrative charges have increased by 25.0 percent from the previous filing on a per member per month basis for the groups impacted by this filing.
- We are proposing a contribution to member reserves of 2 percent for insured groups.
- Our proposed manual rate, the projected average calendar year 2018 paid claims per member per month for groups impacted by this filing, is $492.36.
- There are an estimated 1,500 contracts (2,700 members) currently enrolled in one of 17 TVHP large group plans that will be affected by this filing.

Our proposed medical trend is higher than what was approved in our most recent large group rating program filing, 6.7 percent. Cost trends have increased from the previous filing due to increases at hospitals not subject to the Green Mountain Care Board's hospital budget review. The pharmacy trend is also higher than the 11.9 percent approved in the previous filing due to higher specialty drug trends.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Plain Language Summary

Administrative charges have increased by 25.0 percent from the previous filing, which increases premium by 1.5 percent. In the previous filing, we grouped together all Insured and Cost Plus administrative charges. We expect significant migration from Cost Plus arrangements to ASO before the effective date of this filing, therefore we used only Insured group data to develop the administrative charges. The exclusion of Cost Plus data removes a source of subsidization for the Insured groups.

A contribution to reserves is required in order to maintain an adequate level of surplus. Surplus is a critical consumer protection that allows subscribers to receive needed care and providers to continue to receive payments in the event of unforeseen adverse events that may otherwise impact TVHP's ability to pay claims. We believe that the levels established in this filing represent an adequate, yet not excessive, contribution to reserves.

We have changed our large group rating formula from the time of previous filing by modifying our credibility formula and changing the development of Refund-Eligible Risk Factors. There were no other material changes. Other factors, including large claim pooling charges and benefit relativities, have been updated but by their nature have neither an inflationary nor deflationary impact on rates across our entire book of business.

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Q3 2017 Large Group Rating Program Filing
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The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Plain Language Summary

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Example Calculation of Projected Single Claims Rate

Benefit-Adjusted Projected Single Claims Rate:

Experience Period Paid Claims	$987,000	A
Experience Period Claims Amount above $70,000 Pooling Limit	$53,000	B
Capped Claims	$934,000	C = A — B
Completion Factor	1.011	D
Completed Capped Claims	$940,000	E = C x D
Pooling Charge Factor	0.206	F
Expected Claims above $70,000 Pooling Limit	$190,000	G = E x F
Experience Adjustment Factor	1.000	H
Adjusted Experience Period Claims	$1,130,000	I = (E + G) x H
Experience Period Member Months	3,270	J
Adjusted Experience Period Claims PMPM	**$345.57**	K = I ÷ J
Average Experience Period Seasonal Adjusted Benefit Relativity Factor	0.761	L
Benefit-Adjusted Experience Period Single Claims Rate	$453.88	M = K ÷ L
Trend 7.2% per annum for 18 months	1.110	N
Pharmacy Contract Adjustment	0.990	O
Projected Single Contract Rate	$498.73	P = M x N x O
Adjusted Manual Rate	$590.97	Q
Credibility factor	48%	R
Benefit-Adjusted Projected Single Claims Rate	**$546.44**	S = (P x R) + { Q x (1 — R)}

Credibility Calculation

Active Member Months	3,264	a
Member Months for Full Credibility at $70,000 Pooling Limit	14,002	b
Credibility	48%	c = (a / b) ^ 0.5

The Vermont Health Plan **Exhibit 1B**
Q3 2017 Large Group Rating Program Filing

Example Calculation of Required Premium by Product and Tier
Illustrative Only

From Exhibit 1A : Benefit-Adjusted Projected Single Claims Rate (S) ***$546.44***

Plan A			**Single**	**2-Person**	**Family**
Members per contract			1.000	2.000	3.940
BRV:	A		0.929	1.859	2.549
Projected Claims:	B1 = A x S		$507.80	$1,015.61	$1,392.91
Net Cost of Reinsurance:	B2		$1.50	$3.00	$5.91
Projected Rx Rebate:	B3		-$4.00	-$8.00	-$15.76
State Mandates and Assessments					
Vaccines for Vemonters	C1		$2.50	$5.00	$9.85
Blue Print for Health	C2		$2.50	$5.00	$9.85
Health Care Claims Tax	C3 = 0.8% * B1		$4.06	$8.12	$11.14
Federal Mandates and Assements					
PCORI	D		$0.20	$0.40	$0.79
Administrative Charge	E		$25.00	$50.00	$98.50
Commission (% premium)	F	3.00%			
Contribution to Reserve	G	2.00%			
Federal Insurer Fee	H	2.60%			
Required Premium:	$I = [\Sigma(B_i) + \Sigma(C_i) + D + E] / (1 - F - G - H)$		$583.95	$1,167.89	$1,637.65

Plan B			**Single**	**2-Person**	**Family**
Members per contract			1.000	2.000	3.938
BRV:	A		1.023	2.046	2.806
Projected Claims:	B1 = A x S		$559.01	$1,118.01	$1,533.35
Net Cost of Reinsurance:	B2		$1.50	$3.00	$5.91
Projected Rx Rebate:	B3		-$4.00	-$8.00	-$15.76
State Mandates and Assessments					
Vaccines for Vemonters	C1		$2.50	$5.00	$9.85
Blue Print for Health	C2		$2.50	$5.00	$9.85
Health Care Claims Tax	C3 = 0.8% * B1		$4.47	$8.94	$12.27
Federal Mandates and Assements					
PCORI	D1		$0.20	$0.40	$0.79
Administrative Charge	E		$25.00	$50.00	$98.50
Commission (% premium)	F	3.00%			
Contribution to Reserve	G	2.00%			
Federal Insurer Fee	H	2.60%			
Required Premium:	$I = [\Sigma(B_i) + \Sigma(C_i) + D + E] / (1 - F - G - H)$		$639.80	$1,279.61	$1,790.86

The Vermont Health Plan **Exhibit 2A**
Q3 2017 Large Group Rating Program Filing
Expected Large Claims Factor Development
Experience Period Starting Q4 2015

a	b	c	d	Z	Y	g = b*Z + c*(1-Z)*Y + d*(1-Z)*(1-Y)
Limits	Insured Groups	BCBSVT Combined	Milliman	Credibility (Insured)	Credibility (BCBSVT Combined)	Insured net claim factor
$30,000	48.5%	45.0%	43.0%	59.5%	100.0%	47.1%
$35,000	42.4%	39.3%	37.9%	48.8%	100.0%	40.8%
$40,000	37.7%	34.8%	33.9%	41.1%	100.0%	36.0%
$45,000	34.0%	31.1%	30.6%	35.4%	100.0%	32.1%
$50,000	30.8%	28.2%	27.9%	30.9%	100.0%	29.0%
$55,000	28.2%	25.7%	25.6%	27.3%	100.0%	26.4%
$60,000	26.0%	23.5%	23.6%	24.5%	100.0%	24.1%
$65,000	24.1%	21.7%	21.9%	22.1%	87.6%	22.2%
$70,000	22.4%	20.1%	20.4%	20.1%	77.4%	20.6%
$75,000	20.9%	18.7%	19.1%	18.4%	69.1%	19.2%
$80,000	19.6%	17.4%	17.9%	16.9%	62.1%	17.9%
$85,000	18.4%	16.3%	16.9%	15.6%	56.1%	16.8%
$90,000	17.3%	15.3%	16.0%	14.5%	51.0%	15.9%
$95,000	16.4%	14.4%	15.1%	13.6%	46.7%	15.0%
$100,000	15.5%	13.6%	14.4%	12.7%	42.9%	14.2%
$105,000	14.8%	12.8%	13.7%	11.9%	39.5%	13.5%
$110,000	14.0%	12.2%	13.0%	11.2%	36.6%	12.8%
$115,000	13.4%	11.5%	12.4%	10.6%	34.0%	12.3%
$120,000	12.8%	11.0%	11.9%	10.1%	31.7%	11.7%
$125,000	12.2%	10.5%	11.4%	9.5%	29.6%	11.2%
$130,000	11.7%	10.0%	10.9%	9.1%	27.7%	10.7%
$135,000	11.2%	9.5%	10.4%	8.6%	26.0%	10.3%
$140,000	10.8%	9.1%	10.0%	8.3%	24.5%	9.9%
$145,000	10.4%	8.7%	9.6%	7.9%	23.1%	9.5%
$150,000	10.0%	8.3%	9.3%	7.6%	21.9%	9.1%
$155,000	9.6%	8.0%	8.9%	7.2%	20.7%	8.8%
$160,000	9.2%	7.6%	8.6%	7.0%	19.7%	8.5%
$165,000	8.9%	7.3%	8.3%	6.7%	18.7%	8.2%
$170,000	8.6%	7.0%	8.0%	6.4%	17.8%	7.9%
$175,000	8.3%	6.7%	7.8%	6.2%	16.9%	7.6%
$180,000	8.0%	6.5%	7.5%	6.0%	16.2%	7.4%
$185,000	7.7%	6.2%	7.2%	5.8%	15.4%	7.1%
$190,000	7.4%	6.0%	7.0%	5.6%	14.8%	6.9%
$195,000	7.2%	5.8%	6.8%	5.4%	14.2%	6.7%
$200,000	7.0%	5.6%	6.6%	5.2%	13.6%	6.5%
$205,000	6.7%	5.4%	6.4%	5.1%	13.0%	6.3%
$210,000	6.5%	5.2%	6.2%	4.9%	12.5%	6.1%
$215,000	6.3%	5.0%	6.0%	4.8%	12.0%	5.9%
$220,000	6.1%	4.8%	5.8%	4.6%	11.6%	5.7%
$225,000	5.9%	4.6%	5.7%	4.5%	11.2%	5.6%
$230,000	5.8%	4.5%	5.5%	4.4%	10.8%	5.4%
$235,000	5.6%	4.3%	5.4%	4.2%	10.4%	5.3%
$240,000	5.4%	4.2%	5.2%	4.1%	10.0%	5.1%
$245,000	5.3%	4.1%	5.1%	4.0%	9.7%	5.0%
$250,000	5.1%	3.9%	4.9%	3.9%	9.4%	4.9%
$255,000	5.0%	3.8%	4.8%	3.8%	9.1%	4.7%
$260,000	4.9%	3.7%	4.7%	3.7%	8.8%	4.6%

The Vermont Health Plan **Exhibit 2A**
Q3 2017 Large Group Rating Program Filing
Expected Large Claims Factor Development
Experience Period Starting Q4 2015

a	b	c	d	Z	Y	g = b*Z + c*(1-Z)*Y + d*(1-Z)*(1-Y)
Limits	Insured Groups	BCBSVT Combined	Milliman	Credibility (Insured)	Credibility (BCBSVT Combined)	Insured net claim factor
$265,000	4.7%	3.6%	4.6%	3.6%	8.5%	4.5%
$270,000	4.6%	3.5%	4.5%	3.6%	8.2%	4.4%
$275,000	4.5%	3.4%	4.4%	3.5%	8.0%	4.3%
$280,000	4.4%	3.3%	4.2%	3.4%	7.8%	4.2%
$285,000	4.3%	3.2%	4.1%	3.3%	7.5%	4.1%
$290,000	4.2%	3.1%	4.0%	3.2%	7.3%	4.0%
$295,000	4.1%	3.0%	3.9%	3.2%	7.1%	3.9%
$300,000	3.9%	2.9%	3.9%	3.1%	6.9%	3.8%
$305,000	3.8%	2.8%	3.8%	3.0%	6.7%	3.7%
$310,000	3.7%	2.7%	3.7%	3.0%	6.6%	3.6%
$315,000	3.6%	2.7%	3.6%	2.9%	6.4%	3.5%
$320,000	3.5%	2.6%	3.5%	2.9%	6.2%	3.4%
$325,000	3.5%	2.5%	3.4%	2.8%	6.1%	3.4%
$330,000	3.4%	2.4%	3.4%	2.7%	5.9%	3.3%
$335,000	3.3%	2.4%	3.3%	2.7%	5.8%	3.2%
$340,000	3.2%	2.3%	3.2%	2.6%	5.6%	3.2%
$345,000	3.1%	2.2%	3.1%	2.6%	5.5%	3.1%
$350,000	3.0%	2.2%	3.1%	2.6%	5.4%	3.0%
$355,000	3.0%	2.1%	3.0%	2.5%	5.2%	2.9%
$360,000	2.9%	2.1%	2.9%	2.5%	5.1%	2.9%
$365,000	2.8%	2.0%	2.9%	2.4%	5.0%	2.8%
$370,000	2.8%	2.0%	2.8%	2.4%	4.9%	2.8%
$375,000	2.7%	1.9%	2.8%	2.3%	4.8%	2.7%
$380,000	2.6%	1.9%	2.7%	2.3%	4.7%	2.7%
$385,000	2.6%	1.8%	2.6%	2.3%	4.6%	2.6%
$390,000	2.5%	1.8%	2.6%	2.2%	4.5%	2.6%
$395,000	2.5%	1.7%	2.5%	2.2%	4.4%	2.5%
$400,000	2.4%	1.7%	2.5%	2.1%	4.3%	2.4%
$405,000	2.4%	1.6%	2.4%	2.1%	4.2%	2.4%
$410,000	2.3%	1.6%	2.4%	2.1%	4.1%	2.3%
$415,000	2.3%	1.5%	2.3%	2.0%	4.0%	2.3%
$420,000	2.3%	1.5%	2.3%	2.0%	4.0%	2.2%
$425,000	2.2%	1.5%	2.2%	2.0%	3.9%	2.2%
$430,000	2.2%	1.4%	2.2%	2.0%	3.8%	2.2%
$435,000	2.1%	1.4%	2.1%	1.9%	3.7%	2.1%
$440,000	2.1%	1.4%	2.1%	1.9%	3.7%	2.1%
$445,000	2.0%	1.3%	2.1%	1.9%	3.6%	2.0%
$450,000	2.0%	1.3%	2.0%	1.8%	3.5%	2.0%
$455,000	2.0%	1.3%	2.0%	1.8%	3.5%	2.0%
$460,000	1.9%	1.2%	2.0%	1.8%	3.4%	1.9%
$465,000	1.9%	1.2%	1.9%	1.8%	3.3%	1.9%
$470,000	1.8%	1.2%	1.9%	1.7%	3.3%	1.9%
$475,000	1.8%	1.2%	1.8%	1.7%	3.2%	1.8%
$480,000	1.8%	1.1%	1.8%	1.7%	3.2%	1.8%
$485,000	1.7%	1.1%	1.8%	1.7%	3.1%	1.7%
$490,000	1.7%	1.1%	1.7%	1.7%	3.1%	1.7%
$495,000	1.7%	1.1%	1.7%	1.6%	3.0%	1.7%

The Vermont Health Plan **Exhibit 2A**
Q3 2017 Large Group Rating Program Filing
Expected Large Claims Factor Development
Experience Period Starting Q4 2015

a	b	c	d	Z	Y	g = b*Z + c*(1-Z)*Y + d*(1-Z)*(1-Y)
Limits	Insured Groups	BCBSVT Combined	Milliman	Credibility (Insured)	Credibility (BCBSVT Combined)	Insured net claim factor
$500,000	1.6%	1.0%	1.7%	1.6%	3.0%	1.6%
$505,000	1.6%	1.0%	1.6%	1.6%	2.9%	1.6%
$510,000	1.6%	1.0%	1.6%	1.6%	2.9%	1.6%
$515,000	1.5%	1.0%	1.6%	1.6%	2.8%	1.6%
$520,000	1.5%	0.9%	1.6%	1.5%	2.8%	1.5%
$525,000	1.5%	0.9%	1.5%	1.5%	2.7%	1.5%
$530,000	1.5%	0.9%	1.5%	1.5%	2.7%	1.5%
$535,000	1.4%	0.9%	1.5%	1.5%	2.7%	1.5%
$540,000	1.4%	0.9%	1.4%	1.5%	2.6%	1.4%
$545,000	1.4%	0.8%	1.4%	1.4%	2.6%	1.4%
$550,000	1.4%	0.8%	1.4%	1.4%	2.5%	1.4%
$555,000	1.3%	0.8%	1.4%	1.4%	2.5%	1.3%
$560,000	1.3%	0.8%	1.3%	1.4%	2.5%	1.3%
$565,000	1.3%	0.8%	1.3%	1.4%	2.4%	1.3%
$570,000	1.3%	0.8%	1.3%	1.4%	2.4%	1.3%
$575,000	1.2%	0.7%	1.3%	1.3%	2.4%	1.3%
$580,000	1.2%	0.7%	1.2%	1.3%	2.3%	1.2%
$585,000	1.2%	0.7%	1.2%	1.3%	2.3%	1.2%
$590,000	1.2%	0.7%	1.2%	1.3%	2.3%	1.2%
$595,000	1.2%	0.7%	1.2%	1.3%	2.2%	1.2%
$600,000	1.1%	0.7%	1.2%	1.3%	2.2%	1.2%
$605,000	1.1%	0.7%	1.1%	1.3%	2.2%	1.1%
$610,000	1.1%	0.6%	1.1%	1.3%	2.1%	1.1%
$615,000	1.1%	0.6%	1.1%	1.2%	2.1%	1.1%
$620,000	1.1%	0.6%	1.1%	1.2%	2.1%	1.1%
$625,000	1.0%	0.6%	1.1%	1.2%	2.1%	1.1%
$630,000	1.0%	0.6%	1.0%	1.2%	2.0%	1.0%
$635,000	1.0%	0.6%	1.0%	1.2%	2.0%	1.0%
$640,000	1.0%	0.6%	1.0%	1.2%	2.0%	1.0%
$645,000	1.0%	0.6%	1.0%	1.2%	1.9%	1.0%
$650,000	1.0%	0.5%	1.0%	1.2%	1.9%	1.0%
$655,000	0.9%	0.5%	1.0%	1.1%	1.9%	1.0%
$660,000	0.9%	0.5%	0.9%	1.1%	1.9%	0.9%
$665,000	0.9%	0.5%	0.9%	1.1%	1.8%	0.9%
$670,000	0.9%	0.5%	0.9%	1.1%	1.8%	0.9%
$675,000	0.9%	0.5%	0.9%	1.1%	1.8%	0.9%
$680,000	0.9%	0.5%	0.9%	1.1%	1.8%	0.9%
$685,000	0.8%	0.5%	0.9%	1.1%	1.8%	0.9%
$690,000	0.8%	0.5%	0.9%	1.1%	1.7%	0.8%
$695,000	0.8%	0.5%	0.8%	1.1%	1.7%	0.8%
$700,000	0.8%	0.4%	0.8%	1.0%	1.7%	0.8%
$705,000	0.8%	0.4%	0.8%	1.0%	1.7%	0.8%
$710,000	0.8%	0.4%	0.8%	1.0%	1.7%	0.8%
$715,000	0.8%	0.4%	0.8%	1.0%	1.6%	0.8%
$720,000	0.7%	0.4%	0.8%	1.0%	1.6%	0.8%
$725,000	0.7%	0.4%	0.7%	1.0%	1.6%	0.7%
$730,000	0.7%	0.4%	0.7%	1.0%	1.6%	0.7%

The Vermont Health Plan **Exhibit 2A**

Q3 2017 Large Group Rating Program Filing

Expected Large Claims Factor Development

Experience Period Starting Q4 2015

a	b	c	d	Z	Y	g = b*Z + c*(1-Z)*Y + d*(1-Z)*(1-Y)
Limits	Insured Groups	BCBSVT Combined	Milliman	Credibility (Insured)	Credibility (BCBSVT Combined)	Insured net claim factor
$735,000	0.7%	0.4%	0.7%	1.0%	1.6%	0.7%
$740,000	0.7%	0.4%	0.7%	1.0%	1.5%	0.7%
$745,000	0.7%	0.4%	0.7%	1.0%	1.5%	0.7%
$750,000	0.7%	0.4%	0.7%	1.0%	1.5%	0.7%
$755,000	0.7%	0.4%	0.7%	1.0%	1.5%	0.7%
$760,000	0.7%	0.3%	0.7%	0.9%	1.5%	0.6%
$765,000	0.6%	0.3%	0.6%	0.9%	1.5%	0.6%
$770,000	0.6%	0.3%	0.6%	0.9%	1.5%	0.6%
$775,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$780,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$785,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$790,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$795,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$800,000	0.6%	0.3%	0.6%	0.9%	1.4%	0.6%
$805,000	0.6%	0.3%	0.6%	0.9%	1.3%	0.6%
$810,000	0.6%	0.3%	0.6%	0.9%	1.3%	0.6%
$815,000	0.5%	0.3%	0.6%	0.9%	1.3%	0.6%
$820,000	0.5%	0.3%	0.6%	0.9%	1.3%	0.6%
$825,000	0.5%	0.3%	0.6%	0.8%	1.3%	0.6%
$830,000	0.5%	0.3%	0.6%	0.8%	1.3%	0.6%
$835,000	0.5%	0.2%	0.6%	0.8%	1.3%	0.5%
$840,000	0.5%	0.2%	0.5%	0.8%	1.3%	0.5%
$845,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$850,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$855,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$860,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$865,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$870,000	0.5%	0.2%	0.5%	0.8%	1.2%	0.5%
$875,000	0.4%	0.2%	0.5%	0.8%	1.2%	0.5%
$880,000	0.4%	0.2%	0.5%	0.8%	1.2%	0.5%
$885,000	0.4%	0.2%	0.5%	0.8%	1.2%	0.5%
$890,000	0.4%	0.2%	0.5%	0.8%	1.1%	0.5%
$895,000	0.4%	0.2%	0.5%	0.8%	1.1%	0.5%
$900,000	0.4%	0.2%	0.5%	0.8%	1.1%	0.5%
$905,000	0.4%	0.2%	0.5%	0.8%	1.1%	0.5%
$910,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$915,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$920,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$925,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$930,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$935,000	0.4%	0.2%	0.4%	0.7%	1.1%	0.4%
$940,000	0.4%	0.2%	0.4%	0.7%	1.0%	0.4%
$945,000	0.4%	0.2%	0.4%	0.7%	1.0%	0.4%
$950,000	0.4%	0.2%	0.4%	0.7%	1.0%	0.4%
$955,000	0.3%	0.2%	0.4%	0.7%	1.0%	0.4%
$960,000	0.3%	0.2%	0.4%	0.7%	1.0%	0.4%
$965,000	0.3%	0.1%	0.4%	0.7%	1.0%	0.4%

The Vermont Health Plan **Exhibit 2A**
Q3 2017 Large Group Rating Program Filing
Expected Large Claims Factor Development
Experience Period Starting Q4 2015

a	b	c	d	Z	Y	g = b*Z + c*(1-Z)*Y + d*(1-Z)*(1-Y)
Limits	Insured Groups	BCBSVT Combined	Milliman	Credibility (Insured)	Credibility (BCBSVT Combined)	Insured net claim factor
$970,000	0.3%	0.1%	0.4%	0.7%	1.0%	0.4%
$975,000	0.3%	0.1%	0.4%	0.7%	1.0%	0.4%
$980,000	0.3%	0.1%	0.4%	0.7%	1.0%	0.3%
$985,000	0.3%	0.1%	0.3%	0.7%	1.0%	0.3%
$990,000	0.3%	0.1%	0.3%	0.7%	1.0%	0.3%
$995,000	0.3%	0.1%	0.3%	0.7%	0.9%	0.3%
$1,000,000	0.3%	0.1%	0.3%	0.7%	0.9%	0.3%

