



LEWIS & ELLIS

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July 16, 2018

Eric Bachner
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2019 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131497138
Objection #6

Dear Mr. Bachner:

The following additional information is required for this filing.

1. Please address whether recent information regarding hospital unit cost increases for 2019 are anticipated to have an impact on the proposed rates. If so, provide updated trend build-up by facility and an explanation of the sources of any updated assumptions.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 19th, 2018.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Ruggeberg', written over a horizontal line.

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



625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphhealthcare.com

July 17, 2018

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

Re: 2019 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131497138

Dear Mr. Rugeberg:

This letter is in response to your correspondence received 07/16/18 regarding the above mentioned rate filing. The responses to your questions are provided below.

1. Please address whether recent information regarding hospital unit cost increases for 2019 are anticipated to have an impact on the proposed rates. If so, provide updated trend build-up by facility and an explanation of the sources of any updated assumptions.

Response: All of the proposed fiscal year 2019 unit cost trends for hospitals under the Green Mountain Care Board's jurisdiction can be found at gmcboard.vermont.gov/content/fy19-individual-hospital-budget-information. Each hospital provides a Narrative Summary which includes their commercial rate request for the time period in question (Section 12).

MVP analyzed the effect of the proposed trends on the premium rates in the filing, and found that they would increase the originally proposed premium rates by approximately 0.5%. Please see the attached documents which provide a breakdown of the updated trends by facility/physician group as well as updated rate filing showing the impact of the trends on the proposed rates.

MVP would like to note two items:

1. Several of the hospitals have submitted physician rate changes as well as facility ones. MVP has made changes to those provider groups in its physician unit cost trends.
2. The website listed above is time stamped for revisions. The trends provided in this response were last updated on 07/13/2018 at 11:00 am.



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Schenectady, NY 12301-2207
mvphhealthcare.com

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

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



MVP Health Care -- 2019 Exchange Rate Filing

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2018 to 2019 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2019 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2019)	HYHMO	Platinum	Standard	On Exchange	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%	
FRVT-HMO-G-001-S (2019)	HYHMO	Gold	Standard	On Exchange	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$650	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded	
FRVT-HMO-G-002-N (2019)	HYHMO	Gold	Non-Standard	On Exchange	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBIID = \$1 [†]	
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2019)	HYHMO	Silver	Standard	On Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded	
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300 [*]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBIID = \$1 [†]	
VT-HMO-S-003-S II (2019)	HYHMO	Silver	Standard	Off Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$105 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded	
VT-HMOH-S-004-S II (2019)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300 [*]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
VT-HMOH-S-002-N II (2019)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,125	\$8,250	Embedded	0%	Embedded	Aggregate	\$4,125	\$8,250	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-001-N II (2019)	HYHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$105	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBIID = \$1 #	
FRVT-HMO-B-002-S (2019)	HYHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,650	\$13,300 [*]	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible	
FRVT-HMO-B-004-S (2019)	HYHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible	
FRVT-HMO-B-005-N (2019)	HYHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	N/A	N/A	N/A	N/A	VBIID = \$3 [‡]	
FRVT-HMO-B-001-N (2019)	HYHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBIID = \$3 [‡]
FRVT-HMO-C-001-N (2019)	HYHMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy							
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S3-001-S (2019)	HYHMO	Silver	Standard	On Exchange	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2019)	HYHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HYHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2019)	HYHMO	Silver	Standard	On Exchange	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,800	\$9,600 [*]	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HYHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HYHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded	Embedded	\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,800	\$5,600	Embedded	0%	Embedded	Aggregate	\$2,800	\$5,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$1,400 (Fac)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$1 [†]
FRVT-HMO-S1-002-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Fac)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$500	\$1,100	Separate	\$5 / 20% / 40%, VBIID = \$1 [†]
FRVT-HMO-S1-003-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$40 (Fac)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$250	\$400	Separate	\$5 / 5% / 5%, VBIID = \$1 [†]
FRVT-HMO-S1-004-N (2019)	HYHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$1 [†]

