Filing at a Glance

Company:	MVP Health Plan, Inc.
Product Name:	VT 2016 Exchange Filing Rates
State:	VermontGMCB
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.002C Any Size Group - HMO
Filing Type:	GMCB Rate
Date Submitted:	05/14/2015
SERFF Tr Num:	MVPH-130053210
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2016
Author(s):	Kristen Marsh, Matt Lombardo, Eric Bachner
Reviewer(s):	Thomas Crompton (primary), Kelly Macnee, David Dillon, Judith Henkin, Jacqueline Lee
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2016 Exchange Filing Rates*
Project Name/Number: */*

General Information

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

Deemer Date:
Submitted By: Matt Lombardo

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Explanation for Other Group Market Type: Individual
Filing Status Changed: 06/02/2015
State Status Changed:
Created By: Kristen Marsh
Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2016 Exchange rates.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2016 and December 31, 2016.

Company and Contact

Filing Contact Information

Matt Lombardo,
625 State Street
Schenectady, NY 12305

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

Filing Company Information

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

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

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

Filing Fees

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

Check Number	Check Amount	Check Date
	$0.00	

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2016 Exchange Filing Rates*
Project Name/Number: */*

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	05/28/2015	05/28/2015

Response Letters

Responded By	Created On	Date Submitted
Matt Lombardo	06/02/2015	06/02/2015

State:	*VermontGMCB*	**Filing Company:**	*MVP Health Plan, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*		
Product Name:	*VT 2016 Exchange Filing Rates*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/28/2015
Submitted Date	05/28/2015
Respond By Date	06/02/2015

Dear Matt Lombardo,

Introduction:

Please see the attached letter and respond by 6/2/2015.

Conclusion:

Sincerely,
Jacqueline Lee

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

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
Leon L. Langlitz, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Christopher J. Merkel, F.S.A.
Kimberly S. Shores, F.S.A.
Michael A. Brown, F.S.A.
Naomi Kloeppersmith, F.S.A.
Stephanie Crownhart, F.S.A.
Thomas L. Handley, F.S.A. (Of Counsel)

London / Kansas City
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

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

Denver
Mark Stukowski, F.S.A.

May 28, 2015

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

Re: MVP Health Plan, Inc.
2016 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130053210

Dear Mr. Lombardo:

The following additional information is required for this filing.

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

2. Please provide quantitative support for the development of entries listed under "Benefits Added" and "Benefits Removed" in the table illustrated in page 5 of the Actuarial Memorandum. Where a mapping exists between these entries and Milliman's EHB support document dated March 18, 2013, please illustrate this mapping.

3. How was the expansion of small group from 50 to 100 employees taken into account in rate setting for 2016? In doing so, please illustrate how Worksheet 1 of URRT reflects this expansion?

4. Justify why you expect the population morbidity in 2016 to be unchanged from 2014?

5. Provide quantitative support for the development of "Other" factors in Worksheet 1 of the URRT.

6. Provide quantitative support for the development of "Cost" and "Util" factors in Worksheet 1 of the URRT. In doing so, describe the methodology used in developing

the cost and utilization factors, including all adjustments made to the data (normalization for age, benefit changes etc.).

7. Have any changes in costs related to demographics of the projected covered population versus the experience period been accounted for? Please justify your answer. Please provide the average age of the experience period enrollment and the projected covered population.

8. What is MVP's credibility formula resulting in 33.62% credibility to the experience period?

9. Describe the source and appropriateness of data used in developing the credibility manual rates. In your response, please include all adjustments made to the source data to reflect the population, region, provider network, and benefits anticipated in the projection period.

10. Provide support for the new $1.50 PMPM administrative load to account for an expanded network to members purchasing exchange products in VT through a partnership with PHCS.

11. Reconcile the -$9.20 PMPM in reinsurance recovery stated in page 9 of the memorandum with the -$6.95 PMPM in the URRT and the -$11.29 in the Actuarial Data Set?

12. Was any independent study through 3rd party consultants conducted to analyze MVP's risk scores versus the average small group market?

13. Please confirm that the $0.15 Exchange User Fee PMPM is accurate in the Actuarial Data Set. Explain why this is a positive adjustment in the Data Set and a negative adjustment in the URRT.

14. Exhibit 4 illustrates the calculation of single conversion factor using experience period membership. Please provide an equivalent exhibit using the membership distribution from March 2015.

15. Please supplement the narrative description of "Adjustment for average policy duration reflected in experience period" with quantitative support that illustrates the development of lines 14 and 15 in Exhibit 3.

16. Based on Exhibit 3, it appears that members from all other non-ACA compliant products (such as Agri Services, Individual Indemnity, etc.) will buy MVP's exchange products in 2016. Justify why you expect membership from your other products to completely migrate to MVP's 2016 exchange products as opposed to the competitor?

17. Provide support for why you expect 61.8% of Non-ACA compliant small group to enroll in the 2016 individual market?

18. Please provide a reconciliation between the expenses from the Actuarial Dataset ($35.10), URRT ($49.28), and Exh 5.

19. In the Actuarial Memorandum, it states that the admin load built into the 2016 rates is lower than the current cost structure; however, the administrative expense in the URRT is $49.28 vs. the SHCE figures seen on pg. 11 of the Actuarial Memorandum. Please provide an explanation.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 2, 2015.

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

Sincerely,

Jacqueline B. Lee F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jlee@lewisellis.com
(972)850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2016 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/02/2015
Submitted Date	06/02/2015

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please see the attached documents which contain MVP's response to L&E's 5/28/15 objection letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter #1
Comments:	
Attachment(s):	Response to 2016 VT Exchange Objection #1.pdf Quantitative Response to Objection #1 - SERFF.pdf Quantitative Response to Objection #1 - SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Matt Lombardo

State: *VermontGMCB* **Filing Company:** *MVP Health Plan, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO*
Product Name: *VT 2016 Exchange Filing Rates*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.700%
Effective Date of Last Rate Revision: 01/01/2015
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	3.000%	3.000%	$951,009	3,324	$31,678,115	27.300%	-1.800%

Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	2296
Vermont HMO Contract Ind	77566VT004	77566VT004	4123

Trend Factors:

FORMS:

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

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 179,944
Benefit Change: Increase
Percent Change Requested: Min: -1.8 Max: 27.3 Avg: 3.0

PRIOR RATE:

Total Earned Premium: 31,678,115.00
Total Incurred Claims: 27,211,500.00
Annual $: Min: 2,503.92 Max: 6,729.88 Avg: 4,936.59

REQUESTED RATE:

Projected Earned Premium: 32,629,124.00
Projected Incurred Claims: 28,615,742.00
Annual $: Min: 3,187.44 Max: 6,915.62 Avg: 5,084.79

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2016 Exchange Filing Rates
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2016 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2016 NO LINKS.xlsx Federal AVC Actuarial Certification for Non-standard Gold & Bronze Plans V2.pdf MVP Exchange Rate Increase Exhibit 2015-2016.pdf MVP Exchange Rate Increase Exhibit 2015-2016.xlsx MVP Vermont Essential Health Benefits - Milliman Memorandum.pdf VT 2016 Exchange Rate Filing - SERFF.pdf VT Non-Standard Plan Designs AVC.pdf Wakely VT Standard Plan Designs AV Cert.pdf VT 2016 Exchange Rate Filing - SERFF.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2016 Federal Act Memo Vermont Exchange.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2016 VT Exchange.pdf
Item Status:	
Status Date:	

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

Status Date:	

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	VT 2016 URRT.xlsm VT 2016 URRT.pdf UnifiedRateReviewSubmission_2015051482545_VTExch_2016.xml
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection Letter #1
Comments:	
Attachment(s):	Response to 2016 VT Exchange Objection #1.pdf Quantitative Response to Objection #1 - SERFF.pdf Quantitative Response to Objection #1 - SERFF.xlsx
Item Status:	
Status Date:	

Attachment Actuarial Memo Dataset 2016 NO LINKS.xlsx is not a PDF document and cannot be reproduced here.

Attachment MVP Exchange Rate Increase Exhibit 2015-2016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2016 Exchange Rate Filing - SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2016 URRT.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2015051482545_VTExch_2016.xml is not a PDF document and cannot be reproduced here.

Attachment Quantitative Response to Objection #1 - SERFF.xlsx is not a PDF document and cannot be reproduced here.

Contact Information

Company Information

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

Primary Contact Information

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

ACTUARIAL MEMORANDUM

2016 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2016 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2016 and 12/31/2016. This filing includes a new product that will be offered for the first time. The rate for this new product was developed consistent with the proposed renewal rates for the current products. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of this plan is 4.2%.

Market/Benefits

All products and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the $2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

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

The book of business affected by this rate filing reflects 3,324 policyholders, 4,227 subscribers and 6,417 members.

Experience Period Claims

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set. All grandfathered and non-grandfathered membership that will be eligible to purchase these policy forms in 2016 was included. There were no products excluded. MVP Health Plan, Inc. and MVP Health Insurance Co. reimburse providers at the same rate so no adjustments were made to the experience period data for fee schedule differences between the two companies.

MVP combined the experience of these separate pools of data to form a more credible experience base. The claim data is assumed to be fully credible. The experience period for the historical claims includes incurred dates of service beginning 1/1/14 through 12/31/14, completed as of 3/31/15. The experience period data complies with the single risk pool requirement of the Federal ACA.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid index rate PMPM separately for non-ACA compliant data separated by the Agriservices Association, pre-ACA small

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

Line 12 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts

	Agriservices & Pre-ACA Large Group 51-100	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Post-ACA Small Group	Post-ACA Individual
Other Medical Expenses not in claim warehouse	$6.38	$3.73	$4.25	$3.89	$0.75
Dental	$0.04	$0.00	$0.17	$0.55	$0.17
GME	$0.34	$0.00	$0.16	$0.08	$0.00
Net Reinsurance Expense	$0.21	$0.21	$0.21	$0.21	$0.21
Wellstyle Rewards	$1.18	$0.00	$0.39	$0.14	$0.00
Medical Home and PCP Incentive	$4.76	$6.72	$6.52	$3.18	$3.25
Lab Cap	$0.00	$0.00	$0.00	$0.10	$0.08
Chiropractic Cap	$0.00	$0.00	$0.00	$0.76	$0.78
Healthways and ASH Cap	$1.97	$2.43	$2.51	$1.30	$2.12
Total	$14.88	$13.10	$14.21	$10.21	$7.35

*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 12 of Exhibit 3 = line 11 of Exhibit 3 * 1.249% + the applicable value shown above.

Adjustments to Experience Period Claims

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2014 dates of service. MVP's claim system processes CSR member claims to reflect MVP's expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 3 of Exhibit 3.

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

Experience period Rx rebates are reflected in line 7 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period. MVP is assuming that we will receive the same percentage of rebates in the projection period as were received in the experience period. Please see the table below for experience period Rx Rebate detail:

Category for Rating	Rx Rebates	Rx Claims	Rebate %
Agriservices	($93,036)	$539,283	-17.3%
Pre-ACA Individual Indemnity	($37,846)	$136,017	-27.8%
Pre-ACA Small Group	($450,215)	$2,870,552	-15.7%
Large Group 51-100	($163,256)	$1,198,472	-13.6%
ACA Compliant	($174,500)	$2,364,575	-7.4%
Total	($918,854)	$7,108,899	-12.9%

To account for volatility in high cost claims, claims in excess of $250,000 are being removed from the claim projection and replaced by a pooling charge. MVP is using an attachment point of $250,000 in this rate filing as claims below this amount in the Individual market will be eligible for temporary reinsurance pool recoveries. The pooling charge of 4.7% was determined by computing the annual average cost of claimants in excess of $250,000 relative to claimants less than $250,000 for the eligible population between 2012 and 2014. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
2012	1.9%
2013	6.7%
2014	5.4%
Average	4.7%

Market-Wide Adjustments to Experience Period Claims

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

Adjustment for Average Policy Duration Reflected in Experience Period

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

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

Because a large portion of members did not enroll in ACA compliant plans until April 2014 and MVP has a large share of its ACA experience period membership enrolled in Bronze metal level products with higher deductibles, a significant upward adjustment to the experience period claim cost was required for these products. An upward adjustment to Agriservices and Large Group 51-100 experience period claims is driven by the fact that MVP's membership in these pools is more heavily weighted towards earlier contract months. Offsetting a portion of these increases is a downward adjustment to non-ACA compliant small group and Individual claims which were more heavily weighted towards later contract months.

The impact of these adjustments can be found in lines 14 and 15 of Exhibit 3.

Adjustments to Meet EHB Requirements

Benefits Added

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

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2014 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2016. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. Milliman provided these costs on an allowed basis and MVP converted them to paid amounts by multiplying the allowed amount times the experience period paid to allowed ratio of members enrolled in non-ACA compliant plans. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 1,289 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed that these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

Benefits Removed

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

The net impact of the claim cost adjustments to the projected incurred claim costs are illustrated on Lines 16 and 17 of Exhibit 3. Please see below for detail on these calculations:

Derivation of Medical EHB Adjustments for Non-ACA Compliant Data

Benefits Added	PMPM
Pediatric Dental	$0.29
Pediatric Vision	$0.06
Disposable Supplies	$0.11
Other*	$0.73
Benefits Removed	
Elective Abortion	($0.05)
Vision Exams and Hardware	($0.06)
Total	$1.08

*Please see attached Milliman Actuarial Memorandum

Derivation of Rx EHB Adjustment to Non-ACA Compliant Small Group Data		
1	Total Non-ACA Compliant Small Group MM	64,474
2	Non-ACA Compliant Small Group MM without Rx	1,289
3	Rx Incurred Claims PMPM for Non-ACA Small Group with Rx Coverage	$45.43
4	Projected Rebate % for Block	-15.7%
5	PMPM Adjustment to Meet Rx EHB Requirement	$0.77
	*Line 5 = 3 * 2 / 1 * (1 + 4)*	

Adjustment for Expected Covered Membership Risk Characteristics
MVP is applying a 2.0% morbidity improvement factor to its projection of non-ACA compliant experience period data. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing, and MVP kept this adjustment in its 2015 rate filing as well. This adjustment is captured in line 18 of Exhibit 3.

Adjustment for $1,300 Rx Out of Pocket Maximum (Bill H559)
Bill H559 was effective beginning with October 2012 renewals. Included in this regulation is an out-of-pocket maximum for prescription drug expenses. All of the claim adjustments attributable to Bill H559 are not being processed within MVP's claim system during the experience period for this rate filing. Therefore, an adjustment to the experience period claims was needed. To quantify the impact of this mandate, MVP analyzed member level drug claims over the experience period. MVP captured amounts paid by members in excess of the Rx OOP maximum which will be in effect for 2016, or $1,300. Please see the table below for a calculation of MVP's adjustment for this item which can be found in line 19 of Exhibit 3.

Adjustment for $1,300 Rx Out-of-Pocket Maximum	
Experience Period Rx Claims PMPM for Block (net of Rebates)	$34.40
Member Rx Cost-Share > $1,300 in Experience Period FFS Rx Claims	$0.57
Adjustment to Experience Period Rx Claims	1.7%

Adjustment for Leap Year in 2016
MVP's experience period data is 2014 incurred claims. Because the projection period is 2016, an adjustment for the leap year is being made in line 20 of Exhibit 3. The adjustment is equal to 366/365 and reflects an additional day of claims in 2016 that was not reflected in the experience period.

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

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

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

The average annual allowed trend factor applied to FFS medical claims in this filing is 3.9%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.4% which can be found in line 22 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. These trend factors were supplied by MVP's pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization. Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2016 can be found in Exhibit 2b. The data shown in Exhibit 2b used to develop the paid Rx trend represents the single risk pool Rx data.

MVP has been in contact with its PBM on a regular basis, and the PBM has revised its trend forecasts for 2015 and 2016 since MVP submitted its 3Q 2015 rate filings. The trend forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

In aggregate, the PBM's trend forecast has been revised lower for this filing relative to the 3Q 2015 filings. Some of the drivers of the PBM's reduced trend forecast include later generic launch dates of highly utilized drugs as well as lower unit cost trends emerging in 2015 than previously expected.

Please see the table below for a comparison of the Rx trend forecast included in this filing compared to MVP's most recently submitted filings:

Rx Trends Used in 2016 MVP VT Exchange Filing

	2015 Trend		2016 Trend	
	Unit Cost	Utilization	Unit Cost	Utilization
Generic	2.1%	3.4%	3.3%	2.1%
Brand	11.1%	-11.4%	13.5%	-4.5%
Specialty	13.6%	5.0%	14.0%	6.0%

Rx Trends Used in 3Q 2015 MVP VT Filings

	2015 Trend		2016 Trend	
	Unit Cost	Utilization	Unit Cost	Utilization
Generic	5.3%	4.2%	2.3%	3.5%
Brand	15.0%	-11.0%	12.6%	-4.0%
Specialty	22.0%	6.0%	25.3%	5.0%

The average annual allowed Rx trend in this filing is 10.6%, and the average annual paid Rx trend is 12.6% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [line 5 * line 22 + line 8 * line 23] / [line 5 + line 8].

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below:

Capitation and Non-FRDM Expense Reflected in Rate Filing	
Other Medical Expense not in warehouse	$3.18
Healthways	$1.69
Net Reinsurance Expense	$0.21
Medical Home and PCP Incentive (VT Blueprint)	$3.81
Total	$8.89

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2016 and equal 0.999%. Additionally, MVP is not assuming any anticipated changes in the VT Blueprint for this filing; the charge for this item is unchanged from the recently submitted 3Q 2015 rate filings.

The VT legislature is currently discussing a modification to the VT Blueprint. Under the proposal, the VT Blueprint assessment to carriers will increase. MVP estimates the proposed VT Blueprint charge to be $5.17 PMPM vs. $3.81 PMPM currently reflected in the rates. If this proposal passes and is implemented with a 2016 effective date, MVP's rates would need to increase by 0.3% to account for changes to the VT Blueprint.

Impact of 3 R's on Claim Projection

Transitional Reinsurance Program

Because this is a merged market, MVP had to make assumptions regarding whether members in non-ACA compliant plans would purchase individual coverage or small group coverage in 2016 which can be found in line 30 of Exhibit 3. MVP assumed that all members enrolled in the Agriservices Association and Individual Indemnity products during the experience period would purchase Individual coverage. MVP's assumption for Agriservices was based on conversations with MVP's internal sales team. For non-ACA compliant Small Group members, MVP assumed the same percentage of individual enrollment as was reflected in the 2014 ACA compliant products. For Large Group 51-100, MVP assumed all members would enroll in Small Group.

Line 31 represents MVP's estimate of reinsurance recoveries for the temporary reinsurance pool in 2016 multiplied by the projected percentage of members enrolled in the individual market displayed in line 30. MVP is assuming that the assumed reinsurance recovery for individual members in 2016 will equal 4.2%. This was determined by computing 50% of the annual average value of claims between $90,000 - $250,000 for members in the VT single risk pool between 2012 and 2014.

Please see below for the percentage by year:

Time Period	% of Claims Subject to 2016 TRP Recoveries
2012	4.1%
2013	4.8%
2014	3.7%
Average	4.2%

To arrive at the PMPM value of the Temporary Reinsurance Program in 2016 the product of line 29 and line 31 are being computed. The total impact of this program for the single risk pool for 2016 is ($9.20) PMPM.

Federal Risk Adjustment Program
No adjustment is being made to the paid index rate for the Federal Risk Adjustment this program. There was no market simulation completed by the State of Vermont and therefore there is no basis for assuming anything other than a $0 payment transfer between carriers.

Federal Risk Corridor Program
No adjustment is being to the paid index rate to account for this program.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates
Line 34 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2016. This is the starting net claim cost that will be used to set 2016 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

Adjusted Claim Cost For Pricing (see Exhibit 6) = $\frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 34 of Exhibit 3)}}{\text{[Avg Inforce Actuarial Value * Avg Inforce Induced Utilization Factor]}}$

Plan Specific Net Claim Cost PMPM (see Exhibit 6) = Adjusted Claim Cost for Pricing * Benefit Actuarial Value * Plan Induced Utilization Factor

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

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

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.701 and can be found in Exhibit 6.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.047 and can be found in Exhibit 6.

Non Claim Expense plan level adjustments

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

Federal Taxes PMPM based

A total of $2.57 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: $2.25 reinsurance contribution rate, $0.15 HHS risk adjustment user fee and $0.17 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with $8 billion in 2014, $11.3 billion in 2015 and 2016, $13.9 billion in 2017 and $14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2016. This is unchanged from 2015.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.6% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is equal to $36.60 PMPM. MVP previously filed administrative expenses as a percentage of premium but is modifying this methodology in 2016. This amount includes $1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining $35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2014 expenses, 9% of MVP's total administrative expense was spent on QI. Therefore, $3.16 PMPM of the $35.10 PMPM administrative expense is attributable to QI.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses in 2016 and is striving to grow membership in this market. As a result, the administrative load built into rates is lower than MVP's current cost structure.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2012, 2013, and 2014 Statutory Supplemental Health Care Exhibits (SHCE). The actual 2014 filing will not match the numbers below exactly as there was an internal allocation error when completing the SHCEs. Temporary reinsurance pool fees were not properly allocated by group size within each company in the filed SHCEs which has been reconciled in the table below.

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2012	$57.27
Small Group	2012	$37.24
Combined	2012	$39.98
Individual	2013	$38.96
Small Group	2013	$46.56
Combined	2013	$45.58
Individual	2014	$44.26
Small Group	2014	$38.11
Combined	2014	$40.30

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

Profit/Risk Charge

MVP is not building a profit/risk charge into the VT Exchange premium rates for 2016. MVP understands the necessity of building a risk charge into premium rates to protect against adverse experience relative to pricing assumptions but is willing to temporarily remove this charge to aid in our competitive position in this market.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. MVP has experienced an increase in bad debt in the VT Individual Exchange which is the driver of this increase.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to $50 per year in incentives. MVP projects the net cost of this benefit to equal $0.07 PMPM. This figure was derived by analyzing the cost of Rider VT-301 for 2014 dates of service relative to the non-Standard population receiving this benefit. The incentive for this benefit in 2014 was $200 and had a cost of $0.28 PMPM. Because the reimbursement is being reduced to $50, MVP divided the $0.28 PMPM amount by 4 to reflect the 2016 reimbursement of $50 per year. This additional cost was added as a plan level adjustment to the non-Standard plans.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2015, all of the 149 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.656 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.038
Single Risk Pool Total	1.583
Catastrophic Adjustment	0.656

Per Contract Premium Rates

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

The single conversion factor (SCF) was calculated using subscriber and member exposure months by contract type from the experience period used to develop the Index rate. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 87.7%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.3%. Please see the table below for more detail:

Target Loss Ratio for 2016 VT Exchange	
A) Claims Expense (line 34, Exh 3)	$367.51
B) Taxes/Assessments	$13.47
C) Quality Improvement	$3.16
D) Premium	$419.26
E) Traditional Loss Ratio *= A) / D)*	87.7%
F) Federal Loss Ratio *= [A) + C)] / [D) - B)]*	91.3%

Please see the table below for a summary of experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2014 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
Non-ACA Compliant Agriservices	16,159	$307.49	$426.91	$20.47	$3.37	72.0%	76.5%
Non-ACA Compliant Individual Indemnity	10,783	$215.36	$219.22	$17.92	$3.52	98.2%	108.7%
Non-ACA Compliant Small Group	64,474	$377.25	$413.08	$28.65	$3.34	91.3%	99.0%
Non-ACA Compliant Large Group 51-100	28,372	$376.95	$371.30	$22.22	$3.44	101.5%	109.0%
ACA Compliant Small Group	23,006	$288.51	$385.34	$7.19	$3.76	74.9%	77.3%
ACA Compliant Individual	37,150	$280.48	$359.44	$6.91	$4.23	78.0%	80.8%
Small Group + Individual Single Risk Pool	179,944	$329.91	$381.49	$19.03	$3.61	86.5%	92.0%

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

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

Actuarial Certification

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

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

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

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.

_____ 05/15/2015

Matthew Lombardo, FSA, MAAA Date
Actuarial Manager, Commercial Pricing
MVP Health Care, Inc.

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

ACTUARIAL CERTIFICATION
FEDERAL ACTUARIAL VALUE ADJUSTMENT
VERMONT EXCHANGE
Gold HDHP Vitality Plus 2400
Bronze HMO Vitality Plus 5000

I, Kathleen Fish, VP of Actuarial Services and Chief Actuary for MVP Health Care, am a member of the American Academy of Actuaries and meet the qualification standards to render this certification. MVP Health Plan, a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and Non Standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an Actuary representing Wakely Consulting Firm. Nonstandard plans are filed at the discretion of MVP. MVP has 2 nonstandard benefit plans, Gold HDHP Vitality Plus 2400 and Bronze HMO Vitality Plus 5000, with benefit features that don't fit the parameters of the Federal Actuarial Value Calculator and therefore being certified herein.

