1. Purpose and Background

The purpose of this amendment is to adjust the rates that were filed with the Green Mountain Care Board on May 11, 2018, for the ACA-compliant plans for the Vermont Individual and Small Group merged market for the 2019 benefit year.

After the filing date, Vermont enacted two laws that impact 2019 benefits. First, S.1, an act relating to copayment limits for chiropractic care and physical therapy, mandates that for silver and bronze qualified health plans where chiropractic services require a copayment, that copayment shall be equal to the copayment applicable to services provided by a primary care provider. This impacts the Blue Rewards Silver, Standard Silver, Standard Bronze and Standard Bronze Integrated plans, along with associated Cost Share Reduction (CSR) variations. Second, H.693, an act relating to eliminating cost-sharing for certain breast imaging services, requires that certain follow-up ultrasounds for breast imaging are covered with no member cost share. This impacts all plans.

On June 19, 2018, the U.S. department of Labor (DOL) released a final rule on association health plans (AHPs). This rule modifies regulations related to how employers can form an association to purchase insurance subject to large group market rules. The Vermont Department of Financial Regulation (DFR) has indicated their intention to promulgate within the next several weeks emergency rulemaking relative to AHPs.

The original filing has been reviewed by the GMCB's contracted actuary, Lewis and Ellis (L&E). L&E recommended four modifications to the originally filed rates in their report submitted on July 10, 2018. Blue Cross and Blue Shield of Vermont (BCBSVT) does not oppose any of the four recommendations.

In this amendment, we will first rebase the filed rates to reflect the modifications recommended by L&E. We will then outline the impacts of the Vermont laws enacted after the date of filing. Subsequently, we will describe the impact of the final federal rule regarding AHPs.

Finally, we will describe a market structural defect that has arisen due to a significant disconnect between the two Vermont VISG carriers with respect to actuarial value. This discrepancy - cavernous by actuarial standards - creates implicit margins giving rise to rates that may be discriminatory, and that must be excessive or inadequate for specific metal levels. We do not amend our rates for this issue because we believe that the resulting rates would violate Vermont and federal rating standards. However, we strongly urge the GMCB to take action to correct the market structural defect.

2. Lewis and Ellis Report and Recommendations

Lewis and Ellis (L&E) issued a report on July 10, 2018, after reviewing BCBSVT's original 2019 VISG rate filing. Their report includes four recommended modifications, none of which BCBSVT opposes.

Exhibits 5 (1) to 9B (1) reflect the adjusted calculations for the four modifications. The impact of each modification is described in detail below.

1. Changes in pool morbidity

In our June 4, 2018 response to question 4 of the L&E request dated May 25, 2018, we stated that it would be a more appropriate methodology to normalize the claims in the morbidity adjustment calculation for the impact on induced utilization. This change reduces the impact of pool morbidity factor (1+b9 on Exhibit 5) from 1.0231 to 1.0101.

2. Changes to the impact of selection factor

In our June 21, 2018 response to question 3 of the L&E request dated June 15, 2018, we noted that we discovered an issue with the way we calculated the selection factor $(1+c_6 \text{ on Exhibit 5})$. It is more appropriate to recognize the actual experience difference between members on Silver reflective plans and members on Silver loaded plans. The original Exhibit 2D shows that a 0.8646 benefit richness adjustment was applied to all silver plans (reflective and loaded) when using BCBSVT actual utilization factors. Using the same methodology but more appropriately recognizing the expected membership in each plan, we calculate benefit richness factors of 0.7216 for reflective plans and 1.0416 for loaded plans. This increases the impact of selection factor $(1+c_6 \text{ factor on Exhibit 5})$ from 1.0132 to 1.0178.

3. Changes to Risk Adjustment

In the original rate filing, BCBSVT used the interim 2017 risk adjustment data to project the 2019 risk adjustment receivable. On July 9, 2018, CMS released the final 2017 risk adjustment data. L&E recommended that BCBSVT use this newly available data as a baseline to project the 2019 risk adjustment receivable.

The table below shows the original calculation (from original Exhibit 4) and the revised calculation using the final 2017 risk adjustment data.

	Original	Revised
Projected Risk Adjustment Transfer	-\$8,618,593	-\$8,316,286
Projected Risk Adjustment Fee (\$1.80 per enrollee per year)	\$94,664	\$94,664
Net Projected Risk Adjustment	-\$8,523,929	-8,221,662
Member Months	631,092	631,092
Net Projected Risk Adjustment PMPM	-\$13.51	-13.03
Paid to Allowed Ratio (from Exhibit 6C)	81.14%	81.21% *
Market Wide Adjustment for the Risk Adjustment Program (g1 on Exhibit 5)	-\$16.65	-\$16.04

* includes impact of Modification #4.