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$30,000	47.05%	47.71%	48.38%	49.06%	49.74%	50.43%
$35,000	40.81%	41.40%	42.00%	42.61%	43.22%	43.85%
$40,000	35.99%	36.53%	37.07%	37.62%	38.17%	38.73%
$45,000	32.14%	32.63%	33.13%	33.63%	34.14%	34.65%
$50,000	28.99%	29.44%	29.90%	30.36%	30.83%	31.30%
$55,000	26.37%	26.79%	27.21%	27.64%	28.07%	28.51%
$60,000	24.13%	24.52%	24.92%	25.32%	25.73%	26.14%
$65,000	22.24%	22.61%	22.97%	23.35%	23.73%	24.11%
$70,000	20.60%	20.95%	21.30%	21.66%	22.01%	22.37%
$75,000	19.19%	19.52%	19.84%	20.18%	20.51%	20.85%
$80,000	17.92%	18.23%	18.55%	18.88%	19.20%	19.53%
$85,000	16.85%	17.14%	17.42%	17.71%	18.00%	18.33%
$90,000	15.87%	16.15%	16.43%	16.71%	16.99%	17.28%
$95,000	14.98%	15.25%	15.52%	15.80%	16.07%	16.35%
$100,000	14.22%	14.47%	14.71%	14.96%	15.21%	15.49%
$105,000	13.50%	13.75%	13.99%	14.24%	14.48%	14.73%
$110,000	12.84%	13.07%	13.31%	13.56%	13.79%	14.05%
$115,000	12.27%	12.49%	12.70%	12.91%	13.14%	13.39%
$120,000	11.71%	11.93%	12.14%	12.36%	12.57%	12.79%
$125,000	11.20%	11.40%	11.61%	11.83%	12.04%	12.26%
$130,000	10.73%	10.93%	11.13%	11.32%	11.53%	11.75%
$135,000	10.28%	10.49%	10.68%	10.88%	11.07%	11.27%
$140,000	9.88%	10.06%	10.25%	10.45%	10.64%	10.84%
$145,000	9.50%	9.68%	9.86%	10.04%	10.22%	10.43%
$150,000	9.13%	9.31%	9.49%	9.67%	9.85%	10.03%
$155,000	8.80%	8.96%	9.13%	9.32%	9.49%	9.68%
$160,000	8.48%	8.65%	8.81%	8.97%	9.14%	9.34%
$165,000	8.17%	8.34%	8.50%	8.67%	8.83%	9.00%
$170,000	7.89%	8.05%	8.20%	8.37%	8.53%	8.71%
$175,000	7.62%	7.78%	7.93%	8.08%	8.24%	8.42%
$180,000	7.36%	7.52%	7.67%	7.82%	7.97%	8.14%
$185,000	7.11%	7.26%	7.41%	7.57%	7.72%	7.88%
$190,000	6.90%	7.03%	7.16%	7.32%	7.47%	7.64%
$195,000	6.69%	6.83%	6.96%	7.09%	7.22%	7.39%
$200,000	6.48%	6.62%	6.75%	6.89%	7.02%	7.16%
$205,000	6.28%	6.42%	6.55%	6.69%	6.82%	6.96%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$210,000	6.07%	6.22%	6.35%	6.49%	6.62%	6.77%
$215,000	5.89%	6.02%	6.15%	6.30%	6.43%	6.57%
$220,000	5.74%	5.85%	5.96%	6.10%	6.24%	6.38%
$225,000	5.58%	5.70%	5.81%	5.92%	6.05%	6.20%
$230,000	5.43%	5.55%	5.66%	5.78%	5.88%	6.01%
$235,000	5.28%	5.40%	5.51%	5.63%	5.74%	5.86%
$240,000	5.13%	5.25%	5.37%	5.48%	5.60%	5.72%
$245,000	4.98%	5.10%	5.22%	5.34%	5.45%	5.57%
$250,000	4.85%	4.96%	5.08%	5.20%	5.31%	5.43%
$255,000	4.74%	4.84%	4.93%	5.05%	5.17%	5.30%
$260,000	4.62%	4.72%	4.82%	4.92%	5.03%	5.16%
$265,000	4.51%	4.61%	4.71%	4.80%	4.90%	5.02%
$270,000	4.39%	4.50%	4.59%	4.69%	4.79%	4.89%
$275,000	4.28%	4.38%	4.48%	4.58%	4.68%	4.79%
$280,000	4.17%	4.27%	4.37%	4.47%	4.57%	4.68%
$285,000	4.07%	4.16%	4.26%	4.37%	4.47%	4.57%
$290,000	3.98%	4.06%	4.15%	4.26%	4.36%	4.47%
$295,000	3.88%	3.97%	4.06%	4.15%	4.25%	4.36%
$300,000	3.79%	3.88%	3.97%	4.06%	4.15%	4.26%
$305,000	3.70%	3.80%	3.88%	3.97%	4.06%	4.15%
$310,000	3.61%	3.71%	3.80%	3.89%	3.97%	4.06%
$315,000	3.52%	3.62%	3.71%	3.80%	3.89%	3.98%
$320,000	3.45%	3.53%	3.62%	3.71%	3.80%	3.90%
$325,000	3.38%	3.45%	3.54%	3.63%	3.72%	3.81%
$330,000	3.30%	3.38%	3.46%	3.54%	3.63%	3.73%
$335,000	3.23%	3.31%	3.39%	3.47%	3.55%	3.65%
$340,000	3.16%	3.24%	3.32%	3.40%	3.47%	3.56%
$345,000	3.08%	3.17%	3.25%	3.33%	3.40%	3.49%
$350,000	3.01%	3.10%	3.18%	3.26%	3.34%	3.42%
$355,000	2.94%	3.03%	3.11%	3.19%	3.27%	3.35%
$360,000	2.88%	2.96%	3.04%	3.12%	3.20%	3.29%
$365,000	2.82%	2.89%	2.97%	3.05%	3.13%	3.22%
$370,000	2.77%	2.84%	2.90%	2.98%	3.07%	3.15%
$375,000	2.71%	2.78%	2.85%	2.92%	3.00%	3.09%
$380,000	2.66%	2.73%	2.79%	2.86%	2.93%	3.02%
$385,000	2.61%	2.68%	2.74%	2.81%	2.87%	2.95%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$390,000	2.55%	2.62%	2.69%	2.76%	2.82%	2.89%
$395,000	2.50%	2.57%	2.64%	2.70%	2.77%	2.84%
$400,000	2.44%	2.52%	2.58%	2.65%	2.72%	2.79%
$405,000	2.39%	2.46%	2.53%	2.60%	2.67%	2.74%
$410,000	2.34%	2.41%	2.48%	2.55%	2.62%	2.69%
$415,000	2.28%	2.36%	2.43%	2.50%	2.57%	2.64%
$420,000	2.23%	2.30%	2.38%	2.45%	2.52%	2.59%
$425,000	2.19%	2.25%	2.32%	2.40%	2.47%	2.54%
$430,000	2.16%	2.21%	2.27%	2.35%	2.42%	2.49%
$435,000	2.12%	2.17%	2.23%	2.30%	2.37%	2.44%
$440,000	2.08%	2.14%	2.19%	2.24%	2.32%	2.39%
$445,000	2.04%	2.10%	2.15%	2.21%	2.27%	2.34%
$450,000	2.00%	2.06%	2.12%	2.17%	2.22%	2.29%
$455,000	1.96%	2.02%	2.08%	2.13%	2.19%	2.24%
$460,000	1.93%	1.99%	2.04%	2.10%	2.15%	2.21%
$465,000	1.89%	1.95%	2.00%	2.06%	2.12%	2.17%
$470,000	1.85%	1.91%	1.97%	2.02%	2.08%	2.13%
$475,000	1.81%	1.87%	1.93%	1.99%	2.04%	2.10%
$480,000	1.77%	1.83%	1.89%	1.95%	2.01%	2.06%
$485,000	1.74%	1.80%	1.86%	1.92%	1.97%	2.03%
$490,000	1.70%	1.76%	1.82%	1.88%	1.94%	1.99%
$495,000	1.67%	1.72%	1.78%	1.84%	1.90%	1.96%
$500,000	1.65%	1.69%	1.75%	1.81%	1.87%	1.92%
$505,000	1.62%	1.66%	1.71%	1.77%	1.83%	1.89%
$510,000	1.59%	1.64%	1.68%	1.73%	1.79%	1.85%
$515,000	1.56%	1.61%	1.66%	1.70%	1.76%	1.82%
$520,000	1.53%	1.58%	1.63%	1.67%	1.72%	1.78%
$525,000	1.51%	1.56%	1.60%	1.65%	1.69%	1.75%
$530,000	1.48%	1.53%	1.57%	1.62%	1.67%	1.71%
$535,000	1.45%	1.50%	1.55%	1.60%	1.64%	1.69%
$540,000	1.42%	1.47%	1.52%	1.57%	1.61%	1.66%
$545,000	1.40%	1.45%	1.49%	1.54%	1.59%	1.64%
$550,000	1.37%	1.42%	1.47%	1.52%	1.56%	1.61%
$555,000	1.34%	1.39%	1.44%	1.49%	1.54%	1.58%
$560,000	1.32%	1.36%	1.41%	1.46%	1.51%	1.56%
$565,000	1.30%	1.34%	1.39%	1.44%	1.48%	1.53%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$570,000	1.27%	1.31%	1.36%	1.41%	1.46%	1.51%
$575,000	1.25%	1.29%	1.33%	1.38%	1.43%	1.48%
$580,000	1.23%	1.27%	1.31%	1.36%	1.41%	1.46%
$585,000	1.21%	1.25%	1.29%	1.33%	1.38%	1.43%
$590,000	1.19%	1.23%	1.27%	1.31%	1.36%	1.41%
$595,000	1.17%	1.21%	1.25%	1.29%	1.33%	1.38%
$600,000	1.15%	1.19%	1.23%	1.27%	1.31%	1.35%
$605,000	1.13%	1.17%	1.21%	1.25%	1.29%	1.33%
$610,000	1.11%	1.15%	1.19%	1.23%	1.27%	1.31%
$615,000	1.09%	1.13%	1.17%	1.21%	1.25%	1.29%
$620,000	1.07%	1.11%	1.15%	1.19%	1.23%	1.27%
$625,000	1.05%	1.09%	1.13%	1.17%	1.21%	1.25%
$630,000	1.03%	1.07%	1.11%	1.16%	1.19%	1.23%
$635,000	1.02%	1.05%	1.10%	1.14%	1.18%	1.22%
$640,000	1.00%	1.04%	1.08%	1.12%	1.16%	1.20%
$645,000	0.99%	1.02%	1.06%	1.10%	1.14%	1.18%
$650,000	0.97%	1.01%	1.04%	1.08%	1.12%	1.16%
$655,000	0.96%	0.99%	1.02%	1.06%	1.10%	1.14%
$660,000	0.94%	0.98%	1.01%	1.04%	1.08%	1.12%
$665,000	0.93%	0.96%	0.99%	1.02%	1.06%	1.10%
$670,000	0.91%	0.94%	0.98%	1.01%	1.04%	1.08%
$675,000	0.90%	0.93%	0.96%	1.00%	1.03%	1.07%
$680,000	0.88%	0.91%	0.95%	0.98%	1.01%	1.05%
$685,000	0.86%	0.90%	0.93%	0.97%	1.00%	1.03%
$690,000	0.85%	0.88%	0.92%	0.95%	0.98%	1.02%
$695,000	0.83%	0.87%	0.90%	0.94%	0.97%	1.00%
$700,000	0.82%	0.85%	0.89%	0.92%	0.96%	0.99%
$705,000	0.80%	0.84%	0.87%	0.91%	0.94%	0.97%
$710,000	0.79%	0.82%	0.86%	0.89%	0.93%	0.96%
$715,000	0.77%	0.81%	0.84%	0.88%	0.91%	0.95%
$720,000	0.76%	0.79%	0.83%	0.86%	0.90%	0.93%
$725,000	0.74%	0.78%	0.81%	0.85%	0.88%	0.92%
$730,000	0.73%	0.76%	0.80%	0.83%	0.87%	0.90%
$735,000	0.71%	0.75%	0.78%	0.82%	0.86%	0.89%
$740,000	0.70%	0.73%	0.77%	0.81%	0.84%	0.88%
$745,000	0.68%	0.72%	0.76%	0.79%	0.83%	0.86%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$750,000	0.67%	0.70%	0.74%	0.78%	0.81%	0.85%
$755,000	0.66%	0.69%	0.73%	0.76%	0.80%	0.83%
$760,000	0.65%	0.67%	0.71%	0.75%	0.78%	0.82%
$765,000	0.64%	0.66%	0.70%	0.73%	0.77%	0.81%
$770,000	0.63%	0.65%	0.68%	0.72%	0.76%	0.79%
$775,000	0.63%	0.65%	0.67%	0.70%	0.74%	0.78%
$780,000	0.62%	0.64%	0.66%	0.69%	0.73%	0.76%
$785,000	0.61%	0.63%	0.65%	0.68%	0.71%	0.75%
$790,000	0.61%	0.63%	0.64%	0.66%	0.70%	0.74%
$795,000	0.60%	0.62%	0.64%	0.65%	0.68%	0.72%
$800,000	0.59%	0.61%	0.63%	0.65%	0.67%	0.71%
$805,000	0.59%	0.61%	0.62%	0.64%	0.66%	0.69%
$810,000	0.58%	0.60%	0.62%	0.63%	0.65%	0.68%
$815,000	0.57%	0.59%	0.61%	0.63%	0.64%	0.66%
$820,000	0.57%	0.59%	0.60%	0.62%	0.64%	0.65%
$825,000	0.56%	0.58%	0.60%	0.61%	0.63%	0.65%
$830,000	0.55%	0.57%	0.59%	0.61%	0.62%	0.64%
$835,000	0.55%	0.56%	0.58%	0.60%	0.62%	0.64%
$840,000	0.54%	0.56%	0.58%	0.59%	0.61%	0.63%
$845,000	0.53%	0.55%	0.57%	0.59%	0.61%	0.62%
$850,000	0.53%	0.54%	0.56%	0.58%	0.60%	0.62%
$855,000	0.52%	0.54%	0.56%	0.58%	0.59%	0.61%
$860,000	0.51%	0.53%	0.55%	0.57%	0.59%	0.60%
$865,000	0.51%	0.52%	0.54%	0.56%	0.58%	0.60%
$870,000	0.50%	0.52%	0.54%	0.56%	0.57%	0.59%
$875,000	0.49%	0.51%	0.53%	0.55%	0.57%	0.59%
$880,000	0.48%	0.50%	0.52%	0.54%	0.56%	0.58%
$885,000	0.48%	0.50%	0.52%	0.54%	0.55%	0.57%
$890,000	0.47%	0.49%	0.51%	0.53%	0.55%	0.57%
$895,000	0.46%	0.48%	0.50%	0.52%	0.54%	0.56%
$900,000	0.46%	0.48%	0.50%	0.52%	0.54%	0.55%
$905,000	0.45%	0.47%	0.49%	0.51%	0.53%	0.55%
$910,000	0.44%	0.46%	0.48%	0.50%	0.52%	0.54%
$915,000	0.44%	0.46%	0.48%	0.50%	0.52%	0.54%
$920,000	0.43%	0.45%	0.47%	0.49%	0.51%	0.53%
$925,000	0.42%	0.44%	0.46%	0.48%	0.50%	0.52%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan **Exhibit 2B**

Q3 2017 Large Group Rating Program Filing

Pooling Charge Factors

	Experience Period Starting Quarter					
	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Limit	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor	claim* factor
$930,000	0.42%	0.44%	0.46%	0.48%	0.50%	0.52%
$935,000	0.41%	0.43%	0.45%	0.47%	0.49%	0.51%
$940,000	0.40%	0.42%	0.45%	0.47%	0.48%	0.50%
$945,000	0.40%	0.42%	0.44%	0.46%	0.48%	0.50%
$950,000	0.39%	0.41%	0.43%	0.45%	0.47%	0.49%
$955,000	0.38%	0.40%	0.43%	0.45%	0.47%	0.49%
$960,000	0.38%	0.40%	0.42%	0.44%	0.46%	0.48%
$965,000	0.37%	0.39%	0.41%	0.43%	0.45%	0.47%
$970,000	0.36%	0.38%	0.41%	0.43%	0.45%	0.47%
$975,000	0.36%	0.38%	0.40%	0.42%	0.44%	0.46%
$980,000	0.35%	0.37%	0.39%	0.41%	0.43%	0.45%
$985,000	0.34%	0.36%	0.39%	0.41%	0.43%	0.45%
$990,000	0.34%	0.36%	0.38%	0.40%	0.42%	0.44%
$995,000	0.33%	0.35%	0.37%	0.39%	0.42%	0.44%
$1,000,000	0.32%	0.35%	0.37%	0.39%	0.41%	0.43%

*Percentages to be applied to experience claims below limit, to derive expected claims over limit.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Medical Trend Development

Exhibit 3A

Illustration of Contract Normalization

Month	Contract Increase	Normalization Factor	Experience Claims	Normalized Claims
Dec-12		1.1699	$1,000,000	$1,169,859
Jan-13		1.1699	$1,000,000	$1,169,859
Feb-13		1.1699	$1,000,000	$1,169,859
Mar-13		1.1699	$1,000,000	$1,169,859
Apr-13		1.1699	$1,000,000	$1,169,859
May-13		1.1699	$1,000,000	$1,169,859
Jun-13		1.1699	$1,000,000	$1,169,859
Jul-13		1.1699	$1,000,000	$1,169,859
Aug-13		1.1699	$1,000,000	$1,169,859
Sep-13		1.1699	$1,000,000	$1,169,859
Oct-13	1.0400	1.1249	$1,000,000	$1,124,864
Nov-13		1.1249	$1,000,000	$1,124,864
Dec-13		1.1249	$1,000,000	$1,124,864
Jan-14		1.1249	$1,000,000	$1,124,864
Feb-14		1.1249	$1,000,000	$1,124,864
Mar-14		1.1249	$1,000,000	$1,124,864
Apr-14		1.1249	$1,000,000	$1,124,864
May-14		1.1249	$1,000,000	$1,124,864
Jun-14		1.1249	$1,000,000	$1,124,864
Jul-14		1.1249	$1,000,000	$1,124,864
Aug-14		1.1249	$1,000,000	$1,124,864
Sep-14		1.1249	$1,000,000	$1,124,864
Oct-14	1.0400	1.0816	$1,000,000	$1,081,600
Nov-14		1.0816	$1,000,000	$1,081,600
Dec-14		1.0816	$1,000,000	$1,081,600
Jan-15		1.0816	$1,000,000	$1,081,600
Feb-15		1.0816	$1,000,000	$1,081,600
Mar-15		1.0816	$1,000,000	$1,081,600
Apr-15		1.0816	$1,000,000	$1,081,600
May-15		1.0816	$1,000,000	$1,081,600
Jun-15		1.0816	$1,000,000	$1,081,600
Jul-15		1.0816	$1,000,000	$1,081,600
Aug-15		1.0816	$1,000,000	$1,081,600
Sep-15		1.0816	$1,000,000	$1,081,600
Oct-15	1.0400	1.0400	$1,000,000	$1,040,000
Nov-15		1.0400	$1,000,000	$1,040,000
Dec-15		1.0400	$1,000,000	$1,040,000
Jan-16		1.0400	$1,000,000	$1,040,000
Feb-16		1.0400	$1,000,000	$1,040,000
Mar-16		1.0400	$1,000,000	$1,040,000
Apr-16		1.0400	$1,000,000	$1,040,000
May-16		1.0400	$1,000,000	$1,040,000
Jun-16		1.0400	$1,000,000	$1,040,000
Jul-16		1.0400	$1,000,000	$1,040,000
Aug-16		1.0400	$1,000,000	$1,040,000
Sep-16		1.0400	$1,000,000	$1,040,000
Oct-16	1.0400	1.0000	$1,000,000	$1,000,000
Nov-16		1.0000	$1,000,000	$1,000,000

The Vermont Health Plan **Exhibit 3B**
Q3 2017 Large Group Rating Program Filing
Medical Trend Development
Utilization Trend Calculation

Month	Membership	Original Claims	Original PMPM	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Regression on Adjusted PMPM - 24 Months	Rolling 12 PMPM
Nov-12	88,923	$33,095,262	$372.18	$38,965,529	$438.19	$414.25	
Dec-12	88,775	$29,730,346	$334.90	$33,285,444	$374.94	$414.76	
Jan-13	87,454	$34,727,441	$397.09	$39,000,528	$445.95	$415.29	
Feb-13	87,369	$33,110,638	$378.97	$37,426,849	$428.38	$415.81	
Mar-13	87,378	$34,592,332	$395.89	$38,778,941	$443.81	$416.29	
Apr-13	87,188	$34,288,529	$393.27	$38,313,206	$439.43	$416.82	
May-13	87,414	$34,874,532	$398.96	$39,353,818	$450.20	$417.33	
Jun-13	87,331	$32,427,235	$371.31	$36,512,475	$418.09	$417.86	
Jul-13	87,446	$33,666,958	$385.00	$37,416,998	$427.89	$418.37	
Aug-13	87,399	$34,050,390	$389.60	$37,890,167	$433.53	$418.90	
Sep-13	87,802	$30,058,347	$342.34	$33,491,069	$381.44	$419.43	
Oct-13	87,792	$35,010,312	$398.79	$38,608,348	$439.77	$419.95	$426.74
Nov-13	87,664	$32,424,576	$369.87	$35,866,630	$409.14	$420.48	$424.30
Dec-13	87,613	$35,281,176	$402.69	$39,268,940	$448.21	$420.99	$430.47
Jan-14	86,608	$36,259,154	$418.66	$39,556,165	$456.73	$421.53	$431.35
Feb-14	86,619	$31,781,025	$366.91	$34,688,530	$400.47	$422.06	$429.04
Mar-14	86,439	$33,999,473	$393.33	$37,117,279	$429.40	$422.54	$427.84
Apr-14	86,104	$36,049,659	$418.68	$39,348,385	$456.99	$423.08	$429.27
May-14	86,606	$33,368,019	$385.29	$36,255,868	$418.63	$423.60	$426.64
Jun-14	86,367	$34,598,001	$400.59	$37,503,072	$434.23	$424.14	$427.98
Jul-14	85,471	$34,197,792	$400.11	$37,105,045	$434.12	$424.66	$428.50
Aug-14	85,426	$32,095,838	$375.72	$34,732,067	$406.57	$425.20	$426.27
Sep-14	86,092	$32,655,694	$379.31	$35,163,816	$408.44	$425.73	$428.58
Oct-14	86,136	$36,676,567	$425.80	$39,482,709	$458.38	$426.26	$430.11
Nov-14	86,037	$32,923,542	$382.67	$35,285,374	$410.12	$426.80	$430.23
Dec-14	86,185	$35,977,416	$417.44	$38,528,134	$447.04	$427.32	$430.10
Jan-15	84,280	$35,478,032	$420.95	$37,171,528	$441.05	$427.86	$428.76
Feb-15	84,304	$33,234,409	$394.22	$34,750,964	$412.21	$428.41	$429.79
Mar-15	84,197	$35,657,416	$423.50	$37,219,684	$442.05	$428.90	$430.83
Apr-15	83,735	$35,977,302	$429.66	$37,496,951	$447.80	$429.44	$430.02
May-15	83,665	$31,951,087	$381.89	$33,272,811	$397.69	$429.97	$428.33
Jun-15	83,926	$36,697,322	$437.26	$38,185,603	$454.99	$430.51	$430.03
Jul-15	83,032	$35,521,369	$427.80	$36,898,056	$444.38	$431.04	$430.86
Aug-15	82,740	$31,851,061	$384.95	$33,030,471	$399.21	$431.59	$430.32
Sep-15	82,840	$33,112,956	$399.72	$34,338,973	$414.52	$432.13	$430.89
Oct-15	82,757	$35,203,678	$425.39	$36,324,701	$438.93	$432.66	$429.20
Nov-15	82,866	$34,449,927	$415.73	$35,506,233	$428.48	$433.21	$430.77
Dec-15	82,966	$34,906,225	$420.73	$35,926,918	$433.03	$433.74	$429.56
Jan-16	71,911	$29,105,306	$404.74	$29,357,977	$408.25	$434.29	$427.03
Feb-16	71,491	$28,899,540	$404.24	$29,064,196	$406.54	$434.84	$426.81
Mar-16	71,433	$33,294,413	$466.09	$33,468,500	$468.53	$435.36	$428.57
Apr-16	71,293	$30,468,308	$427.37	$30,587,810	$429.04	$435.91	$426.92
May-16	70,642	$30,583,144	$432.93	$30,751,184	$435.31	$436.45	$430.15
Jun-16	70,409	$33,417,790	$474.62	$33,570,861	$476.80	$437.00	$431.45
Jul-16	69,594	$28,766,447	$413.35	$28,851,451	$414.57	$437.54	$428.98
Aug-16	69,465	$31,962,821	$460.13	$32,013,565	$460.86	$438.09	$434.19
				Annual Increase		1.5%	0.9%

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Medical Trend Development

Exhibit 3C

Impact of Benefit Changes on Utilization

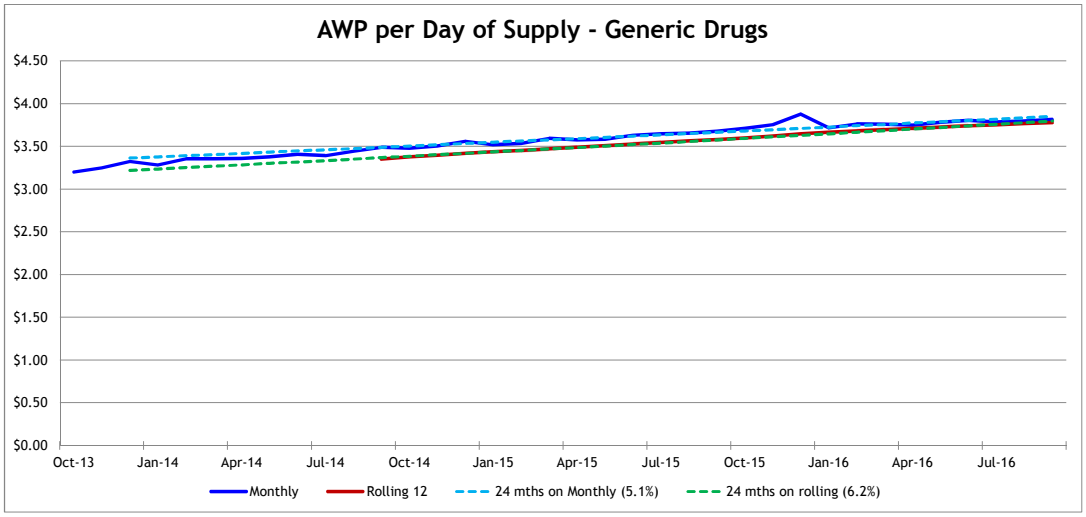
Month	Membership	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Regression on Adjusted PMPM - 24 Months	Average Induced Utilization Factor	Normalization Factor for Induced Utilization	Adjusted Claims - Normalized for Contract Changes and Induced Utilization Factor	Adjusted PMPM	Regression on Adjusted PMPM - 24 Months
Sep-14	86,092	$35,163,816	$408.44	$425.73	0.9644	0.9952	$34,996,237	$406.50	$425.45
Oct-14	86,136	$39,482,709	$458.38	$426.26	0.9634	0.9963	$39,335,167	$456.66	$426.08
Nov-14	86,037	$35,285,374	$410.12	$426.80	0.9621	0.9977	$35,204,089	$409.17	$426.73
Dec-14	86,185	$38,528,134	$447.04	$427.32	0.9608	0.9990	$38,490,020	$446.60	$427.36
Jan-15	84,280	$37,171,528	$441.05	$427.86	0.9606	0.9992	$37,141,190	$440.69	$428.01
Feb-15	84,304	$34,750,964	$412.21	$428.41	0.9604	0.9994	$34,729,571	$411.96	$428.66
Mar-15	84,197	$37,219,684	$442.05	$428.90	0.9590	1.0009	$37,253,415	$442.46	$429.25
Apr-15	83,735	$37,496,951	$447.80	$429.44	0.9577	1.0022	$37,579,204	$448.79	$429.90
May-15	83,665	$33,272,811	$397.69	$429.97	0.9574	1.0026	$33,357,753	$398.71	$430.54
Jun-15	83,926	$38,185,603	$454.99	$430.51	0.9568	1.0031	$38,305,798	$456.42	$431.19
Jul-15	83,032	$36,898,056	$444.38	$431.04	0.9562	1.0038	$37,039,933	$446.09	$431.83
Aug-15	82,740	$33,030,471	$399.21	$431.59	0.9554	1.0047	$33,184,253	$401.07	$432.49
Sep-15	82,840	$34,338,973	$414.52	$432.13	0.9546	1.0055	$34,526,130	$416.78	$433.14
Oct-15	82,757	$36,324,701	$438.93	$432.66	0.9534	1.0068	$36,570,962	$441.91	$433.78
Nov-15	82,866	$35,506,233	$428.48	$433.21	0.9525	1.0077	$35,780,818	$431.79	$434.44
Dec-15	82,966	$35,926,918	$433.03	$433.74	0.9516	1.0086	$36,237,005	$436.77	$435.08
Jan-16	71,911	$29,357,977	$408.25	$434.29	0.9544	1.0057	$29,524,771	$410.57	$435.75
Feb-16	71,491	$29,064,196	$406.54	$434.84	0.9549	1.0051	$29,213,733	$408.64	$436.41
Mar-16	71,433	$33,468,500	$468.53	$435.36	0.9567	1.0033	$33,579,663	$470.09	$437.03
Apr-16	71,293	$30,587,810	$429.04	$435.91	0.9574	1.0026	$30,665,877	$430.14	$437.70
May-16	70,642	$30,751,184	$435.31	$436.45	0.9582	1.0017	$30,802,782	$436.04	$438.34
Jun-16	70,409	$33,570,861	$476.80	$437.00	0.9586	1.0013	$33,613,591	$477.40	$439.01
Jul-16	69,594	$28,851,451	$414.57	$437.54	0.9589	1.0010	$28,879,207	$414.97	$439.66
Aug-16	69,465	$32,013,565	$460.86	$438.09	0.9598	1.0000	$32,013,565	$460.86	$440.33
		Annual Increase		1.5%					1.8%