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

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

The following 3 benefit features for the Gold HDHP Vitality Plus 2400 were determined to not fit the Federal Calculator:

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

The following benefit feature for the Bronze Vitality Plus 5000 was determined to not fit the Federal Calculator:

VT secondary Rx OOP max

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

Plan Description	MVP determined AV	Federal AV before and after adjustment
Gold HDHP Vitality Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	74.60%	77.87%
Gold HDHP Vitality Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	74.99%	78.26%
Bronze HMO Vitality Plus with no secondary Rx OOP max	58.06%	59.08%
Bronze HMO Vitality Plus with secondary Rx OOP max	58.80%	59.85%

Actuarial Adjustment factor for Gold Plan: 1.005 = 74.99%/74.60%
Final Federal AV for Gold HDHP Vitality Plus 2400 = 77.87% x (1.005) = 78.26%

Actuarial Adjustment factor for Bronze Plan: 1.013 = 58.80%/58.06%
Final Federal AV for Bronze HMO Vitality Plus 5000 = 59.08% x (1.013) = 59.85%

Kathleen Fish

Kathleen Fish, FSA, MAAA
VP Actuarial Services and Chief Actuary
MVP Health Care
April 15, 2015

MVP Health Care Derivation of 2016 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of March 2015

	NON-STANDARD PLANS				STANDARD PLANS											
	GOLD	SILVER		BRONZE	PLATINUM	GOLD	SILVER				BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
		CSR	Non-CSR				CSR HDHP	Non-HDHP	Non-CSR HDHP	Non-HDHP	HDHP	Non-HDHP				
2016 Proposed Rates																
Single Rate	$578.47	$479.34	$479.34	$393.75	$664.62	$592.42	$470.95	$496.45	$470.95	$496.45	$383.04	$394.85	$265.62			
Couple Rate	$1,156.94	$958.68	$958.68	$787.50	$1,329.24	$1,184.84	$941.90	$992.90	$941.90	$992.90	$766.08	$789.70	$531.24			
Adult and Child(ren) Rate	$1,116.45	$925.13	$925.13	$759.94	$1,282.72	$1,143.37	$908.93	$958.15	$908.93	$958.15	$739.27	$762.06	$512.65			
Family Rate	$1,625.50	$1,346.95	$1,346.95	$1,106.44	$1,867.58	$1,664.70	$1,323.37	$1,395.02	$1,323.37	$1,395.02	$1,076.34	$1,109.53	$746.39	$32,629,124	$423.73	$7,719.22
2015 Approved Rates																
Single Rate	$576.02	$460.09	$460.09	$387.82	$646.77	$572.84	$456.19	$484.95	$456.19	$484.95	$390.03	$382.35	$208.66			
Couple Rate	$1,152.04	$920.18	$920.18	$775.64	$1,293.54	$1,145.68	$912.38	$969.90	$912.38	$969.90	$780.06	$764.70	$417.32			
Adult and Child(ren) Rate	$1,111.72	$887.97	$887.97	$748.49	$1,248.27	$1,105.58	$880.45	$935.95	$880.45	$935.95	$752.76	$737.94	$402.71			
Family Rate	$1,618.62	$1,292.85	$1,292.85	$1,089.77	$1,817.42	$1,609.68	$1,281.89	$1,362.71	$1,281.89	$1,362.71	$1,095.98	$1,074.40	$586.33	$31,678,115	$411.38	$7,494.23
2016 Proposed Rate Increases																
Single Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Couple Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Adult and Child(ren) Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Family Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%	**3.0%**	**Total Revenue Change**	
March 2015 Contracts																
Single Rate	65	66	303	181	289	83	19	47	234	270	163	1,047	133			
Couple Rate	12	15	85	68	103	22	6	15	44	77	37	319	8			
Adult and Child(ren) Rate	2	3	12	7	16	5	1	1	9	14	11	34	0			
Family Rate	18	4	29	24	77	16	0	3	47	39	38	106	0			
Total	**97**	**88**	**429**	**280**	**485**	**126**	**26**	**66**	**334**	**400**	**249**	**1,506**	**141**			
March 2015 Members																
Single Rate	65	66	303	181	289	83	19	47	234	270	163	1,047	133			
Couple Rate	24	30	170	136	206	44	12	30	88	154	74	638	16			
Adult and Child(ren) Rate	6	8	26	16	43	13	4	2	23	44	28	78	0			
Family Rate	75	15	115	94	318	61	0	12	204	149	155	406	0			
Total	**170**	**119**	**614**	**427**	**856**	**201**	**35**	**91**	**549**	**617**	**420**	**2,169**	**149**			

Milliman

MEMO

One Pennsylvania Plaza,
38th Floor
New York, NY 10119
Tel +1 646 473.3000
Fax +1 646 473.3199
www.milliman.com

March 18, 2013

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

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

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

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

In addition, we have:

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

Results

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

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

In addition, we estimate:

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

Milliman

Methodology

Private Duty Nursing

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

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

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

Sterilization Reversal

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

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

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

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

Milliman

- ICD-9 Procedure Codes
  - 63.82
  - 66.79

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

Couples Therapy

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

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

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

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

Wigs

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

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

Milliman

Pediatric Vision

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

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

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

Annual visit limit for private duty nursing

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

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

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

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

MVP currently offers plans in Vermont that have:

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

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

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

Data Reliance

We relied on the following files provided by MVP:

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

Additional Notes and Caveats

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

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

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

cc: Rob Parke (Milliman)

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

Private Duty Nursing Probability Distribution*

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

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

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

MVP Health Care -- 2016 Exchange Rate Filing

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2015 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

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

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S1-001-S (2016)	HyHMO	Silver	Standard	$25 No DD	$50 No DD	40%	$250	40%	$100 No DD	$2,000	$4,000	Embedded	40%	Embedded	Embedded	$4,500	$9,000	$1,200	$2,400	Separate	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-002-S (2016)	HyHMO	Silver	Standard	$10 No DD	$30 No DD	40%	$250	40%	$100 No DD	$600	$1,200	Embedded	40%	Embedded	Embedded	$1,250	$2,500	$400	$800	Separate	$10 / $50 / 50%, $100 / $200 Brand DED
FRVT-HMO-S1-003-S (2016)	HyHMO	Silver	Standard	$5 No DD	$15 No DD	10%	$75	10%	$50 No DD	$100	$200	Embedded	10%	Embedded	Embedded	$500	$1,000	$200	$400	Separate	$5 / $20 / 30%
FRVT-HMO-S1-004-S (2016)	HyHMO	Silver	Standard	$20 No DD	$40 No DD	40%	$250	40%	$100 No DD	$1,600	$3,200	Embedded	40%	Embedded	Embedded	$3,400	$6,800	$1,000	$2,000	Separate	$12 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMO-S1-005-S (2016)	HyHMO	Silver	Standard	$20 No DD	$40 No DD	40%	$250	40%	$100 No DD	$1,250	$2,000	Embedded	40%	Embedded	Embedded	$2,900	$5,800	$1,000	$2,000	Separate	$12 / $60 / 50%, $100 / $200 Brand Ded
FRVT-HMO-S1-006-S (2016)	HyHMO	Silver	Standard	$15 No DD	$30 No DD	40%	$250	40%	$100 No DD	$1,000	$2,000	Embedded	40%	Embedded	Embedded	$2,250	$4,500	$500	$1,000	Separate	$12 / $50 / 50%, $100 / $200 Brand Ded
FRVT-HMOH-S1-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,550	$3,100	Aggregate	25%	Embedded	Aggregate	$4,250	$8,500	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$1,200	$2,400	Aggregate	0%	Aggregate	Aggregate	$1,200	$2,400	$1,200	$2,400	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	$500	$1,000	Aggregate	0%	Aggregate	Aggregate	$500	$1,000	$500	$1,000	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,400	$2,800	Aggregate	25%	Aggregate	Aggregate	$3,100	$6,200	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-005-S (2016)	HDHMO	Silver	Standard	5%	20%	20%	20%	20%	20%	$1,300	$2,600	Aggregate	20%	Aggregate	Aggregate	$2,900	$5,800	$1,300	$2,600	Integrated	$5 / $15 / 50% Subject to Med Deductible
FRVT-HMOH-S1-006-S (2016)	HDHMO	Silver	Standard	0%	10%	10%	10%	10%	10%	$1,300	$2,600	Aggregate	10%	Aggregate	Aggregate	$2,000	$4,000	$1,300	$2,600	Integrated	$5 / $10 / 10% Subject to Med Deductible
FRVT-HMO-S1-001-N (2016)	HyHMO	Silver	Non-Standard	$10 No DD	$50	40%	$150	$800 (Fac) $400 (Phys)	$100	$700	$1,400	Embedded	40%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12/$40/50%, $200 / $400 DED, VBID = $3 #
FRVT-HMO-S1-002-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$30	10%	$100	$100 (Fac) $75 (Phys)	$100	$60	$120	Embedded	10%	Embedded	Embedded	$1,800	$3,600	$450	$900	Separate	$10/$25/40%, $50 / $100 DED, VBID = $3 #
FRVT-HMO-S1-003-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$10	5%	$50	$50 (Fac) $25 (Phys)	$50	$0	$0	Embedded	5%	Embedded	Embedded	$1,800	$3,600	$450	$900	Separate	$5/$10/5%, VBID = $1 #
FRVT-HMO-S1-004-N (2016)	HyHMO	Silver	Non-Standard	$5 No DD	$40	30%	$100	$400 (Fac) $200 (Phys)	$100	$300	$600	Embedded	30%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12/$40/40%, $100 / $200 DED, VBID = $3 #
FRVT-HMO-S1-005-N (2016)	HyHMO	Silver	Non-Standard	$10 No DD	$40	20%	$100	$400 (Fac) $200 (Phys)	$100	$200	$400	Embedded	20%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12 / $40 / 40%, $50 / $100 Ded, VBID = $3 #
FRVT-HMO-S1-006-N (2016)	HyHMO	Silver	Non-Standard	$10 No DD	$40	10%	$100	$400 (Fac) $200 (Phys)	$100	$100	$200	Embedded	10%	Embedded	Embedded	$4,250	$8,500	$1,200	$2,400	Separate	$12 / $40 / 40%, $50 / $100 Ded, VBID = $3 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)^				In-Network Benefits																	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2016)	HyHMO	Platinum	Standard	$10 No DD	$20 No DD	10%	$100 No DD	10%	$50 No DD	$150	$300	Embedded	10%	Embedded	Embedded	$1,250	$2,500	$1,250	$2,500	Separate	$5 / $40 / 50%
FRVT-HMO-GA2-001-S (2016)	HyHMO	Gold	Standard	$15 No DD	$25 No DD	20%	$150 No DD	20%	$50 No DD	$750	$1,500	Embedded	20%	Embedded	Embedded	$4,250	$8,500	$1,250	$2,500	Separate	$5 / $40 / 50%, $50 / $100 Brand Ded
FRVT-HMO-GA2-002-N (2016)	HyHMO	Gold	Non-Standard	$10 No DD	$30 No DD	20%	$200	$400 (Fac) $200 (Phy)	$50	$650	$1,300	Embedded	20%	Embedded	Embedded	$5,550	$11,100	$1,300	$2,600	Separate	$5 / $40 / 50%, $200 / $400 Brand Ded, VBID = $1 #
FRVT-HMOH-GA2-003-N (2016)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	$2,400	$4,800	Aggregate	0%	Aggregate	Aggregate	$2,400	$4,800	$1,300	$2,600	Integrated	$0 / $0 / 0% Subject to Med Deductible
FRVT-HMO-SA2-001-S (2016)	HyHMO	Silver	Standard	$25 No DD	$50 No DD	40%	$250	40%	$100	$2,000	$4,000	Embedded	40%	Embedded	Embedded	$5,600	$11,200	$1,250	$2,500	Separate	$15 / $60 / 50%, $150 / $300 Brand Ded
FRVT-HMOH-SA2-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	$1,550	$3,100	Aggregate	25%	Embedded	Aggregate	$5,750	$11,500	$1,300	$2,600	Integrated	$10 / $40 / 50% Subject to Med Deductible
FRVT-HMO-SA2-001-N (2016)	HyHMO	Silver	Non-Standard	$20 No DD	$60 No DD	50%	$250	$1,400 (Fac) $600 (Phy)	$100	$2,000	$4,000	Embedded	50%	Embedded	Embedded	$5,550	$11,100	$1,300	$2,600	Separate	$15 / $50 / 50%, $250 / $500 Ded, VBID = $3 #
FRVT-HMO-BA2-001-S (2016)	HMO	Bronze	Standard	$35 No DD	$85 No DD	50%	50%	50%	$100	$4,000	$8,000	Embedded	50%	Embedded	Embedded	$6,850	$13,700	$1,250	$2,500	Integrated	$20 / $80 / 60%, $500 / $1,000 Ded
FRVT-HMOH-BA2-001-S (2016)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	$4,400	$8,800	Aggregate	50%	Embedded	Aggregate	$6,500	$13,000	$1,300	$2,600	Integrated	$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-001-N (2016)	HMO	Bronze	Non-Standard	$40	$100	50%	50%	50%	$100	$5,000	$10,000	Embedded	50%	Embedded	Embedded	$6,850	$13,700	$1,300	$2,600	Integrated	$20 / $90 / 60%, $2300 / $600 Ded, VBID = $3 #

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

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

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Experience Period:	January 1, 2014 - December 31, 2014
Rating Period:	January 1, 2016 - December 31, 2016

Medical Trend Summary

2015 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	5.4%	0.0%	5.4%
OP and Other Med	48.1%	4.8%	0.0%	4.8%
PHY	31.0%	2.9%	0.0%	2.9%
Medical Total		4.3%	0.0%	**4.3%**

2016 Annual Trend

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	5.4%	0.0%	5.4%
OP and Other Med	48.1%	4.8%	0.0%	4.8%
PHY	31.0%	0.0%	0.0%	0.0%
Medical Total		3.4%	0.0%	**3.4%**

Annual Allowed Medical Trend **3.9%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	$368.16	$9.77	$4.06	$63.26	$291.07
24 Months of Trend:	1.079	1.079	1.000	1.034	1.090
Projection Period:	$397.17	$10.54	$4.06	$65.41	$317.16
Allowed Trend (Annual)	3.9%				
Paid Trend (Annual)	4.4%				
Leveraging (Annual)	**0.5%**				

Rx Trend Summary

	2015 Trend		2016 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	2.1%	3.4%	3.3%	2.1%	2.7%	2.7%
Brand	11.1%	-11.4%	13.5%	-4.5%	12.3%	-8.0%
Specialty	13.6%	5.0%	14.0%	6.0%	13.8%	5.5%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	8,552	1,044	89	9,685
Experience Period Allowed PMPM	$14.84	$17.26	$19.77	$51.87
Experience Period Deductible PMPM	$3.60	$2.53	$0.45	$6.58
Experience Period Copay PMPM	$2.45	$1.38	$0.14	$3.97
Experience Period Coinsurance PMPM	$0.30	$1.15	$0.08	$1.53
Experience Period Paid PMPM	$8.49	$12.20	$19.09	$39.78
Experience Period Rebates PMPM				($5.11)
Annual Util Trend	1.027	0.920	1.055	1.017
Annual Unit Cost Trend	1.027	1.123	1.138	1.088
Annual Paid Trend	1.063	1.045	1.201	1.126
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,028	884	99	10,011
Projected Allowed PMPM	$16.52	$18.42	$28.49	$63.43
Projected Deductible PMPM	$4.01	$2.70	$0.65	$7.36
Projected Copay PMPM	$2.58	$1.17	$0.16	$3.91
Projected Coinsurance PMPM	$0.33	$1.22	$0.12	$1.68
Projected Paid PMPM	$9.60	$13.33	$27.55	$50.48
Rx Rebates				($6.48)
Net Projected Paid PMPM				$44.00

Development of Index PMPM Claim Rate
Experience Period Incurred DOS: 1/1/14 - 12/31/14
Completed Through: 3/31/15

		Exhibit 3 - VT Small Group and Individual Index Rate						
		Non-ACA Compliant Agriservices	**Non-ACA Compliant Individual Indemnity**	**Non-ACA Compliant Small Group**	**Non-ACA Compliant Large Group 51-100**	**ACA Compliant Small Group**	**ACA Compliant Individual**	**Small Group + Individual Single Risk Pool**
1	Member Months	16,159	10,783	64,474	28,372	23,006	37,150	179,944
2	FFS Paid Medical Claims	$251.71	$177.92	$310.60	$311.02	$231.65	$280.35	$281.09
3	CSR Payments	$0.00	$0.00	$0.00	$0.00	$0.00	($10.60)	($2.19)
4	IBNR Factor	1.038	1.071	1.033	1.033	1.035	1.035	1.036
5	FFS Incurred Paid Medical Claims	$261.38	$190.55	$320.93	$321.36	$239.65	$279.06	$288.80
6	FFS Incurred Rx Claims	$33.37	$12.61	$44.52	$42.24	$37.85	$40.21	$39.51
7	Rx Rebates	($5.76)	($3.51)	($6.98)	($5.75)	($2.79)	($2.97)	($5.11)
8	FFS Incurred Rx Claims (Net of Rebates)	$27.62	$9.10	$37.54	$36.49	$35.06	$37.24	$34.40
9	FFS Medical & Rx Claims in Excess of $250,000 Pooling Point	($12.92)	($0.55)	($8.99)	($35.11)	$0.00	($23.88)	($14.88)
10	Pooling Charge	$12.89	$9.30	$16.32	$15.07	$12.83	$13.65	$14.39
11	FFS Experience Period Claim Expense After Pooling Adjustment	$288.97	$208.39	$365.79	$337.81	$287.54	$306.07	$322.71
12	Experience Period Capitation and Non-FFS Medical Costs	$18.49	$15.71	$18.78	$19.10	$13.80	$11.17	$16.41
13	**Adjusted Experience Period Claim Expense**	**$307.46**	**$224.10**	**$384.57**	**$356.91**	**$301.33**	**$317.24**	**$339.13**
	Market-Wide Adjustments to Experience Period Claims							
14	Adjustment for average policy during beginning of policy year	$2.03	$0.00	$0.00	$2.37	$18.46	$27.12	$8.51
15	Adjustment for average policy during end of policy year	$0.00	($13.48)	($1.59)	$0.00	$0.00	$0.00	($1.38)
16	Medical Benefit Modifications to Meet EHB Requirements	$1.08	$1.08	$1.08	$1.08	$0.00	$0.00	$0.72
17	Rx Benefit Modifications to Meet EHB Requirements	$0.00	$0.00	$0.77	$0.00	$0.00	$0.00	$0.27
18	Adjustment for expected covered membership risk characteristics	($5.84)	($3.92)	($7.32)	($6.83)	$0.00	$0.00	($4.46)
19	Adjustment to experience period claims for $1,300 Rx Out-of-Pocket Max	$0.46	$0.15	$0.62	$0.60	$0.58	$0.62	$0.57
20	Adjustment for the impact of the leap year in 2016	$0.79	$0.53	$0.98	$0.92	$0.84	$0.91	$0.90
21	**Experience Period Claim Expense After All Adjustments**	**$305.97**	**$208.45**	**$379.10**	**$355.05**	**$321.21**	**$345.89**	**$344.26**
22	Annual FFS Medical projection factor	1.044	1.044	1.044	1.044	1.044	1.044	1.044
23	Annual FFS Rx projection factor	1.126	1.126	1.126	1.126	1.126	1.126	1.126
24	Annual FFS Claim trend projection factor	1.052	1.048	1.052	1.052	1.054	1.054	1.053
25	Months of Trend	24	24	24	24	24	24	24
26	Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	$318.00	$211.54	$399.15	$371.99	$341.76	$371.55	$363.27
27	Projection Period VT Paid Claim Surcharge + NYS HCRA	$3.97	$2.64	$4.99	$4.65	$4.27	$4.64	$4.54
28	Projection Period Capitation and Non-FFS Medical Costs	$8.89	$8.89	$8.89	$8.89	$8.89	$8.89	$8.89
29	**Paid Index Rate PMPM Prior to Adjustments for Federal Programs**	**$330.86**	**$223.07**	**$413.02**	**$385.52**	**$354.92**	**$385.08**	**$376.70**
	Federal Reinsurance and Risk Adjustment Programs							
30	Projected % Enrolled in Individual Market for 2016	100.0%	100.0%	61.8%	0.0%	0.0%	100.0%	57.7%
31	Federal Transitional Reinsurance Program Recovery	-4.2%	-4.2%	-2.6%	0.0%	0.0%	-4.2%	-2.4%
32	Reduction to Claims for Temporary Reinsurance Program Recoveries	($13.99)	($9.43)	($10.78)	$0.00	$0.00	($16.28)	($9.20)
33	Federal Risk Adjustment Program Impact	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
34	**Paid Index Rate PMPM After Adjustments for Federal Programs**	**$316.87**	**$213.64**	**$402.24**	**$385.52**	**$354.92**	**$368.80**	**$367.50**

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	66,074	66,074	1.000	1.000
4	Double	17,346	34,692	2.000	2.000
4	Parent/Child(ren)	3,906	9,634	2.466	1.930
4	Family	17,382	69,544	4.001	2.810

Single Conversion Factor **1.145**

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

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

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

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

% of Premium Taxes and Assessments	
Premium Tax	0.00%
VT Vaccine Pilot	0.60%
ACA Insurer Tax	2.00%
Total % of Premium Taxes/Assessments	2.60%

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

PMPM Taxes and Assessments	
HHS Risk Adjustment User Fee	$0.15
Fed Reinsurance Assessment	$2.25
Comparative Eff Research Tax	$0.17
Total PMPM Taxes/Assessments	$2.57

Exhibit 6 -- 2016 Exchange Premium Rates

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

2015 Adjusted Paid Claim Cost (Exhibit 3, Line 34)	$367.50
Benefit Relativity Reflected in Index Rate	0.701
Induced Demand Reflected in Index Rate	1.047
Adjusted Claim Cost for Pricing	$500.56

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2015 Single Rate	Increase over 2015 Double Rate	Increase over 2015 P/C Rate	Increase over 2015 Family Rate
FRVT-HMO-P-001-S (2016)	HyHMO	Platinum	Standard	Non-Subsidized	0.907	1.154	$523.86	$2.32	$36.60	$15.09	$2.57	$0.00	$580.45	$664.62	$1,329.24	$1,282.72	$1,867.58	2.8%	2.8%	2.8%	2.8%
FRVT-HMO-G-001-S (2016)	HyHMO	Gold	Standard	Non-Subsidized	0.836	1.106	$462.70	$2.07	$36.60	$13.45	$2.57	$0.00	$517.39	$592.41	$1,184.82	$1,143.35	$1,664.67	3.4%	3.4%	3.4%	3.4%
FRVT-HMO-G-002-N (2016)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.821	1.097	$450.81	$2.02	$36.60	$13.14	$2.57	$0.07	$505.21	$578.47	$1,156.94	$1,116.45	$1,625.50	0.4%	0.4%	0.4%	0.4%
FRVT-HMOH-G-003-N (2016)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.750	1.055	$395.96	$1.79	$36.60	$11.67	$2.57	$0.07	$448.66	$513.72	$1,027.44	$991.48	$1,443.55	n/a	n/a	n/a	n/a
FRVT-HMO-S-001-S (2016)	HyHMO	Silver	Standard	Non-Subsidized	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMOH-S-001-S (2016)	HDHMO	Silver	Standard	Non-Subsidized	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-S-001-N (2016)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-B-001-S (2016)	HMO	Bronze	Standard	Non-Subsidized	0.590	1.000	$295.33	$1.38	$36.60	$8.97	$2.57	$0.00	$344.85	$394.85	$789.70	$762.06	$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMOH-B-001-S (2016)	HDHMO	Bronze	Standard	Non-Subsidized	0.570	0.999	$285.32	$1.34	$36.60	$8.70	$2.57	$0.00	$334.53	$383.04	$766.08	$739.27	$1,076.34	-1.8%	-1.8%	-1.8%	-1.8%
FRVT-HMO-B-001-N (2016)	HMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	$294.33	$1.38	$36.60	$8.94	$2.57	$0.07	$343.89	$393.75	$787.50	$759.94	$1,106.44	1.5%	1.5%	1.5%	1.5%
FRVT-HMO-C-001-S (2016)	HMO	Catastrophic	Standard	Non-Subsidized	0.584	0.636	$185.85	$0.93	$36.60	$6.03	$2.57	$0.00	$231.98	$265.62	$531.24	$512.65	$746.39	27.3%	27.3%	27.3%	27.3%
FRVT-HMO-S1-001-S (2016)	HyHMO	Silver	Standard	Subsidized (73%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-002-S (2016)	HyHMO	Silver	Standard	Subsidized (87%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-003-S (2016)	HyHMO	Silver	Standard	Subsidized (94%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-004-S (2016)	HyHMO	Silver	Standard	Subsidized (77%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-005-S (2016)	HyHMO	Silver	Standard	Subsidized (79%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	n/a	n/a	n/a	n/a
FRVT-HMO-S1-006-S (2016)	HyHMO	Silver	Standard	Subsidized (83%)	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	n/a	n/a	n/a	n/a
FRVT-HMOH-S1-001-S (2016)	HDHMO	Silver	Standard	Subsidized (73%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	Subsidized (87%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	Subsidized (94%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	Subsidized (77%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-005-S (2016)	HDHMO	Silver	Standard	Subsidized (79%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	n/a	n/a	n/a	n/a
FRVT-HMOH-S1-006-S (2016)	HDHMO	Silver	Standard	Subsidized (83%)	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	n/a	n/a	n/a	n/a
FRVT-HMO-S1-001-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-002-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-003-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-004-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-005-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (79%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	n/a	n/a	n/a	n/a
FRVT-HMO-S1-006-N (2016)	HyHMO	Silver	Non-Standard	Subsidized (83%)	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	n/a	n/a	n/a	n/a
FRVT-HMO-PA2-001-S (2016)	HyHMO	Platinum	Standard	AI/AN	0.907	1.154	$523.86	$2.32	$36.60	$15.09	$2.57	$0.00	$580.45	$664.62	$1,329.24	$1,282.72	$1,867.58	2.8%	2.8%	2.8%	2.8%
FRVT-HMO-GA2-001-S (2016)	HyHMO	Gold	Standard	AI/AN	0.836	1.106	$462.70	$2.07	$36.60	$13.45	$2.57	$0.00	$517.39	$592.41	$1,184.82	$1,143.35	$1,664.67	3.4%	3.4%	3.4%	3.4%
FRVT-HMO-GA2-002-N (2016)	HyHMO	Gold	Non-Standard	AI/AN	0.821	1.097	$450.81	$2.02	$36.60	$13.14	$2.57	$0.07	$505.21	$578.47	$1,156.94	$1,116.45	$1,625.50	0.4%	0.4%	0.4%	0.4%
FRVT-HMOH-GA2-003-N (2016)	HDHMO	Gold	Non-Standard	AI/AN	0.750	1.055	$395.96	$1.79	$36.60	$11.67	$2.57	$0.07	$448.66	$513.72	$1,027.44	$991.48	$1,443.55	n/a	n/a	n/a	n/a
FRVT-HMO-SA2-001-S (2016)	HyHMO	Silver	Standard	AI/AN	0.730	1.044	$381.40	$1.73	$36.60	$11.27	$2.57	$0.00	$433.58	$496.45	$992.90	$958.15	$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMOH-SA2-001-S (2016)	HDHMO	Silver	Standard	AI/AN	0.699	1.028	$359.80	$1.65	$36.60	$10.69	$2.57	$0.00	$411.31	$470.95	$941.90	$908.93	$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-SA2-001-N (2016)	HyHMO	Silver	Non-Standard	AI/AN	0.710	1.032	$366.84	$1.67	$36.60	$10.88	$2.57	$0.07	$418.64	$479.34	$958.68	$925.13	$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-BA2-001-S (2016)	HMO	Bronze	Standard	AI/AN	0.590	1.000	$295.33	$1.38	$36.60	$8.97	$2.57	$0.00	$344.85	$394.85	$789.70	$762.06	$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMOH-BA2-001-S (2016)	HDHMO	Bronze	Standard	AI/AN	0.570	0.999	$285.32	$1.34	$36.60	$8.70	$2.57	$0.00	$334.53	$383.04	$766.08	$739.27	$1,076.34	-1.8%	-1.8%	-1.8%	-1.8%
FRVT-HMO-BA2-001-N (2016)	HMO	Bronze	Non-Standard	AI/AN	0.588	1.000	$294.33	$1.38	$36.60	$8.94	$2.57	$0.07	$343.89	$393.75	$787.50	$759.94	$1,106.44	1.5%	1.5%	1.5%	1.5%
FRVT-HMO-BA1-001-S (2016)	HMO	Bronze	Standard	AI/AN, Subsidized	0.590	1.000	$295.33	$1.38	$36.60	$8.97	$2.57	$0.00	$344.85	$394.85	$789.70	$762.06	$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMO-BA1-001-N (2016)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.588	1.000	$294.33	$1.38	$36.60	$8.94	$2.57	$0.07	$343.89	$393.75	$787.50	$759.94	$1,106.44	1.5%	1.5%	1.5%	1.5%