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized) [^]				In-Network Benefits																Pharmacy		
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2019)	HyHMO	Gold	Standard	On Exchange	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2019)	HyHMO	Silver	Standard	On Exchange	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2019)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
FRVT-HMO-BA2-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,650	\$13,300*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits																Pharmacy		
Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA1-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2019)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-GA1-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2019)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2019)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2019)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

**First 3 PCP Office Visits are not subject to deductible

* Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

* Family structure is \$7,900 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Experience Period:	January 1, 2017 - December 31, 2017
Rating Period:	January 1, 2019 - December 31, 2019

Months of Trend	2018	2019	Total
	12	12	24

Medical Trend Summary

2018 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	20.6%	6.2%	0.0%	6.2%
OP	48.8%	4.5%	0.0%	4.5%
PHY	28.5%	-1.5%	0.0%	-1.5%
OTR	2.1%	4.0%	0.0%	4.0%
Medical Total		3.1%	0.0%	3.1%

2019 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.2%	6.4%	0.0%	6.4%
OP	49.5%	4.6%	0.0%	4.6%
PHY	27.2%	0.6%	0.0%	0.6%
OTR	2.1%	4.0%	0.0%	4.0%
Medical Total		3.9%	0.0%	3.9%

Annual Allowed Medical Trend **3.5%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$360.04	\$9.79	\$7.61	\$54.87	\$287.77
24 Months of Trend:	1.072	1.072	1.000	1.028	1.082
Projection Period:	\$385.83	\$10.50	\$7.61	\$56.41	\$311.31
Allowed Trend (Annual)	3.5%				
Paid Trend (Annual)	4.0%				
Leveraging (Annual)	0.5%				

Rx Trend Summary

	2018 Trend		2019 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-0.7%	2.4%	4.9%	3.2%	2.1%	2.8%
Brand	14.3%	4.5%	12.1%	-0.4%	13.2%	2.1%
Specialty	4.2%	7.6%	9.6%	7.8%	6.8%	7.7%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	9,812	904	98	10,814
Experience Period Allowed Cost per Script	\$17.09	\$298.50	\$4,347.81	\$79.83
Experience Period Deductible Per Script	\$3.87	\$23.04	\$62.39	\$6.01
Experience Period Copay Per Script	\$2.69	\$11.18	\$15.85	\$3.52
Experience Period Coinsurance Per Script	\$1.09	\$18.97	\$45.38	\$2.99
Experience Period Paid Cost Per Script	\$9.43	\$245.31	\$4,224.18	\$67.31
Experience Period Allowed PMPM	\$13.98	\$22.48	\$35.48	\$71.93
Experience Period Deductible PMPM	\$3.17	\$1.74	\$0.51	\$5.41
Experience Period Copay PMPM	\$2.20	\$0.84	\$0.13	\$3.17
Experience Period Coinsurance PMPM	\$0.90	\$1.43	\$0.37	\$2.69
Experience Period Paid PMPM	\$7.71	\$18.48	\$34.47	\$60.66
Experience Period Rx Rebates PMPM				(\$11.03)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.102
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.014	1.014	1.014	1.014
Annual Paid Trend	1.058	1.172	1.152	1.146
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.125
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,375	942	114	11,430
Projected Allowed Cost per Script	\$17.80	\$382.47	\$4,962.43	\$96.98
Projected Deductible Per Script	\$3.98	\$23.69	\$64.14	\$6.20
Projected Copay Per Script	\$2.69	\$11.18	\$15.85	\$3.52
Projected Coinsurance Per Script	\$1.14	\$24.30	\$51.80	\$3.55
Projected Paid Cost Per Script	\$9.99	\$323.29	\$4,830.65	\$83.70
Projected Allowed PMPM	\$15.39	\$30.01	\$46.97	\$92.37
Projected Deductible PMPM	\$3.44	\$1.86	\$0.61	\$5.91
Projected Copay PMPM	\$2.33	\$0.88	\$0.15	\$3.35
Projected Coinsurance PMPM	\$0.99	\$1.91	\$0.49	\$3.38
Projected Paid PMPM	\$8.64	\$25.37	\$45.72	\$79.72
Projected Rx Rebates				(\$16.93)
Net Projected Paid PMPM				\$62.80