Impact of Benefit Chages	**0.3%**
Selected Utilization Trend	**1.0%**
Final Utilization Trend	**1.3%**

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Generic Drugs - Cost Trend

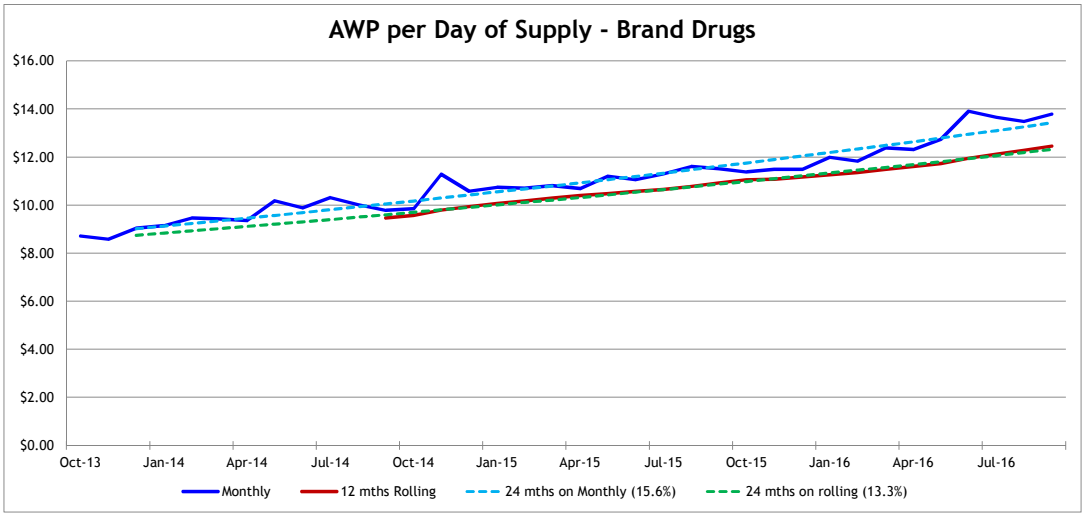
	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
Incurred Date	Supply	Average Wholesale Price	AWP / Supply	Monthly Cost Trend	Supply	Average Wholesale Price	AWP / Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Oct-13	2,265,302	$7,253,442	$3.20							
Nov-13	2,121,453	$6,890,535	$3.25							
Dec-13	2,330,331	$7,748,884	$3.33						$3.37	$3.22
Jan-14	2,208,744	$7,255,217	$3.28						$3.38	$3.24
Feb-14	1,981,483	$6,649,735	$3.36						$3.39	$3.26
Mar-14	2,169,186	$7,275,654	$3.35						$3.41	$3.27
Apr-14	2,142,425	$7,197,330	$3.36						$3.42	$3.29
May-14	2,201,938	$7,439,808	$3.38						$3.44	$3.30
Jun-14	2,177,681	$7,418,853	$3.41						$3.45	$3.32
Jul-14	2,183,364	$7,407,211	$3.39						$3.46	$3.34
Aug-14	2,125,774	$7,322,894	$3.44						$3.48	$3.35
Sep-14	2,143,936	$7,480,135	$3.49		26,051,616	$87,339,698	$3.35		$3.49	$3.37
Oct-14	2,269,593	$7,892,387	$3.48	8.6%	26,055,907	$87,978,642	$3.38		$3.51	$3.39
Nov-14	2,074,398	$7,272,032	$3.51	7.9%	26,008,853	$88,360,139	$3.40		$3.52	$3.40
Dec-14	2,366,560	$8,426,439	$3.56	7.1%	26,045,082	$89,037,694	$3.42		$3.54	$3.42
Jan-15	2,149,349	$7,563,049	$3.52	7.1%	25,985,687	$89,345,527	$3.44		$3.55	$3.44
Feb-15	2,007,242	$7,092,856	$3.53	5.3%	26,011,446	$89,788,648	$3.45		$3.57	$3.46
Mar-15	2,236,538	$8,036,412	$3.59	7.1%	26,078,798	$90,549,407	$3.47		$3.58	$3.47
Apr-15	2,162,941	$7,733,894	$3.58	6.4%	26,099,314	$91,085,971	$3.49		$3.59	$3.49
May-15	2,133,558	$7,647,472	$3.58	6.1%	26,030,934	$91,293,634	$3.51		$3.61	$3.51
Jun-15	2,228,960	$8,096,823	$3.63	6.6%	26,082,213	$91,971,604	$3.53		$3.62	$3.53
Jul-15	2,148,547	$7,834,374	$3.65	7.5%	26,047,396	$92,398,766	$3.55		$3.64	$3.54
Aug-15	2,117,362	$7,737,849	$3.65	6.1%	26,038,984	$92,813,721	$3.56		$3.65	$3.56
Sep-15	2,106,914	$7,743,606	$3.68	5.3%	26,001,963	$93,077,192	$3.58	6.8%	$3.67	$3.58
Oct-15	2,181,592	$8,093,134	$3.71	6.7%	25,913,962	$93,277,940	$3.60	6.6%	$3.68	$3.60
Nov-15	2,088,172	$7,838,378	$3.75	7.1%	25,927,736	$93,844,285	$3.62	6.5%	$3.70	$3.61
Dec-15	2,337,915	$9,071,729	$3.88	9.0%	25,899,090	$94,489,575	$3.65	6.7%	$3.71	$3.63
Jan-16	1,936,583	$7,198,354	$3.72	5.6%	25,686,324	$94,124,880	$3.66	6.6%	$3.73	$3.65
Feb-16	1,887,392	$7,103,542	$3.76	6.5%	25,566,473	$94,135,566	$3.68	6.7%	$3.75	$3.67
Mar-16	2,045,241	$7,687,932	$3.76	4.6%	25,375,176	$93,787,086	$3.70	6.4%	$3.76	$3.69
Apr-16	1,939,781	$7,270,927	$3.75	4.8%	25,152,016	$93,324,119	$3.71	6.3%	$3.78	$3.71
May-16	1,983,834	$7,505,022	$3.78	5.5%	25,002,292	$93,181,669	$3.73	6.3%	$3.79	$3.72
Jun-16	2,004,386	$7,623,343	$3.80	4.7%	24,777,719	$92,708,189	$3.74	6.1%	$3.81	$3.74
Jul-16	1,876,262	$7,103,515	$3.79	3.8%	24,505,434	$91,977,331	$3.75	5.8%	$3.82	$3.76
Aug-16	2,001,917	$7,602,330	$3.80	3.9%	24,389,989	$91,841,812	$3.77	5.6%	$3.84	$3.78
Sep-16	1,894,923	$7,231,781	$3.82	3.8%	24,177,997	$91,329,988	$3.78	5.5%	$3.85	$3.80
								Exponential Trend:	5.1%	6.2%



The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Brand Drugs - Cost Trend

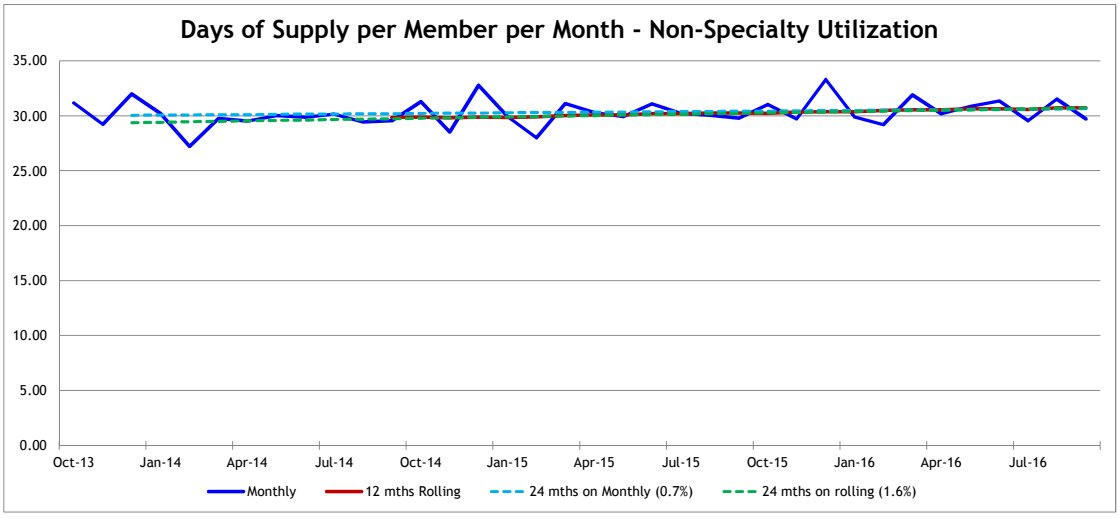
	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
Incurred Date	Supply	Average Wholesale Price	AWP / Supply	Monthly Cost Trend	Supply	Average Wholesale Price	AWP / Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Oct-13	449,136	$3,917,276	$8.72							
Nov-13	419,342	$3,601,759	$8.59							
Dec-13	449,080	$4,056,350	$9.03						$9.03	$8.76
Jan-14	389,997	$3,563,790	$9.14						$9.14	$8.85
Feb-14	358,317	$3,388,787	$9.46						$9.25	$8.94
Mar-14	382,954	$3,609,302	$9.42						$9.35	$9.03
Apr-14	380,892	$3,563,526	$9.36						$9.47	$9.12
May-14	376,034	$3,831,644	$10.19						$9.58	$9.22
Jun-14	379,367	$3,753,958	$9.90						$9.70	$9.31
Jul-14	372,535	$3,845,503	$10.32						$9.82	$9.41
Aug-14	364,386	$3,652,956	$10.02						$9.94	$9.51
Sep-14	377,225	$3,689,243	$9.78		4,699,265	$44,474,094	$9.46		$10.06	$9.61
Oct-14	402,087	$3,961,315	$9.85	13.0%	4,652,216	$44,518,133	$9.57		$10.18	$9.71
Nov-14	358,298	$4,046,277	$11.29	31.5%	4,591,172	$44,962,652	$9.79		$10.31	$9.81
Dec-14	433,833	$4,590,200	$10.58	17.1%	4,575,924	$45,496,502	$9.94		$10.43	$9.91
Jan-15	350,411	$3,765,256	$10.75	17.6%	4,536,339	$45,697,968	$10.07		$10.56	$10.02
Feb-15	333,424	$3,567,558	$10.70	13.1%	4,511,445	$45,876,739	$10.17		$10.69	$10.13
Mar-15	361,017	$3,903,314	$10.81	14.7%	4,489,508	$46,170,751	$10.28		$10.81	$10.22
Apr-15	352,702	$3,771,503	$10.69	14.3%	4,461,318	$46,378,728	$10.40		$10.94	$10.33
May-15	345,506	$3,873,970	$11.21	10.0%	4,430,790	$46,421,054	$10.48		$11.07	$10.44
Jun-15	355,405	$3,929,707	$11.06	11.7%	4,406,828	$46,596,803	$10.57		$11.21	$10.55
Jul-15	339,242	$3,831,948	$11.30	9.4%	4,373,535	$46,583,249	$10.65		$11.34	$10.66
Aug-15	345,400	$4,008,551	$11.61	15.8%	4,354,550	$46,938,844	$10.78		$11.48	$10.77
Sep-15	337,809	$3,888,175	$11.51	17.7%	4,315,133	$47,137,776	$10.92	15.4%	$11.63	$10.88
Oct-15	362,989	$4,132,427	$11.38	15.6%	4,276,035	$47,308,888	$11.06	15.6%	$11.76	$11.00
Nov-15	352,014	$4,045,734	$11.49	1.8%	4,269,751	$47,308,345	$11.08	13.1%	$11.91	$11.11
Dec-15	398,340	$4,575,528	$11.49	8.6%	4,234,259	$47,293,673	$11.17	12.3%	$12.05	$11.23
Jan-16	310,221	$3,722,816	$12.00	11.7%	4,194,068	$47,251,232	$11.27	11.8%	$12.20	$11.35
Feb-16	295,201	$3,493,853	$11.84	10.6%	4,155,845	$47,177,527	$11.35	11.6%	$12.35	$11.47
Mar-16	335,856	$4,159,306	$12.38	14.5%	4,130,684	$47,433,520	$11.48	11.7%	$12.49	$11.58
Apr-16	310,301	$3,820,001	$12.31	15.1%	4,088,284	$47,482,018	$11.61	11.7%	$12.65	$11.70
May-16	294,829	$3,754,412	$12.73	13.6%	4,037,607	$47,362,460	$11.73	12.0%	$12.80	$11.82
Jun-16	303,728	$4,227,512	$13.92	25.9%	3,985,930	$47,660,265	$11.96	13.1%	$12.96	$11.95
Jul-16	276,328	$3,773,739	$13.66	20.9%	3,923,016	$47,602,055	$12.13	13.9%	$13.11	$12.07
Aug-16	291,426	$3,930,361	$13.49	16.2%	3,869,042	$47,523,864	$12.28	14.0%	$13.27	$12.20
Sep-16	288,062	$3,971,983	$13.79	19.8%	3,819,295	$47,607,672	$12.47	14.1%	$13.44	$12.33
								Exponential Trend:	15.6%	13.3%



The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Non-Specialty Drugs - Utilization Trend

	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
Incurred Date	Membership	Supply	Supply per Member	Monthly Utilization Trend	Membership	Supply	Supply per Member	Rolling 12 Utilization Trend	Monthly Data	Rolling 12 Data
Oct-13	87,012	2,714,438	31.196							
Nov-13	86,891	2,540,795	29.241							
Dec-13	86,846	2,779,411	32.004						30.074	29.407
Jan-14	85,955	2,598,741	30.234						30.093	29.448
Feb-14	85,896	2,339,800	27.240						30.111	29.488
Mar-14	85,753	2,552,141	29.762						30.127	29.525
Apr-14	85,467	2,523,316	29.524						30.145	29.566
May-14	85,847	2,577,972	30.030						30.163	29.605
Jun-14	85,598	2,557,048	29.873						30.181	29.646
Jul-14	84,696	2,555,899	30.177						30.198	29.686
Aug-14	84,609	2,490,160	29.431						30.217	29.727
Sep-14	85,288	2,521,161	29.561		1,029,858	30,750,881	29.859		30.235	29.768
Oct-14	85,329	2,671,680	31.310	0.4%	1,028,175	30,708,123	29.867		30.252	29.808
Nov-14	85,265	2,432,696	28.531	-2.4%	1,026,549	30,600,024	29.809		30.270	29.849
Dec-14	85,377	2,800,393	32.800	2.5%	1,025,080	30,621,006	29.872		30.288	29.889
Jan-15	83,503	2,499,760	29.936	-1.0%	1,022,628	30,522,026	29.847		30.306	29.930
Feb-15	83,568	2,340,666	28.009	2.8%	1,020,300	30,522,892	29.916		30.325	29.971
Mar-15	83,423	2,597,555	31.137	4.6%	1,017,970	30,568,306	30.029		30.341	30.008
Apr-15	82,990	2,515,643	30.313	2.7%	1,015,493	30,560,632	30.094		30.359	30.050
May-15	82,836	2,479,064	29.927	-0.3%	1,012,482	30,461,724	30.086		30.377	30.090
Jun-15	83,112	2,584,365	31.095	4.1%	1,009,996	30,489,042	30.187		30.395	30.131
Jul-15	82,266	2,487,789	30.241	0.2%	1,007,566	30,420,932	30.192		30.413	30.172
Aug-15	81,946	2,462,762	30.053	2.1%	1,004,903	30,393,534	30.245		30.431	30.213
Sep-15	82,038	2,444,723	29.800	0.8%	1,001,653	30,317,096	30.267	1.4%	30.449	30.255
Oct-15	81,970	2,544,581	31.043	-0.9%	998,294	30,189,997	30.242	1.3%	30.467	30.295
Nov-15	82,047	2,440,186	29.741	4.2%	995,076	30,197,486	30.347	1.8%	30.485	30.337
Dec-15	82,123	2,736,255	33.319	1.6%	991,822	30,133,349	30.382	1.7%	30.503	30.378
Jan-16	75,134	2,246,804	29.904	-0.1%	983,453	29,880,392	30.383	1.8%	30.522	30.420
Feb-16	74,713	2,182,593	29.213	4.3%	974,598	29,722,319	30.497	1.9%	30.540	30.462
Mar-16	74,629	2,381,097	31.906	2.5%	965,804	29,505,860	30.551	1.7%	30.557	30.501
Apr-16	74,503	2,250,082	30.201	-0.4%	957,317	29,240,300	30.544	1.5%	30.575	30.543
May-16	73,846	2,278,664	30.857	3.1%	948,327	29,039,899	30.622	1.8%	30.593	30.584
Jun-16	73,597	2,308,114	31.362	0.9%	938,812	28,763,649	30.638	1.5%	30.612	30.626
Jul-16	72,790	2,152,590	29.573	-2.2%	929,336	28,428,450	30.590	1.3%	30.629	30.667
Aug-16	72,698	2,293,343	31.546	5.0%	920,088	28,259,030	30.713	1.5%	30.648	30.709
Sep-16	73,391	2,182,984	29.745	-0.2%	911,441	27,997,292	30.718	1.5%	30.666	30.751
								Exponential Trend:	0.7%	1.6%



The Vermont Health Plan **Exhibit 3E**

Q3 2017 Large Group Rating Program Filing

Pharmacy Trend Development

Generic Dispensing Rate Development

				Generic Dispensing Rate	
Month	Generic Supply	Brand Supply	Total Non-Specialty Supply	Monthly	Rolling 12
Nov-14	2,074,398	358,298	2,432,696	85.3%	
Dec-14	2,366,560	433,833	2,800,393	84.5%	
Jan-15	2,149,349	350,411	2,499,760	86.0%	
Feb-15	2,007,242	333,424	2,340,666	85.8%	
Mar-15	2,236,538	361,017	2,597,555	86.1%	
Apr-15	2,162,941	352,702	2,515,643	86.0%	
May-15	2,133,558	345,506	2,479,064	86.1%	
Jun-15	2,228,960	355,405	2,584,365	86.2%	
Jul-15	2,148,547	339,242	2,487,789	86.4%	
Aug-15	2,117,362	345,400	2,462,762	86.0%	
Sep-15	2,106,914	337,809	2,444,723	86.2%	
Oct-15	2,181,592	362,989	2,544,581	85.7%	85.8%
Nov-15	2,088,172	352,014	2,440,186	85.6%	85.9%
Dec-15	2,337,915	398,340	2,736,255	85.4%	85.9%
Jan-16	1,936,583	310,221	2,246,804	86.2%	86.0%
Feb-16	1,887,392	295,201	2,182,593	86.5%	86.0%
Mar-16	2,045,241	335,856	2,381,097	85.9%	86.0%
Apr-16	1,939,781	310,301	2,250,082	86.2%	86.0%
May-16	1,983,834	294,829	2,278,664	87.1%	86.1%
Jun-16	2,004,386	303,728	2,308,114	86.8%	86.1%
Jul-16	1,876,262	276,328	2,152,590	87.2%	86.2%
Aug-16	2,001,917	291,426	2,293,343	87.3%	86.3%
Sep-16	1,894,923	288,062	2,182,984	86.8%	86.4%
Oct-16	2,252,562	342,844	2,595,406	86.8%	86.5%
Nov-16	2,133,542	320,081	2,453,624	87.0%	86.6%
Dec-16	2,390,866	362,116	2,752,982	86.8%	86.7%
Jan-17	1,978,372	280,393	2,258,765	87.6%	86.8%
Feb-17	1,928,317	266,759	2,195,076	87.8%	86.9%
Mar-17	2,089,105	306,814	2,395,919	87.2%	87.0%
Apr-17	1,985,263	277,972	2,263,235	87.7%	87.2%
May-17	2,018,120	274,535	2,292,655	88.0%	87.2%
Jun-17	2,040,174	283,117	2,323,290	87.8%	87.3%
Jul-17	1,911,491	254,896	2,166,387	88.2%	87.4%
Aug-17	2,037,234	271,679	2,308,913	88.2%	87.5%
Sep-17	1,928,497	268,544	2,197,041	87.8%	87.6%
Oct-17	2,287,862	319,680	2,607,542	87.7%	87.6%
Nov-17	2,153,119	300,505	2,453,624	87.8%	87.7%
Dec-17	2,433,105	319,877	2,752,982	88.4%	87.9%
Jan-18	2,009,333	249,432	2,258,765	89.0%	88.0%
Feb-18	1,958,308	236,767	2,195,076	89.2%	88.1%
Mar-18	2,123,874	272,044	2,395,919	88.6%	88.2%
Apr-18	2,009,634	253,601	2,263,235	88.8%	88.3%
May-18	2,041,750	250,904	2,292,655	89.1%	88.4%
Jun-18	2,067,128	256,162	2,323,290	89.0%	88.5%
Jul-18	1,935,135	231,252	2,166,387	89.3%	88.6%
Aug-18	2,065,835	243,078	2,308,913	89.5%	88.7%
Sep-18	1,954,591	242,450	2,197,041	89.0%	88.7%
Oct-18	2,321,031	286,511	2,607,542	89.0%	88.9%
Nov-18	2,182,474	271,150	2,453,624	88.9%	89.0%
Dec-18	2,446,790	306,192	2,752,982	88.9%	89.0%

The Vermont Health Plan **Exhibit 3F**
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Non-Specialty Drugs

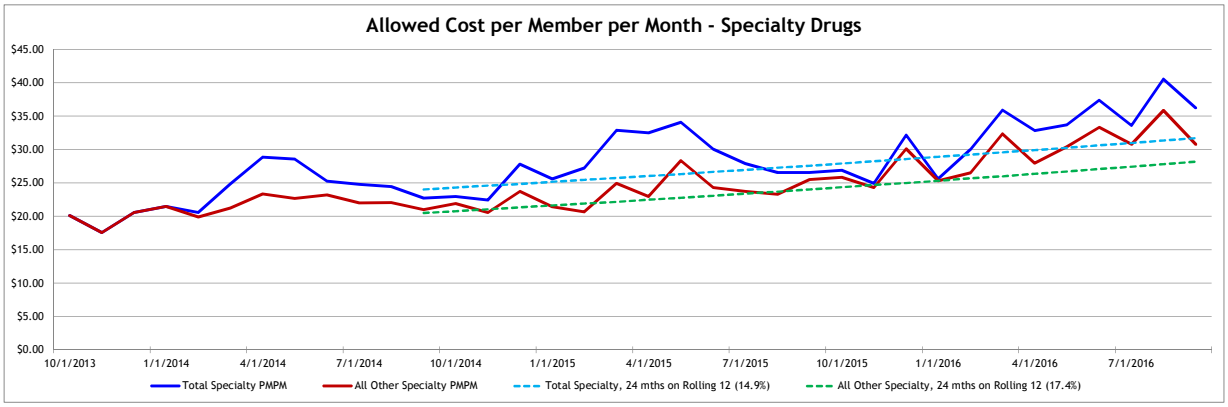
		Generic	Brand	Non-Specialty Total
For the 12 months ending September 2016:				
# Days Supply	a	24,177,997	3,819,295	27,997,292
Allowed Charge per Supply	b	$0.76	$9.84	
Total Allowed Charges	c=a*b	$18,353,253	$37,599,104	$55,952,357
Utilization Trends	d			**0.7%**
Projected # Days Supply (12 months ending December 2018)	e=a*(1+d)^(27/12)			28,447,952
Projected Rolling-12 dispensing rate (Generic and Brand split)	f	**89.0%**	**11.0%**	
Non-Specialty Projected # Days Supply: Generic and Brand	g=e*f	25,322,865	3,125,088	
Utilization Trends: Generic and Brand	h=g/a-1	**4.7%**	**-18.2%**	
Cost Trends	i	**5.1%**	**15.6%**	
Projected Allowed Charge per Supply	j=b*(1+i)^(27/12)	$0.85	$13.64	
Projected Total Allowed Charges	k=g*j	$21,475,915	$42,624,282	*$64,100,198*
Total Trends	l=k/c-1	**17.0%**	**13.4%**	***14.6%***
Annual Trends		**7.2%**	**5.7%**	***6.2%***
PMPM Calculation				
Member Months for the 12 months ending September 2016	m			911,441
PMPM by category	n=c/m	$20.14	$41.25	$61.39