*The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.
**Reflects cost of Member Wellness Incentive Rider, Form FRVT-301
***Child Only Rate = Single Rate

User Inputs for Plan Parameters

Bronze - Adjusted- 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$5,000.00	$300.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum ($)	$6,850.00					
OOP Maximum if Separate ($)			$0.00			

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$20.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	Calculation Successful.		
Actuarial Value:	59.08%	1.013	59.85%
Metal Tier:	Bronze	AV Adjustment	Final AV

User Inputs for Plan Parameters

Catastrophic 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,850.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,850.00			
OOP Maximum if Separate ($)			$0.00			

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☑ 3	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.60%
Metal Tier:	Bronze

User Inputs for Plan Parameters

Gold - V2 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$650.00	$200.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$5,550.00	$1,300.00	$6,850.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$200.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.26%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	80.09%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$4.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$5.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$1.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$400.00 $200.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.05%
Metal Tier:	Gold

User Inputs for Plan Parameters

Silver - V2 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$5,550.00	$1,300.00	$6,850.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$60.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$650.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$60.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$60.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$60.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	62.40%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	40.27%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$12.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$50.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$15.00	15
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00	
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility	$1,400.00	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐	Surgery	$600.00	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.88%
Metal Tier:	Silver

User Inputs for Plan Parameters

Silver 73 adjusted 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$700.00	$200.00				
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,250.00	$1,200.00	$5,450.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$150.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$650.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	78.52%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	60.18%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$12.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$800.00 $400.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.98%
Metal Tier:	Silver

User Inputs for Plan Parameters

Silver 77 adjusted 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$300.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,250.00	$1,200.00	$5,450.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$300.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.26%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	80.09%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$12.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$400.00 $200.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	77.90%
Metal Tier:	

User Inputs for Plan Parameters

Silver 79 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$200.00	$50.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,250.00	$1,200.00	$5,450.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$300.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.26%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	80.09%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$12.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$400.00 $200.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	79.63%
Metal Tier:	

User Inputs for Plan Parameters

Silver 83 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$100.00	$50.00				
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,250.00	$1,200.00	$5,450.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$150.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	89.26%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	80.09%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$12.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$400.00 $200.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	82.89%
Metal Tier:	

User Inputs for Plan Parameters

Silver 87 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$60.00	$50.00				
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$1,800.00	$450.00	$2,250.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$30.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$5.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$30.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	97.31%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	92.53%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☐		$8.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$25.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$10.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$3.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$100.00 $75.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.82%
Metal Tier:	Gold

User Inputs for Plan Parameters

Silver 94 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	95.00%	90.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$1,800.00	$450.00	$2,250.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☐	☐		$50.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☐	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$10.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$5.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$50.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$10.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$10.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$10.00	☑	☑			☐	☐
Skilled Nursing Facility	☐	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	98.66%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	97.51%		☑	☑				
Drugs	☐ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$4.00	☑	☑			☐	☐
Preferred Brand Drugs	☐	☐		$10.00	☑	☑			☐	☐
Non-Preferred Brand Drugs	☐	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic	$5.00
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID	$1.00
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery	$50.00 $25.00
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐		

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.88%
Metal Tier:	Platinum

User Inputs for Plan Parameters

Gold HDHP 2016

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,400.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$2,400.00			
OOP Maximum if Separate ($)			$0.00			

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐	Generic
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐	VBID
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐	Facility Surgery
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐	

Output

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.		
Actuarial Value:	77.87%	1.005	78.26%
Metal Tier:		AV Adjustment	Final AV

March 23, 2015

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

RE: State of Vermont Actuarial Value Certification for 2016 Standard Plan Designs

Dear Dana:

The Affordable Care Act requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV) or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs. For example, any plan design that has an AV from 68-72%, would be considered a Silver plan. The Center for Consumer Information and Insurance Oversight (CCIIO) recently released the final 2016 Actuarial Value Calculator (AVC)[1] that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs will have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. One Platinum, one Gold, two Silver and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction plan (CSR) designs were developed at each of the 73% (federal), 77% (Vermont specific), 79% (Proposed, Vermont specific), 83% (Proposed, Vermont specific), 87% (federal) and 94% (federal) AV levels. The actual AVs and the corresponding FPLs for Vermont's CSR plans will not be final until after the state legislative session, likely in May. The State is requesting issuers file all potential CSR variations (six in total), including the two new proposed AV levels (79% and 83%).

The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2016. The 2015 minimum single deductible and MOOP are $1,300 and $6,450, respectively. The deductible increases $50 every two to three years and the MOOP increases around $100 a year on average. Should the plan designs need to change once these limits are released or as a result of the state legislative session regarding the CSR plans, the Department of Vermont Health Access (DVHA) will present the updated designs to Green Mountain Care Board (GMCB) for their information and approval, if needed.

[1] http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

The State contracted with Wakely Consulting Group, Inc. (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2015 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – no changes
- Gold – no changes
- Silver Deductible – changes made to the medical deductible, drug deductible, medical MOOP, and specialist, generic drug, and preferred brand drug copays
- Bronze Deductible – changes made to the medical deductible, drug deductible, medical MOOP, and specialist copay
- Silver HDHP – changes made to the medical deductible, medical MOOP, and general coinsurance
- Bronze HDHP – changes made to the medical deductible and medical MOOP

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

In addition to the standard plans, the State of Vermont is also requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. An example of this plan design is in Appendix C.

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

- ASOP No. 23 *Data Quality*;
- ASOP No. 25 *Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage; and*
- ASOP No. 41 *Actuarial Communications*.

EXECUTIVE SUMMARY

A summary of Vermont's standard plan designs is in Appendix E. The Silver HDHP and both Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some

[2] http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf

subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

1. Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate[3]. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation if the family MOOP is more than the single limit of $6,850, the MOOP must either be stacked or there must be an embedded individual MOOP of $6,850. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 ($1,300 and $2,600 for individual and family coverage in 2015; 2016 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same $1,300 and $2,600 for individuals and family coverage) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach $1,300 for individual or $2,600 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is $1,300 or $2,600, regardless of the amount of the overall MOOP which will include both drug and medical claims.

   Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely had previously developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

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

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

3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

4. If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix F contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

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

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

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

The IRS has yet to release the minimum deductible amount for HDHPs for 2016. The drug deductibles and MOOPs for HDHPs may need to change if the IRS changes the minimum deductible from the 2015 amount of $1,300. The current plan designs use the 2015 amounts.

METHODOLOGY

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

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

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

HDHP Model

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

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

- Allowed commercial medical and prescription drug data that was incurred in 2012 (original model used 2010 data)
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

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

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

The HDHP model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.

- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.

- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.

- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations.

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

Adjusted AV Calculations

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

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.

2. The HDHP model was used to determine the revised AV.
    a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights

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

b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.

c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and either a stacked MOOP or an aggregate family MOOP with an embedded individual MOOP. For the stacked application of the MOOP, all individuals are subject to a MOOP equal to the individual MOOP in addition to the family MOOP. The aggregate family MOOP has an embedded individual MOOP equal to $6,850.

3. The resulting AV from the HDHP model is used as the final AV for tier placement.

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

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze Deductible plan then needs to be adjusted for the lower and separate prescription drug MOOP.

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

3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

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

RELIANCES

We have relied on others for information used in the actuarial value adjustments. For the original AV, the final 2016 federal AVC model was relied on. While reasonability tests have shown some errors in the calculations and there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

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

DISCLOSURES AND LIMITATIONS

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

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

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

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

Sincerely,

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

APPENDIX A

Actuarial Certification
State of Vermont
Actuarial Value of Standard Plan Designs
Effective January 1, 2016

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, Inc. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2016 on Vermont Health Connect. This certification may not be appropriate for other purposes.

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

- The final 2016 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to development the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 79%, Silver HDHP CSR 83%, Silver HDHP CSR 87% and Silver HDHP CSR 94%) that will be effective as of January 1, 2016 on Vermont Health Connect.

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

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

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

Julie A. Peper, FSA, MAAA
March 20, 2015

APPENDIX B

Summary of Plan Design Changes from 2015 designs

	Deductible Plans			
Plan	**Platinum**	**Gold**	**Silver**	**Bronze**
Changes	No Change	No Change	Increase Medical Deductible from $1,900 to $2,000	Increase Medical Deductible from $3,500 to $4,000
			Increase Rx Deductible from $100 to $150	Increase Rx Deductible from $300 to $500
			Increase Medical MOOP from $5,100 to $5,600	Increase Medical MOOP from $6,350 to $6,850
			Increase Specialist office visit copay from $45 to $50	Increase Specialist office visit copay from $80 to $85
			Increase Rx Generic copay from $12 to $15	
			Increase Rx Preferred Brand copay from $50 to $60	

	Cost Sharing Reduction Plan Designs - Deductible Plans			
Plan	**250-300% FPL (73% AV)**	**200-250% FPL (77% AV)**	**150-200% FPL (87% AV)**	**133-150% FPL (94% AV)**
Changes	Increase Medical Deductible from $1,900 to $2,000	Increase Medical Deductible from $1,500 to $1,600	No Change	No Change
	Increase Rx Deductible from $100 to $150	Increase Rx Deductible from $100 to $150		
	Increase Medical MOOP from $4,000 to $4,500	Increase Medical MOOP from $3,000 to $3,400		
	Increase Specialist office visit copay from $45 to $50	Increase Rx Preferred Brand copay from $50 to $60		
	Increase Rx Preferred Brand copay from $50 to $60			

	HDHPs - Embedded MOOP	
Plan	**Silver**	**Bronze**
Changes	Reduce Medical Deductible from $1,500 to $1,425	Increase Medical Deductible from $2,000 to $4,100
	Aggregate family Medical MOOP has embedded $6,850 individual maximum	Increase Medical MOOP from $6,250 to $6,500
	Increase General Coinsurance from 20% to 25%	Aggregate family Medical MOOP has embedded $6,850 individual maximum

	Cost Sharing Reduction Plan Designs - HDHPs Embedded MOOP			
Plan	**250-300% FPL (73% AV)**	**200-250% FPL (77% AV)**	**150-200% FPL (87% AV)**	**133-150% FPL (94% AV)**
Changes	Increase Medical Deductible from $1,400 to $1,425	Increase Medical MOOP from $2,500 to $2,700	Increase Medical Deductible from $1,000 to $1,150	Increase Medical Deductible from $450 to $500
	Increase Medical MOOP from $3,400 to $3,800	Increase General Coinsurance to 25% from 20%	Increase Medical MOOP from $1,000 to $1,150	Increase Medical MOOP from $450 to $500
	Aggregate family Medical MOOP has embedded $6,850 individual maximum	Increase Rx Generic copay from $5 to $10		
	Increase General Coinsurance to 25% from 20%	Increase Rx Preferred Brand copay from $30 to $40		

	HDHPs - Stacked MOOP	
Plan	**Silver**	**Bronze**
Changes	Family Medical MOOP is stacked instead of aggregate	Increase Medical Deductible from $2,000 to $4,400
	Increase General Coinsurance from 20% to 25%	Increase Medical MOOP from $6,250 to $6,500
		Family Medical MOOP is stacked instead of aggregate

	Cost Sharing Reduction Plan Designs - HDHPs Stacked MOOP			
Plan	**250-300% FPL (73% AV)**	**200-250% FPL (77% AV)**	**150-200% FPL (87% AV)**	**133-150% FPL (94% AV)**
Changes	Increase Medical Deductible from $1,400 to $1,550	Increase Medical Deductible from $1,300 to $1,400	Increase Medical Deductible from $1,000 to $1,200	Increase Medical Deductible from $450 to $500
	Increase Medical MOOP from $3,400 to $4,250	Increase Medical MOOP from $2,500 to $3,100	Increase Medical MOOP from $1,000 to $1,200	Increase Medical MOOP from $450 to $500
	Family Medical MOOP is stacked instead of aggregate	Family Medical MOOP is stacked instead of aggregate	Family Medical MOOP is stacked instead of aggregate	Family Medical MOOP is stacked instead of aggregate
	Increase General Coinsurance from 20% to 25%	Increase General Coinsurance from 20% to 25%		
		Increase Rx Generic copay from $5 to $10		
		Increase Rx Preferred Brand copay from $30 to $40		

Changes for both options of HDHP plans in 2016 are compared to the HDHP standard plan offered in 2015

Appendix C

Non-Standard Gold Plan – Example Plan Design

	Non-Standard Plans
Deductible/OOP Max	**Gold**
Type of Plan	HSA Q/HDHP
Medical Ded	$2,000
Rx Ded	$1,300
Integrated Ded	Yes
Medical OOPM	$2,000
Rx OOPM	$1,300
Integrated OOPM	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
Service Category	**Copay / Coinsurance**
Inpatient [1]	0%
Outpatient [2]	0%
ER [3]	0%
Radiology (MRI, CT, PET)	0%
Preventive	0%
PCP Office Visit	0%
MH/SA Office Visit	0%
Specialist Office Visit [4]	0%
Urgent Care	0%
Ambulance	0%
Rx Generic	$0
Rx Preferred Brand	$0
Rx Non-Preferred Brand	0%
Actuarial Value	
2016 Final Federal AVC, Adjusted if Necessary	79.5%

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthes
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefi

APPENDIX D

Comments Relative to Applicable ASOPs

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

• ASOP No. 23, *Data Quality*;

• ASOP No. 25, *Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages*; and

• ASOP No. 41, *Actuarial Communications*.

ASOP 23: Data Quality

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.
3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

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

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendixis attached.
3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
3.6 Limitation of the Actuary's Responsibility - We did not audit the data.
3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:
a. We deem that the data are of sufficient quality to perform the analysis;
b. The data did not require enhancement before the analysis could be performed
c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
d. We did not detect any material defects in any data source;
e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

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

ASOP 41: Actuarial Communications

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

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.
3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.
3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

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

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

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

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.
3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.
3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
3.4.5 Information Date of Report -The management report list the applicable dates for the analysis and correspondence.
3.4.6 Subsequent Events - There are no subsequent events, as of the date of this report that would materially affect the results presented herein.

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

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

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

APPENDIX E

Standard Plan Designs –Deductible Plans

	Deductible Plans			
Deductible/OOP Max	**Platinum Same as 2015 Plan Design**	**Gold Same as 2015 Plan Design**	**Silver 2016 Proposed Design**	**Bronze 2016 Proposed Design**
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	$150	$750	$2,000	$4,000
Rx Ded	$0	$50	$150	$500
Integrated Ded	No	No	No	No
Medical OOPM	$1,250	$4,250	$5,600	$6,850
Rx OOPM	$1,250	$1,250	$1,250	$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	10%	20%	40%	50%
Outpatient [2]	10%	20%	40%	50%
ER [3]	$100	$150	$250	50%
Radiology (MRI, CT, PET)	10%	20%	40%	50%
Preventive	$0	$0	$0	$0
PCP Office Visit	$10	$15	$25	$35
MH/SA Office Visit	$10	$15	$25	$35
Specialist Office Visit [4]	$20	$25	$50	$85
Urgent Care	$40	$45	$60	$100
Ambulance	$50	$50	$100	$100
Rx Generic	$5	$5	$15	$20
Rx Preferred Brand	$40	$40	$60	$80
Rx Non-Preferred Brand	50%	50%	50%	60%
Actuarial Value				
2016 Final Federal AVC, Adjusted if Necessary	89.0%	81.0%	71.6%	61.4%

* Federal HDHP MOOP limits are not yet released for 2016. The 2015 minimum single deductible and MOOP are $1,300 and $6,450, respectively. The deductible increases $50 every two to three years and the MOOP increases around $100 a year on average.

** Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

WAKE CONSULTING

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

Standard Plan Designs – Cost Sharing Reduction Plans (Deductibles)

	Deductible Plans					
Deductible/OOP Max	**250-300% FPL (73% AV CSR) 2016 Proposed Plan Design**	**200-250% FPL (77% AV CSR) 2016 Proposed Plan Design**	**79% AV CSR (New in 2016)**	**83% AV CSR (New in 2016)**	**150-200% FPL (87% AV CSR) Same as 2015 Plan Design**	**133-150% FPL (94% AV CSR) Same as 2015 Plan Design**
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$2,000	$1,600	$1,250	$1,000	$600	$100
Rx Ded	$150	$150	$100	$100	$100	$0
Integrated Ded	No	No	No	No	No	No
Medical OOPM	$4,500	$3,400	$2,900	$2,250	$1,250	$500
Rx OOPM	$1,200	$1,000	$1,000	$500	$400	$200
Integrated OOPM	No	No	No	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	40%	40%	40%	40%	40%	10%
Outpatient [2]	40%	40%	40%	40%	40%	10%
ER [3]	$250	$250	$250	$250	$250	$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%	10%
Preventive	$0	$0	$0	$0	$0	$0
PCP Office Visit	$25	$20	$20	$15	$10	$5
MH/SA Office Visit	$25	$20	$20	$15	$10	$5
Specialist Office Visit [4]	$50	$40	$40	$30	$30	$15
Urgent Care	$60	$60	$60	$60	$50	$35
Ambulance	$100	$100	$100	$100	$100	$50
Rx Generic	$12	$12	$12	$12	$10	$5
Rx Preferred Brand	$60	$60	$60	$50	$50	$20
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	30%
Actuarial Value						
2016 Final Federal AVC, Adjusted if Necessary	73.7%	77.0%	78.7%	82.8%	87.4%	94.3%

* Federal HDHP MOOP limits are not yet released for 2016. The 2015 single limit is $6,450 and on average increases around $100 a year.
** Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

Standard Plan Designs – HDHP Plans

	HDHPs Option 1: Embedded MOOP		HDHPs Option 2: Stacked MOOP	
Deductible/OOP Max	**Silver 2016 Proposed Design Option 1**	**Bronze 2016 Proposed Design Option 1**	**Silver 2016 Proposed Design Option 2**	**Bronze 2016 Proposed Design Option 2**
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$1,425	$4,100	$1,550	$4,400
Rx Ded	$1,300	$1,300	$1,300	$1,300
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	$5,750	$6,500	$5,750	$6,500
Rx OOPM	$1,300	$1,300	$1,300	$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $6,850 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded $6,850 Single MOOP; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	25%	50%	25%	50%
Outpatient [2]	25%	50%	25%	50%
ER [3]	25%	50%	25%	50%
Radiology (MRI, CT, PET)	25%	50%	25%	50%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	50%	10%	50%
MH/SA Office Visit	10%	50%	10%	50%
Specialist Office Visit [4]	25%	50%	25%	50%
Urgent Care	25%	50%	25%	50%
Ambulance	25%	50%	25%	50%
Rx Generic	$10	$12	$10	$12
Rx Preferred Brand	$40	40%	$40	40%
Rx Non-Preferred Brand	50%	60%	50%	60%
Actuarial Value				
2016 Final Federal AVC, Adjusted if Necessary	70.1%	61.0%	70.1%	61.0%

* Federal HDHP MOOP limits are not yet re

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

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

	HDHPs Option 1: Embedded MOOP					
Deductible/OOP Max	**250-300% FPL (73% AV CSR) 2016 Proposed Plan Design Option 1**	**200-250% FPL (77% AV CSR) 2016 Proposed Plan Design Option 1**	**79% AV CSR (New in 2016) Option 1**	**83% AV CSR (New in 2016) Option 1**	**150-200% FPL (87% AV CSR) 2016 Proposed Plan Design Option 1**	**133-150% FPL (94% AV CSR) 2016 Proposed Plan Design Option 1**
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	$1,425	$1,300	$1,300	$1,300	$1,150	$500
Rx Ded	$1,300	N/A	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$3,800	$2,700	$2,400	$1,650	$1,150	$500
Rx OOPM	$1,300	$1,300	$1,300	$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $6,850 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	25%	25%	20%	10%	0%	0%
Outpatient [2]	25%	25%	20%	10%	0%	0%
ER [3]	25%	25%	20%	10%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	20%	10%	0%	0%
Preventive	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	5%	0%	0%	0%
MH/SA Office Visit	10%	10%	5%	0%	0%	0%
Specialist Office Visit [4]	25%	25%	20%	10%	0%	0%
Urgent Care	25%	25%	20%	10%	0%	0%
Ambulance	25%	25%	20%	10%	0%	0%
Rx Generic	$10	$10	$5	$5	$0	$0
Rx Preferred Brand	$40	$40	$15	$10	$0	$0
Rx Non-Preferred Brand	50%	50%	50%	10%	0%	0%
Actuarial Value						
2016 Final Federal AVC, Adjusted if Necessary	72.9%	76.8%	78.8%	82.7%	87.0%	94.0%

* Federal HDHP MOOP limits are not yet re
** Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

WAKELY CONSULTING GROUP

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

	HDHPs Option 2: Stacked MOOP					
Deductible/OOP Max	**250-300% FPL (73% AV CSR) 2016 Proposed Plan Design Option 2**	**200-250% FPL (77% AV CSR) 2016 Proposed Plan Design Option 2**	**79% AV CSR (New in 2016) Option 2**	**83% AV CSR (New in 2016) Option 2**	**150-200% FPL (87% AV CSR) 2016 Proposed Plan Design Option 2**	**133-150% FPL (94% AV CSR) 2016 Proposed Plan Design Option 2**
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	$1,550	$1,400	$1,300	$1,300	$1,200	$500
Rx Ded	$1,300	$1,300	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$4,250	$3,100	$2,900	$2,000	$1,200	$500
Rx OOPM	$1,300	$1,300	$1,300	$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP-Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	25%	25%	20%	10%	0%	0%
Outpatient [2]	25%	25%	20%	10%	0%	0%
ER [3]	25%	25%	20%	10%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	20%	10%	0%	0%
Preventive	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	5%	0%	0%	0%
MH/SA Office Visit	10%	10%	5%	0%	0%	0%
Specialist Office Visit [4]	25%	25%	20%	10%	0%	0%
Urgent Care	25%	25%	20%	10%	0%	0%
Ambulance	25%	25%	20%	10%	0%	0%
Rx Generic	$10	$10	$5	$5	$0	$0
Rx Preferred Brand	$40	$40	$15	$10	$0	$0
Rx Non-Preferred Brand	50%	50%	50%	10%	0%	0%
Actuarial Value						
2016 Final Federal AVC, Adjusted if Necessary	72.9%	76.7%	78.8%	82.8%	86.9%	94.1%

* Federal HDHP MOOP limits are not yet re
** Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.
2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.
3 ER copay is waived if admitted.
4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

APPENDIX F

Class I Pediatric Dental Codes

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

D0120 Periodic Oral Evaluation
D0140 Limited Oral Evaluation – Problem Focused
D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver
D0150 Comprehensive Oral Evaluation
D0170 Re-evaluation – Limited, Problem Focused
D0210 Intraoral Radiographs– Complete Series (including bitewings)
D0220 Intraoral Radiographs – Periapical – First Film
D0230 Intraoral Radiographs– Periapical – Each Additional Film
D0240 Intraoral – Occlusal Film
D0250 Extraoral – First Film
D0260 Extraoral – Each Additional Film
D0270 Bitewing – Single Film
D0272 Bitewings – 2 Films
D0273 Bitewings – 3 Films
D0274 Bitewings – 4 Films
D0330 Panoramic Film
D0340 Cephalometric Film
D0350 Oral/Facial Photographic Images
D0364 Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw
D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Mandible
D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Maxilla, with or without Cranium
D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium
D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures
D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report
D0470 Diagnostic Models
D1120 Prophylaxis – Child
D1208 Topical Application of Fluoride
D1330 Oral Hygiene Instructions
D1351 Sealant – Per Tooth
D1351 U9 Sealant – Per Tooth-Deciduous second molars and bicuspids*
D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth
D1510 Space Maintainer - Fixed – Unilateral
D1515 Space Maintainer – Fixed – Bilateral
D1525 Space Maintainer – Removable – Bilateral
D1550 Recementation of Space Maintainer