4. Changes to the mapping of non-CSR members to bronze and gold plans

In our July 10, 2018 response to question 8 of the L&E request dated June 28, 2018, we noted that we implicitly assumed that members receiving premium subsidies but no CSR subsidies would choose to pay the silver load rather than moving to a similarly-priced gold plan or significantly less expensive bronze plan. The appropriateness of this assumption is questionable, as none of these members benefit from remaining on a silver loaded plan. L&E opined that it is more appropriate to assume that all non-CSR members receiving premium tax credits would instead choose to enroll in a non-silver VHC plan. Our product team expects that the following migration is likely to occur:

70%	Blue Rewards Silver	to	Blue Rewards Gold
30%	Blue Rewards Silver	to	Blue Rewards Bronze
70%	Standard Silver	to	Standard Gold
30%	Standard Silver	to	Standard Bronze
70%	Standard Silver CDHP	to	Blue Rewards Gold CDHP
30%	Standard Silver CDHP	to	Standard Bronze CDHP

This change in membership projection by plan has many impacts to the rating, most notably the paid to allowed ratio for EHB portion on Exhibit 6C. Other impacted factors are 1+c1 (from 1.0075 to 1.0092), 1+c6 (from 1.0178 to 1.0185), average Blue Rewards costs and other factors that are percent of claims or premium.

This change mostly impacts the silver loaded plans, with an average impact of 1.9 percent. Rates for non-silver loaded plans increase by 0.1 percent.

After adjusting the filed rates to reflect the four modifications recommended by L&E, the average rate increase for plans other than Silver Level Exchange plans - that is, the average increase that will actually be experienced by Vermont individuals and small businesses - is 4.7 percent. Silver Level Exchange plans increase an average of 17.1 percent. Across all plans, the average increase is 7.2 percent.

	Modified for L&E recommendations	Filed Rate Increase	Change ¹
Blue Rewards Gold	5.3%	5.9%	-0.6%
Blue Rewards Gold CDHP	4.5%	5.1%	-0.6%
Blue Rewards Silver	20.2%	18.9%	1.1%
Blue Rewards Bronze	4.5%	5.0%	-0.5%
Blue Rewards Bronze CDHP	5.5%	6.1%	-0.5%
Standard Platinum	6.2%	6.8%	-0.6%
Standard Gold	4.1%	4.7%	-0.6%
Standard Silver	16.4%	15.3%	0.9%
Standard Silver CDHP	15.4%	14.6%	0.7%
Standard Bronze	3.1%	3.7%	-0.6%
Standard Bronze CDHP	4.5%	5.1%	-0.6%
Standard Bronze Integrated	3.9%	4.5%	-0.6%
Blue Rewards Silver OFF	4.9%	5.5%	-0.6%
Standard Silver OFF	2.9%	3.5%	-0.6%
Standard Silver CDHP OFF	4.0%	4.6%	-0.6%
Catastrophic	0.8%	1.2%	-0.4%
Total	7.2%	7.5%	-0.2%
Silver Loaded Plans	17.1%	16.0%	1.0%
Non Subsidized Members	4.7%	5.3%	-0.6%

3. Impacts of Vermont Laws enacted after date of filing

Vermont's legislature enacted two laws with impacts on 2019 benefits and pricing after the May 11, 2018 VISG rate filing deadline. Both new laws require plans to modify member cost sharing requirements:

- 1. S.1, an act relating to copayment limits for chiropractic care and physical therapy²
- 2. H.693, an act relating to eliminating cost-sharing for certain breast imaging services³

Both of these new laws impact the pricing actuarial values of the plans. S.1 only impacts the Blue Reward Silver (Loaded and Reflective), Standard Silver (Loaded and Reflective), Standard Bronze and Standard Bronze Integrated plans, while H.693 impacts all plans.

Standard plans are designed by the State of Vermont and offered by all issuers of QHPs.

¹ Figures are multiplicative and may not sum to the change.

² <u>https://legislature.vermont.gov/assets/Documents/2018.1/Docs/Acts/ACT007/ACT007%20As%20Enacted.pdf</u>

³ <u>https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT141/ACT141%20As%20Enacted.pdf</u>

Please see Attachment A - Revised Standard Plans AV Certification - 2019 for the updated certification provided by the State.