Specialty Drug Trend

	MONTHLY DATA				PMPM		ROLLING 12				PMPM		EXPONENTIAL FIT	
Incurred Date	Members	New Treatment[1] Allowed Charges	All Other Specialty Allowed Charges	Total Specialty Drug Allowed Charges	Total Specialty PMPM	All Other Specialty PMPM	Members	New Treatment Allowed Charges	All Other Specialty Allowed Charges	Total Specialty Drug Allowed Charges	Total Specialty PMPM	All Other Specialty PMPM	Total Specialty	Specialty Excluding New Treatments
10/1/2013	87,012	$ -	$ 1,746,295	$ 1,746,295	$20.07	$20.07								
11/1/2013	86,891	$ -	$ 1,523,786	$ 1,523,786	$17.54	$17.54								
12/1/2013	86,846	$ -	$ 1,784,687	$ 1,784,687	$20.55	$20.55								
1/1/2014	85,955	$ -	$ 1,845,451	$ 1,845,451	$21.47	$21.47								
2/1/2014	85,896	$ 58,804	$ 1,708,823	$ 1,767,627	$20.58	$19.89								
3/1/2014	85,753	$ 309,530	$ 1,819,461	$ 2,128,991	$24.83	$21.22								
4/1/2014	85,467	$ 473,065	$ 1,994,594	$ 2,467,659	$28.87	$23.34								
5/1/2014	85,847	$ 508,910	$ 1,944,555	$ 2,453,465	$28.58	$22.65								
6/1/2014	85,598	$ 175,741	$ 1,985,454	$ 2,161,195	$25.25	$23.20								
7/1/2014	84,696	$ 235,897	$ 1,863,302	$ 2,099,199	$24.79	$22.00								
8/1/2014	84,609	$ 202,631	$ 1,864,951	$ 2,067,582	$24.44	$22.04								
9/1/2014	85,288	$ 148,700	$ 1,788,982	$ 1,937,682	$22.72	$20.98	1,029,858	$ 2,113,278	$ 21,870,342	$ 23,983,620	$23.29	$21.24	$24.03	$20.51
10/1/2014	85,329	$ 89,227	$ 1,870,387	$ 1,959,614	$22.97	$21.92	1,028,175	$ 2,202,505	$ 21,994,434	$ 24,196,939	$23.53	$21.39	$24.31	$20.78
11/1/2014	85,265	$ 158,347	$ 1,755,053	$ 1,913,400	$22.44	$20.58	1,026,549	$ 2,360,852	$ 22,225,700	$ 24,586,553	$23.95	$21.65	$24.60	$21.06
12/1/2014	85,377	$ 350,235	$ 2,024,003	$ 2,374,238	$27.81	$23.71	1,025,080	$ 2,711,087	$ 22,465,017	$ 25,176,104	$24.56	$21.92	$24.88	$21.34
1/1/2015	83,503	$ 347,594	$ 1,788,031	$ 2,135,625	$25.58	$21.41	1,022,628	$ 3,058,682	$ 22,407,596	$ 25,466,278	$24.90	$21.91	$25.18	$21.63
2/1/2015	83,568	$ 552,364	$ 1,724,714	$ 2,277,078	$27.25	$20.64	1,020,300	$ 3,552,242	$ 22,423,487	$ 25,975,729	$25.46	$21.98	$25.47	$21.92
3/1/2015	83,423	$ 665,468	$ 2,079,407	$ 2,744,874	$32.90	$24.93	1,017,970	$ 3,908,180	$ 22,683,432	$ 26,591,612	$26.12	$22.28	$25.75	$22.19
4/1/2015	82,990	$ 788,700	$ 1,907,186	$ 2,695,886	$32.48	$22.98	1,015,493	$ 4,223,815	$ 22,596,023	$ 26,819,839	$26.41	$22.25	$26.05	$22.49
5/1/2015	82,836	$ 476,284	$ 2,346,535	$ 2,822,820	$34.08	$28.33	1,012,482	$ 4,191,190	$ 22,998,004	$ 27,189,194	$26.85	$22.71	$26.35	$22.79
6/1/2015	83,112	$ 480,145	$ 2,018,695	$ 2,498,839	$30.07	$24.29	1,009,996	$ 4,495,593	$ 23,031,245	$ 27,526,838	$27.25	$22.80	$26.66	$23.10
7/1/2015	82,266	$ 344,839	$ 1,951,380	$ 2,296,219	$27.91	$23.72	1,007,566	$ 4,604,535	$ 23,119,323	$ 27,723,858	$27.52	$22.95	$26.97	$23.40
8/1/2015	81,946	$ 266,075	$ 1,909,255	$ 2,175,330	$26.55	$23.30	1,004,903	$ 4,667,979	$ 23,163,626	$ 27,831,606	$27.70	$23.05	$27.29	$23.72
9/1/2015	82,038	$ 86,564	$ 2,093,005	$ 2,179,569	$26.57	$25.51	1,001,653	$ 4,605,843	$ 23,467,649	$ 28,073,492	$28.03	$23.43	$27.61	$24.04
10/1/2015	81,970	$ 86,567	$ 2,115,863	$ 2,202,430	$26.87	$25.81	998,294	$ 4,603,183	$ 23,713,125	$ 28,316,308	$28.36	$23.75	$27.93	$24.36
11/1/2015	82,047	$ 53,096	$ 1,992,876	$ 2,045,972	$24.94	$24.29	995,076	$ 4,497,932	$ 23,950,949	$ 28,448,881	$28.59	$24.07	$28.26	$24.69
12/1/2015	82,123	$ 171,659	$ 2,471,061	$ 2,642,720	$32.18	$30.09	991,822	$ 4,319,356	$ 24,398,006	$ 28,717,362	$28.95	$24.60	$28.58	$25.01
1/1/2016	75,134	$ 21,720	$ 1,900,826	$ 1,922,546	$25.59	$25.30	983,453	$ 3,993,481	$ 24,510,802	$ 28,504,283	$28.98	$24.92	$28.92	$25.36
2/1/2016	74,713	$ 261,291	$ 1,982,160	$ 2,243,450	$30.03	$26.53	974,598	$ 3,702,407	$ 24,768,247	$ 28,470,655	$29.21	$25.41	$29.26	$25.70
3/1/2016	74,629	$ 264,538	$ 2,413,995	$ 2,678,533	$35.89	$32.35	965,804	$ 3,301,478	$ 25,102,836	$ 28,404,314	$29.41	$25.99	$29.59	$26.03
4/1/2016	74,503	$ 365,601	$ 2,080,534	$ 2,446,134	$32.83	$27.93	957,317	$ 2,878,378	$ 25,276,184	$ 28,154,562	$29.41	$26.40	$29.94	$26.38
5/1/2016	73,846	$ 241,535	$ 2,245,938	$ 2,487,473	$33.68	$30.41	948,327	$ 2,643,629	$ 25,175,587	$ 27,819,216	$29.34	$26.55	$30.28	$26.73
6/1/2016	73,597	$ 299,695	$ 2,451,161	$ 2,750,856	$37.38	$33.31	938,812	$ 2,463,179	$ 25,608,053	$ 28,071,233	$29.90	$27.28	$30.64	$27.09
7/1/2016	72,790	$ 207,874	$ 2,239,625	$ 2,447,499	$33.62	$30.77	929,336	$ 2,326,214	$ 25,896,299	$ 28,222,513	$30.37	$27.87	$30.99	$27.45
8/1/2016	72,698	$ 339,138	$ 2,608,184	$ 2,947,322	$40.54	$35.88	920,088	$ 2,399,277	$ 26,595,228	$ 28,994,505	$31.51	$28.91	$31.36	$27.82
9/1/2016	73,391	$ 399,975	$ 2,258,931	$ 2,658,906	$36.23	$30.78	911,441	$ 2,712,688	$ 26,761,154	$ 29,473,842	$32.34	$29.36	$31.73	$28.20

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

Exponential Trend:	14.9%	17.3%



Restated Specialty Drug Trend

Pharmacy Specialty Claims in the Experience	A	$ 29,473,842
Claims Removed from the Experience		
Hepatitis C	B1	$2,393,099
PCSK9 Inhibitors[1]	B2	$51,939
Orkambi	B3	$267,651
Total	B = B1+B2+B3	$2,712,688
Pharmacy Specialty Claims without Excluded Drugs	C = A - B	$ 26,761,154
Projected Specialty Claims using a 14.1% trend for 27 months	D = C x (1.141)^(27/12)	$38,313,061
Adding Incremental Cost of Excluded Treatments for the Projection Period		
Hepatitis C	E1	$3,297,770
PCSK9 Inhibitors	E2	$225,344
Orkambi	E3	$1,973,878
Total	E = E1+E2+E3	$5,496,992
Restated Projected Specialty Claims	F = D + E	$43,810,053
Restated Specialty Trend	G = (F/A)^(12/27) -1	19.3%

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

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Exhibit 3H

Contract Adjustment Factors

Experience Beginning	Projection Beginning												
	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017	1/1/2018	2/1/2018	3/1/2018	4/1/2018	5/1/2018	6/1/2018	7/1/2018
10/1/2015	0.9782	0.9775	0.9767	0.9759	0.9752	0.9744	0.9736	0.9729	0.9721	0.9713	0.9706	0.9698	0.9690
11/1/2015	0.9796	0.9788	0.9781	0.9773	0.9765	0.9758	0.9750	0.9742	0.9735	0.9727	0.9719	0.9712	0.9704
12/1/2015	0.9810	0.9802	0.9794	0.9787	0.9779	0.9771	0.9764	0.9756	0.9748	0.9741	0.9733	0.9725	0.9718
1/1/2016	0.9823	0.9816	0.9808	0.9800	0.9793	0.9785	0.9777	0.9770	0.9762	0.9754	0.9747	0.9739	0.9731
2/1/2016	0.9837	0.9830	0.9822	0.9814	0.9807	0.9799	0.9791	0.9783	0.9776	0.9768	0.9760	0.9753	0.9745
3/1/2016	0.9851	0.9843	0.9836	0.9828	0.9820	0.9813	0.9805	0.9797	0.9790	0.9782	0.9774	0.9766	0.9759
4/1/2016	0.9865	0.9857	0.9850	0.9842	0.9834	0.9827	0.9819	0.9811	0.9803	0.9796	0.9788	0.9780	0.9773
5/1/2016	0.9879	0.9871	0.9864	0.9856	0.9848	0.9840	0.9833	0.9825	0.9817	0.9810	0.9802	0.9794	0.9786
6/1/2016	0.9893	0.9885	0.9878	0.9870	0.9862	0.9854	0.9847	0.9839	0.9831	0.9823	0.9816	0.9808	0.9800
7/1/2016		0.9899	0.9892	0.9884	0.9876	0.9868	0.9861	0.9853	0.9845	0.9837	0.9830	0.9822	0.9814
8/1/2016			0.9899	0.9891	0.9884	0.9876	0.9868	0.9860	0.9853	0.9845	0.9837	0.9829	0.9822
9/1/2016				0.9899	0.9891	0.9884	0.9876	0.9868	0.9860	0.9853	0.9845	0.9837	0.9829
10/1/2016					0.9899	0.9891	0.9884	0.9876	0.9868	0.9860	0.9852	0.9845	0.9837
11/1/2016						0.9899	0.9891	0.9883	0.9876	0.9868	0.9860	0.9852	0.9845
12/1/2016							0.9899	0.9891	0.9883	0.9876	0.9868	0.9860	0.9852
1/1/2017								0.9899	0.9891	0.9883	0.9875	0.9868	0.9860
2/1/2017									0.9899	0.9891	0.9883	0.9875	0.9868
3/1/2017										0.9899	0.9891	0.9883	0.9875
4/1/2017											0.9899	0.9891	0.9883
5/1/2017												0.9899	0.9891
6/1/2017													0.9898

The Vermont Health Plan **Exhibit 3I**
Q3 2017 Large Group Rating Program Filing
Medical Trend Development

Benefit Leverage Factors

BlueCare LO Options (LO) and Open Access (OAP) Medical Plans

		In-Network Benefits							Out-of-Network Benefits			
index	Product	Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER[1] Copay	AMB Copay	Deductible	Coinsurance	Out-of-Pocket	Leverage Factor
1	LO	$2,500	0%	$2,500								1.1%
2	LO	$3,000	0%	$3,000								1.2%
3	OAP	$750	20%	$2,250	$35	$50	$150	$150	$1,500	30%	$4,500	0.8%
4	OAP	$3,000	0%	$4,100	$30	$30	$100		$6,000	30%	$8,200	1.0%
5	OAP	$3,000	20%	$5,300	$30	$30			$5,000	40%	$10,600	1.1%

1. **ER Copay**: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are then covered at 100%.
2. For the LO product, Office and Specialist Copay can be under the deductible.
3. LO does not have Out-of-Network benefits.

BlueCare (HMO) Medical Plans

		In-Network Benefits								
index	Product	Inpatient Care Deductible[2]	Outpatient Surgery Copay	Combined Inpatient / Outpatient Deductible[2]	Office Copay	Specialist Copay	ER[3] Copay	AMB Copay	Out-of-Pocket	Leverage Factor
1	HMO	$0	$0		$25	$35	$250	$0	$6,850	0.3%
2	HMO	$250	$100		$10	$20	$50	$0	$6,850	0.1%
3	HMO	$250	$100		$25	$40	$100	$50	$6,850	0.3%
4	HMO	$500	$200		$20	$30	$100	$100	$6,850	0.2%
5	HMO	$500	$200		$25	$40	$150	$50	$6,850	0.3%
6	HMO			$750	$20	$30	$50	$50	$6,850	0.3%
7	HMO	$2,000	$1,000		$20	$30	$50	$50	$6,850	0.3%
8	HMO			$3,000	$20	$30	$100	$50	$6,850	0.5%

1. All **HMO** Plans have a DME rider benefit of: $0 deductible, 20% coinsurance, built into the relativity.
2. Maximum of 2/yr per family
3. ER Copay: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are the covered at 100%.
4. HMO Plans do not have Out-of-Network benefits.

Consumer Driven Health Plans (CDHP's)

		In-Network							Leverage Factor	
index	Product	Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit[3]	Wellness Rx[1]	Drugs After Deductible[2]	Diabetic Supplies	Medical	Rx
1	CDHP	$1,500	0%	$1,500	$1,300	0%	N/A	SAAO	0.8%	0.9%
2	CDHP	$2,500	0%	$2,500	$1,300	0%	N/A	SAAO	1.1%	1.1%
3	CDHP	$3,000	0%	$3,000	$1,300	0%	N/A	SAAO	1.2%	1.1%
4	CDHP	$4,000	0%	$4,000	$1,300	0%	N/A	SAAO	1.4%	1.2%
5	CDHP	$5,000	0%	$5,000	$1,300	0%	N/A	SAAO	1.6%	1.2%
6	CDHP	$6,600	0%	$6,600	$1,300	N/A	N/A	SAAO	1.8%	2.0%

1. **Wellness Rx:** if applicable, cost sharing rules apply *before* the deductible is satisfied.
   The member's cost share for Wellness Rx accumulates toward the Out-of-Pocket Maximum.
2. **All other drugs** are subject to deductible. Once the deductible is met, drugs are subject to the **Drugs After Deductible** cost share until the Out-of-Pocket Maximum is met.
3. The **Rx OOPM** Limit is as described in Vermont Act 171.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Pharmacy Trend Development

Exhibit 3J

Benefit Leverage Factors

			Copay ($) / Coinsurance (%)								
Index	Type	Deductible	Retail Generic	Retail Preferred Brand	Retail Non-Preferred Brand	Mail Order Generic	Mail Order Preferred Brand	Mail Order Non-Preferred Brand	OOPM	Diabetic Supplies	Leverage Factor
1	CM1	$100	$5	40%	60%	$10	40%	60%	$1,300	SAAO	1.3%
2	COI	$0	50%	50%	50%	50%	50%	50%	$1,300	SAAO	1.2%
3	COP	$0	$10	$20	$40	$20	$40	$80	$1,300	SAAO	0.8%
4	COP	$0	$10	$25	$25	$20	$50	$50	$1,300	SAAO	0.8%
5	COP	$0	$10	$25	$40	$20	$50	$80	$1,300	100%	0.8%
6	COP	$0	$10	$25	$50	$20	$50	$100	$1,300	SAAO	0.9%
7	COP	$0	$10	$25	$60	$20	$50	$120	$1,300	SAAO	0.9%
8	COP	$0	$10	$30	$50	$20	$60	$100	$1,300	SAAO	0.9%
9	COP	$0	$10	$35	$60	$20	$70	$120	$1,300	SAAO	1.0%
10	COP	$0	$15	$25	$40	$30	$50	$80	$1,300	100%	0.8%
11	COP	$0	$15	$25	$40	$30	$50	$80	$1,300	SAAO	0.9%
12	COP	$0	$15	$30	$45	$30	$60	$90	$1,300	SAAO	1.0%
13	COP	$0	$20	$40	$60	$40	$80	$120	$1,300	SAAO	1.2%
14	COP	$0	$5	$20	$35	$10	$40	$70	$1,300	SAAO	0.7%
15	COP	$0	$5	$20	$45	$10	$40	$90	$1,300	100%	0.6%
16	COP	$0	$5	$30	$50	$10	$60	$100	$1,300	SAAO	0.8%
17	COP	$0	$5	$45	$90	$10	$90	$180	$1,300	SAAO	1.0%
18	COP	$100	$10	$15	$30	$20	$30	$60	$1,300	SAAO	1.0%
19	COP	$100	$10	$25	$45	$20	$50	$90	$1,300	SAAO	1.1%
20	COP	$100	$10	$30	$50	$20	$60	$100	$1,300	100%	1.0%
21	COP	$100	$10	$30	$50	$20	$60	$100	$1,300	SAAO	1.2%
22	COP	$100	$15	$30	$45	$30	$60	$90	$1,300	SAAO	1.2%
23	COP	$100	$15	$40	$60	$30	$80	$120	$1,300	SAAO	1.4%
24	COP	$100	$5	$20	$40	$10	$40	$80	$1,300	SAAO	1.0%
25	COP	$100	$5	$25	$50	$10	$50	$100	$1,300	SAAO	1.0%
26	COP	$50	$10	$20	$35	$20	$40	$70	$1,300	SAAO	0.9%
27	COP	$50	$10	$25	$35	$20	$50	$70	$1,300	SAAO	1.0%
28	COP	$50	$10	$25	$40	$20	$50	$80	$1,300	SAAO	1.0%
29	COP	$50	$10	$30	$50	$20	$60	$100	$1,300	SAAO	1.0%
30	COP	$50	$5	$10	$25	$10	$20	$50	$1,300	SAAO	0.7%

* **Type**: COI = coinsurance; COP = copay; CM1 = combined
* **Diabetic**: If "100%" then Diabetic medications and supplies are covered at 100% of allowed charges;
  If "SAAO" then Diabetic medications and supplies are subject to cost sharing same as any other prescription drug.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Benefit Plan Relative Value Factors

Exhibit 4A

BlueCare LO Options (LO) and Open Access (OAP) Medical Plans

		In-Network Benefits							Out-of-Network Benefits			Relativity Factor
index	Product	Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER[1] Copay	AMB Copay	Deductible	Coinsurance	Out-of-Pocket	Active
1	LO	$2,500	0%	$2,500								0.6934
2	LO	$3,000	0%	$3,000								0.6562
3	OAP	$750	20%	$2,250	$35	$50	$150	$150	$1,500	30%	$4,500	0.8160
4	OAP	$3,000	0%	$4,100	$30	$30	$100		$6,000	30%	$8,200	0.7296
5	OAP	$3,000	20%	$5,300	$30	$30	$100		$5,000	40%	$10,600	0.6791

1. **ER Copay**: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are then covered at 100%.
2. For the LO product, Office and Specialist Copay can be under the deductible.
3. LO does not have Out-of-Network benefits.

The Vermont Health Plan **Exhibit 4B**

Q3 2017 Large Group Rating Program Filing

Benefit Plan Relative Value Factors

BlueCare (HMO) Medical Plans

		In-Network Benefits							
index	**Product**	**IP**	**OP**	**HOSP**	**PCP**	**SCP**	**ER**	**AMB**	**OOPM**
1	HMO	$0	$0		$25	$35	$250	$0	$0
2	HMO	$250	$100		$10	$20	$50	$0	$0
3	HMO	$250	$100		$25	$40	$100	$50	$0
4	HMO	$500	$200		$20	$30	$100	$100	$0
5	HMO	$500	$200		$25	$40	$150	$50	$0
6	HMO			$750	$20	$30	$50	$50	$0
7	HMO	$2,000	$1,000		$20	$30	$50	$50	$0
8	HMO			$3,000	$20	$30	$100	$50	$0

PCP	Primary Care Physician Copay
SCP	Specialist Physician Copay
IP	Inpatient Care Deductible (max of 2/yr per family)
OP	Outpatient Surgery Copay
HOSP	Combined Inpatient Care & Outpatient Surgery Deductible (max of 2/yr per family)
ER	Emergency Room Copay
AMB	Ambulance Copay
OOPM	Per ACA, all copays accumulate toward the Out of Pocket Maximum

1. All HMO Plans have a DME rider benefit of: $0 deductible, 20% coinsurance, built into the relativity.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Benefit Plan Relative Value Factors

Exhibit 4C

Consumer Driven Health Plans (CDHP's)

		In-Network							Relativity Factor
index	Product	Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit[3]	Wellness Rx[1]	Drugs After Deductible[2]	Diabetic Supplies	Active
1	CDHP	$1,500	0%	$1,500	$1,300	0%	N/A	SAAO	0.9865
2	CDHP	$1,500	0%	$1,500	$1,300	N/A	N/A	SAAO	0.9750
3	CDHP	$1,500	20%	$2,500	$1,300	0%	N/A	SAAO	0.9089
4	CDHP	$1,500	20%	$2,500	$1,300	N/A	N/A	SAAO	0.8942
5	CDHP	$2,000	0%	$2,000	$1,300	0%	N/A	SAAO	0.9241
6	CDHP	$2,000	0%	$2,000	$1,300	N/A	N/A	SAAO	0.9100
7	CDHP	$2,000	20%	$3,000	$1,300	0%	N/A	SAAO	0.8583
8	CDHP	$2,250	0%	$2,250	$1,300	0%	N/A	SAAO	0.8977
9	CDHP	$2,250	0%	$2,250	$1,300	N/A	N/A	SAAO	0.8825
10	CDHP	$2,500	0%	$2,500	$1,300	0%	N/A	SAAO	0.8735
11	CDHP	$2,500	0%	$2,500	$1,300	N/A	N/A	SAAO	0.8576
12	CDHP	$2,500	20%	$5,000	$1,300	0%	N/A	SAAO	0.7779
13	CDHP	$2,600	20%	$5,000	$1,300	0%	N/A	SAAO	0.7730
14	CDHP	$3,000	0%	$3,000	$1,300	N/A	$10/$35/$50	SAAO	0.8140
15	CDHP	$3,000	0%	$3,000	$1,300	0%	N/A	SAAO	0.8313
16	CDHP	$3,000	0%	$3,000	$1,300	$10/$30/$50	N/A	SAAO	0.8247
17	CDHP	$3,000	0%	$3,000	$1,300	N/A	N/A	SAAO	0.8140
18	CDHP	$3,000	20%	$5,000	$1,300	0%	N/A	SAAO	0.7551
19	CDHP	$3,000	20%	$5,500	$1,300	0%	10%/25%/25%	SAAO	0.7467
20	CDHP	$4,000	0%	$4,000	$1,300	0%	N/A	SAAO	0.7642
21	CDHP	$4,000	20%	$6,450	$1,300	0%	N/A	SAAO	0.6945
22	CDHP	$5,000	0%	$5,000	$1,300	0%	N/A	SAAO	0.7126
23	CDHP	$5,000	0%	$5,000	$1,300	N/A	N/A	SAAO	0.6924
24	CDHP	$6,000	0%	$6,000	$1,300	0%	N/A	SAAO	0.6711
25	CDHP	$6,450	0%	$6,450	$1,300	0%	N/A	SAAO	0.6549
26	CDHP	$6,450	0%	$6,450	$1,300	N/A	N/A	SAAO	0.6337
27	CDHP	$6,550	0%	$6,550	$1,300	0%	N/A	SAAO	0.6516
28	CDHP	$6,550	0%	$6,550	$1,300	N/A	N/A	SAAO	0.6302
29	CDHP	$6,600	0%	$6,600	$1,300	N/A	N/A	SAAO	0.6285
30	CDHP	$6,850	0%	$6,850	$1,300	0%	N/A	SAAO	0.6416

1. **Wellness Rx:** if applicable, cost sharing rules apply *before* the deductible is satisfied.
   The member's cost share for **Wellness Rx** accumulates toward the Out-of-Pocket Maximum.
2. **All other drugs** are subject to deductible. Once the deductible is met, drugs are subject to the **Drugs After Deductible** cost share until the Out-of-Pocket Maximum is met.
3. The **Rx OOPM** Limit is as described in Vermont Act 171.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Benefit Plan Relative Value Factors

Exhibit 4D

Prescription Drug Cards

			Copay ($) / Coinsurance (%)								Relativity
Index	Type	Deductible	Retail Generic	Retail Preferred Brand	Retail Non-Preferred Brand	Mail Order Generic	Mail Order Preferred Brand	Mail Order Non-Preferred Brand	OOPM	Diabetic Supplies	Active
1	CM1	$100	$5	40%	60%	$10	40%	60%	$1,300	SAAO	0.1566
2	COI	$0	50%	50%	50%	50%	50%	50%	$1,300	SAAO	0.1394
3	COP	$0	$10	$20	$40	$20	$40	$80	$1,300	SAAO	0.2208
4	COP	$0	$10	$25	$25	$20	$50	$50	$1,300	SAAO	0.2157
5	COP	$0	$10	$25	$40	$20	$50	$80	$1,300	100%	0.2183
6	COP	$0	$10	$25	$50	$20	$50	$100	$1,300	SAAO	0.2118
7	COP	$0	$10	$25	$60	$20	$50	$120	$1,300	SAAO	0.2105
8	COP	$0	$10	$30	$50	$20	$60	$100	$1,300	SAAO	0.2100
9	COP	$0	$10	$35	$60	$20	$70	$120	$1,300	SAAO	0.1892
10	COP	$0	$15	$25	$40	$30	$50	$80	$1,300	100%	0.2157
11	COP	$0	$15	$25	$40	$30	$50	$80	$1,300	SAAO	0.2106
12	COP	$0	$15	$30	$45	$30	$60	$90	$1,300	SAAO	0.2026
13	COP	$0	$20	$40	$60	$40	$80	$120	$1,300	SAAO	0.1923
14	COP	$0	$5	$20	$35	$10	$40	$70	$1,300	SAAO	0.2282
15	COP	$0	$5	$20	$45	$10	$40	$90	$1,300	100%	0.2312
16	COP	$0	$5	$30	$50	$10	$60	$100	$1,300	SAAO	0.2039
17	COP	$0	$5	$45	$90	$10	$90	$180	$1,300	SAAO	0.1964
18	COP	$100	$10	$15	$30	$20	$30	$60	$1,300	SAAO	0.2095
19	COP	$100	$10	$25	$45	$20	$50	$90	$1,300	SAAO	0.1983
20	COP	$100	$10	$30	$50	$20	$60	$100	$1,300	100%	0.2017
21	COP	$100	$10	$30	$50	$20	$60	$100	$1,300	SAAO	0.1960
22	COP	$100	$15	$30	$45	$30	$60	$90	$1,300	SAAO	0.1908
23	COP	$100	$15	$40	$60	$30	$80	$120	$1,300	SAAO	0.1687
24	COP	$100	$5	$20	$40	$10	$40	$80	$1,300	SAAO	0.2095
25	COP	$100	$5	$25	$50	$10	$50	$100	$1,300	SAAO	0.2063
26	COP	$50	$10	$20	$35	$20	$40	$70	$1,300	SAAO	0.2139
27	COP	$50	$10	$25	$35	$20	$50	$70	$1,300	SAAO	0.2064
28	COP	$50	$10	$25	$40	$20	$50	$80	$1,300	SAAO	0.2057
29	COP	$50	$10	$30	$50	$20	$60	$100	$1,300	SAAO	0.2026
30	COP	$50	$5	$10	$25	$10	$20	$50	$1,300	SAAO	0.2301