APPENDIX G

Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded $6,850	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded $6,850 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.5%	70.1%
Bronze HDHP– Embedded $6,850 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.4%	61.0%
Silver HDHP – Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	71.9%	70.1%
Bronze HDHP– Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	61.2%	61.0%
Bronze Deductible	No	No	No	Yes	No	Yes	60.4%	61.4%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.4%	72.9%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	79.0%	76.8%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 79%	Yes	Yes	No	No	Yes	Yes	80.8%	78.8%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 83%	Yes	Yes	No	No	Yes	Yes	84.1%	82.7%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	87.5%	87.0%
Silver HDHP - Embedded $6,850 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	94.0%	94.0%
Silver HDHP - Stacked MOOP CSR 73%	Yes	No	Yes	Yes	Yes	Yes	74.0%	72.9%
Silver HDHP - Stacked MOOP CSR 77%	Yes	No	Yes	Yes	Yes	Yes	77.4%	76.7%
Silver HDHP - Stacked MOOP CSR 79%	Yes	No	Yes	No	Yes	Yes	79.5%	78.8%
Silver HDHP - Stacked MOOP CSR 83%	Yes	No	Yes	No	Yes	Yes	83.1%	82.8%
Silver HDHP - Stacked MOOP CSR 87%	Yes	No	Yes	No	Yes	Yes	87.0%	86.9%
Silver HDHP - Stacked MOOP CSR 94%	Yes	No	Yes	No	Yes	Yes	94.0%	94.1%

APPENDIX H

Screen shots and AV Development

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver HDHP – Stacked MOOP
4. Bronze HDHP – Stacked MOOP
5. Bronze Deductible Plan
6. Silver HDHP – Embedded MOOP CSR – 73%
7. Silver HDHP – Embedded MOOP CSR – 77%
8. Silver HDHP – Embedded MOOP CSR – 79%
9. Silver HDHP – Embedded MOOP CSR – 83%
10. Silver HDHP – Embedded MOOP CSR – 87%
11. Silver HDHP – Embedded MOOP CSR – 94%
12. Silver HDHP – Stacked MOOP CSR – 73%
13. Silver HDHP – Stacked MOOP CSR – 77%
14. Silver HDHP – Stacked MOOP CSR – 79%
15. Silver HDHP – Stacked MOOP CSR – 83%
16. Silver HDHP – Stacked MOOP CSR – 87%
17. Silver HDHP – Stacked MOOP CSR – 94%

1. **Silver HDHP – Embedded MOOP**

AV from AVC = 72.5%
Adjusted AV = 70.1%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,425.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	72.51%
Metal Tier:	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,425	1,425
Family Deductible	2,850	2,850
Individual Out-of-Pocket	5,750	5,750
Family Out-of-Pocket	11,500	11,500
Coinsurance (50% or Less)	23%	30%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$238.33	$37.14	$275.48
Plan PMPM	$177.90	$21.85	$199.75
Actuarial Value	74.6%	58.8%	72.5%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,425	1,300
Family Deductible	2,850	2,600
Individual Out-of-Pocket	5,750	1,300
Family Out-of-Pocket	11,500	2,600
Coinsurance (50% or Less)	23%	30%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$238.33	$37.14	$275.48
Plan PMPM	$169.90	$23.26	$193.16
Actuarial Value	71.3%	62.6%	70.1%

2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.4%
Adjusted AV = 61.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,100.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.43%
Metal Tier:	Bronze

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	4,100	4,100
Family Deductible	8,200	8,200
Individual Out-of-Pocket	6,500	6,500
Family Out-of-Pocket	13,000	13,000
Coinsurance (50% or Less)	48%	44%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$289.21	$45.07	$334.29
Plan PMPM	$184.19	$21.12	$205.31
Actuarial Value	63.7%	46.9%	61.4%

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	4,100	1,300
Family Deductible	8,200	2,600
Individual Out-of-Pocket	6,500	1,300
Family Out-of-Pocket	13,000	2,600
Coinsurance (50% or Less)	48%	44%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$289.21	$45.07	$334.29
Plan PMPM	$177.40	$26.43	$203.83
Actuarial Value	61.3%	58.6%	60.98%

3. Silver HDHP – Stacked MOOP

AV from AVC = 71.9%
Adjusted AV = 70.1%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,550.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.86%
Metal Tier:	Silver

4. Silver HDHP – Stacked MOOP, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,550	1,550
Family Deductible	3,100	3,100
Individual Out-of-Pocket	5,750	5,750
Family Out-of-Pocket	11,500	11,500
Coinsurance (50% or Less)	23%	30%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$243.69	$37.98	$281.67
Plan PMPM	$180.52	$22.06	$202.59
Actuarial Value	74.1%	58.1%	71.9%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,550	1,300
Family Deductible	3,100	2,600
Individual Out-of-Pocket	5,750	1,300
Family Out-of-Pocket	11,500	2,600
Coinsurance (50% or Less)	23%	30%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$243.69	$37.98	$281.67
Plan PMPM	$173.80	$23.74	$197.55
Actuarial Value	71.3%	62.5%	70.1%

4. Bronze HDHP – Stacked MOOP

AV from AVC = 61.2%
Adjusted AV = 61.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,400.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.17%
Metal Tier:	Bronze

4. Bronze HDHP – Stacked MOOP, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	4,400	4,400
Family Deductible	8,800	8,800
Individual Out-of-Pocket	6,500	6,500
Family Out-of-Pocket	13,000	13,000
Coinsurance (50% or Less)	48%	44%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$291.89	$45.49	$337.38
Plan PMPM	$185.29	$21.23	$206.52
Actuarial Value	63.5%	46.7%	61.2%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	4,400	1,300
Family Deductible	8,800	2,600
Individual Out-of-Pocket	6,500	1,300
Family Out-of-Pocket	13,000	2,600
Coinsurance (50% or Less)	48%	44%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$291.89	$45.49	$337.38
Plan PMPM	$179.18	$26.55	$205.74
Actuarial Value	61.4%	58.4%	60.98%

5. **Bronze Deductible**

AV from AVC = 60.4%
Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 63.1%/62.1% = 1.016 x .604 = 61.4%

Adjusted AV = 61.4%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$4,000.00	$500.00				
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum ($)	$6,850.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$35.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$85.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$35.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$85.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$85.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☑	☐		$20.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$80.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	60.38%
Metal Tier:	Bronze

5. Bronze Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs

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

	Medical	Rx
Individual Deductible	4,000	500
Family Deductible	8,000	1,000
Individual Out-of-Pocket	6,850	6,850
Family Out-of-Pocket	13,700	13,700
Coinsurance (50% or Less)	47%	52%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$290.55	$45.28	$335.83
Plan PMPM	$182.43	$26.27	$208.70
Actuarial Value	62.8%	58.0%	62.1%

5. **Bronze Deductible, Continued**

HDHP Model – With Prescription Drug Adjustments:

Inputs

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

	Medical	Rx
Individual Deductible	4,000	500
Family Deductible	8,000	1,000
Individual Out-of-Pocket	6,850	1,250
Family Out-of-Pocket	13,700	2,500
Coinsurance (50% or Less)	47%	52%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$290.55	$45.28	$335.83
Plan PMPM	$180.70	$31.26	$211.96
Actuarial Value	62.2%	69.0%	63.1%

6. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.4%
Adjusted AV = 72.9%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,425.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$3,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	75.44%
Metal Tier:	

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

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,425	1,425
Family Deductible	2,850	2,850
Individual Out-of-Pocket	3,800	3,800
Family Out-of-Pocket	7,600	7,600
Coinsurance (50% or Less)	23%	30%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$262.43	$40.90	$303.33
Plan PMPM	$203.31	$25.43	$228.74
Actuarial Value	77.5%	62.2%	75.4%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,425	1,300
Family Deductible	2,850	2,600
Individual Out-of-Pocket	3,800	1,300
Family Out-of-Pocket	7,600	2,600
Coinsurance (50% or Less)	23%	30%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$262.43	$40.90	$303.33
Plan PMPM	$194.77	$26.30	$221.07
Actuarial Value	74.2%	64.3%	72.9%

7. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.0%
Adjusted AV = 76.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$2,700.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	78.98%
Metal Tier:	

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

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,700	2,700
Family Out-of-Pocket	5,400	5,400
Coinsurance (50% or Less)	23%	29%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$281.18	$43.82	$325.00
Plan PMPM	$227.68	$29.22	$256.89
Actuarial Value	81.0%	66.7%	79.0%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,700	1,300
Family Out-of-Pocket	5,400	2,600
Coinsurance (50% or Less)	23%	29%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$281.18	$43.82	$325.00
Plan PMPM	$220.51	$28.98	$249.50
Actuarial Value	78.4%	66.1%	76.8%

8. Silver HDHP – Embedded MOOP CSR – 79%

AV from AVC = 80.8%
Adjusted AV = 78.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$2,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	95%		☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	95%		☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☑	☐		$5.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$15.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value: 80.84%
Metal Tier:

8. **Silver HDHP – Embedded MOOP CSR – 79%, Continued**

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,400	2,400
Family Out-of-Pocket	4,800	4,800
Coinsurance (50% or Less)	18%	19%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$289.21	$45.07	$334.29
Plan PMPM	$238.23	$31.83	$270.07
Actuarial Value	82.4%	70.6%	80.8%

8. **Silver HDHP – Embedded MOOP CSR – 79%, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,400	1,300
Family Out-of-Pocket	4,800	2,600
Coinsurance (50% or Less)	18%	19%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$289.21	$45.07	$334.29
Plan PMPM	$232.30	$31.16	$263.46
Actuarial Value	80.3%	69.1%	78.8%

9. Silver HDHP – Embedded MOOP CSR – 83%

AV from AVC = 84.1%
Adjusted AV = 82.7%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,650.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	84.15%
Metal Tier:	

9. Silver HDHP – Embedded MOOP CSR – 83%, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	1,650	1,650
Family Out-of-Pocket	3,300	3,300
Coinsurance (50% or Less)	9%	8%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$297.25	$46.33	$343.57
Plan PMPM	$254.00	$34.91	$288.91
Actuarial Value	85.4%	75.4%	84.1%

9. Silver HDHP – Embedded MOOP CSR – 83%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	1,650	1,300
Family Out-of-Pocket	3,300	2,600
Coinsurance (50% or Less)	9%	8%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$297.25	$46.33	$343.57
Plan PMPM	$250.48	$33.61	$284.09
Actuarial Value	84.3%	72.6%	82.7%

10. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.5%
Adjusted AV = 87.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)			$1,150.00
Coinsurance (%, Insurer's Cost Share)			100.00%
OOP Maximum ($)			$1,150.00
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.46%
Metal Tier:	Gold

10. **Silver HDHP – Embedded MOOP CSR – 87%, Continued**

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,150	1,150
Family Deductible	2,300	2,300
Individual Out-of-Pocket	1,150	1,150
Family Out-of-Pocket	2,300	2,300
Coinsurance (50% or Less)	0%	0%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$310.64	$48.41	$359.05
Plan PMPM	$275.42	$38.69	$314.11
Actuarial Value	88.7%	79.9%	87.5%

10. **Silver HDHP – Embedded MOOP CSR – 87%, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,150	1,150
Family Deductible	2,300	2,300
Individual Out-of-Pocket	1,150	1,150
Family Out-of-Pocket	2,300	2,300
Coinsurance (50% or Less)	0%	0%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$310.64	$48.41	$359.05
Plan PMPM	$273.89	$38.47	$312.36
Actuarial Value	88.2%	79.5%	87.0%

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

AV from AVC = 94.0%
Adjusted AV = 94.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.96%
Metal Tier: Platinum

11. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	500	500
Family Deductible	1,000	1,000
Individual Out-of-Pocket	500	500
Family Out-of-Pocket	1,000	1,000
Coinsurance (50% or Less)	0%	0%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$328.04	$51.12	$379.17
Plan PMPM	$310.69	$45.85	$356.55
Actuarial Value	94.7%	89.7%	94.0%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	500	500
Family Deductible	1,000	1,000
Individual Out-of-Pocket	500	500
Family Out-of-Pocket	1,000	1,000
Coinsurance (50% or Less)	0%	0%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$328.04	$51.12	$379.17
Plan PMPM	$310.73	$45.80	$356.53
Actuarial Value	94.7%	89.6%	94.0%

12. Silver HDHP – Stacked MOOP CSR – 73%

AV from AVC = 74.0%
Adjusted AV = 72.9%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,550.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$4,250.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	74.04%
Metal Tier:	

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

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,550	1,550
Family Deductible	3,100	3,100
Individual Out-of-Pocket	4,250	4,250
Family Out-of-Pocket	8,500	8,500
Coinsurance (50% or Less)	23%	30%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$261.10	$40.69	$301.79
Plan PMPM	$198.78	$24.62	$223.40
Actuarial Value	76.1%	60.5%	74.0%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,550	1,300
Family Deductible	3,100	2,600
Individual Out-of-Pocket	4,250	1,300
Family Out-of-Pocket	8,500	2,600
Coinsurance (50% or Less)	23%	30%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$261.10	$40.69	$301.79
Plan PMPM	$194.01	$25.94	$219.95
Actuarial Value	74.3%	63.7%	72.9%

13. **Silver HDHP – Stacked MOOP CSR – 77%**

AV from AVC = 77.4%
Adjusted AV = 76.7%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,400.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$3,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	77.42%
Metal Tier:	

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

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,400	1,400
Family Deductible	2,800	2,800
Individual Out-of-Pocket	3,100	3,100
Family Out-of-Pocket	6,200	6,200
Coinsurance (50% or Less)	23%	29%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$277.16	$43.20	$320.36
Plan PMPM	$220.15	$27.95	$248.10
Actuarial Value	79.4%	64.7%	77.4%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,400	1,300
Family Deductible	2,800	2,600
Individual Out-of-Pocket	3,100	1,300
Family Out-of-Pocket	6,200	2,600
Coinsurance (50% or Less)	23%	29%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$277.16	$43.20	$320.36
Plan PMPM	$217.36	$28.31	$245.67
Actuarial Value	78.4%	65.5%	76.7%

14. Silver HDHP – Stacked MOOP CSR – 79%

AV from AVC = 79.5%
Adjusted AV = 78.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$2,900.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	95%		☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	95%		☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☑	☐		$5.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$15.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value: 79.54%
Metal Tier:

14. **Silver HDHP – Stacked MOOP CSR – 79%, Continued**

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,900	2,900
Family Out-of-Pocket	5,800	5,800
Coinsurance (50% or Less)	18%	19%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$282.52	$44.03	$326.55
Plan PMPM	$229.20	$30.48	$259.68
Actuarial Value	81.1%	69.2%	79.5%

14. **Silver HDHP – Stacked MOOP CSR – 79%, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,900	1,300
Family Out-of-Pocket	5,800	2,600
Coinsurance (50% or Less)	18%	19%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$282.52	$44.03	$326.55
Plan PMPM	$226.97	$30.32	$257.29
Actuarial Value	80.3%	68.9%	78.8%

15. **Silver HDHP – Stacked MOOP CSR – 83%**

AV from AVC = 83.1%
Adjusted AV = 82.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$2,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
Actuarial Value:	83.06%
Metal Tier:	

15. Silver HDHP – Stacked MOOP CSR – 83%, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,000	2,000
Family Out-of-Pocket	4,000	4,000
Coinsurance (50% or Less)	9%	8%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$294.57	$45.91	$340.48
Plan PMPM	$248.82	$34.11	$282.93
Actuarial Value	84.5%	74.3%	83.1%

15. **Silver HDHP – Stacked MOOP CSR – 83%, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,300	1,300
Family Deductible	2,600	2,600
Individual Out-of-Pocket	2,000	1,300
Family Out-of-Pocket	4,000	2,600
Coinsurance (50% or Less)	9%	8%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$294.57	$45.91	$340.48
Plan PMPM	$248.89	$32.93	$281.81
Actuarial Value	84.5%	71.7%	82.8%

16. **Silver HDHP – Stacked MOOP CSR – 87%**

AV from AVC = 87.0%
Adjusted AV = 86.9%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	100%
2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,200.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$1,200.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 87.01%
Metal Tier: Gold

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

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	1,200	1,200
Family Deductible	2,400	2,400
Individual Out-of-Pocket	1,200	1,200
Family Out-of-Pocket	2,400	2,400
Coinsurance (50% or Less)	0%	0%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$309.30	$48.20	$357.50
Plan PMPM	$272.89	$38.20	$311.09
Actuarial Value	88.2%	79.2%	87.0%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	1,200	1,200
Family Deductible	2,400	2,400
Individual Out-of-Pocket	1,200	1,200
Family Out-of-Pocket	2,400	2,400
Coinsurance (50% or Less)	0%	0%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$309.30	$48.20	$357.50
Plan PMPM	$274.18	$36.48	$310.66
Actuarial Value	88.6%	75.7%	86.9%

17. **Silver HDHP – Stacked MOOP CSR – 94%**

AV from AVC = 94.0%
Adjusted AV = 94.1%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.96%
Metal Tier:	Platinum

17. Silver HDHP – Stacked MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Inputs

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

	Medical	Rx
Individual Deductible	500	500
Family Deductible	1,000	1,000
Individual Out-of-Pocket	500	500
Family Out-of-Pocket	1,000	1,000
Coinsurance (50% or Less)	0%	0%

	Costs that Accumulate				
		OOP		Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$328.04	$51.12	$379.17
Plan PMPM	$310.69	$45.85	$356.55
Actuarial Value	94.7%	89.7%	94.0%

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

HDHP Model – Adjusted Actuarial Value:

Inputs

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

	Medical	Rx
Individual Deductible	500	500
Family Deductible	1,000	1,000
Individual Out-of-Pocket	500	500
Family Out-of-Pocket	1,000	1,000
Coinsurance (50% or Less)	0%	0%

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

Calculate

Results

	Medical	Rx	Total
Allowed PMPM	$328.04	$51.12	$379.17
Plan PMPM	$311.94	$45.00	$356.95
Actuarial Value	95.1%	88.0%	94.1%

Contact Information

Company Information

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

Primary Contact Information

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

ACTUARIAL MEMORANDUM

2016 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2016 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc., a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2016 and 12/31/2016. This filing includes a new product that will be offered for the first time. The rate for this new product was developed consistent with the proposed renewal rates for the current products. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of this plan is 4.2%.

Drivers of Rate Increase

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

Market/Benefits

All products and rates included in this rate filing are available to both individuals and small employer groups. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the $2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

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

The book of business affected by this rate filing reflects 3,324 policyholders, 4,227 subscribers and 6,417 members.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2014 – 12/31/2014, completed through 3/31/2015. This data reflects both ACA compliant membership and non-ACA compliant membership. Of the 60,497 Member Months reflected in this section of the URRT, 60,156 of the Member Months were enrolled in ACA compliant plans.

MVP's does not project to rebate consumers for 2014 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

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

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

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

	Allowed	**Incurred**
Claims Processed Through Claim System	$22,878,874	$17,723,578
Experience Period Costs Not Processed Through Claims System	$805,446	$738,717
IBNR	$683,540	$530,016
Total	$24,367,859	$18,992,311

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

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

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

Adjustments to Meet EHB Requirements

Benefits Added

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

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2014 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2016. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 1,289 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed that these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

Benefits Removed

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

Adjustment for Expected Covered Membership Risk Characteristics
MVP is applying a 2.0% morbidity improvement factor to its projection of non-ACA compliant experience period data. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing, and MVP kept this adjustment in its 2015 rate filing as well.

Adjustment for Leap Year in 2016
MVP's experience period data is 2014 incurred claims. Because the projection period is 2016, an adjustment for the leap year is being made in line 20 of Exhibit 3. The adjustment is equal to 366/365 and reflects an additional day of claims in 2016 that was not reflected in the experience period.

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

Rx Trend Factors
Annual allowed Rx trend factors were supplied by MVP's pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization. The trend forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. The average annual allowed Rx trend is 10.6%.

Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)
MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set used to develop premium rates. MVP combined the experience of these separate pools of data to form a more credible experience base. In aggregate, the claim data is assumed to be fully credible. The experience period data complies with the single risk pool requirement of the Federal ACA.

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

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

A portion of the index rate claims are covered under a capitation arrangement. The cost associated with these claims reflects the PMPM payment MVP will owe its capitated vendors in 2016.

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

MVP projects an 81.0% paid-to-allowed ratio in 2016 and assumes the projection period membership will equal the experience period membership used to develop premium rates, or 179,944 Member Months. MVP assumed ACA compliant members would remain in the same product in 2016 as they purchased in 2014. For non-ACA compliant

members, MVP reviewed 2014 enrollment by actuarial value and mapped members to a metal level. From there, MVP assumed a uniform distribution of membership by plan within each metal level.

Because this is a merged market, MVP had to make assumptions regarding whether members in non-ACA compliant plans would purchase individual coverage or small group coverage in 2016. MVP assumed that all members enrolled in the Agriservices Association and Individual Indemnity products during the experience period would purchase Individual coverage. MVP's assumption for Agriservices was based on conversations with MVP's internal sales team. For non-ACA compliant Small Group members, MVP assumed the same percentage of individual enrollment as was reflected in the 2014 ACA compliant products. For Large Group 51-100, MVP assumed all members would enroll in Small Group.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2016.

Impact of 3 R's on Claim Projection

Transitional Reinsurance Program

MVP is assuming that the assumed reinsurance recovery for individual members in 2016 will equal 4.2%. This was determined by computing 50% of the annual average value of claims between $90,000 - $250,000 for members in the VT single risk pool between 2012 and 2014. Please see below for the percentage by year:

Time Period	% of Claims Subject to 2016 TRP Recoveries
2012	4.1%
2013	4.8%
2014	3.7%
Average	4.2%

To arrive at the PMPM value of the Temporary Reinsurance Program in 2016 the projected incurred claims PMPM for the individual market is being multiplied by -4.2%.

Federal Risk Adjustment Program

No adjustment is being made to the paid index rate for the Federal Risk Adjustment this program. There was no market simulation completed by the State of Vermont and therefore there is no basis for assuming anything other than a $0 payment transfer between carriers.

Federal Risk Corridor Program

No adjustment is being to the paid index rate to account for this program.

Index Rate and Premium Rate Development

The experience period index rate of $403 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2014 – 12/31/2014, completed through 3/31/2015. The single risk pool projection period index rate is $462.54. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects all market-wide adjustments discussed above in the section labeled, "Projection Factors".

In the experience period, the value of non-EHBs for members enrolled in non-ACA compliant plans did not have an impact on the index rate; this was driven by the fact that 99.4% of experience period members in Section 1 of Worksheet 1 were enrolled in ACA compliant plans. For the projection period, MVP projects a cost of $0.02 PMPM

for non-EHBs. This amount was calculated by taking the member weighted average projected enrollment in non-standard plans times the cost of non-EHBs ($0.07 PMPM) divided by the total projected membership for 2016.

The market adjusted index rate for the projection period equals $451.40. This value was computed by adjusting the projection period index rate for the federal reinsurance program, risk adjustment, and marketplace user fees. Please see above for details on the computation of the projected value of the temporary reinsurance program and risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

Plan Adjusted Index PMPM rates

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2016 premium rates.

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

Actuarial Values and Induced Utilization Factors

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

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

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

Non Claim Expense Plan Level Adjustments

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

Federal Taxes PMPM based

A total of $2.57 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: $2.25 reinsurance contribution rate, $0.15 HHS risk adjustment user fee and $0.17 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with $8 billion in 2014, $11.3 billion in 2015 and 2016, $13.9 billion in 2017 and $14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2016. This is unchanged from 2015.

State Taxes Premium based – VT Vaccine Assessment
This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.6% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)
The total administrative expense load included as a plan level adjustment is equal to $36.60 PMPM. MVP previously filed administrative expenses as a percentage of premium but has decided to modify this methodology in 2016. This amount includes $1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining $35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2014 expenses, 9% of MVP's total administrative expense was spent on QI. Therefore, $3.16 PMPM of the $35.10 PMPM administrative expense is attributable to QI.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses in 2016. The following table summarizes the administrative expenses for small group and individual lines of business from the 2012, 2013, and 2014 Statutory Supplemental Health Care Exhibits (SHCE). The actual 2014 filing will not match the numbers below exactly as there was an internal allocation error when completing the SHCEs. Temporary reinsurance pool fees were not properly allocated by group size within each company in the filed SHCEs which has been reconciled in the table below.

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2012	$57.27
Small Group	2012	$37.24
Combined	2012	$39.98
Individual	2013	$38.96
Small Group	2013	$46.56
Combined	2013	$45.58
Individual	2014	$44.26
Small Group	2014	$38.11
Combined	2014	$40.30

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

Profit/Risk Charge
MVP is not building a profit/risk charge into the VT Exchange premium rates for 2016. MVP understands the necessity of building a risk charge into premium rates to protect against adverse experience relative to pricing assumptions, but we are willing to temporarily remove this charge to aid in our competitive position in this market.

Bad Debt Expense
A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. MVP has experienced an increase in bad debt in the VT Individual Exchange which is the driver of this increase.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)
Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to $50 per year in incentives. MVP projects the net cost of this benefit to equal $0.07 PMPM. This figure was derived by analyzing the cost of Rider VT-301 for 2014 dates of service relative to the non-Standard population receiving this benefit. The incentive for this benefit in 2014 was $200 and had a cost of $0.28 PMPM. Because the reimbursement is being reduced to $50, MVP divided the $0.28 PMPM amount by 4 to

reflect the 2016 reimbursement of $50 per year. This additional cost was added as a plan level adjustment to the non-Standard plans.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2015, all of the 149 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.656.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.038
Single Risk Pool Total	1.583
Catastrophic Adjustment	0.656

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 87.7%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.3%. Please see the table below for more detail:

Target Loss Ratio for 2016 VT Exchange	
A) Claims Expense (line 34, Exh 3)	$367.51
B) Taxes/Assessments	$13.47
C) Quality Improvement	$3.16
D) Premium	$419.26
E) Traditional Loss Ratio *= A) / D)*	87.7%
F) Federal Loss Ratio *= [A) + C)] / [D) - B)]*	91.3%

Terminated Products

Included in the terminated products information of Worksheet 2 is Small Group non-ACA compliant HMO plans. The following is a list of the HIOS Product IDs reflected in Worksheet 2: 77556VT001, 77556VT002, 77556VT004.

