

**State:** VermontGMCB **Filing Company:** MVP Health Insurance Company  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.002B Large Group Only - POS  
**Product Name:** VT LG HIC 2019  
**Project Name/Number:** /

## Filing at a Glance

Company: MVP Health Insurance Company  
 Product Name: VT LG HIC 2019  
 State: VermontGMCB  
 TOI: H16G Group Health - Major Medical  
 Sub-TOI: H16G.002B Large Group Only - POS  
 Filing Type: GMCB Rate  
 Date Submitted: 08/06/2018  
 SERFF Tr Num: MVPH-131604447  
 SERFF Status: Assigned  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Implementation: 01/01/2019  
 Date Requested:  
 Author(s): Matt Lombardo, Eric Bachner  
 Reviewer(s): Agatha Kessler (primary), Thomas Crompton, David Dillon, Judith Henkin, Jacqueline Lee, Sebastian Arduengo  
  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Insurance Company  
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## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 08/07/2018	
State Status Changed:	Deemer Date:
Created By: Eric Bachner	Submitted By: Eric Bachner
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

The proposed manual rates included within this filing are for employer groups with 100+ employees in the state of Vermont with coverage dates beginning between 1/1/2019 - 12/31/2019.

## Company and Contact

### Filing Contact Information

Matt Lombardo,	mlombardo@mvphealthcare.com
625 State Street	518-388-2483 [Phone]
Schenectady, NY 12305	

### Filing Company Information

MVP Health Insurance Company	CoCode: 11125	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Insurance
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1827918	State ID Number:

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

MVPH-131604447

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Insurance Company

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### Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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**Rate Review Detail**

**COMPANY:**

Company Name: MVP Health Insurance Company  
 HHS Issuer Id: 92082

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Preferred Suite HD POS			1
Preferred Suite POS			1

Trend Factors:

**FORMS:**

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

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 0  
 Benefit Change:  
 Percent Change Requested: Min: Max: Avg:

**PRIOR RATE:**

Total Earned Premium:  
 Total Incurred Claims:  
 Annual \$: Min: Max: Avg:

**REQUESTED RATE:**

Projected Earned Premium: 0.00  
 Projected Incurred Claims: 0.00  
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

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State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Insurance Company

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H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

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VT LG HIC 2019

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2019 ACT MEMO HIC Large Group.pdf VT LG HIC 2019 Rate Filing SERFF.pdf VT LG HIC 2019 Rate Filing SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Civil Union Rating Requirements
<b>Comments:</b>	MVP's forms satisfy 8 V.S.A. § 4724.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Certification of Compliance - VT.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	

SERFF Tracking #:

MVPH-131604447

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<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

MVPH-131604447

State Tracking #:

Company Tracking #:

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State:

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**Attachment VT LG HIC 2019 Rate Filing SERFF.xlsx is not a PDF document and cannot be reproduced here.**



**ACTUARIAL MEMORANDUM**  
**2019 Large Group MVPHIC Manual Rate Filing**

**Purpose of Filing**

The purpose of this filing is to demonstrate the development of manual rates in support of MVP Health Insurance Company's (MVPHIC) Large Group POS rider portfolio and seek approval of the manual rates used to develop group specific premium rates. The premium rates included in this filing are for group effective dates between 1/1/2019 and 12/31/2019. The rates are effective for 12 months. This rate filing has been prepared to satisfy the requirements of 8 V.S.A § 5104 and is not intended to be used for other purposes.

Note that MVP has migrated its entire product portfolio sold on the MVP Health Insurance Company (MVPHIC) license to MVPHP and retired the entire portfolio previously sold on MVPHIC. MVP is proposing these point of service (POS) riders on MVPHIC to provide out-of-network (OON) coverage as a supplement to the in-network (INN) coverage provided on the MVPHP license.

**Scope of Filing**

As of May 2018, there are no members enrolled in MVPHIC's large group block of business with OON coverage (via combined PPO/HDPPO products).

All of the riders in this filing are either a percentage of the manual rate or zero cost. MVP is not proposing to change any of the manual rates in this filing.

**Actuarial Certification**

I, Eric Bachner, am an Associate of the Society of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, inadequate, nor unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.

A handwritten signature in black ink, appearing to read "Eric Bachner", is written over a horizontal line.

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

08/03/2018  
Date





**MVP Health Care -- 2019 LG HIC Rate Filing**


Large Group VT HIC Rate Filing  
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Exhibit 1 -- Medical Rider Rates

**Exhibit 1 -- Medical Riders**

Large Group VT HIC Rate Filing  
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<b>HMO Rider</b>	<b>Description</b>	<b>Product Type</b>	<b>Net Required Revenue</b>	<b>Quarterly Change</b>	<b>Annual Manual Rate Change</b>
SV3HMB01L	\$1,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.6%	n/a	n/a
SV3HMB02L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	n/a	n/a
SV3HDH02L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	n/a	n/a
SV3HMB03L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	n/a	n/a
SV3HDH03L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	n/a	n/a
SV3HMB04L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	n/a	n/a
SV3HDH04L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	n/a	n/a
MV3POS307L	Exclusion for Elective Abortions	POS	\$0.00	n/a	n/a
MV3POS317L	Plan Year to Calendar Year Rider	POS	\$0.00	n/a	n/a
GV3POS700L	Domestic Partners (Same And Opp Sex)	POS	\$0.00	n/a	n/a

<b>Certification of Compliance</b>	
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.	
Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President	
Signature: 	Date: 08/02/2018