* **Type**: COI = coinsurance; COP = copay; CM1 = combined (COP/COP/COI)
* **Diabetic**: If "100%" then Diabetic medications and supplies are covered at 100% of allowed charges;
  If "SAAO" then Diabetic medications and supplies are subject to cost sharing same as any other prescription drug.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Benefit Plan Relative Value Factors

Exhibit 4E

Tier Factors for Benefits with Separate Medical and Pharmacy Deductibles

Out-of-Pocket Range	Type	2-Tier		3-Tier			4-Tier			
		Single	Family	Single	2-Person	Family	Single	Subscriber & Spouse	Subscriber & Children	Family
NA/Stacked	Stacked	1.000	2.379	1.000	2.000	2.743	1.000	2.000	1.653	2.810
$0 - $3,499	Aggregate	1.000	2.319	1.000	1.839	2.690	1.000	1.928	1.598	2.757
$3,500 - $4,999	Aggregate	1.000	2.249	1.000	1.791	2.605	1.000	1.877	1.552	2.669
$5,000 - $7,150	Aggregate	1.000	2.210	1.000	1.749	2.568	1.000	1.836	1.504	2.633
$0 - $3,499	Hybrid	1.000	2.322	1.000	1.840	2.696	1.000	1.928	1.603	2.762
$3,500 - $4,999	Hybrid	1.000	2.252	1.000	1.794	2.607	1.000	1.881	1.555	2.671
$5,000 - $7,150	Hybrid	1.000	2.260	1.000	1.812	2.608	1.000	1.902	1.547	2.674

Tier Factors for Benefits with Integrated Medical and Pharmacy Deductibles

Out-of-Pocket Range	Type	2-Tier		3-Tier			4-Tier			
		Single	Family	Single	2-Person	Family	Single	Subscriber & Spouse	Subscriber & Children	Family
NA/Stacked	Stacked	1.000	2.379	1.000	2.000	2.743	1.000	2.000	1.653	2.810
$0 - $3,499	Aggregate	1.000	2.282	1.000	1.783	2.669	1.000	1.877	1.517	2.740
$3,500 - $4,999	Aggregate	1.000	2.195	1.000	1.718	2.565	1.000	1.811	1.442	2.636
$5,000 - $7,150	Aggregate	1.000	2.116	1.000	1.662	2.468	1.000	1.753	1.383	2.538
$0 - $3,499	Hybrid	1.000	2.282	1.000	1.783	2.669	1.000	1.877	1.517	2.740
$3,500 - $4,999	Hybrid	1.000	2.208	1.000	1.735	2.574	1.000	1.828	1.455	2.645
$5,000 - $7,150	Hybrid	1.000	2.235	1.000	1.799	2.572	1.000	1.895	1.493	2.642

The Vermont Health Plan **Exhibit 5A**
Q3 2017 Large Group Rating Program Filing

Example of Manual Rate Adjustment

Manual Rate	$490.37
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	7/1/2018
Trend Factor	8.40%

Group Information

Age/Gender Factor	0.940
Industry Factor	0.965
Projection Period	7/1/2018

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2	50
Family	50	197	2.743	137.15
	100	272		212.2

Manual Rate	A	$490.37
Adjustment for Age/Gender	B = 0.94 / 1	0.9400
Adjustment for Industry	C = 0.965 / 1	0.9650
Adjustment for Trend	D = 8.4% for 2 months	1.0412
Pharmacy Contract Adjustment	E =	0.9953
Contract Conversion Factor	F = 212.15 / 272	1.2821
Adjusted Manual Rate	G = A x B x C x D x E x F	$590.97

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
01	Agricultural Production - Crops	0.972
02	Agricultural Production - Livestock And Animal Specialties	0.979
07	Agricultural Services	0.973
08	Forestry	0.978
09	Fishing, Hunting And Trapping	1.057
10	Metal Mining	1.113
12	Coal Mining	1.121
13	Oil And Gas Extraction	1.025
14	Mining And Quarrying Of Nonmetallic Minerals, Except Fuels	1.090
15	Building Cnstrctn - General Contractors & Operative Builders	0.992
16	Heavy Cnstrctn, Except Building Construction - Contractors	0.986
17	Construction - Special Trade Contractors	0.987
20	Food And Kindred Products	0.940
21	Tobacco Products	1.005
22	Textile Mill Products	0.957
23	Apparel, Finished Prdcts From Fabrics & Similar Materials	0.969
24	Lumber And Wood Products, Except Furniture	1.003
25	Furniture And Fixtures	0.957
26	Paper And Allied Products	0.967
27	Printing, Publishing And Allied Industries	0.947
28	Chemicals And Allied Products	0.996
29	Petroleum Refining And Related Industries	0.997
30	Rubber And Miscellaneous Plastic Products	0.953
31	Leather And Leather Products	0.983
32	Stone, Clay, Glass, And Concrete Products	0.990
33	Primary Metal Industries	0.975
34	Fabricated Metal Prdcts, Except Machinery & Transport Eqpmnt	0.956
35	Industrial And Commercial Machinery And Computer Equipment	0.953
36	Electronic, Elctrcl Eqpmnt & Cmpnts, Excpt Computer Eqpmnt	0.938
37	Transportation Equipment	0.985
38	Mesr/Anlyz/Cntrl Instrmnts; Photo/Med/Opt Gds; Watchs/Clocks	0.937
39	Miscellaneous Manufacturing Industries	0.951
40	Railroad Transportation	0.997
41	Local, Suburban Transit & Interurbn Hgwy Passenger Transport	1.039
42	Motor Freight Transportation	1.039
43	United States Postal Service	0.965
44	Water Transportation	1.017
45	Transportation By Air	0.963
46	Pipelines, Except Natural Gas	0.981
47	Transportation Services	0.945
48	Communications	0.920
49	Electric, Gas And Sanitary Services	0.989
50	Wholesale Trade - Durable Goods	0.967
51	Wholesale Trade - Nondurable Goods	0.957
52	Building Matrials, Hrdwr, Garden Supply & Mobile Home Dealrs	0.956
53	General Merchandise Stores	0.955
54	Food Stores	0.958
55	Automotive Dealers And Gasoline Service Stations	1.031
56	Apparel And Accessory Stores	0.957
57	Home Furniture, Furnishings And Equipment Stores	0.949
58	Eating And Drinking Places	1.083
59	Miscellaneous Retail	0.988
60	Depository Institutions	0.941
61	Nondepository Credit Institutions	0.910
62	Security & Commodity Brokers, Dealers, Exchanges & Services	0.941
63	Insurance Carriers	0.965
64	Insurance Agents, Brokers And Service	0.965
65	Real Estate	0.989
67	Holding And Other Investment Offices	0.941
70	Hotels, Rooming Houses, Camps, And Other Lodging Places	1.031

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
72	Personal Services	1.011
73	Business Services	0.954
75	Automotive Repair, Services And Parking	1.003
76	Miscellaneous Repair Services	0.967
78	Motion Pictures	0.980
79	Amusement And Recreation Services	1.053
80	Health Services	1.109
81	Legal Services	1.001
82	Educational Services	0.958
83	Social Services	1.109
84	Museums, Art Galleries And Botanical And Zoological Gardens	0.965
86	Membership Organizations	1.014
87	Engineering, Accounting, Research, Management & Related Svcs	0.916
88	Private Households	0.965
89	Services, Not Elsewhere Classified	0.969
91	Executive, Legislative & General Government, Except Finance	1.109
92	Justice, Public Order And Safety	1.109
93	Public Finance, Taxation And Monetary Policy	1.023
94	Administration Of Human Resource Programs	1.029
95	Administration Of Environmental Quality And Housing Programs	1.021
96	Administration Of Economic Programs	1.023
97	National Security And International Affairs	1.054
99	Nonclassifiable Establishments	0.965

The Vermont Health Plan **Exhibit 6A**
Q3 2017 Large Group Rating Program Filing
Administrative Charges Development

Reconciliation of Experience Base Administrative Expense to Restated GAAP Expenses

(Dollars in 000's)

Business Segment	11/15 - 10/16 Experience Base	Reconciliation to GAAP [1]		
		Commissions	Reclassification Items[2]	Reported Expenses
Large Group				
BCBSVT Insured	$6,054	$1,347	($2,165)	$9,566
BCBSVT Cost Plus and ASO	$23,401	$267	($830)	$24,497
TVHP Insured	$2,512	$474	($623)	$3,609
Large Group Subtotal	*$31,967*	*$2,088*	*($3,617)*	*$37,672*
Individual/Other				
BCBSVT Small Group (QHP and Non-QHP)	$15,151	$34	($5,463)	$20,647
BCBSVT Individual (QHP and Non-QHP)	$13,188	$0	($3,497)	$16,685
TVHP Small Group	$1	$0	$1	$0
Medicare Supplement	$1,216	$0	($106)	$1,322
Cost Plus Medicare Supplement[3]	$342	$0	$342	
TVHP Medigap Blue	$1,988	$0	($125)	$2,113
Other Member Categories				
FEP	$3,956	$0	($1,735)	$5,691
Blue MedicareRx	$878	$0	($83)	$961
Other Categories				
CBA	$9,411	($29)	($159)	$9,541
Host	$1,624	$0	($222)	$1,847
Total	$79,722	$2,093	($14,664)	$96,478

Notes:

(1) Sources: Commissions and Reclassification Items are from Internal BCBSVT reports. Reported Expenses are from Underwriting Results GAAP Basis, restated for the new allocation, for the Experience Base period.

(2) Reclassification Items include the allocation of GHI expenses across relevant member categories and the removal of federal fees.

(3) Allocation of expenses for Cost Plus members with Med Supp coverage based on cost PMPM for insured Med Supp members. In GAAP financials, expenses are included in Large Group Cost Plus.

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing
Administrative Charges Development

Exhibit 6B

Administrative Charges PUPM

Unit		Account	Member	Contract	Medical Claim	Projected Claims	Large Group Subtotal	CP Medsup
Administrative Expenses	A	$1,143,714	$3,667,679	$220,754	$665,378	$2,868,147	$8,565,672	
Unit Months	B	1,339	239,980	122,259	567,115	$96,639,491		
Expense PUPM	C = A / B	$854.16	$15.28	$1.81	$1.17	3.0%		$27.85
Increase for Membership	D	-0.4%	-0.4%	-0.4%	-0.4%			-0.4%
Updated Expense PUPM	E = (1+D) x C	$850.97	$15.23	$1.80	$1.17			$27.75
Annual Trend	F	2.4%	2.4%	2.4%	2.4%			2.4%
Monthly Trend Factor	G = (1+F)^(1/12)	1.0020	1.0020	1.0020	1.0020			1.0020
Months of Trend to First Effective Period	H	20	20	20	20			20
Projection Periods								
Effective Date		Account	Member	Contract	Medical Claim	Projected Claims		
Jul-17	I = E x G ^ (H/12)	$853.82	$15.28	$1.81	$1.17	3.0%		$27.84
Aug-17	J = I x G	$855.54	$15.31	$1.81	$1.17	3.0%		$27.90
Sep-17	K = J x G	$857.26	$15.34	$1.81	$1.18	3.0%		$27.95
Oct-17		$858.99	$15.37	$1.82	$1.18	3.0%		$28.01
Nov-17		$860.72	$15.40	$1.82	$1.18	3.0%		$28.06
Dec-17		$862.45	$15.43	$1.82	$1.18	3.0%		$28.12
Jan-18		$864.18	$15.46	$1.83	$1.19	3.0%		$28.18
Feb-18		$865.92	$15.49	$1.83	$1.19	3.0%		$28.23
Mar-18		$867.66	$15.52	$1.83	$1.19	3.0%		$28.29
Apr-18		$869.41	$15.56	$1.84	$1.19	3.0%		$28.35
May-18		$871.16	$15.59	$1.84	$1.20	3.0%		$28.40
Jun-18		$872.91	$15.62	$1.85	$1.20	3.0%		$28.46
Jul-18		$874.67	$15.65	$1.85	$1.20	3.0%		$28.52
Aug-18		$876.43	$15.68	$1.85	$1.20	3.0%		$28.58
Sep-18		$878.19	$15.71	$1.86	$1.21	3.0%		$28.63
Oct-18		$879.96	$15.74	$1.86	$1.21	3.0%		$28.69