Warning Alerts

There are no Warning Alerts being generated.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and

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

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

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

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

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.

_____ 05/15/2015

Matthew Lombardo, FSA, MAAA Date
Actuarial Manager, Commercial Pricing
MVP Health Care, Inc.

Consumer Disclosure about Proposed Health Insurance Rate Increase

VT 2016 ACA Exchange Rate Filing

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

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2016 Exchange rates (effective dates of coverage beginning between January 1, 2016 and December 31, 2016).

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

The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of the catastrophic plan is 4.2%. There are 3,324 policyholders, 4,227 subscribers and 6,417 members impacted by this rate filing.

Certification of Compliance
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.
Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President
Signature: Date: 05/15/15

Unified Rate Review v2.0.4

Company Legal Name:	**MVP Health Plan, Inc.**	State:	**VT**
HIOS Issuer ID:	**77566**	Market:	**Combined**
Effective Date of Rate Change(s):	**1/1/2016**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2014 to 12/31/2014

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$22,435,346	$370.85	100.00%
Incurred Claims in Experience Period	$18,992,311	313.94	84.65%
Allowed Claims:	$24,367,859	402.79	108.61%
Index Rate of Experience Period		$403.00	
Experience Period Member Months	60,497		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2016 to 12/31/2016 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	397.51	$1,873.45	$62.06	1.000	1.003	1.054	1.000	397.44	$2,087.61	$69.14	382.23	$2,818.51	$89.78
Outpatient Hospital	Visits	4,113.33	470.79	161.37	1.000	1.003	1.048	1.000	4,112.62	518.35	177.65	4076.04	512.73	174.16
Professional	Visits	11,804.22	112.13	110.30	1.000	1.003	1.014	1.000	11,802.20	115.66	113.76	11432.30	121.64	115.88
Other Medical	Other	354.86	165.60	4.90	1.000	1.003	1.048	1.000	354.80	182.33	5.39	383.82	491.04	15.71
Capitation	Benefit Period	12,000.00	13.31	13.31	1.000	1.000	1.034	1.000	12,000.00	14.24	14.24	12000.00	14.61	14.61
Prescription Drug	Prescriptions	9,412.43	64.83	50.85	1.000	1.003	1.088	1.017	9,727.44	76.93	62.36	8198.89	91.53	62.54
Total				$402.79							$442.54			$472.67

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	33.62%	66.38%	$462.54	$83,231,735
Paid to Allowed Average Factor in Projection Period			0.810	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$374.63	$67,411,563
Projected Risk Adjustments PMPM			-0.15	(26,992)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$374.78	$67,438,555
Projected ACA reinsurance recoveries, net of rein prem, PMPM			6.95	1,250,611
Projected Incurred Claims			$367.83	$66,187,944
Administrative Expense Load		9.17%	38.27	6,886,088
Profit & Risk Load		0.00%	0.00	0
Taxes & Fees		2.64%	11.01	1,982,048
Single Risk Pool Gross Premium Avg. Rate, PMPM			$417.11	$75,056,080
Index Rate for Projection Period			$462.54	
% increase over Experience Period			12.47%	
% Increase, annualized:			6.05%	
Projected Member Months				179,944

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**MVP Health Plan, Inc.**	State:	**VT**
HIOS Issuer ID:	**77566**	Market:	**Combined**
Effective Date of Rate Change(s):	**1/1/2016**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Vermont HMO Contract Individual 77566VT004											Vermont HMO Contract Group 77566VT005									
Product ID:																					
Metal:	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze
AV Metal Value	0.890	0.810	0.781	0.783	0.716	0.701	0.689	0.614	0.610	0.599	0.584	0.890	0.810	0.781	0.783	0.716	0.701	0.689	0.614	0.610	0.599
AV Pricing Value	1.286	1.146	1.119	0.994	0.961	0.911	0.927	0.764	0.741	0.762	0.514	1.286	1.146	1.119	0.994	0.961	0.911	0.927	0.764	0.741	0.762
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	FRVT-HMO-P-001-S (2016)	FRVT-HMO-G-001-S (2016)	FRVT-HMO-G-002-N (2016)	FRVT-HMOH-G-003-N (2016)	FRVT-HMO-S-001-S (2016)	FRVT-HMOH-S-001-S (2016)	FRVT-HMO-S-001-N (2016)	FRVT-HMO-B-001-S (2016)	FRVT-HMOH-B-001-S (2016)	FRVT-HMO-B-001-N (2016)	FRVT-HMO-C-001-S (2016)	FRVT-HMO-P-001-S (2016)	FRVT-HMO-G-001-S (2016)	FRVT-HMO-G-002-N (2016)	FRVT-HMOH-G-003-N (2016)	FRVT-HMO-S-001-S (2016)	FRVT-HMOH-S-001-S (2016)	FRVT-HMO-S-001-N (2016)	FRVT-HMO-B-001-S (2016)	FRVT-HMOH-B-001-S (2016)	FRVT-HMO-B-001-N (2016)
Plan ID (Standard Component ID):	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010	77566VT0050011
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%											0.00%									
Historical Rate Increase - Calendar Year - 1	0.00%											0.00%									
Historical Rate Increase - Calendar Year 0	9.00%											17.10%									
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	-1.46%	-0.83%	-3.70%	0.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%	22.07%	-1.46%	-0.83%	-3.70%	0.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%
Cum'tive Rate Change % (over 12 mos prior)	-1.46%	-0.83%	-3.70%	-999.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%	22.07%	-1.46%	-0.83%	-3.70%	-999.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%
Proj'd Per Rate Change % (over Exper. Period)	8.96%	15.51%	9.12%	#DIV/0!	8.11%	4.82%	5.60%	8.83%	-1.48%	6.78%	17.28%	14.81%	5.26%	11.89%	#DIV/0!	19.60%	16.19%	9.75%	17.73%	10.54%	23.06%
Product Threshold Rate Increase %	-1.56%											-1.74%									

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

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010	77566VT0050011
Inpatient	$0.67	$3.38	$2.88	$0.31	$0.00	$0.74	$0.93	$1.66	-$0.18	-$3.05	-$1.12	$4.76	$3.38	$2.88	$0.31	$0.00	$0.74	$0.93	$1.66	-$0.18	-$3.05	-$1.12
Outpatient	$1.41	$7.16	$6.09	$0.66	$0.00	$1.56	$1.98	$3.50	-$0.37	-$6.46	-$2.36	$10.08	$7.16	$6.09	$0.66	$0.00	$1.56	$1.98	$3.50	-$0.37	-$6.46	-$2.36
Professional	$0.93	$4.70	$4.00	$0.43	$0.00	$1.02	$1.30	$2.30	-$0.24	-$4.25	-$1.55	$6.62	$4.70	$4.00	$0.43	$0.00	$1.02	$1.30	$2.30	-$0.24	-$4.25	-$1.55
Prescription Drug	$0.10	$0.50	$0.43	$0.05	$0.00	$0.11	$0.14	$0.24	-$0.03	-$0.45	-$0.16	$0.70	$0.50	$0.43	$0.05	$0.00	$0.11	$0.14	$0.24	-$0.03	-$0.45	-$0.16
Other	$0.12	$0.59	$0.50	$0.05	$0.00	$0.13	$0.16	$0.29	-$0.03	-$0.53	-$0.20	$0.83	$0.59	$0.50	$0.05	$0.00	$0.13	$0.16	$0.29	-$0.03	-$0.53	-$0.20
Capitation	$0.50	$2.55	$2.17	$0.23	$0.00	$0.56	$0.70	$1.25	-$0.13	-$2.30	-$0.84	$3.59	$2.55	$2.17	$0.23	$0.00	$0.56	$0.70	$1.25	-$0.13	-$2.30	-$0.84
Administration	-$3.66	-$20.01	-$13.70	-$14.03	$0.00	-$6.23	-$3.76	-$4.08	$2.53	$1.80	$2.04	$17.50	-$20.01	-$13.70	-$14.03	$0.00	-$6.23	-$3.76	-$4.08	$2.53	$1.80	$2.04
Taxes & Fees	-$1.49	-$1.57	-$1.46	-$1.85	$0.00	-$1.56	-$1.46	-$1.36	-$1.44	-$1.89	-$1.59	-$0.26	-$1.57	-$1.46	-$1.85	$0.00	-$1.56	-$1.46	-$1.36	-$1.44	-$1.89	-$1.59
Risk & Profit Charge	-$4.12	-$5.89	-$5.22	-$5.25	$0.00	-$4.42	-$4.15	-$4.19	-$3.48	-$3.55	-$3.53	-$1.90	-$5.89	-$5.22	-$5.25	$0.00	-$4.42	-$4.15	-$4.19	-$3.48	-$3.55	-$3.53
Total Rate Increase	-$5.54	-$8.59	-$4.31	-$19.40	$0.00	-$8.09	-$4.16	-$0.39	-$3.37	-$20.69	-$9.32	$41.94	-$8.59	-$4.31	-$19.40	$0.00	-$8.09	-$4.16	-$0.39	-$3.37	-$20.69	-$9.32
Member Cost Share Increase	$16.36	$3.31	$5.43	$13.92	$0.00	$13.31	$13.06	$9.95	$21.17	$35.45	$25.27	$28.36	$3.31	$5.43	$13.92	$0.00	$13.31	$13.06	$9.95	$21.17	$35.45	$25.27
Average Current Rate PMPM	$414.86	$589.04	$521.71	$524.61	$0.00	$441.67	$415.47	$419.03	$348.22	$355.22	$353.21	$190.04	$589.04	$521.71	$524.61	$0.00	$441.67	$415.47	$419.03	$348.22	$355.22	$353.21
Projected Member Months	179,944	11,961	2,245	1,706	1,246	13,951	11,759	14,146	24,693	9,903	11,204	1,123	11,531	3,784	3,552	2,788	11,617	12,872	9,770	7,112	6,928	6,053

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010	77566VT0050011
Plan Adjusted Index Rate	$367.26	$532.71	$447.91	$462.98		$401.05	$392.38	$396.43	$316.87	$339.55	$322.05	$197.79	$505.59	$491.53	$451.51		$362.52	$353.99	$381.43	$292.91	$302.64	$279.46
Member Months	60,497	2,644	999	460		4,268	2,076	4,462	16,466	1,676	2,976	1,123	5,564	996	765		3,328	4,583	1,481	2,511	2,327	1,451
Total Premium (TP)	$22,218,319	$1,408,484	$447,466	$212,971	$0	$1,711,697	$814,585	$1,768,874	$5,217,601	$569,086	$958,435	$222,121	$2,813,086	$489,563	$345,409	$0	$1,206,471	$1,622,338	$564,901	$735,487	$704,252	$405,494
EHB Percent of TP, [see instructions]	99.85%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%	100.00%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.15%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%	0.00%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%
Total Allowed Claims (TAC)	$24,368,056	$3,825,038	$913,703	$272,706		$1,870,311	$858,873	$2,493,698	$3,967,773	$602,284	$795,567	$116,988	$2,866,232	$567,293	$493,460		$902,452	$1,629,050	$556,841	$342,471	$746,590	$345,715
EHB Percent of TAC, [see instructions]	99.84%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%	100.00%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.16%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%	0.00%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%
Allowed Claims which are not the issuer's obligation:	$5,375,746	$138,811	$122,759	$47,607	$0	$407,178	$92,670	$472,469	$1,547,575	$227,217	$258,775	$53,589	$289,034	$76,685	$70,194	$0	$300,684	$522,065	$153,857	$180,226	$253,450	$149,320
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$385,963	$0	$0	$0	$0	$152,442	$74,149	$159,371	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	7.18%	0.00%	0.00%	0.00%	#DIV/0!	37.44%	80.01%	33.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$18,992,311	$3,686,227	$790,944	$225,099	$0	$1,463,133	$766,203	$2,021,229	$2,420,198	$375,068	$536,793	$63,399	$2,577,198	$490,609	$423,266	$0	$601,769	$1,106,985	$402,985	$162,245	$493,140	$196,396
Net Amt of Rein	$1,429,904.57	$110,363.77	$41,699.47	$19,200.96	$0.00	$178,151.50	$86,654.76	$186,249.29	$687,310.82	$69,958.27	$124,221.85	$46,875.38	-$29,211.00	-$5,229.00	-$4,016.25	$0.00	-$17,472.00	-$24,060.75	-$7,775.25	-$13,182.75	-$12,216.75	-$7,617.75
Net Amt of Risk Adj	-$4,812.48	-$211.52	-$79.92	-$36.80	$0.00	-$341.44	-$166.08	-$356.96	-$1,317.28	-$134.08	-$238.08	-$89.84	-$445.12	-$79.68	-$61.20	$0.00	-$266.24	-$366.64	-$118.48	-$200.88	-$186.16	-$116.08
Incurred Claims PMPM	$313.94	$1,394.19	$791.74	$489.35	#DIV/0!	$342.81	$369.08	$452.99	$146.98	$223.79	$180.37	$56.46	$463.19	$492.58	$553.29	#DIV/0!	$180.82	$241.54	$272.10	$64.61	$211.92	$135.35
Allowed Claims PMPM	$402.80	$1,446.69	$914.62	$592.84	#DIV/0!	$438.22	$413.72	$558.87	$240.97	$359.36	$267.33	$104.17	$515.14	$569.57	$645.05	#DIV/0!	$271.17	$355.45	$375.99	$136.39	$320.84	$238.26
EHB portion of Allowed Claims, PMPM	$402.15	$1,446.69	$914.62	$589.17	#DIV/0!	$438.22	$413.72	$554.57	$240.97	$359.36	$264.80	$104.17	$515.14	$569.57	$641.05	#DIV/0!	$271.17	$355.45	$373.10	$136.39	$320.84	$236.01

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

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010	77566VT0050011
Plan Adjusted Index Rate	$418.15	$580.45	$517.40	$505.21	$448.66	$433.58	$411.31	$418.64	$344.85	$334.53	$343.89	$231.98	$580.45	$517.40	$505.21	$448.66	$433.58	$411.31	$418.64	$344.85	$334.53	$343.89
Member Months	179,944	11,961	2,245	1,706	1,246	13,951	11,759	14,146	24,693	9,903	11,204	1,123	11,531	3,784	3,552	2,788	11,617	12,872	9,770	7,112	6,928	6,053
Total Premium (TP)	$75,244,021	$6,942,762	$1,161,563	$861,888	$559,030	$6,048,875	$4,836,594	$5,922,081	$8,515,381	$3,312,851	$3,852,944	$260,514	$6,693,169	$1,957,842	$1,794,506	$1,250,864	$5,036,899	$5,294,382	$4,090,113	$2,452,573	$2,317,624	$2,081,566
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%
Total Allowed Claims (TAC)	$83,088,154	$6,128,855	$1,102,465	$830,507	$583,618	$6,467,750	$5,368,409	$6,485,701	$10,964,383	$4,396,429	$4,976,256	$318,322	$5,908,522	$1,858,230	$1,729,168	$1,305,881	$5,385,697	$5,876,534	$4,479,379	$3,157,927	$3,075,680	$2,688,440
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%
Allowed Claims which are not the issuer's obligation	$16,899,336	-$12,129	$83,795	$76,202	$99,376	$1,244,061	$1,213,269	$1,389,961	$3,791,923	$1,616,673	$1,732,825	$112,073	-$311,654	$54,243	$79,083	$167,461	$815,539	$1,097,649	$781,665	$987,470	$1,032,470	$847,382
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$434,111	$0	$0	$0	$0	$171,459	$83,399	$179,253	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	2.57%	0.00%	0.00%	0.00%	0.00%	13.78%	6.87%	12.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$66,188,818	$6,140,985	$1,018,670	$754,305	$484,242	$5,223,690	$4,155,141	$5,095,740	$7,172,461	$2,779,757	$3,243,431	$206,248	$6,220,176	$1,803,987	$1,650,085	$1,138,421	$4,570,158	$4,778,885	$3,697,714	$2,170,457	$2,043,210	$1,841,058
Net Amt of Rein	$1,250,189	$163,551	$30,697	$23,327	$17,037	$190,762	$160,789	$193,428	$337,645	$135,411	$153,200	$15,356	-$25,945	-$8,514	-$7,992	-$6,273	-$26,138	-$28,962	-$21,983	-$16,002	-$15,588	-$13,619

Net Amt of Risk Adj	-$26,992	-$1,794	-$337	-$256	-$187	-$2,093	-$1,764	-$2,122	-$3,704	-$1,485	-$1,681	-$168	-$1,730	-$568	-$533	-$418	-$1,743	-$1,931	-$1,466	-$1,067	-$1,039	-$908

MVP HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

June 2, 2015

Ms. Jacqueline B. Lee., F.S.A., M.A.A.A
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2016 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-130053210

Dear Ms. Lee:

This letter is in response to your correspondence received 05/28/15 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

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

Response: Please see the attached excel file for the requested information.

2. Please provide quantitative support for the development of entries listed under "Benefits Added" and "Benefits Removed" in the table illustrated in page 5 of the Actuarial Memorandum. Where a mapping exists between these entries and Milliman's EHB support document dated March 18, 2013, please illustrate this mapping.

Response: Please see the attached excel file for the requested information.

3. How was the expansion of small group from 50 to 100 employees taken into account in rate setting for 2016? In doing so, please illustrate how Worksheet 1 of URRT reflects this expansion?

Response: Large group data with 51-100 employees is included in the development of index claim rate PMPM. In Exhibit 3 of the rate filing, these claims were shown separately in the column, "Non-ACA Compliant Large Group 51-100".

In the URRT, Worksheet 1, Section 1 reflects data for Small Group and Individual AR44 members over the experience period. The data shown in the credibility manual portion of Worksheet 1 reflects the data for members included in the index claim rate development that were not enrolled in Small Group or Individual AR44 products over the experience period. This data includes the Large Group 51-100 block. Please see the attached excel file for a summary of the credibility manual claims broken out by Large Group 51-100 vs. all other Non-AR44 Small/Individual claims.

4. Justify why you expect the population morbidity in 2016 to be unchanged from 2014.

MVP HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

Response: MVP is assuming its 2016 membership projection is equal to its 2014 experience period membership as its competitive premium position was unknown at the time rates were submitted. The 2016 membership assumes the same age distribution as the experience period membership. As a result, MVP does not believe a population morbidity adjustment is required.

5. Provide quantitative support for the development of "Other" factors in Worksheet 1 of the URRT.

Response: Please see the attached excel file.

6. Provide quantitative support for the development of "Cost" and "Util" factors in Worksheet 1 of the URRT. In doing so, describe the methodology used in developing the cost and utilization factors, including all adjustments made to the data (normalization for age, benefit changes etc.).

Response: The cost and utilization trend factors shown in Worksheet 1 of the URRT for the FFS categories are the annualized trend figures that are shown in Exhibits 2a and 2b of the rate filing. The assumed FFS medical unit cost trends reflect known and assumed price increases from MVP's provider network. The Rx trend factors were supplied by MVP's pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization. The capitation trend in URRT Worksheet 1 reflects the annualized expected change in non-FFS costs from the experience period to the projection period. MVP did not make any adjustments to its trend figures for demographic shifts, benefit changes, etc.

Please see the attached excel file for a computation of the annualized medical FFS trends by service category. For a quantitative derivation of the annualized Rx trend figures, please see the rate filing exhibits quoted above.

7. Have any changes in costs related to demographics of the projected covered population versus the experience period been accounted for? Please justify your answer. Please provide the average age of the experience period enrollment and the projected covered population.

Response: MVP is assuming its 2016 membership projection is equal to its 2014 experience period membership as its competitive premium position was unknown at the time rates were submitted. The 2016 membership assumes the same age distribution as the experience period membership. The average age for both time periods is 39.6 years old.

8. What is MVP's credibility formula resulting in 33.62% credibility to the experience period?

Response: The credibility assigned to the data in URRT Worksheet 1, Section 1 represents the percentage of experience period members enrolled in Small Group or Individual AR44 products relative to the total experience period membership. Please see below.

Small Group + Individual AR44 Membership	60,497
Total Experience Period Membership	179,944
Credibility Assigned to Worksheet 1, Section 1 Data	33.62%

MVP HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

9. Describe the source and appropriateness of data used in developing the credibility manual rates. In your response, please include all adjustments made to the source data to reflect the population, region, provider network, and benefits anticipated in the projection period.

Response: The data shown in the credibility manual portion of Worksheet 1 reflects the data for members included in the index claim rate development that were not enrolled in Small Group or Individual AR44 products over the experience period. Please see the attached excel file for the requested information.

10. Provide support for the new $1.50 PMPM administrative load to account for an expanded network to members purchasing exchange products in VT through a partnership with PHCS.

Response: MVP introduced the PHCS network to its HMO products in 2015 and this $1.50 PMPM expense was included in MVP's 2015 Exchange filing. MVP pays PHCS a percentage of the discount received when members access out-of-network providers. $1.50 PMPM reflects MVP's best estimate of this expense.

11. Reconcile the -$9.20 PMPM in reinsurance recovery stated in page 9 of the memorandum with the -$6.95 PMPM in the URRT and the -$11.29 in the Actuarial Data Set?

Response: MVP projects temporary reinsurance pool (TRP) recoveries to equal $9.20 PMPM in 2016 which is the figure quoted in the actuarial memorandum and can also be found in Exhibit 3 of the rate filing. The URRT instructs carriers to remove the TRP fee of $2.25 PMPM from Worksheet 1 which is how MVP arrived at the amount shown in the URRT ($9.20 - $2.25 = $6.95).

For the Actuarial Data Set, MVP calculated the projected TRP recovery as a function of the Projected Index Rate PMPM from the URRT which is on an allowed basis while the figures above are determined on a paid basis. The Market Adjusted Index Rate PMPM is defined as the EHB portion of allowed claims divided by all single risk pool lives, adjusted for Risk Adjustment, Reinsurance and Marketplace Fees. Therefore, any adjustments made to the allowed Index Rate in the Dataset should be made on an allowed basis. Please see the attached excel file for a quantitative derivation of this amount.

12. Was any independent study through 3rd party consultants conducted to analyze MVP's risk scores versus the average small group market?

Response: No independent 3rd party consultants conducted an analysis of relative risk scores for MVP's VT block of business.

13. Please confirm that the $0.15 Exchange User Fee PMPM is accurate in the Actuarial Data Set. Explain why this is a positive adjustment in the Data Set and a negative adjustment in the URRT.

Response: For the URRT, carriers are instructed to input risk adjustment payments as negative values and receipts as positive values which is why MVP has a negative value shown in URRT Worksheet 1, Section 3 for the Exchange User Fee PMPM. To arrive at the "Projected incurred claims, net of reinsurance recoveries, net of rein prem, PMPM" in the URRT, the Exchange User Fee PMPM is subtracted from the Projected Incurred Claims PMPM which results in a

MVP HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

$0.15 PMPM addition to the projected incurred claim amount (URRT Worksheet 1, Section 3: $374.63 – ($0.15) = $374.63 + $0.15 = $374.78). The Actuarial Data Set adds the cost of the Exchange User Fee to the Index Rate. As a result, MVP input a positive value for the Exchange User Fee PMPM so the resulting calculation is consistent with the URRT.

14. Exhibit 4 illustrates the calculation of single conversion factor using experience period membership. Please provide an equivalent exhibit using the membership distribution from March 2015.

Response: Please see the attached excel file for the requested information. Although MVP is of the opinion that experience period enrollment is the best approach to derive the single conversion factor, MVP agrees with L&E's recommendation to the 2015 Exchange filing that a corresponding demographic adjustment should be made to the claim projection if a current snapshot is used to derive the single conversion factor. As a result, MVP has included its experience period HHS age factor as well as the March 2015 HHS age factor in the attached excel file.

15. Please supplement the narrative description of "Adjustment for average policy duration reflected in experience period" with quantitative support that illustrates the development of lines 14 and 15 in Exhibit 3.

Response: Please see the attached Excel file which shows MVP's deductible suppression factors and membership weights by deductible level and policy month for each subset of the data. The policy month represents the month of the current contract (out of 12) that the member is in. A factor of less than 1.00 indicates that MVP would be paying less than the 12 month average for a member at that deductible level in a given month while a factor greater than 1.00 indicates that MVP is paying more than the 12 month average.

Upon review of these factors, MVP has uncovered an error in the development of the Large Group 51-100 portion of the paid index rate. The factor used for this subset was the Agriservices factor instead of the factor supported by the subset. Using the correct factor would result in a $2.49 PMPM decrease of the Large Group 51-100 portion of the paid index rate and a $0.38 PMPM decrease on the single risk pool paid index rate.

16. Based on Exhibit 3, it appears that members from all other non-ACA compliant products (such as Agri-Services, Individual Indemnity, etc.) will buy MVP's exchange products in 2016. Justify why you expect membership from your other products to completely migrate to MVP's 2016 exchange products as opposed to the competitor.

Response: MVP did not assume membership changes in its 2016 membership projection as its competitive premium position was unknown at the time rates were submitted. MVP is assuming its 2016 membership projection is equal to its 2014 experience period membership.