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	10,497	855	112	11,463
Experience Period Allowed Cost per Script	\$18.77	\$298.95	\$5,007.16	\$88.24
Experience Period Deductible Per Script	\$4.14	\$30.05	\$69.26	\$6.71
Experience Period Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Experience Period Coinsurance Per Script	\$1.13	\$14.92	\$50.94	\$2.64
Experience Period Paid Cost Per Script	\$10.63	\$238.90	\$4,867.88	\$74.96
Experience Period Allowed PMPM	\$16.42	\$21.29	\$46.59	\$84.30
Experience Period Deductible PMPM	\$3.62	\$2.14	\$0.64	\$6.41
Experience Period Copay PMPM	\$2.51	\$1.07	\$0.18	\$3.76
Experience Period Coinsurance PMPM	\$0.98	\$1.06	\$0.47	\$2.52
Experience Period Paid PMPM	\$9.30	\$17.02	\$45.29	\$71.60
Experience Period Rx Rebates PMPM				(\$12.44)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.102
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.013	1.013	1.013	1.013
Annual Paid Trend	1.058	1.178	1.152	1.146
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.137
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,099	890	130	12,119
Projected Allowed Cost per Script	\$19.55	\$383.05	\$5,715.00	\$107.12
Projected Deductible Per Script	\$4.25	\$30.85	\$71.11	\$6.92
Projected Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Projected Coinsurance Per Script	\$1.17	\$19.11	\$58.15	\$3.10
Projected Paid Cost Per Script	\$11.25	\$318.00	\$5,866.66	\$93.16
Projected Allowed PMPM	\$18.08	\$28.42	\$61.68	\$108.18
Projected Deductible PMPM	\$3.93	\$2.29	\$0.77	\$6.99
Projected Copay PMPM	\$2.66	\$1.12	\$0.21	\$3.98
Projected Coinsurance PMPM	\$1.08	\$1.42	\$0.63	\$3.13
Projected Paid PMPM	\$10.41	\$23.60	\$60.07	\$94.08
Projected Rx Rebates				(\$17.63)
Net Projected Paid PMPM				\$76.45

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	9,335	938	88	10,362
Experience Period Allowed Cost per Script	\$15.78	\$298.21	\$3,768.07	\$73.35
Experience Period Deductible Per Script	\$3.67	\$18.60	\$56.36	\$5.47
Experience Period Copay Per Script	\$2.55	\$8.71	\$13.01	\$3.19
Experience Period Coinsurance Per Script	\$1.07	\$21.54	\$40.49	\$3.26
Experience Period Paid Cost Per Script	\$8.50	\$249.36	\$3,658.21	\$61.42
Experience Period Allowed PMPM	\$12.28	\$23.31	\$27.75	\$63.33
Experience Period Deductible PMPM	\$2.85	\$1.45	\$0.41	\$4.72
Experience Period Copay PMPM	\$1.98	\$0.68	\$0.10	\$2.76
Experience Period Coinsurance PMPM	\$0.83	\$1.68	\$0.30	\$2.81
Experience Period Paid PMPM	\$6.61	\$19.49	\$26.94	\$53.04
Experience Period Rx Rebates PMPM				(\$10.04)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.103
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.014	1.014	1.014	1.014
Annual Paid Trend	1.059	1.168	1.152	1.147
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.113
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,871	977	102	10,951
Projected Allowed Cost per Script	\$16.44	\$382.10	\$4,300.74	\$89.17
Projected Deductible Per Script	\$3.77	\$19.14	\$57.98	\$5.65
Projected Copay Per Script	\$2.55	\$8.71	\$13.01	\$3.20
Projected Coinsurance Per Script	\$1.12	\$27.59	\$46.21	\$3.90
Projected Paid Cost Per Script	\$9.00	\$326.66	\$4,183.54	\$76.42
Projected Allowed PMPM	\$13.52	\$31.11	\$36.73	\$81.37
Projected Deductible PMPM	\$3.10	\$1.56	\$0.50	\$5.16
Projected Copay PMPM	\$2.10	\$0.71	\$0.11	\$2.92
Projected Coinsurance PMPM	\$0.92	\$2.25	\$0.39	\$3.56
Projected Paid PMPM	\$7.41	\$26.60	\$35.73	\$69.74
Projected Rx Rebates				(\$16.44)
Net Projected Paid PMPM				\$53.30