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$30,000	25	7.403%	6.144%
$30,000	50	4.960%	3.797%
$30,000	100	3.318%	2.251%
$30,000	150	2.697%	1.715%
$30,000	200	2.204%	1.289%
$30,000	300	1.785%	0.933%
$30,000	400	1.385%	0.632%
$30,000	500	1.248%	0.523%
$30,000	600	1.072%	0.409%
$30,000	700	0.928%	0.323%
$30,000	800	0.829%	0.264%
$30,000	900	0.741%	0.217%
$30,000	1,000	0.696%	0.192%
$30,000	1,500	0.445%	0.085%
$30,000	2,000	0.330%	0.045%
$30,000	3,000	0.170%	0.011%
$30,000	4,000	0.114%	0.004%
$30,000	5,000	0.084%	0.003%
$30,000	10,000	0.022%	0.001%
$30,000	20,000	0.003%	0.001%
$30,000	30,000	0.002%	0.001%
$30,000	40,000	0.002%	0.001%
$35,000	25	8.196%	6.881%
$35,000	50	5.480%	4.255%
$35,000	100	3.671%	2.539%
$35,000	150	2.989%	1.944%
$35,000	200	2.450%	1.471%
$35,000	300	1.983%	1.069%
$35,000	400	1.544%	0.734%
$35,000	500	1.404%	0.617%
$35,000	600	1.215%	0.490%
$35,000	700	1.056%	0.390%
$35,000	800	0.947%	0.322%
$35,000	900	0.851%	0.267%
$35,000	1,000	0.797%	0.236%
$35,000	1,500	0.519%	0.110%
$35,000	2,000	0.392%	0.061%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$35,000	3,000	0.204%	0.016%
$35,000	4,000	0.138%	0.006%
$35,000	5,000	0.102%	0.003%
$35,000	10,000	0.028%	0.001%
$35,000	20,000	0.004%	0.001%
$35,000	30,000	0.002%	0.001%
$35,000	40,000	0.002%	0.001%
$40,000	25	8.882%	7.520%
$40,000	50	5.928%	4.656%
$40,000	100	3.975%	2.794%
$40,000	150	3.240%	2.146%
$40,000	200	2.662%	1.633%
$40,000	300	2.151%	1.188%
$40,000	400	1.683%	0.827%
$40,000	500	1.538%	0.701%
$40,000	600	1.336%	0.562%
$40,000	700	1.166%	0.451%
$40,000	800	1.052%	0.377%
$40,000	900	0.950%	0.316%
$40,000	1,000	0.887%	0.278%
$40,000	1,500	0.584%	0.133%
$40,000	2,000	0.448%	0.077%
$40,000	3,000	0.236%	0.021%
$40,000	4,000	0.161%	0.008%
$40,000	5,000	0.119%	0.004%
$40,000	10,000	0.034%	0.001%
$40,000	20,000	0.004%	0.001%
$40,000	30,000	0.002%	0.001%
$40,000	40,000	0.002%	0.001%
$45,000	25	9.508%	8.108%
$45,000	50	6.341%	5.029%
$45,000	100	4.258%	3.034%
$45,000	150	3.471%	2.334%
$45,000	200	2.857%	1.785%
$45,000	300	2.308%	1.302%
$45,000	400	1.813%	0.917%
$45,000	500	1.663%	0.782%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$45,000	600	1.446%	0.629%
$45,000	700	1.268%	0.510%
$45,000	800	1.150%	0.432%
$45,000	900	1.041%	0.363%
$45,000	1,000	0.969%	0.319%
$45,000	1,500	0.645%	0.156%
$45,000	2,000	0.501%	0.094%
$45,000	3,000	0.266%	0.026%
$45,000	4,000	0.183%	0.010%
$45,000	5,000	0.135%	0.006%
$45,000	10,000	0.039%	0.001%
$45,000	20,000	0.005%	0.001%
$45,000	30,000	0.002%	0.001%
$45,000	40,000	0.002%	0.001%
$50,000	25	10.079%	8.645%
$50,000	50	6.719%	5.372%
$50,000	100	4.520%	3.259%
$50,000	150	3.684%	2.508%
$50,000	200	3.040%	1.930%
$50,000	300	2.452%	1.407%
$50,000	400	1.933%	1.001%
$50,000	500	1.780%	0.860%
$50,000	600	1.547%	0.692%
$50,000	700	1.364%	0.567%
$50,000	800	1.240%	0.483%
$50,000	900	1.126%	0.409%
$50,000	1,000	1.046%	0.359%
$50,000	1,500	0.704%	0.180%
$50,000	2,000	0.551%	0.111%
$50,000	3,000	0.296%	0.032%
$50,000	4,000	0.204%	0.013%
$50,000	5,000	0.152%	0.007%
$50,000	10,000	0.045%	0.001%
$50,000	20,000	0.006%	0.001%
$50,000	30,000	0.002%	0.001%
$50,000	40,000	0.002%	0.001%
$55,000	25	10.603%	9.141%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$55,000	50	7.073%	5.694%
$55,000	100	4.765%	3.470%
$55,000	150	3.880%	2.670%
$55,000	200	3.212%	2.067%
$55,000	300	2.585%	1.506%
$55,000	400	2.044%	1.080%
$55,000	500	1.889%	0.934%
$55,000	600	1.641%	0.752%
$55,000	700	1.452%	0.621%
$55,000	800	1.324%	0.533%
$55,000	900	1.207%	0.454%
$55,000	1,000	1.118%	0.397%
$55,000	1,500	0.759%	0.204%
$55,000	2,000	0.599%	0.128%
$55,000	3,000	0.325%	0.038%
$55,000	4,000	0.224%	0.016%
$55,000	5,000	0.168%	0.009%
$55,000	10,000	0.051%	0.001%
$55,000	20,000	0.007%	0.001%
$55,000	30,000	0.002%	0.001%
$55,000	40,000	0.002%	0.001%
$60,000	25	11.080%	9.595%
$60,000	50	7.401%	5.992%
$60,000	100	4.988%	3.662%
$60,000	150	4.062%	2.822%
$60,000	200	3.372%	2.196%
$60,000	300	2.707%	1.598%
$60,000	400	2.144%	1.153%
$60,000	500	1.988%	1.002%
$60,000	600	1.729%	0.810%
$60,000	700	1.534%	0.673%
$60,000	800	1.402%	0.579%
$60,000	900	1.282%	0.497%
$60,000	1,000	1.186%	0.434%
$60,000	1,500	0.812%	0.227%
$60,000	2,000	0.644%	0.144%
$60,000	3,000	0.353%	0.045%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$60,000	4,000	0.244%	0.019%
$60,000	5,000	0.182%	0.010%
$60,000	10,000	0.057%	0.001%
$60,000	20,000	0.008%	0.001%
$60,000	30,000	0.002%	0.001%
$60,000	40,000	0.002%	0.001%
$65,000	25	11.518%	10.013%
$65,000	50	7.707%	6.271%
$65,000	100	5.195%	3.844%
$65,000	150	4.231%	2.965%
$65,000	200	3.525%	2.320%
$65,000	300	2.821%	1.685%
$65,000	400	2.238%	1.222%
$65,000	500	2.082%	1.067%
$65,000	600	1.811%	0.864%
$65,000	700	1.610%	0.721%
$65,000	800	1.474%	0.624%
$65,000	900	1.352%	0.538%
$65,000	1,000	1.250%	0.469%
$65,000	1,500	0.863%	0.250%
$65,000	2,000	0.687%	0.161%
$65,000	3,000	0.380%	0.051%
$65,000	4,000	0.264%	0.022%
$65,000	5,000	0.197%	0.012%
$65,000	10,000	0.062%	0.001%
$65,000	20,000	0.009%	0.001%
$65,000	30,000	0.003%	0.001%
$65,000	40,000	0.002%	0.001%
$70,000	25	11.929%	10.406%
$70,000	50	7.993%	6.534%
$70,000	100	5.390%	4.014%
$70,000	150	4.390%	3.099%
$70,000	200	3.668%	2.436%
$70,000	300	2.931%	1.770%
$70,000	400	2.327%	1.288%
$70,000	500	2.170%	1.129%
$70,000	600	1.887%	0.915%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$70,000	700	1.684%	0.769%
$70,000	800	1.542%	0.665%
$70,000	900	1.417%	0.577%
$70,000	1,000	1.310%	0.503%
$70,000	1,500	0.911%	0.273%
$70,000	2,000	0.727%	0.177%
$70,000	3,000	0.407%	0.059%
$70,000	4,000	0.284%	0.025%
$70,000	5,000	0.211%	0.014%
$70,000	10,000	0.067%	0.001%
$70,000	20,000	0.010%	0.001%
$70,000	30,000	0.003%	0.001%
$70,000	40,000	0.002%	0.001%
$75,000	25	12.314%	10.775%
$75,000	50	8.265%	6.788%
$75,000	100	5.575%	4.179%
$75,000	150	4.540%	3.229%
$75,000	200	3.800%	2.544%
$75,000	300	3.035%	1.852%
$75,000	400	2.410%	1.351%
$75,000	500	2.252%	1.187%
$75,000	600	1.958%	0.963%
$75,000	700	1.752%	0.814%
$75,000	800	1.605%	0.705%
$75,000	900	1.477%	0.613%
$75,000	1,000	1.367%	0.536%
$75,000	1,500	0.956%	0.294%
$75,000	2,000	0.764%	0.193%
$75,000	3,000	0.433%	0.066%
$75,000	4,000	0.303%	0.029%
$75,000	5,000	0.225%	0.016%
$75,000	10,000	0.072%	0.001%
$75,000	20,000	0.011%	0.001%
$75,000	30,000	0.003%	0.001%
$75,000	40,000	0.002%	0.001%
$80,000	25	12.678%	11.127%
$80,000	50	8.524%	7.029%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$80,000	100	5.751%	4.337%
$80,000	150	4.684%	3.351%
$80,000	200	3.924%	2.648%
$80,000	300	3.133%	1.930%
$80,000	400	2.488%	1.410%
$80,000	500	2.331%	1.244%
$80,000	600	2.027%	1.010%
$80,000	700	1.818%	0.858%
$80,000	800	1.664%	0.742%
$80,000	900	1.534%	0.648%
$80,000	1,000	1.421%	0.568%
$80,000	1,500	0.998%	0.315%
$80,000	2,000	0.801%	0.208%
$80,000	3,000	0.457%	0.073%
$80,000	4,000	0.321%	0.032%
$80,000	5,000	0.239%	0.018%
$80,000	10,000	0.077%	0.002%
$80,000	20,000	0.013%	0.001%
$80,000	30,000	0.003%	0.001%
$80,000	40,000	0.002%	0.001%
$85,000	25	13.018%	11.456%
$85,000	50	8.763%	7.254%
$85,000	100	5.914%	4.487%
$85,000	150	4.815%	3.464%
$85,000	200	4.038%	2.744%
$85,000	300	3.224%	2.002%
$85,000	400	2.560%	1.465%
$85,000	500	2.404%	1.298%
$85,000	600	2.090%	1.054%
$85,000	700	1.877%	0.898%
$85,000	800	1.716%	0.776%
$85,000	900	1.587%	0.681%
$85,000	1,000	1.471%	0.598%
$85,000	1,500	1.037%	0.335%
$85,000	2,000	0.834%	0.223%
$85,000	3,000	0.480%	0.080%
$85,000	4,000	0.338%	0.036%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$85,000	5,000	0.253%	0.020%
$85,000	10,000	0.082%	0.002%
$85,000	20,000	0.014%	0.001%
$85,000	30,000	0.003%	0.001%
$85,000	40,000	0.002%	0.001%
$90,000	25	13.345%	11.774%
$90,000	50	8.987%	7.464%
$90,000	100	6.073%	4.633%
$90,000	150	4.943%	3.574%
$90,000	200	4.148%	2.835%
$90,000	300	3.311%	2.071%
$90,000	400	2.629%	1.518%
$90,000	500	2.475%	1.350%
$90,000	600	2.152%	1.097%
$90,000	700	1.934%	0.936%
$90,000	800	1.766%	0.808%
$90,000	900	1.637%	0.713%
$90,000	1,000	1.519%	0.627%
$90,000	1,500	1.075%	0.354%
$90,000	2,000	0.866%	0.237%
$90,000	3,000	0.502%	0.086%
$90,000	4,000	0.355%	0.040%
$90,000	5,000	0.265%	0.022%
$90,000	10,000	0.087%	0.002%
$90,000	20,000	0.015%	0.001%
$90,000	30,000	0.003%	0.001%
$90,000	40,000	0.002%	0.001%
$95,000	25	13.652%	12.076%
$95,000	50	9.197%	7.662%
$95,000	100	6.222%	4.770%
$95,000	150	5.064%	3.679%
$95,000	200	4.251%	2.922%
$95,000	300	3.392%	2.136%
$95,000	400	2.695%	1.568%
$95,000	500	2.542%	1.399%
$95,000	600	2.210%	1.138%
$95,000	700	1.989%	0.973%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$95,000	800	1.813%	0.838%
$95,000	900	1.685%	0.743%
$95,000	1,000	1.564%	0.655%
$95,000	1,500	1.111%	0.373%
$95,000	2,000	0.897%	0.251%
$95,000	3,000	0.523%	0.093%
$95,000	4,000	0.372%	0.043%
$95,000	5,000	0.278%	0.024%
$95,000	10,000	0.091%	0.002%
$95,000	20,000	0.016%	0.001%
$95,000	30,000	0.004%	0.001%
$95,000	40,000	0.002%	0.001%
$100,000	25	13.939%	12.359%
$100,000	50	9.398%	7.851%
$100,000	100	6.362%	4.898%
$100,000	150	5.175%	3.776%
$100,000	200	4.348%	3.005%
$100,000	300	3.469%	2.198%
$100,000	400	2.755%	1.615%
$100,000	500	2.605%	1.446%
$100,000	600	2.264%	1.177%
$100,000	700	2.038%	1.008%
$100,000	800	1.856%	0.867%
$100,000	900	1.730%	0.772%
$100,000	1,000	1.606%	0.681%
$100,000	1,500	1.145%	0.391%
$100,000	2,000	0.925%	0.265%
$100,000	3,000	0.543%	0.099%
$100,000	4,000	0.388%	0.047%
$100,000	5,000	0.290%	0.026%
$100,000	10,000	0.096%	0.002%
$100,000	20,000	0.017%	0.001%
$100,000	30,000	0.004%	0.001%
$100,000	40,000	0.002%	0.001%
$105,000	25	14.220%	12.638%
$105,000	50	9.597%	8.039%
$105,000	100	6.502%	5.026%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$105,000	150	5.283%	3.870%
$105,000	200	4.445%	3.087%
$105,000	300	3.545%	2.260%
$105,000	400	2.814%	1.662%
$105,000	500	2.667%	1.493%
$105,000	600	2.317%	1.215%
$105,000	700	2.088%	1.042%
$105,000	800	1.899%	0.896%
$105,000	900	1.775%	0.801%
$105,000	1,000	1.648%	0.708%
$105,000	1,500	1.179%	0.409%
$105,000	2,000	0.953%	0.278%
$105,000	3,000	0.563%	0.106%
$105,000	4,000	0.403%	0.051%
$105,000	5,000	0.302%	0.028%
$105,000	10,000	0.100%	0.002%
$105,000	20,000	0.018%	0.001%
$105,000	30,000	0.004%	0.001%
$105,000	40,000	0.002%	0.001%
$110,000	25	14.490%	12.908%
$110,000	50	9.786%	8.218%
$110,000	100	6.635%	5.148%
$110,000	150	5.389%	3.962%
$110,000	200	4.538%	3.166%
$110,000	300	3.620%	2.320%
$110,000	400	2.871%	1.707%
$110,000	500	2.726%	1.537%
$110,000	600	2.368%	1.252%
$110,000	700	2.135%	1.075%
$110,000	800	1.941%	0.925%
$110,000	900	1.817%	0.829%
$110,000	1,000	1.689%	0.734%
$110,000	1,500	1.211%	0.427%
$110,000	2,000	0.980%	0.290%
$110,000	3,000	0.582%	0.112%
$110,000	4,000	0.418%	0.055%
$110,000	5,000	0.314%	0.030%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$110,000	10,000	0.105%	0.002%
$110,000	20,000	0.019%	0.001%
$110,000	30,000	0.004%	0.001%
$110,000	40,000	0.002%	0.001%
$115,000	25	14.739%	13.157%
$115,000	50	9.962%	8.387%
$115,000	100	6.756%	5.261%
$115,000	150	5.487%	4.048%
$115,000	200	4.625%	3.242%
$115,000	300	3.689%	2.377%
$115,000	400	2.924%	1.749%
$115,000	500	2.779%	1.578%
$115,000	600	2.415%	1.287%
$115,000	700	2.178%	1.106%
$115,000	800	1.980%	0.951%
$115,000	900	1.857%	0.855%
$115,000	1,000	1.727%	0.759%
$115,000	1,500	1.240%	0.444%
$115,000	2,000	1.006%	0.303%
$115,000	3,000	0.600%	0.118%
$115,000	4,000	0.432%	0.058%
$115,000	5,000	0.326%	0.033%
$115,000	10,000	0.109%	0.003%
$115,000	20,000	0.020%	0.001%
$115,000	30,000	0.004%	0.001%
$115,000	40,000	0.002%	0.001%
$120,000	25	14.980%	13.398%
$120,000	50	10.138%	8.555%
$120,000	100	6.877%	5.373%
$120,000	150	5.582%	4.133%
$120,000	200	4.711%	3.316%
$120,000	300	3.756%	2.432%
$120,000	400	2.977%	1.792%
$120,000	500	2.831%	1.618%
$120,000	600	2.461%	1.322%
$120,000	700	2.221%	1.136%
$120,000	800	2.017%	0.977%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$120,000	900	1.897%	0.882%
$120,000	1,000	1.763%	0.783%
$120,000	1,500	1.269%	0.460%
$120,000	2,000	1.030%	0.315%
$120,000	3,000	0.618%	0.125%
$120,000	4,000	0.445%	0.062%
$120,000	5,000	0.337%	0.035%
$120,000	10,000	0.113%	0.003%
$120,000	20,000	0.022%	0.001%
$120,000	30,000	0.005%	0.001%
$120,000	40,000	0.002%	0.001%
$125,000	25	15.215%	13.633%
$125,000	50	10.311%	8.721%
$125,000	100	6.995%	5.482%
$125,000	150	5.675%	4.215%
$125,000	200	4.796%	3.390%
$125,000	300	3.822%	2.487%
$125,000	400	3.030%	1.833%
$125,000	500	2.882%	1.657%
$125,000	600	2.507%	1.355%
$125,000	700	2.261%	1.165%
$125,000	800	2.054%	1.002%
$125,000	900	1.935%	0.908%
$125,000	1,000	1.799%	0.807%
$125,000	1,500	1.297%	0.476%
$125,000	2,000	1.055%	0.327%
$125,000	3,000	0.635%	0.131%
$125,000	4,000	0.458%	0.066%
$125,000	5,000	0.348%	0.037%
$125,000	10,000	0.117%	0.003%
$125,000	20,000	0.023%	0.001%
$125,000	30,000	0.005%	0.001%
$125,000	40,000	0.002%	0.001%
$130,000	25	15.433%	13.853%
$130,000	50	10.474%	8.879%
$130,000	100	7.104%	5.583%
$130,000	150	5.762%	4.292%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$130,000	200	4.878%	3.461%
$130,000	300	3.885%	2.539%
$130,000	400	3.079%	1.873%
$130,000	500	2.931%	1.695%
$130,000	600	2.550%	1.388%
$130,000	700	2.300%	1.193%
$130,000	800	2.089%	1.026%
$130,000	900	1.971%	0.933%
$130,000	1,000	1.834%	0.829%
$130,000	1,500	1.324%	0.492%
$130,000	2,000	1.078%	0.339%
$130,000	3,000	0.652%	0.137%
$130,000	4,000	0.471%	0.069%
$130,000	5,000	0.359%	0.040%
$130,000	10,000	0.121%	0.003%
$130,000	20,000	0.024%	0.001%
$130,000	30,000	0.005%	0.001%
$130,000	40,000	0.002%	0.001%
$135,000	25	15.640%	14.063%
$135,000	50	10.630%	9.031%
$135,000	100	7.210%	5.680%
$135,000	150	5.843%	4.365%
$135,000	200	4.958%	3.531%
$135,000	300	3.944%	2.589%
$135,000	400	3.126%	1.911%
$135,000	500	2.977%	1.732%
$135,000	600	2.590%	1.418%
$135,000	700	2.336%	1.219%
$135,000	800	2.122%	1.050%
$135,000	900	2.005%	0.956%
$135,000	1,000	1.866%	0.851%
$135,000	1,500	1.349%	0.507%
$135,000	2,000	1.100%	0.350%
$135,000	3,000	0.668%	0.143%
$135,000	4,000	0.484%	0.073%
$135,000	5,000	0.369%	0.042%
$135,000	10,000	0.125%	0.004%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$135,000	20,000	0.025%	0.001%
$135,000	30,000	0.005%	0.001%
$135,000	40,000	0.002%	0.001%
$140,000	25	15.845%	14.271%
$140,000	50	10.784%	9.180%
$140,000	100	7.314%	5.777%
$140,000	150	5.923%	4.436%
$140,000	200	5.037%	3.600%
$140,000	300	4.003%	2.638%
$140,000	400	3.172%	1.948%
$140,000	500	3.023%	1.768%
$140,000	600	2.631%	1.448%
$140,000	700	2.372%	1.245%
$140,000	800	2.155%	1.073%
$140,000	900	2.039%	0.980%
$140,000	1,000	1.898%	0.872%
$140,000	1,500	1.375%	0.521%
$140,000	2,000	1.122%	0.362%
$140,000	3,000	0.684%	0.149%
$140,000	4,000	0.496%	0.076%
$140,000	5,000	0.380%	0.044%
$140,000	10,000	0.129%	0.004%
$140,000	20,000	0.026%	0.001%
$140,000	30,000	0.006%	0.001%
$140,000	40,000	0.002%	0.001%
$145,000	25	16.039%	14.467%
$145,000	50	10.931%	9.324%
$145,000	100	7.414%	5.870%
$145,000	150	5.999%	4.505%
$145,000	200	5.113%	3.666%
$145,000	300	4.060%	2.686%
$145,000	400	3.216%	1.983%
$145,000	500	3.067%	1.803%
$145,000	600	2.669%	1.477%
$145,000	700	2.406%	1.270%
$145,000	800	2.187%	1.096%
$145,000	900	2.072%	1.003%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$145,000	1,000	1.928%	0.893%
$145,000	1,500	1.399%	0.536%
$145,000	2,000	1.143%	0.373%
$145,000	3,000	0.699%	0.155%
$145,000	4,000	0.508%	0.080%
$145,000	5,000	0.389%	0.047%
$145,000	10,000	0.133%	0.004%
$145,000	20,000	0.027%	0.001%
$145,000	30,000	0.006%	0.001%
$145,000	40,000	0.002%	0.001%
$150,000	25	16.216%	14.648%
$150,000	50	11.071%	9.461%
$150,000	100	7.509%	5.958%
$150,000	150	6.072%	4.570%
$150,000	200	5.183%	3.729%
$150,000	300	4.113%	2.731%
$150,000	400	3.258%	2.018%
$150,000	500	3.109%	1.836%
$150,000	600	2.705%	1.504%
$150,000	700	2.439%	1.294%
$150,000	800	2.218%	1.118%
$150,000	900	2.103%	1.025%
$150,000	1,000	1.957%	0.913%
$150,000	1,500	1.422%	0.550%
$150,000	2,000	1.163%	0.384%
$150,000	3,000	0.714%	0.161%
$150,000	4,000	0.519%	0.083%
$150,000	5,000	0.399%	0.049%
$150,000	10,000	0.137%	0.004%
$150,000	20,000	0.028%	0.001%
$150,000	30,000	0.006%	0.001%
$150,000	40,000	0.002%	0.001%
$155,000	25	16.385%	14.819%
$155,000	50	11.204%	9.594%
$155,000	100	7.601%	6.044%
$155,000	150	6.143%	4.634%
$155,000	200	5.251%	3.789%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$155,000	300	4.164%	2.775%
$155,000	400	3.299%	2.051%
$155,000	500	3.150%	1.869%
$155,000	600	2.740%	1.531%
$155,000	700	2.470%	1.317%
$155,000	800	2.248%	1.139%
$155,000	900	2.133%	1.047%
$155,000	1,000	1.985%	0.933%
$155,000	1,500	1.444%	0.563%
$155,000	2,000	1.183%	0.395%
$155,000	3,000	0.728%	0.166%
$155,000	4,000	0.530%	0.087%
$155,000	5,000	0.408%	0.051%
$155,000	10,000	0.140%	0.004%
$155,000	20,000	0.029%	0.001%
$155,000	30,000	0.006%	0.001%
$155,000	40,000	0.002%	0.001%
$160,000	25	16.546%	14.982%
$160,000	50	11.334%	9.724%
$160,000	100	7.690%	6.126%
$160,000	150	6.213%	4.697%
$160,000	200	5.315%	3.847%
$160,000	300	4.214%	2.818%
$160,000	400	3.339%	2.084%
$160,000	500	3.190%	1.901%
$160,000	600	2.774%	1.557%
$160,000	700	2.499%	1.339%
$160,000	800	2.277%	1.160%
$160,000	900	2.163%	1.068%
$160,000	1,000	2.012%	0.951%
$160,000	1,500	1.466%	0.576%
$160,000	2,000	1.202%	0.405%
$160,000	3,000	0.742%	0.171%
$160,000	4,000	0.541%	0.090%
$160,000	5,000	0.418%	0.053%
$160,000	10,000	0.144%	0.005%
$160,000	20,000	0.030%	0.001%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$160,000	30,000	0.007%	0.001%
$160,000	40,000	0.002%	0.001%
$165,000	25	16.696%	15.134%
$165,000	50	11.457%	9.846%
$165,000	100	7.774%	6.205%
$165,000	150	6.280%	4.758%
$165,000	200	5.376%	3.901%
$165,000	300	4.261%	2.858%
$165,000	400	3.377%	2.115%
$165,000	500	3.229%	1.932%
$165,000	600	2.806%	1.582%
$165,000	700	2.527%	1.360%
$165,000	800	2.305%	1.180%
$165,000	900	2.191%	1.088%
$165,000	1,000	2.038%	0.969%
$165,000	1,500	1.487%	0.589%
$165,000	2,000	1.220%	0.415%
$165,000	3,000	0.755%	0.177%
$165,000	4,000	0.552%	0.094%
$165,000	5,000	0.427%	0.055%
$165,000	10,000	0.148%	0.005%
$165,000	20,000	0.032%	0.001%
$165,000	30,000	0.007%	0.001%
$165,000	40,000	0.002%	0.001%
$170,000	25	16.837%	15.278%
$170,000	50	11.576%	9.965%
$170,000	100	7.855%	6.282%
$170,000	150	6.345%	4.817%
$170,000	200	5.435%	3.954%
$170,000	300	4.307%	2.898%
$170,000	400	3.414%	2.146%
$170,000	500	3.266%	1.962%
$170,000	600	2.838%	1.606%
$170,000	700	2.555%	1.380%
$170,000	800	2.333%	1.200%
$170,000	900	2.218%	1.107%
$170,000	1,000	2.062%	0.986%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$170,000	1,500	1.508%	0.602%
$170,000	2,000	1.238%	0.425%
$170,000	3,000	0.768%	0.182%
$170,000	4,000	0.562%	0.097%
$170,000	5,000	0.435%	0.058%
$170,000	10,000	0.151%	0.005%
$170,000	20,000	0.033%	0.001%
$170,000	30,000	0.007%	0.001%
$170,000	40,000	0.002%	0.001%
$175,000	25	16.976%	15.418%
$175,000	50	11.694%	10.081%
$175,000	100	7.936%	6.357%
$175,000	150	6.411%	4.877%
$175,000	200	5.492%	4.005%
$175,000	300	4.353%	2.937%
$175,000	400	3.450%	2.176%
$175,000	500	3.302%	1.991%
$175,000	600	2.869%	1.630%
$175,000	700	2.583%	1.401%
$175,000	800	2.360%	1.220%
$175,000	900	2.244%	1.126%
$175,000	1,000	2.086%	1.002%
$175,000	1,500	1.528%	0.615%
$175,000	2,000	1.255%	0.434%
$175,000	3,000	0.780%	0.187%
$175,000	4,000	0.572%	0.100%
$175,000	5,000	0.444%	0.060%
$175,000	10,000	0.154%	0.005%
$175,000	20,000	0.034%	0.001%
$175,000	30,000	0.007%	0.001%
$175,000	40,000	0.002%	0.001%
$180,000	25	17.105%	15.549%
$180,000	50	11.805%	10.193%
$180,000	100	8.009%	6.426%
$180,000	150	6.474%	4.935%
$180,000	200	5.546%	4.053%
$180,000	300	4.396%	2.974%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$180,000	400	3.485%	2.205%
$180,000	500	3.337%	2.019%
$180,000	600	2.898%	1.653%
$180,000	700	2.609%	1.421%
$180,000	800	2.386%	1.239%
$180,000	900	2.269%	1.145%
$180,000	1,000	2.109%	1.018%
$180,000	1,500	1.548%	0.627%
$180,000	2,000	1.271%	0.444%
$180,000	3,000	0.793%	0.192%
$180,000	4,000	0.581%	0.103%
$180,000	5,000	0.452%	0.062%
$180,000	10,000	0.158%	0.006%
$180,000	20,000	0.034%	0.001%
$180,000	30,000	0.008%	0.001%
$180,000	40,000	0.002%	0.001%
$185,000	25	17.232%	15.678%
$185,000	50	11.915%	10.303%
$185,000	100	8.081%	6.494%
$185,000	150	6.536%	4.992%
$185,000	200	5.598%	4.100%
$185,000	300	4.438%	3.011%
$185,000	400	3.520%	2.235%
$185,000	500	3.371%	2.046%
$185,000	600	2.927%	1.675%
$185,000	700	2.635%	1.440%
$185,000	800	2.411%	1.258%
$185,000	900	2.294%	1.163%
$185,000	1,000	2.131%	1.034%
$185,000	1,500	1.567%	0.639%
$185,000	2,000	1.288%	0.453%
$185,000	3,000	0.804%	0.197%
$185,000	4,000	0.591%	0.107%
$185,000	5,000	0.461%	0.064%
$185,000	10,000	0.161%	0.006%
$185,000	20,000	0.035%	0.001%
$185,000	30,000	0.008%	0.001%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$185,000	40,000	0.002%	0.001%
$190,000	25	17.357%	15.804%
$190,000	50	12.021%	10.410%
$190,000	100	8.151%	6.561%
$190,000	150	6.596%	5.048%
$190,000	200	5.650%	4.146%
$190,000	300	4.480%	3.046%
$190,000	400	3.554%	2.263%
$190,000	500	3.405%	2.074%
$190,000	600	2.956%	1.698%
$190,000	700	2.660%	1.460%
$190,000	800	2.436%	1.277%
$190,000	900	2.319%	1.181%
$190,000	1,000	2.153%	1.050%
$190,000	1,500	1.586%	0.651%
$190,000	2,000	1.304%	0.462%
$190,000	3,000	0.816%	0.202%
$190,000	4,000	0.600%	0.110%
$190,000	5,000	0.469%	0.066%
$190,000	10,000	0.164%	0.006%
$190,000	20,000	0.036%	0.001%
$190,000	30,000	0.008%	0.001%
$190,000	40,000	0.002%	0.001%
$195,000	25	17.475%	15.924%
$195,000	50	12.122%	10.511%
$195,000	100	8.219%	6.626%
$195,000	150	6.655%	5.102%
$195,000	200	5.699%	4.190%
$195,000	300	4.519%	3.081%
$195,000	400	3.587%	2.291%
$195,000	500	3.438%	2.101%
$195,000	600	2.983%	1.719%
$195,000	700	2.685%	1.479%
$195,000	800	2.460%	1.295%
$195,000	900	2.343%	1.198%
$195,000	1,000	2.175%	1.065%
$195,000	1,500	1.605%	0.663%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$195,000	2,000	1.319%	0.471%
$195,000	3,000	0.827%	0.207%
$195,000	4,000	0.609%	0.113%
$195,000	5,000	0.477%	0.068%
$195,000	10,000	0.167%	0.006%
$195,000	20,000	0.037%	0.001%
$195,000	30,000	0.008%	0.001%
$195,000	40,000	0.002%	0.001%
$200,000	25	17.586%	16.037%
$200,000	50	12.220%	10.610%
$200,000	100	8.286%	6.690%
$200,000	150	6.711%	5.154%
$200,000	200	5.747%	4.233%
$200,000	300	4.557%	3.114%
$200,000	400	3.619%	2.318%
$200,000	500	3.470%	2.127%
$200,000	600	3.010%	1.741%
$200,000	700	2.709%	1.498%
$200,000	800	2.484%	1.313%
$200,000	900	2.366%	1.215%
$200,000	1,000	2.196%	1.080%
$200,000	1,500	1.623%	0.674%
$200,000	2,000	1.334%	0.479%
$200,000	3,000	0.839%	0.212%
$200,000	4,000	0.618%	0.116%
$200,000	5,000	0.485%	0.071%
$200,000	10,000	0.170%	0.007%
$200,000	20,000	0.038%	0.001%
$200,000	30,000	0.008%	0.001%
$200,000	40,000	0.002%	0.001%
$205,000	25	17.694%	16.147%
$205,000	50	12.315%	10.706%
$205,000	100	8.352%	6.754%
$205,000	150	6.767%	5.207%
$205,000	200	5.795%	4.277%
$205,000	300	4.595%	3.147%
$205,000	400	3.651%	2.345%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$205,000	500	3.503%	2.154%
$205,000	600	3.037%	1.762%
$205,000	700	2.734%	1.517%
$205,000	800	2.508%	1.331%
$205,000	900	2.388%	1.232%
$205,000	1,000	2.217%	1.095%
$205,000	1,500	1.641%	0.686%
$205,000	2,000	1.349%	0.488%
$205,000	3,000	0.850%	0.217%
$205,000	4,000	0.627%	0.119%
$205,000	5,000	0.493%	0.073%
$205,000	10,000	0.173%	0.007%
$205,000	20,000	0.039%	0.001%
$205,000	30,000	0.009%	0.001%
$205,000	40,000	0.002%	0.001%
$210,000	25	17.799%	16.253%
$210,000	50	12.409%	10.801%
$210,000	100	8.417%	6.816%
$210,000	150	6.822%	5.258%
$210,000	200	5.842%	4.319%
$210,000	300	4.632%	3.179%
$210,000	400	3.683%	2.372%
$210,000	500	3.534%	2.180%
$210,000	600	3.064%	1.784%
$210,000	700	2.758%	1.537%
$210,000	800	2.531%	1.348%
$210,000	900	2.410%	1.248%
$210,000	1,000	2.237%	1.109%
$210,000	1,500	1.658%	0.697%
$210,000	2,000	1.364%	0.497%
$210,000	3,000	0.860%	0.221%
$210,000	4,000	0.636%	0.122%
$210,000	5,000	0.501%	0.075%
$210,000	10,000	0.177%	0.007%
$210,000	20,000	0.040%	0.001%
$210,000	30,000	0.009%	0.001%
$210,000	40,000	0.003%	0.001%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$215,000	25	17.899%	16.354%
$215,000	50	12.498%	10.891%
$215,000	100	8.479%	6.875%
$215,000	150	6.875%	5.308%
$215,000	200	5.887%	4.359%
$215,000	300	4.667%	3.210%
$215,000	400	3.714%	2.398%
$215,000	500	3.565%	2.205%
$215,000	600	3.089%	1.804%
$215,000	700	2.782%	1.555%
$215,000	800	2.553%	1.365%
$215,000	900	2.432%	1.264%
$215,000	1,000	2.256%	1.123%
$215,000	1,500	1.675%	0.708%
$215,000	2,000	1.378%	0.505%
$215,000	3,000	0.871%	0.226%
$215,000	4,000	0.645%	0.125%
$215,000	5,000	0.509%	0.077%
$215,000	10,000	0.180%	0.007%
$215,000	20,000	0.041%	0.001%
$215,000	30,000	0.009%	0.001%
$215,000	40,000	0.003%	0.001%
$220,000	25	17.994%	16.451%
$220,000	50	12.582%	10.977%
$220,000	100	8.536%	6.931%
$220,000	150	6.926%	5.356%
$220,000	200	5.929%	4.397%
$220,000	300	4.701%	3.240%
$220,000	400	3.743%	2.422%
$220,000	500	3.593%	2.229%
$220,000	600	3.114%	1.823%
$220,000	700	2.804%	1.572%
$220,000	800	2.574%	1.382%
$220,000	900	2.452%	1.279%
$220,000	1,000	2.275%	1.137%
$220,000	1,500	1.691%	0.718%
$220,000	2,000	1.391%	0.513%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$220,000	3,000	0.881%	0.230%
$220,000	4,000	0.653%	0.128%
$220,000	5,000	0.517%	0.080%
$220,000	10,000	0.183%	0.008%
$220,000	20,000	0.042%	0.001%
$220,000	30,000	0.009%	0.001%
$220,000	40,000	0.003%	0.001%
$225,000	25	18.087%	16.545%
$225,000	50	12.664%	11.061%
$225,000	100	8.591%	6.984%
$225,000	150	6.974%	5.401%
$225,000	200	5.969%	4.434%
$225,000	300	4.733%	3.269%
$225,000	400	3.771%	2.446%
$225,000	500	3.621%	2.253%
$225,000	600	3.137%	1.842%
$225,000	700	2.825%	1.590%
$225,000	800	2.595%	1.397%
$225,000	900	2.472%	1.294%
$225,000	1,000	2.293%	1.150%
$225,000	1,500	1.707%	0.728%
$225,000	2,000	1.404%	0.520%
$225,000	3,000	0.891%	0.235%
$225,000	4,000	0.661%	0.131%
$225,000	5,000	0.524%	0.082%
$225,000	10,000	0.185%	0.008%
$225,000	20,000	0.043%	0.001%
$225,000	30,000	0.010%	0.001%
$225,000	40,000	0.003%	0.001%
$230,000	25	18.177%	16.636%
$230,000	50	12.743%	11.142%
$230,000	100	8.646%	7.038%
$230,000	150	7.021%	5.445%
$230,000	200	6.008%	4.469%
$230,000	300	4.765%	3.297%
$230,000	400	3.798%	2.469%
$230,000	500	3.648%	2.275%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$230,000	600	3.159%	1.860%
$230,000	700	2.846%	1.606%
$230,000	800	2.615%	1.413%
$230,000	900	2.491%	1.308%
$230,000	1,000	2.310%	1.162%
$230,000	1,500	1.722%	0.738%
$230,000	2,000	1.416%	0.528%
$230,000	3,000	0.901%	0.239%
$230,000	4,000	0.669%	0.134%
$230,000	5,000	0.531%	0.084%
$230,000	10,000	0.188%	0.008%
$230,000	20,000	0.044%	0.001%
$230,000	30,000	0.010%	0.001%
$230,000	40,000	0.003%	0.001%
$235,000	25	18.263%	16.723%
$235,000	50	12.819%	11.220%
$235,000	100	8.701%	7.090%
$235,000	150	7.067%	5.489%
$235,000	200	6.047%	4.505%
$235,000	300	4.796%	3.325%
$235,000	400	3.824%	2.491%
$235,000	500	3.674%	2.297%
$235,000	600	3.182%	1.878%
$235,000	700	2.867%	1.623%
$235,000	800	2.634%	1.428%
$235,000	900	2.509%	1.322%
$235,000	1,000	2.327%	1.175%
$235,000	1,500	1.737%	0.748%
$235,000	2,000	1.428%	0.535%
$235,000	3,000	0.910%	0.243%
$235,000	4,000	0.676%	0.137%
$235,000	5,000	0.538%	0.086%
$235,000	10,000	0.191%	0.009%
$235,000	20,000	0.045%	0.001%
$235,000	30,000	0.010%	0.001%
$235,000	40,000	0.003%	0.001%
$240,000	25	18.347%	16.808%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$240,000	50	12.894%	11.296%
$240,000	100	8.754%	7.142%
$240,000	150	7.112%	5.532%
$240,000	200	6.086%	4.540%
$240,000	300	4.827%	3.353%
$240,000	400	3.850%	2.513%
$240,000	500	3.700%	2.319%
$240,000	600	3.204%	1.896%
$240,000	700	2.887%	1.638%
$240,000	800	2.653%	1.443%
$240,000	900	2.527%	1.335%
$240,000	1,000	2.344%	1.187%
$240,000	1,500	1.752%	0.758%
$240,000	2,000	1.440%	0.542%
$240,000	3,000	0.919%	0.247%
$240,000	4,000	0.684%	0.139%
$240,000	5,000	0.545%	0.088%
$240,000	10,000	0.193%	0.009%
$240,000	20,000	0.046%	0.001%
$240,000	30,000	0.010%	0.001%
$240,000	40,000	0.003%	0.001%
$245,000	25	18.427%	16.888%
$245,000	50	12.966%	11.369%
$245,000	100	8.806%	7.193%
$245,000	150	7.158%	5.575%
$245,000	200	6.124%	4.574%
$245,000	300	4.858%	3.380%
$245,000	400	3.876%	2.535%
$245,000	500	3.724%	2.339%
$245,000	600	3.225%	1.913%
$245,000	700	2.905%	1.653%
$245,000	800	2.671%	1.457%
$245,000	900	2.545%	1.349%
$245,000	1,000	2.360%	1.199%
$245,000	1,500	1.766%	0.767%
$245,000	2,000	1.451%	0.549%
$245,000	3,000	0.927%	0.251%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$245,000	4,000	0.691%	0.142%
$245,000	5,000	0.552%	0.090%
$245,000	10,000	0.196%	0.009%
$245,000	20,000	0.047%	0.001%
$245,000	30,000	0.011%	0.001%
$245,000	40,000	0.003%	0.001%
$250,000	25	18.500%	16.962%
$250,000	50	13.030%	11.435%
$250,000	100	8.856%	7.241%
$250,000	150	7.200%	5.615%
$250,000	200	6.160%	4.607%
$250,000	300	4.887%	3.407%
$250,000	400	3.900%	2.555%
$250,000	500	3.748%	2.359%
$250,000	600	3.245%	1.929%
$250,000	700	2.923%	1.668%
$250,000	800	2.689%	1.471%
$250,000	900	2.562%	1.361%
$250,000	1,000	2.376%	1.210%
$250,000	1,500	1.780%	0.776%
$250,000	2,000	1.462%	0.555%
$250,000	3,000	0.935%	0.255%
$250,000	4,000	0.698%	0.145%
$250,000	5,000	0.558%	0.092%
$250,000	10,000	0.198%	0.009%
$250,000	20,000	0.047%	0.001%
$250,000	30,000	0.011%	0.001%
$250,000	40,000	0.003%	0.001%
$255,000	25	18.569%	17.032%
$255,000	50	13.091%	11.498%
$255,000	100	8.903%	7.288%
$255,000	150	7.241%	5.653%
$255,000	200	6.194%	4.638%
$255,000	300	4.915%	3.432%
$255,000	400	3.923%	2.575%
$255,000	500	3.770%	2.378%
$255,000	600	3.264%	1.945%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$255,000	700	2.940%	1.681%
$255,000	800	2.706%	1.484%
$255,000	900	2.578%	1.373%
$255,000	1,000	2.391%	1.221%
$255,000	1,500	1.793%	0.785%
$255,000	2,000	1.472%	0.561%
$255,000	3,000	0.943%	0.258%
$255,000	4,000	0.705%	0.147%
$255,000	5,000	0.564%	0.094%
$255,000	10,000	0.201%	0.010%
$255,000	20,000	0.048%	0.001%
$255,000	30,000	0.011%	0.001%
$255,000	40,000	0.003%	0.001%
$260,000	25	18.637%	17.101%
$260,000	50	13.151%	11.559%
$260,000	100	8.951%	7.335%
$260,000	150	7.282%	5.692%
$260,000	200	6.229%	4.670%
$260,000	300	4.943%	3.457%
$260,000	400	3.947%	2.595%
$260,000	500	3.793%	2.397%
$260,000	600	3.283%	1.960%
$260,000	700	2.957%	1.695%
$260,000	800	2.723%	1.497%
$260,000	900	2.593%	1.385%