17. Provide support for why you expect 61.8% of Non-ACA compliant small group to enroll in the 2016 individual market.

Response: Over the 2014 experience period, 61.8% of members purchasing ACA compliant products enrolled in individual plans. Prior to the ACA, the vast majority of MVP's membership that was eligible to purchase ACA compliant products was enrolled in small group plans. This shift from small group to individual products is expected to persist in 2016 as small group members renew into ACA compliant plans. As a result, MVP is projecting 61.8% of non-ACA compliant small group members to enroll in individual products in 2016.

MVP HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

18. Please provide a reconciliation between the expenses from the Actuarial Dataset ($35.10), URRT ($49.28), and Exh 5.

Response: The admin expense shown in the Dataset, $35.10, is equal to the "General Administrative Load" PMPM from Exhibit 5 of the rate filing. Please see the attached excel file which provides a reconciliation between Exhibit 5 and the $49.28 PMPM in the URRT. The amount in the URRT includes PMPM retention components (the expanded network load plus the Research Tax), a load for Bad Debt, and percent of premium Taxes/Assessments.

19. In the Actuarial Memorandum, it states that the admin load built into the 2016 rates is lower than the current cost structure; however, the administrative expense in the URRT is $49.28 vs. the SHCE figures seen on pg. 11 of the Actuarial Memorandum. Please provide an explanation.

Response: The $49.28 figure quoted above from the URRT includes general administrative expenses, bad debt, the VT Vaccine Pilot, the Federal PCORI tax, and the ACA Insurer Tax. The SHCE figures shown in the actuarial memorandum only reflect general administrative expenses. For an accurate comparison to Exhibit 5 in the rate filing, the figures shown in the SHCE should be compared to the $35.10 PMPM general administrative fee MVP is proposing in its 2016 premium rates.

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

Sincerely,

Matthew Lombardo, FSA, MAAA
Actuarial Manager, Commercial Pricing
MVP Health Care

Small Group Historical Rx Claims Summary: Pre-ACA

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$274.52	$343.51	196,455	N/A	N/A	N/A	79.9%
201301	$275.41	$344.85	194,796	N/A	N/A	N/A	79.9%
201302	$276.95	$346.41	193,143	N/A	N/A	N/A	79.9%
201303	$275.62	$344.45	191,658	N/A	N/A	N/A	80.0%
201304	$275.87	$345.48	190,199	N/A	N/A	N/A	79.9%
201305	$281.52	$350.64	188,749	N/A	N/A	N/A	80.3%
201306	$286.77	$356.56	187,333	N/A	N/A	N/A	80.4%
201307	$288.82	$359.15	185,899	N/A	N/A	N/A	80.4%
201308	$291.39	$361.33	184,448	N/A	N/A	N/A	80.6%
201309	$298.51	$369.33	182,920	N/A	N/A	N/A	80.8%
201310	$297.83	$368.90	181,362	N/A	N/A	N/A	80.7%
201311	$299.44	$370.46	179,754	N/A	N/A	N/A	80.8%
201312	$303.37	$375.32	178,546	10.5%	9.3%	-9.1%	80.8%
201401	$304.95	$374.71	171,935	10.7%	8.7%	-11.7%	81.4%
201402	$305.07	$373.69	164,890	10.2%	7.9%	-14.6%	81.6%
201403	$307.95	$375.46	157,215	11.7%	9.0%	-18.0%	82.0%
201404	$309.47	$375.59	147,970	12.2%	8.7%	-22.2%	82.4%
201405	$309.27	$375.35	138,620	9.9%	7.0%	-26.6%	82.4%
201406	$309.72	$375.65	128,980	8.0%	5.4%	-31.1%	82.4%
201407	$318.13	$384.38	118,980	10.1%	7.0%	-36.0%	82.8%
201408	$318.05	$384.95	108,885	9.1%	6.5%	-41.0%	82.6%
201409	$321.60	$389.02	98,232	7.7%	5.3%	-46.3%	82.7%
201410	$317.05	$384.81	87,351	6.5%	4.3%	-51.8%	82.4%
201411	$316.50	$386.33	76,353	5.7%	4.3%	-57.5%	81.9%
201412	$320.93	$394.49	64,474	5.8%	5.1%	-63.9%	81.4%

Small Group Historical Rx Claims Summary: ACA

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201301	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201302	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201303	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201304	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201305	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201306	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201307	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201308	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201309	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201310	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201311	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201312	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201401	$185.38	$284.62	942	N/A	N/A	N/A	65.1%
201402	$148.72	$238.15	2,043	N/A	N/A	N/A	62.4%
201403	$178.60	$263.36	3,281	N/A	N/A	N/A	67.8%
201404	$195.90	$279.28	5,072	N/A	N/A	N/A	70.1%
201405	$203.09	$286.67	6,957	N/A	N/A	N/A	70.8%
201406	$214.60	$294.53	8,903	N/A	N/A	N/A	72.9%
201407	$224.06	$303.05	10,942	N/A	N/A	N/A	73.9%
201408	$225.85	$300.68	13,062	N/A	N/A	N/A	75.1%
201409	$237.48	$311.42	15,291	N/A	N/A	N/A	76.3%
201410	$241.63	$314.98	17,660	N/A	N/A	N/A	76.7%
201411	$236.83	$306.28	20,113	N/A	N/A	N/A	77.3%
201412	$239.65	$308.35	23,006	N/A	N/A	N/A	77.7%

Individual Historical Medical Claims Summary: ACA

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201301	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201302	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201303	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201304	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201305	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201306	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201307	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201308	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201309	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201310	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201311	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201312	$0.00	$0.00	0	N/A	N/A	N/A	N/A
201401	$188.16	$278.07	1,309	N/A	N/A	N/A	67.7%
201402	$229.29	$316.66	2,850	N/A	N/A	N/A	72.4%
201403	$254.23	$344.22	4,684	N/A	N/A	N/A	73.9%
201404	$258.29	$343.43	7,806	N/A	N/A	N/A	75.2%
201405	$251.94	$338.03	11,514	N/A	N/A	N/A	74.5%
201406	$251.71	$336.89	15,208	N/A	N/A	N/A	74.7%
201407	$246.20	$330.38	18,894	N/A	N/A	N/A	74.5%
201408	$261.36	$343.18	22,603	N/A	N/A	N/A	76.2%
201409	$270.55	$351.17	26,308	N/A	N/A	N/A	77.0%
201410	$280.86	$360.56	30,007	N/A	N/A	N/A	77.9%
201411	$278.19	$356.96	33,600	N/A	N/A	N/A	77.9%
201412	$290.03	$369.98	37,150	N/A	N/A	N/A	78.4%

Historical Medical Claims Summary: Agriservices

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$211.21	$273.66	18,086	N/A	N/A	N/A	77.2%
201301	$209.67	$273.88	18,108	N/A	N/A	N/A	76.6%
201302	$212.26	$275.67	18,141	N/A	N/A	N/A	77.0%
201303	$210.59	$272.29	18,176	N/A	N/A	N/A	77.3%
201304	$207.04	$270.89	18,200	N/A	N/A	N/A	76.4%
201305	$191.39	$256.53	18,218	N/A	N/A	N/A	74.6%
201306	$188.87	$253.62	18,241	N/A	N/A	N/A	74.5%
201307	$190.19	$254.85	18,273	N/A	N/A	N/A	74.6%
201308	$194.87	$261.33	18,309	N/A	N/A	N/A	74.6%
201309	$204.45	$270.95	18,357	N/A	N/A	N/A	75.5%
201310	$219.37	$286.49	18,400	N/A	N/A	N/A	76.6%
201311	$221.32	$287.87	18,442	N/A	N/A	N/A	76.9%
201312	$224.41	$290.35	18,501	6.3%	6.1%	2.3%	77.3%
201401	$230.26	$295.71	18,380	9.8%	8.0%	1.5%	77.9%
201402	$230.32	$296.47	18,236	8.5%	7.5%	0.5%	77.7%
201403	$227.41	$293.25	18,076	8.0%	7.7%	-0.6%	77.5%
201404	$226.59	$291.32	17,893	9.4%	7.5%	-1.7%	77.8%
201405	$231.84	$297.14	17,688	21.1%	15.8%	-2.9%	78.0%
201406	$228.60	$294.64	17,481	21.0%	16.2%	-4.2%	77.6%
201407	$229.79	$296.97	17,279	20.8%	16.5%	-5.4%	77.4%
201408	$228.82	$294.93	17,070	17.4%	12.9%	-6.8%	77.6%
201409	$242.51	$309.49	16,842	18.6%	14.2%	-8.3%	78.4%
201410	$252.25	$321.01	16,621	15.0%	12.0%	-9.7%	78.6%
201411	$254.61	$325.48	16,406	15.0%	13.1%	-11.0%	78.2%
201412	$261.38	$336.26	16,159	16.5%	15.8%	-12.7%	77.7%

Large Group Historical Medical Claims Summary: 51-100

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$247.96	$316.49	18,587	N/A	N/A	N/A	78.3%
201301	$248.40	$317.09	18,637	N/A	N/A	N/A	78.3%
201302	$249.97	$318.65	18,681	N/A	N/A	N/A	78.4%
201303	$241.61	$310.63	18,696	N/A	N/A	N/A	77.8%
201304	$243.73	$313.06	18,712	N/A	N/A	N/A	77.9%
201305	$242.36	$310.28	18,746	N/A	N/A	N/A	78.1%
201306	$234.35	$304.15	18,796	N/A	N/A	N/A	77.1%
201307	$228.39	$297.98	18,836	N/A	N/A	N/A	76.6%
201308	$226.41	$297.55	18,880	N/A	N/A	N/A	76.1%
201309	$204.92	$276.28	18,919	N/A	N/A	N/A	74.2%
201310	$192.53	$264.46	18,959	N/A	N/A	N/A	72.8%
201311	$195.48	$268.09	19,075	N/A	N/A	N/A	72.9%
201312	$202.71	$277.51	19,220	-18.2%	-12.3%	3.4%	73.0%
201401	$218.90	$297.43	19,965	-11.9%	-6.2%	7.1%	73.6%
201402	$248.50	$327.75	20,724	-0.6%	2.9%	10.9%	75.8%
201403	$264.53	$342.88	21,461	9.5%	10.4%	14.8%	77.1%
201404	$266.64	$348.16	22,259	9.4%	11.2%	19.0%	76.6%
201405	$269.77	$352.43	23,068	11.3%	13.6%	23.1%	76.5%
201406	$275.41	$357.29	23,873	17.5%	17.5%	27.0%	77.1%
201407	$276.74	$358.09	24,683	21.2%	20.2%	31.0%	77.3%
201408	$284.10	$364.70	25,460	25.5%	22.6%	34.9%	77.9%
201409	$298.61	$379.03	26,225	45.7%	37.2%	38.6%	78.8%
201410	$311.36	$392.13	26,992	61.7%	48.3%	42.4%	79.4%
201411	$312.64	$393.75	27,730	59.9%	46.9%	45.4%	79.4%
201412	$321.36	$402.12	28,372	58.5%	44.9%	47.6%	79.9%

Historical Medical Claims Summary: Individual Indemntiy

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$113.75	$199.90	24,106	N/A	N/A	N/A	56.9%
201301	$129.54	$216.22	24,287	N/A	N/A	N/A	59.9%
201302	$129.32	$212.78	24,445	N/A	N/A	N/A	60.8%
201303	$128.30	$207.92	24,618	N/A	N/A	N/A	61.7%
201304	$130.09	$207.88	24,814	N/A	N/A	N/A	62.6%
201305	$129.60	$208.05	25,012	N/A	N/A	N/A	62.3%
201306	$128.23	$209.93	25,236	N/A	N/A	N/A	61.1%
201307	$133.48	$217.37	25,430	N/A	N/A	N/A	61.4%
201308	$135.38	$220.92	25,637	N/A	N/A	N/A	61.3%
201309	$141.85	$228.87	25,848	N/A	N/A	N/A	62.0%
201310	$148.04	$235.90	26,001	N/A	N/A	N/A	62.8%
201311	$145.05	$233.74	26,128	N/A	N/A	N/A	62.1%
201312	$140.59	$229.02	26,260	23.6%	14.6%	8.9%	61.4%
201401	$128.34	$216.80	25,822	-0.9%	0.3%	6.3%	59.2%
201402	$131.45	$223.51	25,239	1.7%	5.0%	3.2%	58.8%
201403	$136.54	$229.97	24,537	6.4%	10.6%	-0.3%	59.4%
201404	$148.30	$244.15	23,395	14.0%	17.4%	-5.7%	60.7%
201405	$151.80	$244.56	22,131	17.1%	17.5%	-11.5%	62.1%
201406	$157.23	$246.48	20,768	22.6%	17.4%	-17.7%	63.8%
201407	$163.27	$250.63	19,334	22.3%	15.3%	-24.0%	65.1%
201408	$164.22	$248.43	17,777	21.3%	12.5%	-30.7%	66.1%
201409	$159.27	$245.27	16,124	12.3%	7.2%	-37.6%	64.9%
201410	$163.52	$250.33	14,412	10.5%	6.1%	-44.6%	65.3%
201411	$172.28	$262.25	12,639	18.8%	12.2%	-51.6%	65.7%
201412	$190.55	$292.70	10,783	35.5%	27.8%	-58.9%	65.1%

Small Group Historical Medical Claims Summary: Total

Rolling 12 End Date	Medical Claim Expense PMPM	Medical Allowed - COB PMPM	Member Months	Rolling 12 Medical Claim Expense Trend	Rolling 12 Allowed - COB Trend	Rolling 12 Membership Change	Paid To Allowed Ratio
201212	$253.08	$323.19	257,234	N/A	N/A	N/A	78.3%
201301	$254.94	$325.59	255,828	N/A	N/A	N/A	78.3%
201302	$256.17	$326.49	254,410	N/A	N/A	N/A	78.5%
201303	$254.12	$323.49	253,148	N/A	N/A	N/A	78.6%
201304	$254.15	$324.13	251,925	N/A	N/A	N/A	78.4%
201305	$256.89	$326.56	250,725	N/A	N/A	N/A	78.7%
201306	$259.64	$330.27	249,606	N/A	N/A	N/A	78.6%
201307	$261.08	$332.33	248,438	N/A	N/A	N/A	78.6%
201308	$263.11	$334.50	247,274	N/A	N/A	N/A	78.7%
201309	$267.84	$340.08	246,044	N/A	N/A	N/A	78.8%
201310	$267.86	$340.48	244,722	N/A	N/A	N/A	78.7%
201311	$268.80	$341.50	243,399	N/A	N/A	N/A	78.7%
201312	$271.74	$345.24	242,527	7.4%	6.8%	-5.7%	78.7%
201401	$271.74	$344.15	238,353	6.6%	5.7%	-6.8%	79.0%
201402	$273.22	$345.52	233,982	6.7%	5.8%	-8.0%	79.1%
201403	$276.24	$348.11	229,254	8.7%	7.6%	-9.4%	79.4%
201404	$277.46	$349.15	224,395	9.2%	7.7%	-10.9%	79.5%
201405	$276.70	$348.74	219,978	7.7%	6.8%	-12.3%	79.3%
201406	$276.58	$348.47	215,213	6.5%	5.5%	-13.8%	79.4%
201407	$280.39	$352.70	210,112	7.4%	6.1%	-15.4%	79.5%
201408	$280.91	$353.11	204,857	6.8%	5.6%	-17.2%	79.6%
201409	$285.52	$358.36	199,022	6.6%	5.4%	-19.1%	79.7%
201410	$286.69	$360.14	193,043	7.0%	5.8%	-21.1%	79.6%
201411	$285.27	$359.80	186,841	6.1%	5.4%	-23.2%	79.3%
201412	$291.07	$368.29	179,944	7.1%	6.7%	-25.8%	79.0%

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

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$3,514,267	192,036	$18.30	N/A
201301	1 Generic	$3,466,866	190,544	$18.19	N/A
201302	1 Generic	$3,372,631	189,039	$17.84	N/A
201303	1 Generic	$3,296,799	187,657	$17.57	N/A
201304	1 Generic	$3,198,413	186,251	$17.17	N/A
201305	1 Generic	$3,112,645	184,858	$16.84	N/A
201306	1 Generic	$3,046,299	183,493	$16.60	N/A
201307	1 Generic	$2,976,403	182,110	$16.34	N/A
201308	1 Generic	$2,899,590	180,711	$16.05	N/A
201309	1 Generic	$2,834,808	179,236	$15.82	N/A
201310	1 Generic	$2,755,923	177,733	$15.51	N/A
201311	1 Generic	$2,675,548	176,184	$15.19	N/A
201312	1 Generic	$2,643,594	175,062	$15.10	-17.5%
201401	1 Generic	$2,524,530	168,578	$14.98	-17.7%
201402	1 Generic	$2,441,836	161,666	$15.10	-15.3%
201403	1 Generic	$2,330,686	154,126	$15.12	-13.9%
201404	1 Generic	$2,197,773	145,049	$15.15	-11.8%
201405	1 Generic	$2,050,772	135,882	$15.09	-10.4%
201406	1 Generic	$1,910,456	126,425	$15.11	-9.0%
201407	1 Generic	$1,780,804	116,613	$15.27	-6.6%
201408	1 Generic	$1,626,901	106,708	$15.25	-5.0%
201409	1 Generic	$1,472,640	96,270	$15.30	-3.3%
201410	1 Generic	$1,291,311	85,615	$15.08	-2.7%
201411	1 Generic	$1,132,511	74,840	$15.13	-0.4%
201412	1 Generic	$941,037	63,185	$14.89	-1.4%
201212	2 Brand	$4,468,518	192,036	$23.27	N/A
201301	2 Brand	$4,317,925	190,544	$22.66	N/A
201302	2 Brand	$4,166,285	189,039	$22.04	N/A
201303	2 Brand	$4,011,114	187,657	$21.37	N/A
201304	2 Brand	$3,886,823	186,251	$20.87	N/A
201305	2 Brand	$3,754,700	184,858	$20.31	N/A
201306	2 Brand	$3,635,476	183,493	$19.81	N/A
201307	2 Brand	$3,557,750	182,110	$19.54	N/A
201308	2 Brand	$3,468,874	180,711	$19.20	N/A
201309	2 Brand	$3,376,059	179,236	$18.84	N/A
201310	2 Brand	$3,300,293	177,733	$18.57	N/A
201311	2 Brand	$3,208,902	176,184	$18.21	N/A
201312	2 Brand	$3,139,147	175,062	$17.93	-22.9%
201401	2 Brand	$3,051,462	168,578	$18.10	-20.1%
201402	2 Brand	$2,954,113	161,666	$18.27	-17.1%
201403	2 Brand	$2,831,659	154,126	$18.37	-14.0%
201404	2 Brand	$2,669,080	145,049	$18.40	-11.8%
201405	2 Brand	$2,504,718	135,882	$18.43	-9.2%
201406	2 Brand	$2,366,758	126,425	$18.72	-5.5%
201407	2 Brand	$2,170,357	116,613	$18.61	-4.7%
201408	2 Brand	$2,002,599	106,708	$18.77	-2.2%
201409	2 Brand	$1,810,817	96,270	$18.81	-0.1%
201410	2 Brand	$1,590,271	85,615	$18.57	0.0%
201411	2 Brand	$1,383,146	74,840	$18.48	1.5%
201412	2 Brand	$1,132,774	63,185	$17.93	0.0%
201212	3 Specialty	$2,583,890	192,036	$13.46	N/A
201301	3 Specialty	$2,627,119	190,544	$13.79	N/A
201302	3 Specialty	$2,656,307	189,039	$14.05	N/A
201303	3 Specialty	$2,688,425	187,657	$14.33	N/A
201304	3 Specialty	$2,772,479	186,251	$14.89	N/A
201305	3 Specialty	$2,807,199	184,858	$15.19	N/A
201306	3 Specialty	$2,832,690	183,493	$15.44	N/A
201307	3 Specialty	$2,883,584	182,110	$15.83	N/A
201308	3 Specialty	$2,943,287	180,711	$16.29	N/A
201309	3 Specialty	$3,001,204	179,236	$16.74	N/A
201310	3 Specialty	$3,043,353	177,733	$17.12	N/A
201311	3 Specialty	$3,019,284	176,184	$17.14	N/A
201312	3 Specialty	$3,050,372	175,062	$17.42	29.5%
201401	3 Specialty	$3,088,743	168,578	$18.32	32.9%
201402	3 Specialty	$3,085,386	161,666	$19.08	35.8%
201403	3 Specialty	$2,936,607	154,126	$19.05	33.0%
201404	3 Specialty	$2,787,771	145,049	$19.22	29.1%
201405	3 Specialty	$2,672,187	135,882	$19.67	29.5%
201406	3 Specialty	$2,599,789	126,425	$20.56	33.2%
201407	3 Specialty	$2,455,048	116,613	$21.05	33.0%
201408	3 Specialty	$2,258,152	106,708	$21.16	29.9%
201409	3 Specialty	$2,122,785	96,270	$22.05	31.7%
201410	3 Specialty	$1,946,101	85,615	$22.73	32.7%
201411	3 Specialty	$1,867,684	74,840	$24.96	45.6%
201412	3 Specialty	$1,649,333	63,185	$26.10	49.8%

201212	Total	$10,566,675	192,036	$55.02	N/A
201301	Total	$10,411,910	190,544	$54.64	N/A
201302	Total	$10,195,224	189,039	$53.93	N/A
201303	Total	$9,996,338	187,657	$53.27	N/A
201304	Total	$9,857,715	186,251	$52.93	N/A
201305	Total	$9,674,544	184,858	$52.34	N/A
201306	Total	$9,514,465	183,493	$51.85	N/A
201307	Total	$9,417,737	182,110	$51.71	N/A
201308	Total	$9,311,751	180,711	$51.53	N/A
201309	Total	$9,212,071	179,236	$51.40	N/A
201310	Total	$9,099,568	177,733	$51.20	N/A
201311	Total	$8,903,734	176,184	$50.54	N/A
201312	Total	$8,833,113	175,062	$50.46	-8.3%
201401	Total	$8,664,735	168,578	$51.40	-5.9%
201402	Total	$8,481,334	161,666	$52.46	-2.7%
201403	Total	$8,098,952	154,126	$52.55	-1.4%
201404	Total	$7,654,623	145,049	$52.77	-0.3%
201405	Total	$7,227,677	135,882	$53.19	1.6%
201406	Total	$6,877,004	126,425	$54.40	4.9%
201407	Total	$6,406,208	116,613	$54.94	6.2%
201408	Total	$5,887,653	106,708	$55.18	7.1%
201409	Total	$5,406,242	96,270	$56.16	9.3%
201410	Total	$4,827,683	85,615	$56.39	10.1%
201411	Total	$4,383,340	74,840	$58.57	15.9%
201412	Total	$3,723,143	63,185	$58.92	16.8%

Summary of Historical Rx Claims Broken Out by Rx Category: Small Group ACA

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$0	0	N/A	N/A
201301	1 Generic	$0	0	N/A	N/A
201302	1 Generic	$0	0	N/A	N/A
201303	1 Generic	$0	0	N/A	N/A
201304	1 Generic	$0	0	N/A	N/A
201305	1 Generic	$0	0	N/A	N/A
201306	1 Generic	$0	0	N/A	N/A
201307	1 Generic	$0	0	N/A	N/A
201308	1 Generic	$0	0	N/A	N/A
201309	1 Generic	$0	0	N/A	N/A
201310	1 Generic	$0	0	N/A	N/A
201311	1 Generic	$0	0	N/A	N/A
201312	1 Generic	$0	0	N/A	N/A
201401	1 Generic	$16,414	942	$17.42	N/A
201402	1 Generic	$31,368	2,043	$15.35	N/A
201403	1 Generic	$50,295	3,281	$15.33	N/A
201404	1 Generic	$74,776	5,072	$14.74	N/A
201405	1 Generic	$104,535	6,957	$15.03	N/A
201406	1 Generic	$136,655	8,903	$15.35	N/A
201407	1 Generic	$171,950	10,942	$15.71	N/A
201408	1 Generic	$207,692	13,062	$15.90	N/A
201409	1 Generic	$249,289	15,291	$16.30	N/A
201410	1 Generic	$294,596	17,660	$16.68	N/A
201411	1 Generic	$349,805	20,113	$17.39	N/A
201412	1 Generic	$424,661	23,006	$18.46	N/A
201212	2 Brand	$0	0	N/A	N/A
201301	2 Brand	$0	0	N/A	N/A
201302	2 Brand	$0	0	N/A	N/A
201303	2 Brand	$0	0	N/A	N/A
201304	2 Brand	$0	0	N/A	N/A
201305	2 Brand	$0	0	N/A	N/A
201306	2 Brand	$0	0	N/A	N/A
201307	2 Brand	$0	0	N/A	N/A
201308	2 Brand	$0	0	N/A	N/A
201309	2 Brand	$0	0	N/A	N/A
201310	2 Brand	$0	0	N/A	N/A
201311	2 Brand	$0	0	N/A	N/A
201312	2 Brand	$0	0	N/A	N/A
201401	2 Brand	$16,521	942	$17.54	N/A
201402	2 Brand	$32,228	2,043	$15.77	N/A
201403	2 Brand	$61,287	3,281	$18.68	N/A
201404	2 Brand	$96,695	5,072	$19.06	N/A
201405	2 Brand	$137,727	6,957	$19.80	N/A
201406	2 Brand	$182,310	8,903	$20.48	N/A
201407	2 Brand	$227,578	10,942	$20.80	N/A
201408	2 Brand	$283,477	13,062	$21.70	N/A
201409	2 Brand	$334,889	15,291	$21.90	N/A
201410	2 Brand	$396,513	17,660	$22.45	N/A
201411	2 Brand	$452,534	20,113	$22.50	N/A
201412	2 Brand	$524,983	23,006	$22.82	N/A