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/17 - 12/31/17

Completed Through: 3/31/18

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	55,568	79,856	135,424
2 FFS Paid Medical Claims	\$298.66	\$280.19	\$287.77
3 FFS Paid Pediatric Dental Claims	\$0.52	\$0.52	\$0.52
4a Federal CSR Payments	\$0.00	(\$28.26)	(\$16.66)
4b State CSR Payments	\$0.00	(\$3.24)	(\$1.91)
5 IBNR Factor	1.043	1.043	1.043
6 FFS Incurred Paid Medical Claims	\$311.97	\$259.85	\$281.24
7 FFS Incurred Rx Claims	\$71.60	\$53.04	\$60.66
8 Experience Period Rx Rebates	(\$12.44)	(\$10.04)	(\$11.03)
9 FFS Incurred Rx Claims (Net of Rebates)	\$59.16	\$43.00	\$49.63
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$42.83)	(\$31.73)	(\$36.28)
11 Pooling Charge	\$44.92	\$37.09	\$40.30
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$373.22	\$308.22	\$334.89
13 Experience Period Capitation and Non-FFS Medical Costs	\$10.06	\$9.25	\$9.58
14 Adjusted Experience Period Claim Expense	\$383.28	\$317.47	\$344.47
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$2.72	\$4.12	\$3.55
16 Adjustment for pharmacy benefit carve-in	\$0.28	\$0.28	\$0.28
17 Adjustment for Individual Mandate Repeal	\$0.00	\$11.68	\$6.89
18 Experience Period Claim Expense After All Adjustments	\$386.28	\$333.55	\$355.19
19 Annual FFS Medical projection factor	1.040	1.040	1.040
20 Annual FFS Rx projection factor	1.137	1.113	1.125
21 Annual FFS Claim trend projection factor	1.056	1.051	1.053
22 Months of Trend	24	24	24
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$419.16	\$357.89	\$383.08
24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.24	\$4.47	\$4.78
25 Projection Period Capitation and Non-FFS Medical Costs	\$5.82	\$5.82	\$5.82
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$430.21	\$368.18	\$393.69
Federal Reinsurance and Risk Adjustment Programs			
27 Federal Risk Adjustment Program Impact	\$55.57	\$47.56	\$50.85
28 Paid Index Rate PMPM After Adjustments for Federal Programs	\$485.78	\$415.74	\$444.54

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	11,075	11,076	1.000	1.000
4	Double	2,913	5,818	1.997	2.000
4	Parent/Child(ren)	529	1,315	2.486	1.930
4	Family	1,843	7,014	3.806	2.810

Single Conversion Factor 1.092

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

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

% of Premium Retention Components	
Broker Load	0.00%
Bad Debt	0.60%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.60%

PMPM Retention Components	
General Administrative Load	\$39.80

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

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

PMPM Taxes and Assessments	
Federal PCORI Fee	\$0.00
HHS Risk Adjustment User Fee	\$0.15
18 VSA 9374(h) Billback	\$0.91
Total PMPM Taxes/Assessments	\$1.06

Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans
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MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Derivation of Rating Period CSR Load for Silver On Exchange Plans
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1) Projection Period Federal CSR Dollars	\$2,146,209	
2) Projection Period Member Months, CSR Plans	24,363	
3) Projection Period Federal CSR PMPM	\$88.09	= 1) / 2)
4) IBNR Factor	1.043	
5) Federal CSR PMPM with IBNR	\$91.87	= 3) * 4)
6) Annual Trend Factor	1.016	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$94.82	= 5) * 6) ^ [7) / 12]