$260,000	1,000	2.406%	1.232%
$260,000	1,500	1.806%	0.793%
$260,000	2,000	1.482%	0.568%
$260,000	3,000	0.950%	0.262%
$260,000	4,000	0.712%	0.150%
$260,000	5,000	0.570%	0.096%
$260,000	10,000	0.203%	0.010%
$260,000	20,000	0.049%	0.001%
$260,000	30,000	0.011%	0.001%
$260,000	40,000	0.003%	0.001%
$265,000	25	18.705%	17.169%
$265,000	50	13.210%	11.620%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$265,000	100	8.998%	7.381%
$265,000	150	7.322%	5.730%
$265,000	200	6.263%	4.702%
$265,000	300	4.971%	3.483%
$265,000	400	3.970%	2.615%
$265,000	500	3.815%	2.416%
$265,000	600	3.302%	1.975%
$265,000	700	2.973%	1.709%
$265,000	800	2.740%	1.511%
$265,000	900	2.609%	1.397%
$265,000	1,000	2.421%	1.243%
$265,000	1,500	1.819%	0.802%
$265,000	2,000	1.492%	0.574%
$265,000	3,000	0.958%	0.265%
$265,000	4,000	0.718%	0.152%
$265,000	5,000	0.576%	0.098%
$265,000	10,000	0.206%	0.010%
$265,000	20,000	0.050%	0.001%
$265,000	30,000	0.012%	0.001%
$265,000	40,000	0.003%	0.001%
$270,000	25	18.772%	17.238%
$270,000	50	13.268%	11.680%
$270,000	100	9.045%	7.428%
$270,000	150	7.363%	5.768%
$270,000	200	6.298%	4.734%
$270,000	300	4.999%	3.508%
$270,000	400	3.993%	2.635%
$270,000	500	3.837%	2.435%
$270,000	600	3.321%	1.991%
$270,000	700	2.990%	1.722%
$270,000	800	2.757%	1.524%
$270,000	900	2.624%	1.409%
$270,000	1,000	2.436%	1.255%
$270,000	1,500	1.832%	0.811%
$270,000	2,000	1.502%	0.580%
$270,000	3,000	0.966%	0.269%
$270,000	4,000	0.725%	0.155%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$270,000	5,000	0.583%	0.100%
$270,000	10,000	0.208%	0.010%
$270,000	20,000	0.051%	0.001%
$270,000	30,000	0.012%	0.001%
$270,000	40,000	0.003%	0.001%
$275,000	25	18.838%	17.304%
$275,000	50	13.326%	11.739%
$275,000	100	9.091%	7.473%
$275,000	150	7.403%	5.806%
$275,000	200	6.332%	4.766%
$275,000	300	5.026%	3.533%
$275,000	400	4.017%	2.655%
$275,000	500	3.859%	2.454%
$275,000	600	3.339%	2.006%
$275,000	700	3.007%	1.736%
$275,000	800	2.774%	1.538%
$275,000	900	2.640%	1.421%
$275,000	1,000	2.451%	1.266%
$275,000	1,500	1.845%	0.820%
$275,000	2,000	1.512%	0.586%
$275,000	3,000	0.974%	0.273%
$275,000	4,000	0.732%	0.158%
$275,000	5,000	0.589%	0.102%
$275,000	10,000	0.210%	0.011%
$275,000	20,000	0.051%	0.001%
$275,000	30,000	0.012%	0.001%
$275,000	40,000	0.003%	0.001%
$280,000	25	18.901%	17.367%
$280,000	50	13.383%	11.797%
$280,000	100	9.136%	7.517%
$280,000	150	7.442%	5.843%
$280,000	200	6.366%	4.797%
$280,000	300	5.053%	3.558%
$280,000	400	4.040%	2.674%
$280,000	500	3.881%	2.472%
$280,000	600	3.358%	2.021%
$280,000	700	3.023%	1.749%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$280,000	800	2.791%	1.551%
$280,000	900	2.655%	1.432%
$280,000	1,000	2.466%	1.277%
$280,000	1,500	1.858%	0.829%
$280,000	2,000	1.522%	0.593%
$280,000	3,000	0.981%	0.276%
$280,000	4,000	0.739%	0.160%
$280,000	5,000	0.594%	0.104%
$280,000	10,000	0.213%	0.011%
$280,000	20,000	0.052%	0.001%
$280,000	30,000	0.012%	0.001%
$280,000	40,000	0.003%	0.001%
$285,000	25	18.963%	17.430%
$285,000	50	13.439%	11.855%
$285,000	100	9.181%	7.560%
$285,000	150	7.481%	5.880%
$285,000	200	6.399%	4.828%
$285,000	300	5.080%	3.582%
$285,000	400	4.063%	2.694%
$285,000	500	3.903%	2.491%
$285,000	600	3.376%	2.036%
$285,000	700	3.039%	1.762%
$285,000	800	2.807%	1.564%
$285,000	900	2.670%	1.444%
$285,000	1,000	2.481%	1.288%
$285,000	1,500	1.871%	0.837%
$285,000	2,000	1.532%	0.599%
$285,000	3,000	0.989%	0.280%
$285,000	4,000	0.746%	0.163%
$285,000	5,000	0.600%	0.106%
$285,000	10,000	0.215%	0.011%
$285,000	20,000	0.053%	0.001%
$285,000	30,000	0.012%	0.001%
$285,000	40,000	0.003%	0.001%
$290,000	25	19.021%	17.489%
$290,000	50	13.492%	11.909%
$290,000	100	9.223%	7.603%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$290,000	150	7.518%	5.916%
$290,000	200	6.430%	4.858%
$290,000	300	5.105%	3.605%
$290,000	400	4.085%	2.713%
$290,000	500	3.924%	2.509%
$290,000	600	3.393%	2.050%
$290,000	700	3.054%	1.774%
$290,000	800	2.823%	1.577%
$290,000	900	2.684%	1.455%
$290,000	1,000	2.495%	1.299%
$290,000	1,500	1.883%	0.845%
$290,000	2,000	1.541%	0.605%
$290,000	3,000	0.996%	0.283%
$290,000	4,000	0.752%	0.166%
$290,000	5,000	0.606%	0.108%
$290,000	10,000	0.217%	0.011%
$290,000	20,000	0.054%	0.001%
$290,000	30,000	0.013%	0.001%
$290,000	40,000	0.003%	0.001%
$295,000	25	19.076%	17.544%
$295,000	50	13.541%	11.959%
$295,000	100	9.264%	7.643%
$295,000	150	7.553%	5.950%
$295,000	200	6.461%	4.886%
$295,000	300	5.129%	3.627%
$295,000	400	4.107%	2.732%
$295,000	500	3.944%	2.526%
$295,000	600	3.410%	2.064%
$295,000	700	3.069%	1.787%
$295,000	800	2.838%	1.589%
$295,000	900	2.698%	1.466%
$295,000	1,000	2.508%	1.309%
$295,000	1,500	1.894%	0.853%
$295,000	2,000	1.550%	0.610%
$295,000	3,000	1.003%	0.287%
$295,000	4,000	0.759%	0.168%
$295,000	5,000	0.611%	0.110%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$295,000	10,000	0.220%	0.012%
$295,000	20,000	0.054%	0.001%
$295,000	30,000	0.013%	0.001%
$295,000	40,000	0.003%	0.001%
$300,000	25	19.128%	17.597%
$300,000	50	13.589%	12.008%
$300,000	100	9.305%	7.684%
$300,000	150	7.587%	5.983%
$300,000	200	6.491%	4.915%
$300,000	300	5.153%	3.649%
$300,000	400	4.129%	2.750%
$300,000	500	3.963%	2.544%
$300,000	600	3.426%	2.077%
$300,000	700	3.083%	1.799%
$300,000	800	2.853%	1.601%
$300,000	900	2.712%	1.477%
$300,000	1,000	2.521%	1.319%
$300,000	1,500	1.905%	0.861%
$300,000	2,000	1.559%	0.616%
$300,000	3,000	1.010%	0.290%
$300,000	4,000	0.765%	0.171%
$300,000	5,000	0.616%	0.112%
$300,000	10,000	0.222%	0.012%
$300,000	20,000	0.055%	0.001%
$300,000	30,000	0.013%	0.001%
$300,000	40,000	0.003%	0.001%
$305,000	25	19.178%	17.648%
$305,000	50	13.636%	12.057%
$305,000	100	9.345%	7.724%
$305,000	150	7.620%	6.016%
$305,000	200	6.520%	4.943%
$305,000	300	5.176%	3.670%
$305,000	400	4.150%	2.769%
$305,000	500	3.983%	2.560%
$305,000	600	3.442%	2.091%
$305,000	700	3.097%	1.810%
$305,000	800	2.868%	1.612%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$305,000	900	2.726%	1.487%
$305,000	1,000	2.534%	1.329%
$305,000	1,500	1.916%	0.868%
$305,000	2,000	1.568%	0.621%
$305,000	3,000	1.017%	0.294%
$305,000	4,000	0.771%	0.173%
$305,000	5,000	0.621%	0.114%
$305,000	10,000	0.224%	0.012%
$305,000	20,000	0.056%	0.001%
$305,000	30,000	0.013%	0.001%
$305,000	40,000	0.003%	0.001%
$310,000	25	19.226%	17.696%
$310,000	50	13.682%	12.104%
$310,000	100	9.384%	7.763%
$310,000	150	7.653%	6.048%
$310,000	200	6.550%	4.970%
$310,000	300	5.199%	3.690%
$310,000	400	4.171%	2.786%
$310,000	500	4.002%	2.577%
$310,000	600	3.458%	2.104%
$310,000	700	3.111%	1.822%
$310,000	800	2.882%	1.624%
$310,000	900	2.739%	1.498%
$310,000	1,000	2.547%	1.338%
$310,000	1,500	1.927%	0.876%
$310,000	2,000	1.576%	0.627%
$310,000	3,000	1.024%	0.297%
$310,000	4,000	0.777%	0.175%
$310,000	5,000	0.626%	0.115%
$310,000	10,000	0.226%	0.012%
$310,000	20,000	0.057%	0.001%
$310,000	30,000	0.014%	0.001%
$310,000	40,000	0.003%	0.001%
$315,000	25	19.273%	17.743%
$315,000	50	13.728%	12.151%
$315,000	100	9.422%	7.801%
$315,000	150	7.685%	6.080%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$315,000	200	6.578%	4.998%
$315,000	300	5.221%	3.711%
$315,000	400	4.192%	2.804%
$315,000	500	4.020%	2.593%
$315,000	600	3.473%	2.117%
$315,000	700	3.125%	1.833%
$315,000	800	2.895%	1.634%
$315,000	900	2.752%	1.508%
$315,000	1,000	2.559%	1.348%
$315,000	1,500	1.937%	0.883%
$315,000	2,000	1.584%	0.632%
$315,000	3,000	1.030%	0.300%
$315,000	4,000	0.783%	0.178%
$315,000	5,000	0.631%	0.117%
$315,000	10,000	0.228%	0.013%
$315,000	20,000	0.057%	0.001%
$315,000	30,000	0.014%	0.001%
$315,000	40,000	0.003%	0.001%
$320,000	25	19.319%	17.790%
$320,000	50	13.771%	12.195%
$320,000	100	9.459%	7.839%
$320,000	150	7.717%	6.111%
$320,000	200	6.607%	5.025%
$320,000	300	5.243%	3.731%
$320,000	400	4.212%	2.821%
$320,000	500	4.039%	2.609%
$320,000	600	3.489%	2.129%
$320,000	700	3.139%	1.844%
$320,000	800	2.909%	1.645%
$320,000	900	2.764%	1.518%
$320,000	1,000	2.571%	1.357%
$320,000	1,500	1.948%	0.890%
$320,000	2,000	1.592%	0.637%
$320,000	3,000	1.037%	0.303%
$320,000	4,000	0.789%	0.180%
$320,000	5,000	0.636%	0.119%
$320,000	10,000	0.230%	0.013%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$320,000	20,000	0.058%	0.001%
$320,000	30,000	0.014%	0.001%
$320,000	40,000	0.003%	0.001%
$325,000	25	19.364%	17.835%
$325,000	50	13.812%	12.237%
$325,000	100	9.496%	7.876%
$325,000	150	7.749%	6.143%
$325,000	200	6.635%	5.051%
$325,000	300	5.266%	3.752%
$325,000	400	4.232%	2.839%
$325,000	500	4.057%	2.625%
$325,000	600	3.504%	2.142%
$325,000	700	3.152%	1.855%
$325,000	800	2.922%	1.656%
$325,000	900	2.777%	1.527%
$325,000	1,000	2.583%	1.366%
$325,000	1,500	1.958%	0.897%
$325,000	2,000	1.600%	0.642%
$325,000	3,000	1.044%	0.307%
$325,000	4,000	0.795%	0.183%
$325,000	5,000	0.641%	0.120%
$325,000	10,000	0.232%	0.013%
$325,000	20,000	0.059%	0.001%
$325,000	30,000	0.014%	0.001%
$325,000	40,000	0.003%	0.001%
$330,000	25	19.404%	17.876%
$330,000	50	13.850%	12.276%
$330,000	100	9.530%	7.911%
$330,000	150	7.778%	6.172%
$330,000	200	6.662%	5.077%
$330,000	300	5.286%	3.770%
$330,000	400	4.250%	2.854%
$330,000	500	4.074%	2.639%
$330,000	600	3.517%	2.153%
$330,000	700	3.164%	1.865%
$330,000	800	2.934%	1.665%
$330,000	900	2.788%	1.536%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$330,000	1,000	2.594%	1.375%
$330,000	1,500	1.967%	0.904%
$330,000	2,000	1.607%	0.647%
$330,000	3,000	1.049%	0.310%
$330,000	4,000	0.801%	0.185%
$330,000	5,000	0.645%	0.122%
$330,000	10,000	0.234%	0.014%
$330,000	20,000	0.059%	0.001%
$330,000	30,000	0.014%	0.001%
$330,000	40,000	0.003%	0.001%
$335,000	25	19.441%	17.913%
$335,000	50	13.885%	12.311%
$335,000	100	9.563%	7.944%
$335,000	150	7.806%	6.199%
$335,000	200	6.687%	5.101%
$335,000	300	5.304%	3.788%
$335,000	400	4.268%	2.870%
$335,000	500	4.089%	2.653%
$335,000	600	3.529%	2.163%
$335,000	700	3.176%	1.875%
$335,000	800	2.946%	1.674%
$335,000	900	2.799%	1.545%
$335,000	1,000	2.605%	1.383%
$335,000	1,500	1.977%	0.910%
$335,000	2,000	1.614%	0.651%
$335,000	3,000	1.055%	0.312%
$335,000	4,000	0.806%	0.187%
$335,000	5,000	0.649%	0.123%
$335,000	10,000	0.236%	0.014%
$335,000	20,000	0.060%	0.001%
$335,000	30,000	0.015%	0.001%
$335,000	40,000	0.003%	0.001%
$340,000	25	19.477%	17.949%
$340,000	50	13.918%	12.345%
$340,000	100	9.596%	7.978%
$340,000	150	7.833%	6.226%
$340,000	200	6.711%	5.124%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$340,000	300	5.322%	3.804%
$340,000	400	4.284%	2.884%
$340,000	500	4.105%	2.667%
$340,000	600	3.542%	2.174%
$340,000	700	3.187%	1.884%
$340,000	800	2.957%	1.683%
$340,000	900	2.809%	1.553%
$340,000	1,000	2.615%	1.390%
$340,000	1,500	1.985%	0.916%
$340,000	2,000	1.621%	0.656%
$340,000	3,000	1.061%	0.315%
$340,000	4,000	0.811%	0.189%
$340,000	5,000	0.653%	0.125%
$340,000	10,000	0.238%	0.014%
$340,000	20,000	0.061%	0.001%
$340,000	30,000	0.015%	0.001%
$340,000	40,000	0.003%	0.001%
$345,000	25	19.510%	17.982%
$345,000	50	13.949%	12.376%
$345,000	100	9.627%	8.010%
$345,000	150	7.859%	6.251%
$345,000	200	6.735%	5.146%
$345,000	300	5.340%	3.820%
$345,000	400	4.301%	2.898%
$345,000	500	4.120%	2.680%
$345,000	600	3.554%	2.184%
$345,000	700	3.197%	1.893%
$345,000	800	2.968%	1.692%
$345,000	900	2.819%	1.561%
$345,000	1,000	2.624%	1.398%
$345,000	1,500	1.993%	0.922%
$345,000	2,000	1.627%	0.660%
$345,000	3,000	1.066%	0.318%
$345,000	4,000	0.816%	0.191%
$345,000	5,000	0.657%	0.126%
$345,000	10,000	0.239%	0.014%
$345,000	20,000	0.061%	0.001%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$345,000	30,000	0.015%	0.001%
$345,000	40,000	0.003%	0.001%
$350,000	25	19.543%	18.015%
$350,000	50	13.979%	12.407%
$350,000	100	9.658%	8.041%
$350,000	150	7.886%	6.277%
$350,000	200	6.758%	5.168%
$350,000	300	5.357%	3.836%
$350,000	400	4.317%	2.912%
$350,000	500	4.134%	2.693%
$350,000	600	3.566%	2.194%
$350,000	700	3.208%	1.902%
$350,000	800	2.979%	1.701%
$350,000	900	2.829%	1.568%
$350,000	1,000	2.634%	1.405%
$350,000	1,500	2.001%	0.928%
$350,000	2,000	1.633%	0.664%
$350,000	3,000	1.071%	0.320%
$350,000	4,000	0.821%	0.193%
$350,000	5,000	0.661%	0.128%
$350,000	10,000	0.241%	0.014%
$350,000	20,000	0.062%	0.001%
$350,000	30,000	0.015%	0.001%
$350,000	40,000	0.003%	0.001%
$355,000	25	19.576%	18.048%
$355,000	50	14.009%	12.438%
$355,000	100	9.688%	8.071%
$355,000	150	7.912%	6.302%
$355,000	200	6.781%	5.191%
$355,000	300	5.374%	3.852%
$355,000	400	4.333%	2.926%
$355,000	500	4.149%	2.706%
$355,000	600	3.578%	2.204%
$355,000	700	3.219%	1.911%
$355,000	800	2.990%	1.709%
$355,000	900	2.838%	1.576%
$355,000	1,000	2.644%	1.413%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$355,000	1,500	2.009%	0.933%
$355,000	2,000	1.640%	0.668%
$355,000	3,000	1.076%	0.323%
$355,000	4,000	0.826%	0.195%
$355,000	5,000	0.665%	0.129%
$355,000	10,000	0.243%	0.015%
$355,000	20,000	0.062%	0.001%
$355,000	30,000	0.015%	0.001%
$355,000	40,000	0.003%	0.001%
$360,000	25	19.609%	18.081%
$360,000	50	14.039%	12.468%
$360,000	100	9.719%	8.102%
$360,000	150	7.938%	6.328%
$360,000	200	6.804%	5.213%
$360,000	300	5.391%	3.868%
$360,000	400	4.349%	2.941%
$360,000	500	4.165%	2.720%
$360,000	600	3.590%	2.214%
$360,000	700	3.229%	1.919%
$360,000	800	3.001%	1.718%
$360,000	900	2.848%	1.584%
$360,000	1,000	2.653%	1.420%
$360,000	1,500	2.017%	0.939%
$360,000	2,000	1.646%	0.672%
$360,000	3,000	1.082%	0.326%
$360,000	4,000	0.831%	0.197%
$360,000	5,000	0.669%	0.131%
$360,000	10,000	0.244%	0.015%
$360,000	20,000	0.063%	0.001%
$360,000	30,000	0.015%	0.001%
$360,000	40,000	0.003%	0.001%
$365,000	25	19.643%	18.115%
$365,000	50	14.068%	12.498%
$365,000	100	9.749%	8.133%
$365,000	150	7.964%	6.353%
$365,000	200	6.828%	5.235%
$365,000	300	5.409%	3.884%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$365,000	400	4.365%	2.955%
$365,000	500	4.180%	2.733%
$365,000	600	3.602%	2.224%
$365,000	700	3.240%	1.928%
$365,000	800	3.011%	1.726%
$365,000	900	2.858%	1.592%
$365,000	1,000	2.663%	1.428%
$365,000	1,500	2.025%	0.945%
$365,000	2,000	1.653%	0.676%
$365,000	3,000	1.087%	0.328%
$365,000	4,000	0.836%	0.199%
$365,000	5,000	0.673%	0.132%
$365,000	10,000	0.246%	0.015%
$365,000	20,000	0.064%	0.001%
$365,000	30,000	0.016%	0.001%
$365,000	40,000	0.003%	0.001%
$370,000	25	19.674%	18.147%
$370,000	50	14.096%	12.526%
$370,000	100	9.778%	8.163%
$370,000	150	7.990%	6.378%
$370,000	200	6.850%	5.257%
$370,000	300	5.426%	3.900%
$370,000	400	4.381%	2.969%
$370,000	500	4.194%	2.746%
$370,000	600	3.614%	2.234%
$370,000	700	3.250%	1.937%
$370,000	800	3.022%	1.735%
$370,000	900	2.868%	1.600%
$370,000	1,000	2.673%	1.435%
$370,000	1,500	2.033%	0.950%
$370,000	2,000	1.659%	0.680%
$370,000	3,000	1.092%	0.331%
$370,000	4,000	0.840%	0.201%
$370,000	5,000	0.677%	0.134%
$370,000	10,000	0.248%	0.015%
$370,000	20,000	0.064%	0.001%
$370,000	30,000	0.016%	0.001%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$370,000	40,000	0.004%	0.001%
$375,000	25	19.702%	18.175%
$375,000	50	14.121%	12.552%
$375,000	100	9.805%	8.190%
$375,000	150	8.013%	6.402%
$375,000	200	6.870%	5.276%
$375,000	300	5.442%	3.915%
$375,000	400	4.396%	2.982%
$375,000	500	4.208%	2.758%
$375,000	600	3.625%	2.244%
$375,000	700	3.259%	1.945%
$375,000	800	3.032%	1.743%
$375,000	900	2.877%	1.607%
$375,000	1,000	2.681%	1.442%
$375,000	1,500	2.040%	0.955%
$375,000	2,000	1.664%	0.684%
$375,000	3,000	1.097%	0.333%
$375,000	4,000	0.845%	0.203%
$375,000	5,000	0.681%	0.135%
$375,000	10,000	0.249%	0.016%
$375,000	20,000	0.065%	0.001%
$375,000	30,000	0.016%	0.001%
$375,000	40,000	0.004%	0.001%
$380,000	25	19.730%	18.202%
$380,000	50	14.147%	12.578%
$380,000	100	9.831%	8.217%
$380,000	150	8.037%	6.425%
$380,000	200	6.891%	5.296%
$380,000	300	5.458%	3.930%
$380,000	400	4.410%	2.995%
$380,000	500	4.221%	2.770%
$380,000	600	3.637%	2.253%
$380,000	700	3.269%	1.953%
$380,000	800	3.042%	1.750%
$380,000	900	2.885%	1.614%
$380,000	1,000	2.690%	1.449%
$380,000	1,500	2.047%	0.960%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$380,000	2,000	1.670%	0.688%
$380,000	3,000	1.102%	0.336%
$380,000	4,000	0.849%	0.205%
$380,000	5,000	0.685%	0.136%
$380,000	10,000	0.251%	0.016%
$380,000	20,000	0.065%	0.001%
$380,000	30,000	0.016%	0.001%
$380,000	40,000	0.004%	0.001%
$385,000	25	19.757%	18.229%
$385,000	50	14.173%	12.605%
$385,000	100	9.857%	8.244%
$385,000	150	8.059%	6.447%
$385,000	200	6.911%	5.315%
$385,000	300	5.474%	3.945%
$385,000	400	4.425%	3.008%
$385,000	500	4.234%	2.781%
$385,000	600	3.648%	2.263%
$385,000	700	3.278%	1.960%
$385,000	800	3.051%	1.758%
$385,000	900	2.894%	1.621%
$385,000	1,000	2.698%	1.455%
$385,000	1,500	2.054%	0.965%
$385,000	2,000	1.675%	0.691%
$385,000	3,000	1.106%	0.338%
$385,000	4,000	0.854%	0.207%
$385,000	5,000	0.688%	0.138%
$385,000	10,000	0.252%	0.016%
$385,000	20,000	0.066%	0.001%
$385,000	30,000	0.016%	0.001%
$385,000	40,000	0.004%	0.001%
$390,000	25	19.783%	18.256%
$390,000	50	14.198%	12.631%
$390,000	100	9.881%	8.269%
$390,000	150	8.081%	6.470%
$390,000	200	6.930%	5.334%
$390,000	300	5.489%	3.959%
$390,000	400	4.439%	3.021%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$390,000	500	4.247%	2.793%
$390,000	600	3.659%	2.272%
$390,000	700	3.286%	1.967%
$390,000	800	3.060%	1.765%
$390,000	900	2.902%	1.628%
$390,000	1,000	2.706%	1.462%
$390,000	1,500	2.061%	0.970%
$390,000	2,000	1.681%	0.695%
$390,000	3,000	1.111%	0.340%
$390,000	4,000	0.858%	0.209%
$390,000	5,000	0.692%	0.139%
$390,000	10,000	0.254%	0.016%
$390,000	20,000	0.066%	0.001%
$390,000	30,000	0.016%	0.001%
$390,000	40,000	0.004%	0.001%
$395,000	25	19.808%	18.280%
$395,000	50	14.224%	12.657%
$395,000	100	9.905%	8.293%
$395,000	150	8.103%	6.491%
$395,000	200	6.949%	5.352%
$395,000	300	5.504%	3.973%
$395,000	400	4.452%	3.033%
$395,000	500	4.259%	2.804%
$395,000	600	3.669%	2.281%
$395,000	700	3.294%	1.974%
$395,000	800	3.069%	1.772%
$395,000	900	2.911%	1.634%
$395,000	1,000	2.714%	1.468%
$395,000	1,500	2.068%	0.975%
$395,000	2,000	1.686%	0.698%
$395,000	3,000	1.115%	0.343%
$395,000	4,000	0.862%	0.211%
$395,000	5,000	0.695%	0.140%
$395,000	10,000	0.255%	0.016%
$395,000	20,000	0.067%	0.001%
$395,000	30,000	0.017%	0.001%
$395,000	40,000	0.004%	0.001%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$400,000	25	19.832%	18.305%
$400,000	50	14.249%	12.682%
$400,000	100	9.927%	8.316%
$400,000	150	8.124%	6.512%
$400,000	200	6.967%	5.370%
$400,000	300	5.519%	3.987%
$400,000	400	4.465%	3.045%
$400,000	500	4.271%	2.814%
$400,000	600	3.679%	2.289%
$400,000	700	3.302%	1.981%
$400,000	800	3.078%	1.779%
$400,000	900	2.918%	1.641%
$400,000	1,000	2.721%	1.473%
$400,000	1,500	2.074%	0.980%
$400,000	2,000	1.691%	0.701%
$400,000	3,000	1.119%	0.345%
$400,000	4,000	0.866%	0.213%
$400,000	5,000	0.698%	0.142%
$400,000	10,000	0.257%	0.017%
$400,000	20,000	0.067%	0.001%
$400,000	30,000	0.017%	0.001%
$400,000	40,000	0.004%	0.001%
$405,000	25	19.857%	18.329%
$405,000	50	14.272%	12.706%
$405,000	100	9.949%	8.337%
$405,000	150	8.144%	6.532%
$405,000	200	6.985%	5.387%
$405,000	300	5.533%	4.000%
$405,000	400	4.478%	3.056%
$405,000	500	4.282%	2.824%
$405,000	600	3.689%	2.297%
$405,000	700	3.310%	1.988%
$405,000	800	3.086%	1.786%
$405,000	900	2.926%	1.647%
$405,000	1,000	2.729%	1.479%
$405,000	1,500	2.080%	0.984%
$405,000	2,000	1.696%	0.705%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$405,000	3,000	1.123%	0.347%
$405,000	4,000	0.870%	0.214%
$405,000	5,000	0.701%	0.143%
$405,000	10,000	0.258%	0.017%
$405,000	20,000	0.068%	0.001%
$405,000	30,000	0.017%	0.001%
$405,000	40,000	0.004%	0.001%
$410,000	25	19.882%	18.354%
$410,000	50	14.296%	12.729%
$410,000	100	9.969%	8.358%
$410,000	150	8.165%	6.553%
$410,000	200	7.003%	5.404%
$410,000	300	5.548%	4.014%
$410,000	400	4.490%	3.068%
$410,000	500	4.294%	2.835%
$410,000	600	3.698%	2.305%
$410,000	700	3.318%	1.994%
$410,000	800	3.094%	1.793%
$410,000	900	2.934%	1.653%
$410,000	1,000	2.736%	1.485%
$410,000	1,500	2.087%	0.989%
$410,000	2,000	1.700%	0.708%
$410,000	3,000	1.127%	0.349%
$410,000	4,000	0.874%	0.216%
$410,000	5,000	0.705%	0.144%
$410,000	10,000	0.260%	0.017%
$410,000	20,000	0.068%	0.001%
$410,000	30,000	0.017%	0.001%
$410,000	40,000	0.004%	0.001%
$415,000	25	19.908%	18.380%
$415,000	50	14.319%	12.752%
$415,000	100	9.989%	8.379%
$415,000	150	8.185%	6.574%
$415,000	200	7.020%	5.420%
$415,000	300	5.562%	4.027%
$415,000	400	4.503%	3.079%
$415,000	500	4.306%	2.845%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$415,000	600	3.708%	2.313%
$415,000	700	3.325%	2.001%
$415,000	800	3.102%	1.799%
$415,000	900	2.941%	1.660%
$415,000	1,000	2.743%	1.490%
$415,000	1,500	2.093%	0.993%
$415,000	2,000	1.705%	0.711%
$415,000	3,000	1.131%	0.351%
$415,000	4,000	0.877%	0.217%
$415,000	5,000	0.708%	0.145%
$415,000	10,000	0.261%	0.017%
$415,000	20,000	0.069%	0.001%
$415,000	30,000	0.017%	0.001%
$415,000	40,000	0.004%	0.001%
$420,000	25	19.931%	18.402%
$420,000	50	14.340%	12.774%
$420,000	100	10.008%	8.398%
$420,000	150	8.205%	6.593%
$420,000	200	7.036%	5.436%
$420,000	300	5.575%	4.040%
$420,000	400	4.515%	3.090%
$420,000	500	4.317%	2.855%
$420,000	600	3.717%	2.321%
$420,000	700	3.333%	2.007%
$420,000	800	3.110%	1.805%
$420,000	900	2.949%	1.665%
$420,000	1,000	2.750%	1.496%
$420,000	1,500	2.099%	0.997%
$420,000	2,000	1.710%	0.714%
$420,000	3,000	1.135%	0.353%
$420,000	4,000	0.881%	0.219%
$420,000	5,000	0.711%	0.146%
$420,000	10,000	0.262%	0.017%
$420,000	20,000	0.069%	0.001%
$420,000	30,000	0.017%	0.001%
$420,000	40,000	0.004%	0.001%
$425,000	25	19.952%	18.424%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$425,000	50	14.359%	12.794%
$425,000	100	10.026%	8.416%
$425,000	150	8.224%	6.613%
$425,000	200	7.052%	5.452%
$425,000	300	5.589%	4.052%
$425,000	400	4.527%	3.101%
$425,000	500	4.328%	2.865%
$425,000	600	3.725%	2.329%
$425,000	700	3.340%	2.013%
$425,000	800	3.117%	1.812%
$425,000	900	2.956%	1.671%
$425,000	1,000	2.757%	1.501%
$425,000	1,500	2.105%	1.001%
$425,000	2,000	1.714%	0.717%
$425,000	3,000	1.139%	0.355%
$425,000	4,000	0.885%	0.221%
$425,000	5,000	0.714%	0.148%
$425,000	10,000	0.264%	0.018%
$425,000	20,000	0.069%	0.001%
$425,000	30,000	0.017%	0.001%
$425,000	40,000	0.004%	0.001%
$430,000	25	19.973%	18.444%
$430,000	50	14.379%	12.813%
$430,000	100	10.043%	8.434%
$430,000	150	8.242%	6.631%
$430,000	200	7.067%	5.467%
$430,000	300	5.601%	4.064%
$430,000	400	4.538%	3.112%
$430,000	500	4.338%	2.874%
$430,000	600	3.734%	2.336%
$430,000	700	3.346%	2.019%
$430,000	800	3.125%	1.817%
$430,000	900	2.962%	1.677%
$430,000	1,000	2.763%	1.506%
$430,000	1,500	2.110%	1.005%
$430,000	2,000	1.718%	0.719%
$430,000	3,000	1.143%	0.357%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$430,000	4,000	0.888%	0.222%
$430,000	5,000	0.716%	0.149%
$430,000	10,000	0.265%	0.018%
$430,000	20,000	0.070%	0.001%
$430,000	30,000	0.018%	0.001%
$430,000	40,000	0.004%	0.001%
$435,000	25	19.992%	18.464%
$435,000	50	14.397%	12.832%
$435,000	100	10.058%	8.450%
$435,000	150	8.259%	6.648%
$435,000	200	7.081%	5.481%
$435,000	300	5.613%	4.075%
$435,000	400	4.548%	3.121%
$435,000	500	4.347%	2.882%
$435,000	600	3.742%	2.343%
$435,000	700	3.353%	2.024%
$435,000	800	3.131%	1.823%
$435,000	900	2.969%	1.683%
$435,000	1,000	2.769%	1.510%
$435,000	1,500	2.115%	1.009%
$435,000	2,000	1.722%	0.722%
$435,000	3,000	1.146%	0.359%
$435,000	4,000	0.891%	0.224%
$435,000	5,000	0.719%	0.150%
$435,000	10,000	0.266%	0.018%
$435,000	20,000	0.070%	0.001%
$435,000	30,000	0.018%	0.001%
$435,000	40,000	0.004%	0.001%
$440,000	25	20.012%	18.483%
$440,000	50	14.415%	12.850%
$440,000	100	10.074%	8.466%
$440,000	150	8.276%	6.666%
$440,000	200	7.096%	5.495%
$440,000	300	5.624%	4.086%
$440,000	400	4.559%	3.131%
$440,000	500	4.357%	2.891%
$440,000	600	3.750%	2.350%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$440,000	700	3.359%	2.030%
$440,000	800	3.138%	1.829%
$440,000	900	2.976%	1.688%
$440,000	1,000	2.775%	1.515%
$440,000	1,500	2.121%	1.013%
$440,000	2,000	1.726%	0.724%
$440,000	3,000	1.150%	0.360%
$440,000	4,000	0.894%	0.225%
$440,000	5,000	0.721%	0.151%
$440,000	10,000	0.267%	0.018%
$440,000	20,000	0.070%	0.001%
$440,000	30,000	0.018%	0.001%
$440,000	40,000	0.004%	0.001%
$445,000	25	20.031%	18.503%
$445,000	50	14.434%	12.869%
$445,000	100	10.089%	8.482%
$445,000	150	8.293%	6.683%
$445,000	200	7.111%	5.510%
$445,000	300	5.636%	4.097%
$445,000	400	4.570%	3.141%
$445,000	500	4.366%	2.900%
$445,000	600	3.758%	2.357%
$445,000	700	3.365%	2.035%
$445,000	800	3.145%	1.834%
$445,000	900	2.982%	1.693%
$445,000	1,000	2.780%	1.519%
$445,000	1,500	2.126%	1.017%
$445,000	2,000	1.730%	0.727%
$445,000	3,000	1.153%	0.362%
$445,000	4,000	0.898%	0.227%
$445,000	5,000	0.724%	0.152%
$445,000	10,000	0.268%	0.018%
$445,000	20,000	0.071%	0.001%
$445,000	30,000	0.018%	0.001%
$445,000	40,000	0.004%	0.001%
$450,000	25	20.050%	18.521%
$450,000	50	14.452%	12.888%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$450,000	100	10.104%	8.497%
$450,000	150	8.309%	6.700%
$450,000	200	7.125%	5.524%
$450,000	300	5.648%	4.108%
$450,000	400	4.580%	3.150%
$450,000	500	4.376%	2.908%
$450,000	600	3.766%	2.364%
$450,000	700	3.371%	2.040%
$450,000	800	3.152%	1.840%
$450,000	900	2.989%	1.699%
$450,000	1,000	2.786%	1.524%
$450,000	1,500	2.131%	1.020%
$450,000	2,000	1.734%	0.730%
$450,000	3,000	1.156%	0.364%
$450,000	4,000	0.901%	0.228%
$450,000	5,000	0.726%	0.153%
$450,000	10,000	0.269%	0.019%
$450,000	20,000	0.071%	0.001%
$450,000	30,000	0.018%	0.001%
$450,000	40,000	0.004%	0.001%
$455,000	25	20.068%	18.539%
$455,000	50	14.470%	12.906%
$455,000	100	10.119%	8.513%
$455,000	150	8.325%	6.716%
$455,000	200	7.139%	5.538%
$455,000	300	5.659%	4.118%
$455,000	400	4.590%	3.160%
$455,000	500	4.385%	2.916%
$455,000	600	3.774%	2.371%
$455,000	700	3.377%	2.046%
$455,000	800	3.159%	1.845%
$455,000	900	2.995%	1.704%
$455,000	1,000	2.791%	1.528%
$455,000	1,500	2.136%	1.024%
$455,000	2,000	1.737%	0.732%
$455,000	3,000	1.160%	0.366%
$455,000	4,000	0.904%	0.229%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$455,000	5,000	0.729%	0.154%
$455,000	10,000	0.270%	0.019%
$455,000	20,000	0.072%	0.001%
$455,000	30,000	0.018%	0.001%
$455,000	40,000	0.004%	0.001%
$460,000	25	20.087%	18.558%
$460,000	50	14.488%	12.924%
$460,000	100	10.134%	8.527%
$460,000	150	8.340%	6.731%
$460,000	200	7.153%	5.551%
$460,000	300	5.670%	4.128%
$460,000	400	4.600%	3.169%
$460,000	500	4.394%	2.924%
$460,000	600	3.782%	2.377%
$460,000	700	3.383%	2.051%
$460,000	800	3.165%	1.850%
$460,000	900	3.001%	1.709%
$460,000	1,000	2.797%	1.532%
$460,000	1,500	2.141%	1.027%
$460,000	2,000	1.741%	0.735%
$460,000	3,000	1.163%	0.367%
$460,000	4,000	0.907%	0.231%
$460,000	5,000	0.731%	0.155%
$460,000	10,000	0.271%	0.019%
$460,000	20,000	0.072%	0.001%
$460,000	30,000	0.018%	0.001%
$460,000	40,000	0.004%	0.001%
$465,000	25	20.105%	18.576%
$465,000	50	14.506%	12.942%
$465,000	100	10.148%	8.542%
$465,000	150	8.356%	6.747%
$465,000	200	7.166%	5.565%
$465,000	300	5.681%	4.139%
$465,000	400	4.610%	3.178%
$465,000	500	4.403%	2.932%
$465,000	600	3.790%	2.384%
$465,000	700	3.390%	2.056%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$465,000	800	3.172%	1.856%
$465,000	900	3.008%	1.714%
$465,000	1,000	2.802%	1.536%
$465,000	1,500	2.146%	1.031%
$465,000	2,000	1.745%	0.737%
$465,000	3,000	1.166%	0.369%
$465,000	4,000	0.910%	0.232%
$465,000	5,000	0.734%	0.156%
$465,000	10,000	0.273%	0.019%
$465,000	20,000	0.072%	0.001%
$465,000	30,000	0.018%	0.001%
$465,000	40,000	0.004%	0.001%
$470,000	25	20.123%	18.594%
$470,000	50	14.524%	12.959%
$470,000	100	10.162%	8.556%
$470,000	150	8.371%	6.762%
$470,000	200	7.179%	5.578%
$470,000	300	5.691%	4.149%
$470,000	400	4.620%	3.187%
$470,000	500	4.411%	2.940%
$470,000	600	3.798%	2.391%
$470,000	700	3.396%	2.061%
$470,000	800	3.178%	1.861%
$470,000	900	3.014%	1.720%
$470,000	1,000	2.808%	1.541%
$470,000	1,500	2.150%	1.034%
$470,000	2,000	1.748%	0.739%
$470,000	3,000	1.169%	0.371%
$470,000	4,000	0.913%	0.234%
$470,000	5,000	0.736%	0.156%
$470,000	10,000	0.274%	0.019%
$470,000	20,000	0.073%	0.001%
$470,000	30,000	0.018%	0.001%
$470,000	40,000	0.004%	0.001%
$475,000	25	20.140%	18.610%
$475,000	50	14.540%	12.976%
$475,000	100	10.175%	8.569%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$475,000	150	8.385%	6.777%
$475,000	200	7.192%	5.590%
$475,000	300	5.702%	4.159%
$475,000	400	4.630%	3.196%
$475,000	500	4.420%	2.948%
$475,000	600	3.806%	2.398%
$475,000	700	3.402%	2.066%
$475,000	800	3.185%	1.866%
$475,000	900	3.020%	1.725%
$475,000	1,000	2.813%	1.545%
$475,000	1,500	2.155%	1.038%
$475,000	2,000	1.752%	0.742%
$475,000	3,000	1.172%	0.372%
$475,000	4,000	0.916%	0.235%
$475,000	5,000	0.738%	0.157%
$475,000	10,000	0.275%	0.019%
$475,000	20,000	0.073%	0.001%
$475,000	30,000	0.019%	0.001%
$475,000	40,000	0.004%	0.001%
$480,000	25	20.156%	18.627%
$480,000	50	14.557%	12.992%
$480,000	100	10.188%	8.583%
$480,000	150	8.400%	6.792%
$480,000	200	7.204%	5.602%
$480,000	300	5.713%	4.169%
$480,000	400	4.639%	3.205%
$480,000	500	4.429%	2.955%
$480,000	600	3.814%	2.404%
$480,000	700	3.408%	2.072%
$480,000	800	3.191%	1.872%
$480,000	900	3.026%	1.730%
$480,000	1,000	2.818%	1.549%
$480,000	1,500	2.160%	1.041%
$480,000	2,000	1.756%	0.744%
$480,000	3,000	1.176%	0.374%
$480,000	4,000	0.919%	0.236%
$480,000	5,000	0.741%	0.158%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$480,000	10,000	0.276%	0.020%
$480,000	20,000	0.073%	0.001%
$480,000	30,000	0.019%	0.001%
$480,000	40,000	0.004%	0.001%
$485,000	25	20.174%	18.644%
$485,000	50	14.572%	13.008%
$485,000	100	10.201%	8.596%
$485,000	150	8.413%	6.806%
$485,000	200	7.216%	5.614%
$485,000	300	5.723%	4.178%
$485,000	400	4.649%	3.213%
$485,000	500	4.437%	2.963%
$485,000	600	3.822%	2.411%
$485,000	700	3.413%	2.076%
$485,000	800	3.197%	1.877%
$485,000	900	3.032%	1.735%
$485,000	1,000	2.823%	1.553%
$485,000	1,500	2.164%	1.044%
$485,000	2,000	1.759%	0.747%
$485,000	3,000	1.179%	0.376%
$485,000	4,000	0.922%	0.238%
$485,000	5,000	0.743%	0.159%
$485,000	10,000	0.277%	0.020%
$485,000	20,000	0.074%	0.001%
$485,000	30,000	0.019%	0.001%
$485,000	40,000	0.004%	0.001%
$490,000	25	20.189%	18.659%
$490,000	50	14.586%	13.022%
$490,000	100	10.212%	8.607%
$490,000	150	8.426%	6.819%
$490,000	200	7.227%	5.625%
$490,000	300	5.732%	4.187%
$490,000	400	4.657%	3.221%
$490,000	500	4.444%	2.970%
$490,000	600	3.829%	2.417%
$490,000	700	3.418%	2.081%
$490,000	800	3.203%	1.881%