Blue Rewards (Non-Standard) plans are designed by BCBSVT. The metal values included in the Unified Rate Review Template (URRT) were calculated using an alternate methodology, as allowed by 45 CFR §156.135. Multiple benefit designs offered in BCBSVT's Non-Standard plans are not supported by the AV Calculator. Please see Attachment B - Revised Blue Rewards (Non-Standard) Plans AV Certification - 2019, for the updated actuarial certification, which includes the process used to develop the AV Metal Values.

Please see Exhibits 5 (2) to 9B (2) for changes to rates due to these two changes in Vermont law.

After adjusting the filed rates to reflect the four modifications recommended by L&E and the two changes in Vermont law, the average rate increase for plans other than Silver Level Exchange plans - that is, the average increase that will actually be experienced by Vermont individuals and small businesses - is 4.7 percent. Silver Level Exchange plans increase an average of 17.3 percent. Across all plans, the average increase is 7.3 percent.

	Modified for L&E recommendations	Rate Increases after L&E recommendations and changes in VT law	Change⁴
Blue Rewards Gold	5.3%	5.3%	0.0%
Blue Rewards Gold CDHP	4.5%	4.5%	0.0%
Blue Rewards Silver	20.2%	20.3%	0.1%
Blue Rewards Bronze	4.5%	4.5%	0.0%
Blue Rewards Bronze CDHP	5.5%	5.5%	0.0%
Standard Platinum	6.2%	6.2%	0.0%
Standard Gold	4.1%	4.1%	0.0%
Standard Silver	16.4%	16.7%	0.2%
Standard Silver CDHP	15.4%	15.4%	0.0%
Standard Bronze	3.1%	3.1%	0.0%
Standard Bronze CDHP	4.5%	4.6%	0.1%
Standard Bronze Integrated	3.9%	4.2%	0.3%
Blue Rewards Silver OFF	4.9%	5.0%	0.1%
Standard Silver OFF	2.9%	3.2%	0.3%
Standard Silver CDHP OFF	4.0%	4.0%	0.0%
Catastrophic	0.8%	0.8%	0.0%
Total	7.2%	7.3%	0.1%
Silver Loaded Plans	17.1%	17.3%	0.2%
Non Subsidized Members	4.7%	4.7%	0.1%

⁴ Figures are multiplicative and may not sum to the change.

4. Impacts of Association Health Plans

On June 19, 2018, the U.S. department of Labor (DOL) released a final rule on association health plans (AHPs). This rule modifies regulations related to how employers can form an association to purchase insurance subject to large group market rules. Critically, the rule established an applicability date for fully-insured AHPs of September 1, 2018.

In our June 21, 2018 response to question 6b of the L&E request dated June 15, 2018, we indicated:

We remind L&E that BCBSVT chose not to reflect the likely detrimental impact of AHPs on the single risk pool as part of this filing. There is a significant risk to the adequacy of rates from the date that AHPs are able to enter the market. We continue to believe that a 2020 market entry is more likely in Vermont; however, the recent promulgation of final federal AHP rules makes a 2019 entry a more distinct possibility.

Since the time of that response, DFR has indicated that they intend to issue an emergency rule in support of the applicability date for fully-insured AHPs. Furthermore, several associations who used to offer health plans prior to Vermont's 2014 decision to require all small group health plans to purchase through the Exchange, and who have continued to provide other services to their members in Vermont, have approached us on behalf of their members who are interested in having additional options for their employer-based health plans. The associations expressed strong interest in offering products to these employer group members, the vast majority of whom are currently in the QHP market. Their interest has been intensified by the recently released federal rules and expectation of forthcoming DFR rules. We now consider it a near certainty that fully-insured AHPs will be available and marketed in Vermont in time for the January 1, 2019 renewal season.

The BCBSVT sales department worked with the associations to generate membership projections for 2019. Given the likely rate differential between AHPs and QHPs, it is projected that 8,000 current BCBSVT QHP members will join AHPs in 2019, along with a proportional number of MVP QHP members.

The associations expect to offer a limited variety of plan designs, all of which are expected to be significantly less rich than the Platinum plan. BCBSVT has observed that a large number of groups have membership that is exclusively enrolled in the Platinum plan. This is consistent with the actions of many small groups who prior to 2014 offered very rich benefits coupled with HRA or HSA funding⁵. Our assumption is that AHPs will not be attractive to such groups, as they are seeking a rich benefit design that is reflective of both their pre-Exchange and current Platinum plans. We assumed that other small group members would leave the single risk pool proportionally by metal and by plan.