201212	3 Specialty	$0	0	N/A	N/A
201301	3 Specialty	$0	0	N/A	N/A
201302	3 Specialty	$0	0	N/A	N/A
201303	3 Specialty	$0	0	N/A	N/A
201304	3 Specialty	$0	0	N/A	N/A
201305	3 Specialty	$0	0	N/A	N/A
201306	3 Specialty	$0	0	N/A	N/A
201307	3 Specialty	$0	0	N/A	N/A
201308	3 Specialty	$0	0	N/A	N/A
201309	3 Specialty	$0	0	N/A	N/A
201310	3 Specialty	$0	0	N/A	N/A
201311	3 Specialty	$0	0	N/A	N/A
201312	3 Specialty	$0	0	N/A	N/A
201401	3 Specialty	$13,195	942	$14.01	N/A
201402	3 Specialty	$14,927	2,043	$7.31	N/A
201403	3 Specialty	$31,690	3,281	$9.66	N/A
201404	3 Specialty	$48,003	5,072	$9.46	N/A
201405	3 Specialty	$59,707	6,957	$8.58	N/A
201406	3 Specialty	$74,157	8,903	$8.33	N/A
201407	3 Specialty	$89,701	10,942	$8.20	N/A
201408	3 Specialty	$107,878	13,062	$8.26	N/A
201409	3 Specialty	$129,424	15,291	$8.46	N/A
201410	3 Specialty	$152,778	17,660	$8.65	N/A
201411	3 Specialty	$172,303	20,113	$8.57	N/A
201412	3 Specialty	$219,756	23,006	$9.55	N/A
201212	Total	$0	0	N/A	N/A
201301	Total	$0	0	N/A	N/A
201302	Total	$0	0	N/A	N/A
201303	Total	$0	0	N/A	N/A
201304	Total	$0	0	N/A	N/A
201305	Total	$0	0	N/A	N/A
201306	Total	$0	0	N/A	N/A
201307	Total	$0	0	N/A	N/A
201308	Total	$0	0	N/A	N/A
201309	Total	$0	0	N/A	N/A
201310	Total	$0	0	N/A	N/A
201311	Total	$0	0	N/A	N/A
201312	Total	$0	0	N/A	N/A
201401	Total	$46,130	942	$48.97	N/A
201402	Total	$78,522	2,043	$38.43	N/A
201403	Total	$143,272	3,281	$43.67	N/A
201404	Total	$219,473	5,072	$43.27	N/A
201405	Total	$301,969	6,957	$43.41	N/A
201406	Total	$393,122	8,903	$44.16	N/A
201407	Total	$489,229	10,942	$44.71	N/A
201408	Total	$599,048	13,062	$45.86	N/A
201409	Total	$713,602	15,291	$46.67	N/A
201410	Total	$843,887	17,660	$47.79	N/A
201411	Total	$974,643	20,113	$48.46	N/A
201412	Total	$1,169,399	23,006	$50.83	N/A

Summary of Historical Rx Claims Broken Out by Rx Category: Individual ACA

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$0	0	N/A	N/A
201301	1 Generic	$0	0	N/A	N/A
201302	1 Generic	$0	0	N/A	N/A
201303	1 Generic	$0	0	N/A	N/A
201304	1 Generic	$0	0	N/A	N/A
201305	1 Generic	$0	0	N/A	N/A
201306	1 Generic	$0	0	N/A	N/A
201307	1 Generic	$0	0	N/A	N/A
201308	1 Generic	$0	0	N/A	N/A
201309	1 Generic	$0	0	N/A	N/A
201310	1 Generic	$0	0	N/A	N/A
201311	1 Generic	$0	0	N/A	N/A
201312	1 Generic	$0	0	N/A	N/A
201401	1 Generic	$13,561	1,309	$10.36	N/A
201402	1 Generic	$31,787	2,850	$11.15	N/A
201403	1 Generic	$57,408	4,684	$12.26	N/A
201404	1 Generic	$94,650	7,806	$12.13	N/A
201405	1 Generic	$139,182	11,514	$12.09	N/A
201406	1 Generic	$194,121	15,208	$12.76	N/A
201407	1 Generic	$246,166	18,894	$13.03	N/A
201408	1 Generic	$297,984	22,603	$13.18	N/A
201409	1 Generic	$359,083	26,308	$13.65	N/A
201410	1 Generic	$425,156	30,007	$14.17	N/A
201411	1 Generic	$489,370	33,600	$14.56	N/A
201412	1 Generic	$574,241	37,150	$15.46	N/A
201212	2 Brand	$0	0	N/A	N/A

201301	2 Brand	$0	0	N/A	N/A
201302	2 Brand	$0	0	N/A	N/A
201303	2 Brand	$0	0	N/A	N/A
201304	2 Brand	$0	0	N/A	N/A
201305	2 Brand	$0	0	N/A	N/A
201306	2 Brand	$0	0	N/A	N/A
201307	2 Brand	$0	0	N/A	N/A
201308	2 Brand	$0	0	N/A	N/A
201309	2 Brand	$0	0	N/A	N/A
201310	2 Brand	$0	0	N/A	N/A
201311	2 Brand	$0	0	N/A	N/A
201312	2 Brand	$0	0	N/A	N/A
201401	2 Brand	$13,182	1,309	$10.07	N/A
201402	2 Brand	$31,523	2,850	$11.06	N/A
201403	2 Brand	$60,077	4,684	$12.83	N/A
201404	2 Brand	$98,290	7,806	$12.59	N/A
201405	2 Brand	$151,705	11,514	$13.18	N/A
201406	2 Brand	$206,987	15,208	$13.61	N/A
201407	2 Brand	$276,097	18,894	$14.61	N/A
201408	2 Brand	$334,772	22,603	$14.81	N/A
201409	2 Brand	$398,849	26,308	$15.16	N/A
201410	2 Brand	$462,889	30,007	$15.43	N/A
201411	2 Brand	$524,117	33,600	$15.60	N/A
201412	2 Brand	$602,381	37,150	$16.21	N/A
201212	3 Specialty	$0	0	N/A	N/A
201301	3 Specialty	$0	0	N/A	N/A
201302	3 Specialty	$0	0	N/A	N/A
201303	3 Specialty	$0	0	N/A	N/A
201304	3 Specialty	$0	0	N/A	N/A
201305	3 Specialty	$0	0	N/A	N/A
201306	3 Specialty	$0	0	N/A	N/A
201307	3 Specialty	$0	0	N/A	N/A
201308	3 Specialty	$0	0	N/A	N/A
201309	3 Specialty	$0	0	N/A	N/A
201310	3 Specialty	$0	0	N/A	N/A
201311	3 Specialty	$0	0	N/A	N/A
201312	3 Specialty	$0	0	N/A	N/A
201401	3 Specialty	$18,801	1,309	$14.36	N/A
201402	3 Specialty	$60,587	2,850	$21.26	N/A
201403	3 Specialty	$114,599	4,684	$24.47	N/A
201404	3 Specialty	$150,295	7,806	$19.25	N/A
201405	3 Specialty	$203,383	11,514	$17.66	N/A
201406	3 Specialty	$271,157	15,208	$17.83	N/A
201407	3 Specialty	$379,172	18,894	$20.07	N/A
201408	3 Specialty	$455,115	22,603	$20.14	N/A
201409	3 Specialty	$538,587	26,308	$20.47	N/A
201410	3 Specialty	$602,183	30,007	$20.07	N/A
201411	3 Specialty	$632,573	33,600	$18.83	N/A
201412	3 Specialty	$693,448	37,150	$18.67	N/A
201212	Total	$0	0	N/A	N/A
201301	Total	$0	0	N/A	N/A
201302	Total	$0	0	N/A	N/A
201303	Total	$0	0	N/A	N/A
201304	Total	$0	0	N/A	N/A
201305	Total	$0	0	N/A	N/A
201306	Total	$0	0	N/A	N/A
201307	Total	$0	0	N/A	N/A
201308	Total	$0	0	N/A	N/A
201309	Total	$0	0	N/A	N/A
201310	Total	$0	0	N/A	N/A
201311	Total	$0	0	N/A	N/A
201312	Total	$0	0	N/A	N/A
201401	Total	$45,545	1,309	$34.79	N/A
201402	Total	$123,897	2,850	$43.47	N/A
201403	Total	$232,085	4,684	$49.55	N/A
201404	Total	$343,235	7,806	$43.97	N/A
201405	Total	$494,270	11,514	$42.93	N/A
201406	Total	$672,265	15,208	$44.20	N/A
201407	Total	$901,435	18,894	$47.71	N/A
201408	Total	$1,087,871	22,603	$48.13	N/A
201409	Total	$1,296,520	26,308	$49.28	N/A
201410	Total	$1,490,228	30,007	$49.66	N/A
201411	Total	$1,646,060	33,600	$48.99	N/A
201412	Total	$1,870,070	37,150	$50.34	N/A

Summary of Historical Rx Claims Broken Out by Rx Category: Agriservices

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$249,599	18,107	$13.78	N/A
201301	1 Generic	$247,661	18,128	$13.66	N/A
201302	1 Generic	$240,888	18,160	$13.26	N/A
201303	1 Generic	$236,189	18,193	$12.98	N/A
201304	1 Generic	$232,680	18,215	$12.77	N/A
201305	1 Generic	$227,254	18,231	$12.47	N/A
201306	1 Generic	$223,485	18,252	$12.24	N/A
201307	1 Generic	$221,007	18,282	$12.09	N/A
201308	1 Generic	$216,294	18,316	$11.81	N/A
201309	1 Generic	$211,911	18,362	$11.54	N/A
201310	1 Generic	$205,528	18,403	$11.17	N/A
201311	1 Generic	$199,177	18,443	$10.80	N/A
201312	1 Generic	$197,326	18,501	$10.67	-22.6%
201401	1 Generic	$194,976	18,380	$10.61	-22.4%
201402	1 Generic	$197,352	18,236	$10.82	-18.4%
201403	1 Generic	$198,869	18,076	$11.00	-15.3%
201404	1 Generic	$202,349	17,893	$11.31	-11.5%
201405	1 Generic	$201,883	17,688	$11.41	-8.4%
201406	1 Generic	$203,109	17,481	$11.62	-5.1%
201407	1 Generic	$202,934	17,279	$11.74	-2.8%
201408	1 Generic	$200,142	17,070	$11.72	-0.7%
201409	1 Generic	$199,378	16,842	$11.84	2.6%
201410	1 Generic	$197,496	16,621	$11.88	6.4%
201411	1 Generic	$197,286	16,406	$12.03	11.3%
201412	1 Generic	$196,940	16,159	$12.19	14.3%
201212	2 Brand	$294,290	18,107	$16.25	N/A
201301	2 Brand	$289,422	18,128	$15.97	N/A
201302	2 Brand	$284,704	18,160	$15.68	N/A
201303	2 Brand	$278,126	18,193	$15.29	N/A
201304	2 Brand	$271,090	18,215	$14.88	N/A
201305	2 Brand	$260,095	18,231	$14.27	N/A
201306	2 Brand	$253,160	18,252	$13.87	N/A
201307	2 Brand	$246,820	18,282	$13.50	N/A
201308	2 Brand	$246,833	18,316	$13.48	N/A
201309	2 Brand	$243,075	18,362	$13.24	N/A
201310	2 Brand	$240,815	18,403	$13.09	N/A
201311	2 Brand	$242,328	18,443	$13.14	N/A
201312	2 Brand	$240,825	18,501	$13.02	-19.9%
201401	2 Brand	$236,735	18,380	$12.88	-19.3%
201402	2 Brand	$229,850	18,236	$12.60	-19.6%
201403	2 Brand	$228,348	18,076	$12.63	-17.4%
201404	2 Brand	$225,577	17,893	$12.61	-15.3%
201405	2 Brand	$221,322	17,688	$12.51	-12.3%
201406	2 Brand	$223,013	17,481	$12.76	-8.0%
201407	2 Brand	$223,747	17,279	$12.95	-4.1%
201408	2 Brand	$224,873	17,070	$13.17	-2.2%
201409	2 Brand	$223,858	16,842	$13.29	0.4%
201410	2 Brand	$224,592	16,621	$13.51	3.3%
201411	2 Brand	$221,125	16,406	$13.48	2.6%
201412	2 Brand	$225,350	16,159	$13.95	7.1%
201212	3 Specialty	$36,915	18,107	$2.04	N/A
201301	3 Specialty	$41,665	18,128	$2.30	N/A
201302	3 Specialty	$46,873	18,160	$2.58	N/A
201303	3 Specialty	$51,639	18,193	$2.84	N/A
201304	3 Specialty	$54,280	18,215	$2.98	N/A
201305	3 Specialty	$59,990	18,231	$3.29	N/A
201306	3 Specialty	$69,671	18,252	$3.82	N/A
201307	3 Specialty	$77,418	18,282	$4.23	N/A
201308	3 Specialty	$78,723	18,316	$4.30	N/A
201309	3 Specialty	$86,832	18,362	$4.73	N/A
201310	3 Specialty	$97,526	18,403	$5.30	N/A
201311	3 Specialty	$103,071	18,443	$5.59	N/A
201312	3 Specialty	$116,418	18,501	$6.29	208.6%
201401	3 Specialty	$127,935	18,380	$6.96	202.8%
201402	3 Specialty	$134,024	18,236	$7.35	184.7%
201403	3 Specialty	$138,774	18,076	$7.68	170.5%
201404	3 Specialty	$150,028	17,893	$8.38	181.4%
201405	3 Specialty	$177,119	17,688	$10.01	204.3%
201406	3 Specialty	$182,457	17,481	$10.44	173.4%
201407	3 Specialty	$216,741	17,279	$12.54	196.2%
201408	3 Specialty	$263,132	17,070	$15.41	258.6%
201409	3 Specialty	$263,375	16,842	$15.64	230.7%
201410	3 Specialty	$259,862	16,621	$15.63	195.0%
201411	3 Specialty	$262,004	16,406	$15.97	185.8%
201412	3 Specialty	$263,452	16,159	$16.30	159.1%
201212	Total	$580,804	18,107	$32.08	N/A

201301	Total	$578,748	18,128	$31.93	N/A
201302	Total	$572,465	18,160	$31.52	N/A
201303	Total	$565,954	18,193	$31.11	N/A
201304	Total	$558,050	18,215	$30.64	N/A
201305	Total	$547,339	18,231	$30.02	N/A
201306	Total	$546,315	18,252	$29.93	N/A
201307	Total	$545,245	18,282	$29.82	N/A
201308	Total	$541,849	18,316	$29.58	N/A
201309	Total	$541,818	18,362	$29.51	N/A
201310	Total	$543,869	18,403	$29.55	N/A
201311	Total	$544,575	18,443	$29.53	N/A
201312	Total	$554,568	18,501	$29.98	-6.6%
201401	Total	$559,646	18,380	$30.45	-4.6%
201402	Total	$561,226	18,236	$30.78	-2.4%
201403	Total	$565,991	18,076	$31.31	0.7%
201404	Total	$577,953	17,893	$32.30	5.4%
201405	Total	$600,324	17,688	$33.94	13.0%
201406	Total	$608,579	17,481	$34.81	16.3%
201407	Total	$643,422	17,279	$37.24	24.9%
201408	Total	$688,147	17,070	$40.31	36.3%
201409	Total	$686,612	16,842	$40.77	38.2%
201410	Total	$681,950	16,621	$41.03	38.8%
201411	Total	$680,415	16,406	$41.47	40.5%
201412	Total	$685,742	16,159	$42.44	41.6%

Summary of Historical Rx Claims Broken Out by Rx Category: Large Group 51-100

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$309,209	18,599	$16.63	N/A
201301	1 Generic	$309,517	18,648	$16.60	N/A
201302	1 Generic	$311,659	18,691	$16.67	N/A
201303	1 Generic	$309,060	18,705	$16.52	N/A
201304	1 Generic	$303,802	18,720	$16.23	N/A
201305	1 Generic	$296,425	18,753	$15.81	N/A
201306	1 Generic	$291,599	18,802	$15.51	N/A
201307	1 Generic	$284,560	18,841	$15.10	N/A
201308	1 Generic	$275,172	18,884	$14.57	N/A
201309	1 Generic	$269,535	18,922	$14.24	N/A
201310	1 Generic	$264,770	18,961	$13.96	N/A
201311	1 Generic	$258,629	19,076	$13.56	N/A
201312	1 Generic	$256,394	19,220	$13.34	-19.8%
201401	1 Generic	$266,783	19,965	$13.36	-19.5%
201402	1 Generic	$268,076	20,724	$12.94	-22.4%
201403	1 Generic	$274,393	21,461	$12.79	-22.6%
201404	1 Generic	$281,115	22,259	$12.63	-22.2%
201405	1 Generic	$290,765	23,068	$12.60	-20.3%
201406	1 Generic	$301,337	23,873	$12.62	-18.6%
201407	1 Generic	$310,761	24,683	$12.59	-16.6%
201408	1 Generic	$332,228	25,460	$13.05	-10.4%
201409	1 Generic	$352,526	26,225	$13.44	-5.6%
201410	1 Generic	$369,185	26,992	$13.68	-2.1%
201411	1 Generic	$386,513	27,730	$13.94	2.8%
201412	1 Generic	$406,270	28,372	$14.32	7.3%
201212	2 Brand	$411,999	18,599	$22.15	N/A
201301	2 Brand	$400,016	18,648	$21.45	N/A
201302	2 Brand	$387,624	18,691	$20.74	N/A
201303	2 Brand	$375,821	18,705	$20.09	N/A
201304	2 Brand	$366,503	18,720	$19.58	N/A
201305	2 Brand	$356,664	18,753	$19.02	N/A
201306	2 Brand	$349,140	18,802	$18.57	N/A
201307	2 Brand	$339,246	18,841	$18.01	N/A
201308	2 Brand	$335,447	18,884	$17.76	N/A
201309	2 Brand	$326,476	18,922	$17.25	N/A
201310	2 Brand	$322,991	18,961	$17.03	N/A
201311	2 Brand	$319,853	19,076	$16.77	N/A
201312	2 Brand	$315,419	19,220	$16.41	-25.9%
201401	2 Brand	$327,863	19,965	$16.42	-23.4%
201402	2 Brand	$341,554	20,724	$16.48	-20.5%
201403	2 Brand	$353,533	21,461	$16.47	-18.0%
201404	2 Brand	$366,759	22,259	$16.48	-15.8%
201405	2 Brand	$381,064	23,068	$16.52	-13.1%
201406	2 Brand	$399,955	23,873	$16.75	-9.8%
201407	2 Brand	$415,768	24,683	$16.84	-6.5%
201408	2 Brand	$429,594	25,460	$16.87	-5.0%
201409	2 Brand	$453,667	26,225	$17.30	0.3%
201410	2 Brand	$467,538	26,992	$17.32	1.7%
201411	2 Brand	$476,135	27,730	$17.17	2.4%
201412	2 Brand	$495,708	28,372	$17.47	6.5%
201212	3 Specialty	$220,869	18,599	$11.88	N/A
201301	3 Specialty	$218,762	18,648	$11.73	N/A
201302	3 Specialty	$228,502	18,691	$12.23	N/A

201303	3 Specialty	$231,470	18,705	$12.37	N/A
201304	3 Specialty	$241,910	18,720	$12.92	N/A
201305	3 Specialty	$273,013	18,753	$14.56	N/A
201306	3 Specialty	$283,256	18,802	$15.07	N/A
201307	3 Specialty	$295,561	18,841	$15.69	N/A
201308	3 Specialty	$309,144	18,884	$16.37	N/A
201309	3 Specialty	$320,780	18,922	$16.95	N/A
201310	3 Specialty	$333,493	18,961	$17.59	N/A
201311	3 Specialty	$328,534	19,076	$17.22	N/A
201312	3 Specialty	$358,514	19,220	$18.65	57.1%
201401	3 Specialty	$376,153	19,965	$18.84	60.6%
201402	3 Specialty	$401,350	20,724	$19.37	58.4%
201403	3 Specialty	$428,671	21,461	$19.97	61.4%
201404	3 Specialty	$478,476	22,259	$21.50	66.3%
201405	3 Specialty	$478,808	23,068	$20.76	42.6%
201406	3 Specialty	$518,440	23,873	$21.72	44.2%
201407	3 Specialty	$533,965	24,683	$21.63	37.9%
201408	3 Specialty	$549,520	25,460	$21.58	31.8%
201409	3 Specialty	$591,489	26,225	$22.55	33.0%
201410	3 Specialty	$603,356	26,992	$22.35	27.1%
201411	3 Specialty	$633,964	27,730	$22.86	32.7%
201412	3 Specialty	$643,957	28,372	$22.70	21.7%
201212	Total	$942,077	18,599	$50.65	N/A
201301	Total	$928,295	18,648	$49.78	N/A
201302	Total	$927,786	18,691	$49.64	N/A
201303	Total	$916,351	18,705	$48.99	N/A
201304	Total	$912,216	18,720	$48.73	N/A
201305	Total	$926,102	18,753	$49.38	N/A
201306	Total	$923,995	18,802	$49.14	N/A
201307	Total	$919,366	18,841	$48.80	N/A
201308	Total	$919,763	18,884	$48.71	N/A
201309	Total	$916,792	18,922	$48.45	N/A
201310	Total	$921,254	18,961	$48.59	N/A
201311	Total	$907,016	19,076	$47.55	N/A
201312	Total	$930,327	19,220	$48.40	-4.4%
201401	Total	$970,800	19,965	$48.63	-2.3%
201402	Total	$1,010,980	20,724	$48.78	-1.7%
201403	Total	$1,056,597	21,461	$49.23	0.5%
201404	Total	$1,126,350	22,259	$50.60	3.8%
201405	Total	$1,150,637	23,068	$49.88	1.0%
201406	Total	$1,219,732	23,873	$51.09	4.0%
201407	Total	$1,260,494	24,683	$51.07	4.7%
201408	Total	$1,311,342	25,460	$51.51	5.7%
201409	Total	$1,397,683	26,225	$53.30	10.0%
201410	Total	$1,440,080	26,992	$53.35	9.8%
201411	Total	$1,496,613	27,730	$53.97	13.5%
201412	Total	$1,545,934	28,372	$54.49	12.6%

Summary of Historical Rx Claims Broken Out by Rx Category: Individual Indemnity

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$241,480	24,109	$10.02	N/A
201301	1 Generic	$242,363	24,291	$9.98	N/A
201302	1 Generic	$238,480	24,450	$9.75	N/A
201303	1 Generic	$234,882	24,624	$9.54	N/A
201304	1 Generic	$232,943	24,821	$9.38	N/A
201305	1 Generic	$231,877	25,019	$9.27	N/A
201306	1 Generic	$228,341	25,242	$9.05	N/A
201307	1 Generic	$225,871	25,435	$8.88	N/A
201308	1 Generic	$220,492	25,641	$8.60	N/A
201309	1 Generic	$217,151	25,851	$8.40	N/A
201310	1 Generic	$215,172	26,003	$8.27	N/A
201311	1 Generic	$209,566	26,129	$8.02	N/A
201312	1 Generic	$207,947	26,260	$7.92	-20.9%
201401	1 Generic	$205,789	25,822	$7.97	-20.1%
201402	1 Generic	$205,123	25,239	$8.13	-16.7%
201403	1 Generic	$200,434	24,537	$8.17	-14.4%
201404	1 Generic	$201,906	23,395	$8.63	-8.0%
201405	1 Generic	$189,309	22,131	$8.55	-7.7%
201406	1 Generic	$179,694	20,768	$8.65	-4.4%
201407	1 Generic	$167,742	19,334	$8.68	-2.3%
201408	1 Generic	$158,720	17,777	$8.93	3.8%
201409	1 Generic	$146,379	16,124	$9.08	8.1%
201410	1 Generic	$133,696	14,412	$9.28	12.1%
201411	1 Generic	$123,247	12,639	$9.75	21.6%
201412	1 Generic	$107,635	10,783	$9.98	26.1%
201212	2 Brand	$219,423	24,109	$9.10	N/A
201301	2 Brand	$214,928	24,291	$8.85	N/A
201302	2 Brand	$211,694	24,450	$8.66	N/A
201303	2 Brand	$212,408	24,624	$8.63	N/A
201304	2 Brand	$211,841	24,821	$8.53	N/A