* Applied to total projected claims

The Vermont Health Plan
Q3 2017 Large Group Rating Program Filing

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$490,000	900	3.038%	1.739%
$490,000	1,000	2.828%	1.557%
$490,000	1,500	2.168%	1.047%
$490,000	2,000	1.762%	0.749%
$490,000	3,000	1.181%	0.377%
$490,000	4,000	0.925%	0.239%
$490,000	5,000	0.745%	0.160%
$490,000	10,000	0.278%	0.020%
$490,000	20,000	0.074%	0.001%
$490,000	30,000	0.019%	0.001%
$490,000	40,000	0.004%	0.001%
$495,000	25	20.203%	18.673%
$495,000	50	14.599%	13.035%
$495,000	100	10.223%	8.618%
$495,000	150	8.438%	6.831%
$495,000	200	7.238%	5.636%
$495,000	300	5.741%	4.195%
$495,000	400	4.665%	3.229%
$495,000	500	4.451%	2.976%
$495,000	600	3.835%	2.423%
$495,000	700	3.423%	2.085%
$495,000	800	3.208%	1.886%
$495,000	900	3.043%	1.744%
$495,000	1,000	2.833%	1.561%
$495,000	1,500	2.172%	1.050%
$495,000	2,000	1.766%	0.751%
$495,000	3,000	1.184%	0.379%
$495,000	4,000	0.927%	0.240%
$495,000	5,000	0.747%	0.161%
$495,000	10,000	0.279%	0.020%
$495,000	20,000	0.074%	0.001%
$495,000	30,000	0.019%	0.001%
$495,000	40,000	0.004%	0.001%
$500,000	25	20.218%	18.688%
$500,000	50	14.612%	13.048%
$500,000	100	10.234%	8.630%
$500,000	150	8.450%	6.844%

* Applied to total projected claims

Exhibit 7A

Experience Refund Risk Charge Factors*

Pooling Limit	members	5% Margin	10% Margin
$500,000	200	7.249%	5.646%
$500,000	300	5.750%	4.204%
$500,000	400	4.673%	3.237%
$500,000	500	4.459%	2.983%
$500,000	600	3.842%	2.428%
$500,000	700	3.428%	2.089%
$500,000	800	3.213%	1.890%
$500,000	900	3.048%	1.748%
$500,000	1,000	2.838%	1.564%
$500,000	1,500	2.176%	1.053%
$500,000	2,000	1.769%	0.753%
$500,000	3,000	1.187%	0.380%
$500,000	4,000	0.930%	0.241%
$500,000	5,000	0.749%	0.162%
$500,000	10,000	0.279%	0.020%
$500,000	20,000	0.074%	0.001%
$500,000	30,000	0.019%	0.001%
$500,000	40,000	0.004%	0.001%

* Applied to total projected claims