⁵ Several of these groups are Vermont cities and towns.

Metal	Inforce Membership	Membership after migration to AHP
Bronze	3,548	2,464
Silver	8,367	5,810
Gold	10,795	7,496
Platinum	3,464	2,404
Platinum Group ⁶	4,129	4,129
Total	30,303	22,303

This updated membership assumption impacts factors for both the impact of different benefit plans (1+c1) and the impact of selection (1+c6).

Factor	Exhibit 5 (2) - before AHP	Exhibit 5 (3) - After AHP
Impact of different benefit plans $(1+c_1)$	1.0092	1.0114
Impact of selection $(1+c_6)$	1.0184	1.0194

The membership migration also impacts the overall projected allowed charges for the single risk pool. To calculate this impact, we started with experience allowed PMPM by market and reweighted based on the projected membership before the impact of AHPs⁷. We then adjusted the small group PMPM to reflect the new projected membership by metal level.

⁶ Groups for which all members are enrolled in the Platinum plan.

⁷ The difference in weighted average PMPM for the experience period versus the projection period is already included in the pool morbidity factor. Therefore, we should compare the weighted average PMPM after adjusting for the impact of AHPs to the reweighted average rather than the experience period average, as doing otherwise would overstate the adjustment needed to reflect the membership migration to AHPs.

Small Group Experience by Metal	CY 2017 Allowed Charges	CY 2017 Member Months	CY 2017 Allowed PMPM	Inforce Membership	Projected Membership
Bronze	\$25,877,353	65,858	\$392.93	3,548	2,464
Silver	\$54,993,575	142,182	\$386.78	8,367	5,810
Gold	\$94,817,102	168,402	\$563.04	10,795	7,495
Platinum	\$51,993,301	67,603	\$769.10	3,464	2,405
Platinum Group	\$31,312,052	49,454	\$633.16	4,129	4,129
Total Small Group	\$258,993,383	493,499	\$524.81	30,303	22,303
		Weighted Average PMPM \$527.56		\$527.56	\$533.53
		Increase due to Membership changes			1.0113

The adjusted allowed PMPM for Small Group is \$524.81 x 1.0113 = \$530.75

Market	CY 2017 Member Months	CY 2017 Allowed PMPM	Projected Membership Before Adjustment for AHP	Adjusted Allowed PMPM	Projected Membership After Adjustment for AHP
Individual	326,325	\$623.42	22,288	\$623.43	22,288
Small Group	493,499	\$524.81	30,303	\$530.75	22,303
Total/Average	819,824	\$564.06	\$566.60		\$577.07

The index rate adjustment for the impact of Association Health Plans (1+ c_4 on Exhibit 5 (3)) is \$577.07 / \$566.60 = 1.0185.

The change in projected membership also impacts the risk adjustment transfer. We assumed that MVP would experience membership losses in proportion to BCBSVT. Using the same starting point as recommended by L&E and applied in section 1, we recalculated the risk adjustment receivable to be \$14.00 PMPM. Based on the methodology described within the chart in section 2.3, the market wide adjustment for the Risk Adjustment Program increased from \$16.04 PMPM to \$16.97 PMPM, as shown on exhibit 5 (3). The increase is primarily driven by the individual market making up a larger portion of the total market. We assumed that MVP's PLRS for individual and small group markets is directly correlated with each market's respective allowed charges as defined in MVP's URRT. The result of this assumption is the PLRS differential between MVP and BCBSVT is greater in the Individual market compared to the Small Group market. Therefore, if the

projected membership shifts more heavily to the Individual market, a larger PMPM transfer is expected. Because of the lower membership, the total projected transfer is reduced from the original \$8.6 million to \$7.5 million.

Per member per month administrative charges are also impacted by this projected membership loss. Individuals require more operational support for billing, dunning, call support, etc. With the projected membership losses all coming from small groups, the average experience PMPM for administrative charges must be changed to reflect the different membership mix:

Market	Experience PMPM	Experience Weight	Projected Weight
Individual	\$39.52	39.8%	50.0%
Small Group	\$31.52	60.2%	50.0%
Average PMPM		\$34.70	\$38.60

Finally, the projected GMCB billback amount for the single risk pool is \$1,238,000. With the projected membership, the PMPM increases from the filed \$1.92 to \$2.31 PMPM.

Please see Exhibits 5 (3) to 9B (3) for changes to rates.