201305	2 Brand	$209,955	25,019	$8.39	N/A
201306	2 Brand	$209,343	25,242	$8.29	N/A
201307	2 Brand	$213,084	25,435	$8.38	N/A
201308	2 Brand	$215,618	25,641	$8.41	N/A
201309	2 Brand	$219,802	25,851	$8.50	N/A
201310	2 Brand	$220,012	26,003	$8.46	N/A
201311	2 Brand	$225,325	26,129	$8.62	N/A
201312	2 Brand	$226,317	26,260	$8.62	-5.3%
201401	2 Brand	$226,102	25,822	$8.76	-1.0%
201402	2 Brand	$220,612	25,239	$8.74	1.0%
201403	2 Brand	$212,131	24,537	$8.65	0.2%
201404	2 Brand	$201,244	23,395	$8.60	0.8%
201405	2 Brand	$189,257	22,131	$8.55	1.9%
201406	2 Brand	$181,588	20,768	$8.74	5.4%
201407	2 Brand	$170,076	19,334	$8.80	5.0%
201408	2 Brand	$156,686	17,777	$8.81	4.8%
201409	2 Brand	$145,084	16,124	$9.00	5.8%
201410	2 Brand	$131,208	14,412	$9.10	7.6%
201411	2 Brand	$117,256	12,639	$9.28	7.6%
201412	2 Brand	$102,760	10,783	$9.53	10.6%
201212	3 Specialty	$43,655	24,109	$1.81	N/A
201301	3 Specialty	$55,771	24,291	$2.30	N/A
201302	3 Specialty	$57,417	24,450	$2.35	N/A
201303	3 Specialty	$55,161	24,624	$2.24	N/A
201304	3 Specialty	$59,045	24,821	$2.38	N/A
201305	3 Specialty	$71,459	25,019	$2.86	N/A
201306	3 Specialty	$75,850	25,242	$3.00	N/A
201307	3 Specialty	$80,548	25,435	$3.17	N/A
201308	3 Specialty	$94,481	25,641	$3.68	N/A
201309	3 Specialty	$87,433	25,851	$3.38	N/A
201310	3 Specialty	$86,346	26,003	$3.32	N/A
201311	3 Specialty	$104,125	26,129	$3.99	N/A
201312	3 Specialty	$107,843	26,260	$4.11	126.8%
201401	3 Specialty	$107,187	25,822	$4.15	80.8%
201402	3 Specialty	$107,549	25,239	$4.26	81.5%
201403	3 Specialty	$123,386	24,537	$5.03	124.5%
201404	3 Specialty	$118,976	23,395	$5.09	113.8%
201405	3 Specialty	$108,008	22,131	$4.88	70.9%
201406	3 Specialty	$110,836	20,768	$5.34	77.6%
201407	3 Specialty	$105,669	19,334	$5.47	72.6%
201408	3 Specialty	$93,285	17,777	$5.25	42.4%
201409	3 Specialty	$88,199	16,124	$5.47	61.7%
201410	3 Specialty	$78,690	14,412	$5.46	64.4%
201411	3 Specialty	$63,296	12,639	$5.01	25.7%
201412	3 Specialty	$61,965	10,783	$5.75	39.9%
201212	Total	$504,558	24,109	$20.93	N/A
201301	Total	$513,062	24,291	$21.12	N/A
201302	Total	$507,591	24,450	$20.76	N/A
201303	Total	$502,450	24,624	$20.40	N/A
201304	Total	$503,829	24,821	$20.30	N/A
201305	Total	$513,291	25,019	$20.52	N/A
201306	Total	$513,534	25,242	$20.34	N/A
201307	Total	$519,503	25,435	$20.42	N/A
201308	Total	$530,590	25,641	$20.69	N/A
201309	Total	$524,386	25,851	$20.28	N/A
201310	Total	$521,530	26,003	$20.06	N/A
201311	Total	$539,017	26,129	$20.63	N/A
201312	Total	$542,107	26,260	$20.64	-1.4%
201401	Total	$539,079	25,822	$20.88	-1.2%
201402	Total	$533,284	25,239	$21.13	1.8%
201403	Total	$535,951	24,537	$21.84	7.0%
201404	Total	$522,125	23,395	$22.32	9.9%
201405	Total	$486,574	22,131	$21.99	7.2%
201406	Total	$472,118	20,768	$22.73	11.7%
201407	Total	$443,487	19,334	$22.94	12.3%
201408	Total	$408,691	17,777	$22.99	11.1%
201409	Total	$379,662	16,124	$23.55	16.1%
201410	Total	$343,594	14,412	$23.84	18.9%
201411	Total	$303,798	12,639	$24.04	16.5%
201412	Total	$272,360	10,783	$25.26	22.4%

Summary of Historical Rx Claims Broken Out by Rx Category: Total

Rolling 12 End Date YYYYMM	Rx Category	Allowed	Member Months	Allowed PMPM	Rolling 12 Allowed Trend
201212	1 Generic	$4,314,555	252,851	$17.06	N/A
201301	1 Generic	$4,266,407	251,611	$16.96	N/A
201302	1 Generic	$4,163,659	250,340	$16.63	N/A
201303	1 Generic	$4,076,930	249,179	$16.36	N/A
201304	1 Generic	$3,967,838	248,007	$16.00	N/A
201305	1 Generic	$3,868,201	246,861	$15.67	N/A
201306	1 Generic	$3,789,723	245,789	$15.42	N/A
201307	1 Generic	$3,707,841	244,668	$15.15	N/A
201308	1 Generic	$3,611,547	243,552	$14.83	N/A
201309	1 Generic	$3,533,407	242,371	$14.58	N/A
201310	1 Generic	$3,441,393	241,100	$14.27	N/A
201311	1 Generic	$3,342,919	239,832	$13.94	N/A
201312	1 Generic	$3,305,261	239,043	$13.83	-19.0%
201401	1 Generic	$3,222,054	234,996	$13.71	-19.1%
201402	1 Generic	$3,175,542	230,758	$13.76	-17.3%
201403	1 Generic	$3,112,085	226,165	$13.76	-15.9%
201404	1 Generic	$3,052,568	221,474	$13.78	-13.9%
201405	1 Generic	$2,976,446	217,240	$13.70	-12.6%
201406	1 Generic	$2,925,373	212,658	$13.76	-10.8%
201407	1 Generic	$2,880,357	207,745	$13.86	-8.5%
201408	1 Generic	$2,823,667	202,680	$13.93	-6.0%
201409	1 Generic	$2,779,295	197,060	$14.10	-3.3%
201410	1 Generic	$2,711,441	191,307	$14.17	-0.7%
201411	1 Generic	$2,678,733	185,328	$14.45	3.7%
201412	1 Generic	$2,650,783	178,655	$14.84	7.3%
201212	2 Brand	$5,394,230	252,851	$21.33	N/A
201301	2 Brand	$5,222,290	251,611	$20.76	N/A
201302	2 Brand	$5,050,308	250,340	$20.17	N/A
201303	2 Brand	$4,877,468	249,179	$19.57	N/A
201304	2 Brand	$4,736,258	248,007	$19.10	N/A
201305	2 Brand	$4,581,413	246,861	$18.56	N/A
201306	2 Brand	$4,447,118	245,789	$18.09	N/A
201307	2 Brand	$4,356,900	244,668	$17.81	N/A
201308	2 Brand	$4,266,771	243,552	$17.52	N/A
201309	2 Brand	$4,165,411	242,371	$17.19	N/A
201310	2 Brand	$4,084,111	241,100	$16.94	N/A
201311	2 Brand	$3,996,408	239,832	$16.66	N/A
201312	2 Brand	$3,921,707	239,043	$16.41	-23.1%
201401	2 Brand	$3,871,865	234,996	$16.48	-20.6%
201402	2 Brand	$3,809,879	230,758	$16.51	-18.2%
201403	2 Brand	$3,747,035	226,165	$16.57	-15.4%
201404	2 Brand	$3,657,645	221,474	$16.52	-13.5%
201405	2 Brand	$3,585,793	217,240	$16.51	-11.1%
201406	2 Brand	$3,560,611	212,658	$16.74	-7.5%
201407	2 Brand	$3,483,623	207,745	$16.77	-5.8%
201408	2 Brand	$3,432,002	202,680	$16.93	-3.3%
201409	2 Brand	$3,367,165	197,060	$17.09	-0.6%
201410	2 Brand	$3,273,012	191,307	$17.11	1.0%
201411	2 Brand	$3,174,313	185,328	$17.13	2.8%
201412	2 Brand	$3,083,955	178,655	$17.26	5.2%
201212	3 Specialty	$2,885,329	252,851	$11.41	N/A
201301	3 Specialty	$2,943,317	251,611	$11.70	N/A
201302	3 Specialty	$2,989,099	250,340	$11.94	N/A
201303	3 Specialty	$3,026,695	249,179	$12.15	N/A
201304	3 Specialty	$3,127,714	248,007	$12.61	N/A
201305	3 Specialty	$3,211,661	246,861	$13.01	N/A
201306	3 Specialty	$3,261,467	245,789	$13.27	N/A
201307	3 Specialty	$3,337,111	244,668	$13.64	N/A
201308	3 Specialty	$3,425,634	243,552	$14.07	N/A
201309	3 Specialty	$3,496,249	242,371	$14.43	N/A
201310	3 Specialty	$3,560,718	241,100	$14.77	N/A
201311	3 Specialty	$3,555,014	239,832	$14.82	N/A
201312	3 Specialty	$3,633,147	239,043	$15.20	33.2%
201401	3 Specialty	$3,732,015	234,996	$15.88	35.8%
201402	3 Specialty	$3,803,822	230,758	$16.48	38.1%
201403	3 Specialty	$3,773,727	226,165	$16.69	37.4%
201404	3 Specialty	$3,733,548	221,474	$16.86	33.7%
201405	3 Specialty	$3,699,212	217,240	$17.03	30.9%
201406	3 Specialty	$3,756,836	212,658	$17.67	33.1%
201407	3 Specialty	$3,780,296	207,745	$18.20	33.4%
201408	3 Specialty	$3,727,082	202,680	$18.39	30.7%
201409	3 Specialty	$3,733,860	197,060	$18.95	31.4%
201410	3 Specialty	$3,642,970	191,307	$19.04	28.9%
201411	3 Specialty	$3,631,824	185,328	$19.60	32.2%
201412	3 Specialty	$3,531,909	178,655	$19.77	30.1%
201212	Total	$12,594,114	252,851	$49.81	N/A
201301	Total	$12,432,015	251,611	$49.41	N/A

201302	Total	$12,203,065	250,340	$48.75	N/A
201303	Total	$11,981,092	249,179	$48.08	N/A
201304	Total	$11,831,810	248,007	$47.71	N/A
201305	Total	$11,661,275	246,861	$47.24	N/A
201306	Total	$11,498,309	245,789	$46.78	N/A
201307	Total	$11,401,852	244,668	$46.60	N/A
201308	Total	$11,303,953	243,552	$46.41	N/A
201309	Total	$11,195,067	242,371	$46.19	N/A
201310	Total	$11,086,222	241,100	$45.98	N/A
201311	Total	$10,894,342	239,832	$45.42	N/A
201312	Total	$10,860,115	239,043	$45.43	-8.8%
201401	Total	$10,825,934	234,996	$46.07	-6.8%
201402	Total	$10,789,244	230,758	$46.76	-4.1%
201403	Total	$10,632,847	226,165	$47.01	-2.2%
201404	Total	$10,443,761	221,474	$47.16	-1.2%
201405	Total	$10,261,451	217,240	$47.24	0.0%
201406	Total	$10,242,820	212,658	$48.17	3.0%
201407	Total	$10,144,276	207,745	$48.83	4.8%
201408	Total	$9,982,752	202,680	$49.25	6.1%
201409	Total	$9,880,321	197,060	$50.14	8.5%
201410	Total	$9,627,423	191,307	$50.32	9.4%
201411	Total	$9,484,870	185,328	$51.18	12.7%
201412	Total	$9,266,648	178,655	$51.87	14.2%

Derivation of Medical EHB Adjustments for Non-ACA Compliant Data

Data from MVP's Claim Warehouse

Benefits Added	Total Claim Expense	ACA Compliant Member Months	Claim Expense PMPM
Pediatric Dental	$17,264	60,156	$0.29
Pediatric Vision	$3,337	60,156	$0.06
Disposable Supplies	$6,637	60,156	$0.11
Total	$27,238	60,156	$0.45

Benefits Removed	Total Claim Expense	Non-ACA Compliant Member Months	Claim Expense PMPM
Elective Abortion	($5,498)	119,788	($0.05)
Vision Exams and Hardware	($7,467)	119,788	($0.06)
Total	($12,965)	119,788	($0.11)

Data from Milliman	Allowed PMPM	Paid-To-Allowed Ratio	Claim Expense PMPM
Private Duty Nursing	$0.31	0.790	$0.24
Couples Therapy	$0.60	0.790	$0.47
Wigs	$0.02	0.790	$0.02
Total	$0.93	0.790	$0.73

Allowed PMPM Credibility Manual in URRT

	Non-ACA Compliant Large Group 51-100	Other Data Included in Credibility Manual*	Credibility Manual Total
Member Months	28,372	91,075	119,447
IP	$100.56	$86.42	$89.78
OP	$180.51	$172.18	$174.16
Prof	$117.37	$115.42	$115.88
Other Med	$18.84	$14.73	$15.70
Capitation	$14.92	$14.51	$14.61
RX	$65.66	$61.57	$62.54
Total	$497.86	$464.83	$472.67

*Reflects experience period data not enrolled in AR44 SG products, AR44 Individual products, or 51-100 Large Group products.

Quantitative Support of Other Factors in Worksheet 1 of URRT

	Pre-ACA Small Group (HMO ONLY)	Post-ACA Small Group	Post-ACA Individual	Small Group + Individual AR44 Total
Experience Period Member Months	341	23,006	37,150	60,497
Experience Period Allowed PMPM	$592.98	$368.63	$422.21	$402.79
Medical Benefit Modifications to Meet EHB Requirements*	1.002	1.000	1.000	$402.80
Rx Benefit Modifications to Meet EHB Requirements	1.024	1.000	1.000	$402.88
Adjustment for expected covered membership risk characteristics	0.980	1.000	1.000	$402.81
Adjustment for the impact of the leap year in 2016	1.003	1.003	1.003	$403.92
Adjusted Experience Period Allowed PMPM	$597.72	$369.64	$423.36	$403.92
			"Other" Adjustment Factor	1.003

**The items driving this adjustment can be found in MVP's response to Question #2. Please note the adjustments in this exhibit are on allowed basis.*

Quantitative Support of Cost and Utilization Trend Factors in Worksheet 1 of URRT

	2015		2016		Total	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
IP	5.4%	0.0%	5.4%	0.0%	5.4%	0.0%
OP	4.8%	0.0%	4.8%	0.0%	4.8%	0.0%
PHY	2.9%	0.0%	0.0%	0.0%	1.4%	0.0%

Quantitative Support of Credibility Manual in URRT

	Agriservices	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Pre-ACA Large Group 51-100
Experience Period Member Months	16,159	10,783	64,133	28,372
Experience Period FFS Allowed PMPM	$365.83	$317.28	$445.16	$446.43
Annual FFS Claim trend projection factor	1.047	1.045	1.047	1.048
Months of Trend	24	24	24	24
Projection Period FFS Allowed Claims PMPM	$401.28	$346.72	$488.33	$490.05
Medical Benefit Modifications to Meet EHB Requirements*	1.003	1.004	1.003	1.003
Rx Benefit Modifications to Meet EHB Requirements	1.000	1.000	1.002	1.000
Adjustment for expected covered membership risk characteristics	0.980	0.980	0.980	0.980
Adjustment for the impact of the leap year in 2016	1.003	1.003	1.003	1.003
Adjusted Experience Period Allowed PMPM	$395.69	$342.06	$482.28	$482.94
Projection Period VT Allowed Claim Surcharge + NYS HCRA	$4.94	$4.27	$6.02	$6.03
Projection Period Non-FFS Medical Costs	$8.89	$8.89	$8.89	$8.89
Allowed Index Rate PMPM Prior to Adjustments for Federal Programs	$409.52	$355.22	$497.19	$497.86
			Total Credibility Manual Allowed PMPM	$472.67

**The items driving this adjustment can be found in MVP's response to Question #2. Please note the adjustments in this exhibit are on allowed basis.*

Support for Reinsurance Recoveries, Actuarial Memo Dataset

Item	Value	Location
Projected Index Rate PMPM	$462.54	URRT Wksh 1, Cell V44
Reinsurance Recoveries, % of Claims	-4.2%	Rate Filing Exh. 3, Line 31
% of Merged Market Enrolled in Individual	57.7%	Rate Filing Exh. 3, Line 30
Net Reinsurance Contributions PMPM	($11.29)	Actuarial Memo Dataset Cell B172

Question 14 -- Conversion Factor and Tier Ratios Based on 3/15/2015

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,729	4,729	1.000	1.000
4	Double	1,259	2,518	2.000	2.000
4	Parent/Child(ren)	223	561	2.516	1.930
4	Family	988	3,965	4.013	2.810

Single Conversion Factor	**1.126**
HHS Age Factor	**1.614**

Conversion Factor and Tier Ratios Based on Experience Period

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	66,074	66,074	1.000	1.000
4	Double	17,346	34,692	2.000	2.000
4	Parent/Child(ren)	3,906	9,634	2.466	1.930
4	Family	17,382	69,544	4.001	2.810

Single Conversion Factor	**1.145**
HHS Age Factor	**1.583**

Individual Pre-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$2,500	0.29	0.63	0.81	0.94	1.02	1.08	1.13	1.17	1.20	1.22	1.25	1.26
$5,000	0.20	0.53	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.34	1.37
$6,400	0.17	0.50	0.70	0.85	0.96	1.06	1.14	1.22	1.28	1.33	1.38	1.42

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$2,500	1.9%	2.0%	2.1%	2.4%	2.8%	3.2%	3.3%	3.6%	3.6%	3.8%	3.8%	3.8%
$5,000	1.6%	1.7%	1.9%	2.1%	2.2%	2.4%	2.6%	2.8%	2.8%	3.0%	2.9%	2.9%
$6,400	2.0%	2.1%	2.2%	2.2%	2.5%	2.7%	3.0%	3.3%	3.5%	3.7%	3.8%	3.8%

Avg Policy Duration Factor	1.069
Inverse of Factor	0.935
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$208.39
Market-Wide Claim Adjustment	($13.48)

Agriservices

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$250	0.69	0.95	1.00	1.02	1.03	1.04	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.56	0.88	0.97	1.02	1.04	1.06	1.06	1.07	1.08	1.08	1.08	1.09
$1,000	0.43	0.79	0.92	1.00	1.04	1.07	1.09	1.11	1.12	1.13	1.14	1.15
$2,500	0.29	0.63	0.81	0.94	1.02	1.08	1.13	1.17	1.20	1.22	1.25	1.26
$5,000	0.20	0.53	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.34	1.37

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$250	1.8%	1.8%	1.7%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%
$500	1.2%	1.2%	1.2%	1.1%	1.0%	1.0%	1.0%	1.1%	1.0%	1.0%	1.0%	1.0%
$1,000	1.0%	1.0%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%
$2,500	2.4%	2.4%	2.4%	2.4%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%
$5,000	2.6%	2.6%	2.5%	2.5%	2.4%	2.4%	2.5%	2.4%	2.4%	2.4%	2.4%	2.4%

Avg Policy Duration Factor	0.993
Inverse of Factor	1.007
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$288.97
Market-Wide Claim Adjustment	$2.03

Large Group 51-100

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$250	0.69	0.95	1.00	1.02	1.03	1.04	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.56	0.88	0.97	1.02	1.04	1.06	1.06	1.07	1.08	1.08	1.08	1.09
$1,000	0.43	0.79	0.92	1.00	1.04	1.07	1.09	1.11	1.12	1.13	1.14	1.15
$1,500	0.37	0.72	0.88	0.97	1.03	1.08	1.11	1.14	1.16	1.17	1.18	1.19
$2,000	0.32	0.67	0.84	0.95	1.03	1.08	1.12	1.15	1.18	1.20	1.22	1.23
$2,500	0.29	0.63	0.81	0.94	1.02	1.08	1.13	1.17	1.20	1.22	1.25	1.26
$5,000	0.20	0.53	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.34	1.37

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
$500	1.7%	1.7%	1.6%	1.6%	1.7%	1.7%	1.7%	1.6%	1.6%	1.7%	1.6%	1.6%
$1,000	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
$1,500	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.9%	0.9%	0.9%
$2,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
$2,500	2.6%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.9%	2.9%	2.6%	2.5%	2.5%
$5,000	1.8%	1.9%	1.9%	2.0%	2.0%	2.0%	1.9%	1.8%	1.8%	1.8%	1.8%	1.7%

Avg Policy Duration Factor	0.9996
Inverse of Factor	1.0004
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$337.81
Market-Wide Claim Adjustment	$0.12

Small Group Pre-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$250	0.69	0.95	1.00	1.02	1.03	1.04	1.04	1.04	1.04	1.05	1.05	1.05
$500	0.56	0.88	0.97	1.02	1.04	1.06	1.06	1.07	1.08	1.08	1.08	1.09
$1,000	0.43	0.79	0.92	1.00	1.04	1.07	1.09	1.11	1.12	1.13	1.14	1.15
$1,500	0.37	0.72	0.88	0.97	1.03	1.08	1.11	1.14	1.16	1.17	1.18	1.19
$2,000	0.32	0.67	0.84	0.95	1.03	1.08	1.12	1.15	1.18	1.20	1.22	1.23
$2,500	0.29	0.63	0.81	0.94	1.02	1.08	1.13	1.17	1.20	1.22	1.25	1.26
$3,000	0.27	0.61	0.79	0.92	1.01	1.08	1.13	1.18	1.21	1.24	1.27	1.29
$3,250	0.26	0.59	0.78	0.91	1.01	1.08	1.14	1.18	1.22	1.25	1.28	1.30
$4,750	0.21	0.54	0.73	0.87	0.98	1.07	1.14	1.20	1.25	1.30	1.33	1.37
$5,000	0.20	0.53	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.34	1.37
$5,500	0.19	0.52	0.72	0.86	0.97	1.07	1.14	1.21	1.27	1.31	1.36	1.39

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$0	2.0%	1.8%	1.6%	1.2%	1.2%	1.2%	1.2%	1.3%	1.1%	1.1%	1.1%	1.0%
$250	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.4%	0.3%
$500	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%
$1,000	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
$1,500	0.4%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%
$2,000	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
$2,500	4.9%	4.9%	4.9%	4.2%	4.8%	4.9%	5.1%	5.3%	5.4%	5.3%	5.5%	4.9%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%
$3,250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$5,000	0.9%	1.0%	1.0%	0.8%	0.8%	0.8%	0.9%	0.9%	0.9%	0.9%	1.0%	0.9%
$5,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%

Avg Policy Duration Factor	1.004
Inverse of Factor	0.996
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$365.79
Market-Wide Claim Adjustment	($1.59)

Small Group Post-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
$150	0.78	0.98	1.01	1.02	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03
$500	0.56	0.88	0.97	1.02	1.04	1.06	1.06	1.07	1.08	1.08	1.08	1.09
$750	0.49	0.83	0.95	1.01	1.04	1.07	1.08	1.09	1.10	1.11	1.11	1.12
$1,550	0.36	0.71	0.88	0.97	1.03	1.08	1.11	1.14	1.16	1.17	1.19	1.20
$1,700	0.35	0.70	0.87	0.96	1.03	1.08	1.12	1.14	1.17	1.18	1.20	1.21
$1,900	0.33	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.22
$2,000	0.32	0.67	0.84	0.95	1.03	1.08	1.12	1.15	1.18	1.20	1.22	1.23
$3,500	0.25	0.58	0.77	0.90	1.00	1.08	1.14	1.19	1.23	1.26	1.29	1.32

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
$150	4.9%	4.1%	3.7%	3.3%	2.9%	2.8%	2.4%	2.3%	2.1%	1.2%	0.9%	0.5%
$500	0.9%	0.7%	0.5%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%
$750	0.6%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.2%	0.2%	0.2%
$1,550	2.2%	2.0%	1.9%	1.8%	1.8%	1.7%	1.7%	1.7%	1.5%	1.0%	0.9%	0.9%
$1,700	0.8%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.4%	0.3%	0.3%	0.3%
$1,900	2.3%	1.6%	1.5%	1.3%	1.2%	1.1%	1.1%	1.0%	0.9%	0.5%	0.4%	0.3%
$2,000	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%	0.8%	0.7%	0.7%	0.5%	0.4%	0.4%
$3,500	1.8%	1.6%	1.5%	1.3%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%	0.5%	0.5%

Avg Policy Duration Factor	0.940
Inverse of Factor	1.064
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$287.54
Market-Wide Claim Adjustment	$18.46

Individual Post-ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors 1	2	3	4	5	6	7	8	9	10	11	12
$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$100	0.83	0.99	1.01	1.01	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
$150	0.78	0.98	1.01	1.02	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03
$450	0.58	0.90	0.98	1.02	1.04	1.05	1.06	1.07	1.07	1.07	1.08	1.08
$500	0.56	0.88	0.97	1.02	1.04	1.06	1.06	1.07	1.08	1.08	1.08	1.09
$750	0.49	0.83	0.95	1.01	1.04	1.07	1.08	1.09	1.10	1.11	1.11	1.12
$1,000	0.43	0.79	0.92	1.00	1.04	1.07	1.09	1.11	1.12	1.13	1.14	1.15
$1,250	0.40	0.75	0.90	0.98	1.04	1.08	1.10	1.12	1.14	1.15	1.16	1.17
$1,400	0.38	0.73	0.89	0.98	1.04	1.08	1.11	1.13	1.15	1.16	1.18	1.19
$1,500	0.37	0.72	0.88	0.97	1.03	1.08	1.11	1.14	1.16	1.17	1.18	1.19
$1,550	0.36	0.71	0.88	0.97	1.03	1.08	1.11	1.14	1.16	1.17	1.19	1.20
$1,700	0.35	0.70	0.87	0.96	1.03	1.08	1.12	1.14	1.17	1.18	1.20	1.21
$1,900	0.33	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.22
$2,000	0.32	0.67	0.84	0.95	1.03	1.08	1.12	1.15	1.18	1.20	1.22	1.23
$3,500	0.25	0.58	0.77	0.90	1.00	1.08	1.14	1.19	1.23	1.26	1.29	1.32
$6,400	0.17	0.50	0.70	0.85	0.96	1.06	1.14	1.22	1.28	1.33	1.38	1.42

Percent of Total Member Months

Deductible Level	Coverage Month 1	2	3	4	5	6	7	8	9	10	11	12
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$100	0.6%	0.6%	0.6%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.2%
$150	1.1%	1.1%	1.1%	1.1%	1.0%	1.0%	0.9%	0.9%	0.8%	0.6%	0.5%	0.4%
$450	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%
$750	1.3%	1.3%	1.2%	1.1%	1.1%	1.0%	0.9%	0.8%	0.7%	0.4%	0.3%	0.3%
$1,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%
$1,250	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
$1,400	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
$1,500	0.6%	0.6%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%
$1,550	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
$1,700	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.4%	0.4%	0.2%	0.2%	0.2%
$1,900	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%
$2,000	0.6%	0.6%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.3%	0.2%	0.1%	0.1%
$3,500	5.9%	5.8%	5.4%	5.0%	4.5%	4.2%	3.8%	3.6%	2.8%	1.5%	1.2%	1.0%
$6,400	0.4%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%

Avg Policy Duration Factor	0.919
Inverse of Factor	1.089
Adjusted Experience Period Claim Expense (Exhibit 3, Line 11)	$306.07
Market-Wide Claim Adjustment	$27.12