Exhibit 6 – 2019 Exchange Premium Rates

MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

2019 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$444.54
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7284
Adjusted Claim Cost for Pricing	\$610.32

Coplan	Product Type	Metal Level	Standard / Non-Standard	On / Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Prem)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over Originally Proposed Single Rate	Increase over Originally Proposed Double Rate	Increase over Originally Proposed P/C Rate	Increase over Originally Proposed Family Rate
																				Rate	Rate	Rate	Rate
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.896	1.149	\$628.38	\$17.86	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$687.10	\$750.31	\$1,500.62	\$1,448.10	\$2,108.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.798	1.082	\$527.17	\$15.16	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$583.20	\$636.85	\$1,273.70	\$1,223.12	\$1,789.55	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.814	1.090	\$541.38	\$15.54	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$597.85	\$652.85	\$1,305.70	\$1,260.00	\$1,834.51	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.773	1.069	\$504.09	\$14.55	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$559.57	\$611.05	\$1,222.10	\$1,179.33	\$1,717.05	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
VT-HMO-S-003-S II (2019)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$512.10	\$559.21	\$1,118.42	\$1,079.28	\$1,571.38	0.5%	0.5%	0.5%	0.5%
VT-HMOH-S-004-S II (2019)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.030	\$441.95	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$495.70	\$541.30	\$1,082.60	\$1,044.71	\$1,521.05	0.5%	0.5%	0.5%	0.5%
VT-HMOH-S-002-N II (2019)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.031	\$443.72	\$15.85	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$497.59	\$543.37	\$1,086.74	\$1,048.70	\$1,526.87	0.5%	0.5%	0.5%	0.5%
VT-HMO-S-001-N II (2019)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.674	1.020	\$419.46	\$12.29	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$472.68	\$516.17	\$1,032.34	\$996.21	\$1,450.44	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-003-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.594	1.000	\$357.11	\$10.61	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$408.08	\$445.62	\$891.24	\$860.05	\$1,252.19	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-B-003-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.600	1.000	\$366.18	\$10.87	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$417.91	\$456.36	\$912.72	\$880.77	\$1,282.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.663	1.018	\$412.06	\$12.09	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$465.01	\$507.79	\$1,015.58	\$980.03	\$1,426.89	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.001	\$370.63	\$10.99	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$422.55	\$461.42	\$922.84	\$890.54	\$1,296.59	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.587	1.000	\$358.45	\$10.66	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$410.04	\$447.76	\$895.52	\$864.18	\$1,258.21	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-C-001-N (2019)	HyHMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.617	0.632	\$237.94	\$7.44	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$286.24	\$312.57	\$625.14	\$603.26	\$878.32	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-001-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-002-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-001-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-004-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-004-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-PA2-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	A/AN	0.896	1.149	\$628.38	\$17.86	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$687.10	\$750.31	\$1,500.62	\$1,448.10	\$2,108.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-GA2-001-S (2019)	HyHMO	Gold	Standard	On Exchange	A/AN	0.798	1.082	\$527.17	\$15.16	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$583.20	\$636.85	\$1,273.70	\$1,223.12	\$1,789.55	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-GA2-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	A/AN	0.814	1.090	\$541.38	\$15.54	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$597.85	\$652.85	\$1,305.70	\$1,260.00	\$1,834.51	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-GA2-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	A/AN	0.773	1.069	\$504.09	\$14.55	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$559.57	\$611.05	\$1,222.10	\$1,179.33	\$1,717.05	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-003-S (2019)	HyHMO	Silver	Standard	On Exchange	A/AN	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-004-S (2019)	HDHMO	Silver	Standard	On Exchange	A/AN	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	A/AN	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-SA2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	A/AN	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-BA2-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	A/AN	0.584	1.000	\$356.61	\$10.61	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$408.08	\$445.62	\$891.24	\$860.05	\$1,252.19	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-BA2-00																							