After adjusting the filed rates to reflect the four modifications recommended by L&E, the two changes in Vermont law, and the impact of AHPs, the average rate increase for plans other than Silver Level Exchange plans - that is, the average increase that will actually be experienced by Vermont individuals and small businesses - is 6.9 percent. Silver Level Exchange plans increase an average of 19.8 percent. Across all plans, the average increase is 9.6 percent.

5. <u>Market Structural Defect</u>

The VISG market includes a number of standard plans that do not differ between carriers. Pricing actuarial values should therefore be very similar for each standard plan⁸. However, the pricing actuarial values submitted by each carrier are wildly different. A portion of this difference in actuarial value⁹ can be explained by differences in each carrier's risk

⁸ The actuarial value of a particular plan will vary based upon the characteristics of the population that uses the plan. Federal rating rules prohibit rating for health status, therefore requiring that the entire VISG population should be modeled in order to generate the actuarial value of any given plan. It is still possible that two carriers will calculate different actuarial values inasmuch as their underlying populations may be different.

⁹ For simplicity, the remainder of this section refers to "pricing actuarial value" as "actuarial value."

pool. We demonstrate below that even after adjusting BCBSVT experience to more closely match that of MVP¹⁰, the actuarial values for the two carriers remain radically different:

Standard Plan	(A) BCBSVT AV	(B) Adjusted BCBSVT AV	(C) MVP AV	Percent Difference (C)/(B)-1
Platinum	0.928	0.924	0.896	-3.0%
Gold	0.845	0.835	0.798	-4.4%
Silver Reflective	0.749	0.738	0.721	-2.3%
Silver CDHP Reflective	0.767	0.756	0.703	-7.0%
Bronze	0.672	0.657	0.584	-11.1%
Bronze CDHP	0.685	0.670	0.600	-10.4%

We can further observe that these substantial differences give rise to rate differences that also vary significantly by metal level. We tabulate the following from each carrier's filed 2019 single rates:

Standard Plan	BCBSVT	MVP	Percent Difference
Platinum	\$803.23	\$746.21	7.6%
Gold	\$688.05	\$633.40	8.6%
Silver Reflective	\$580.78	\$556.22	4.4%
Silver CDHP Reflective	\$597.56	\$538.41	11.0%
Bronze	\$506.12	\$443.30	14.2%
Bronze CDHP	\$517.45	\$453.97	14.0%

It is clear from the above that BCBSVT's rate disadvantage is far more profound for bronze plans than it is at richer metal levels. BCBSVT senior management believes that this creates an unfair market environment in that the rate differential is greatest for the most price-sensitive buyers (generally, those purchasing Bronze plans), while it is smallest for those members who are relatively less sensitive to price and may make their buying decisions based on other criteria (that is, members purchasing richer plans)¹¹. BCBSVT

¹⁰ We have modeled this adjustment as a 10 percent reduction in allowed costs, which approximates the difference between MVP and BCBSVT index rates.

¹¹ BCBSVT does not believe that attracting a lower proportion of Bronze members significantly impacts rates, because risk adjustment does a reasonably adequate job of leveling the playing field for differences in population risk profile. In fact, BCBSVT aggressively tries to attract and retain members who may have a riskier health profile, as we believe that we can very effectively serve these members through our world-class customer service,

concludes that the recent shift of membership toward MVP is exacerbated by this market structural defect.

BCBSVT strongly considered further amending our rates to explicitly correct for the observed market structural defect. However, doing so would require changes in Contribution to Policyholder Reserves (CTR) by plan that would lead to a significantly higher CTR for the Platinum plan, a slightly higher CTR for Gold plans, and a significantly *negative* CTR for Bronze plans. We do not believe that the resulting rates would satisfy Vermont rating standards, as they would be excessive for Platinum plans and inadequate for Bronze plans. Arguably, they would also be discriminatory in that CTR would be highest for the least healthy members and lowest for the healthiest members.

Both carriers' sets of actuarial values cannot be correct¹². One carrier or the other must therefore be using an implicit negative or positive CTR by plan, through the mechanism of either understated or overstated actuarial values¹³, that produces rates that are excessive for some plans and inadequate for others, and may also be discriminatory. In the absence of a BCBSVT amendment varying CTR by plan, we urge the GMCB to investigate and correct this market structural defect.

unparalleled provider network, and strong clinical programs. It is our mission and drive to serve *all* members, regardless of health status or metal level.

¹² Using an incorrect set of actuarial values would have no impact on a carrier's overall rate increase, barring a significant change in enrollment by plan from the experience period to the projection period.

¹³ BCBSVT is certain that our actuarial values are accurate, as we are able to reconcile observed actuarial value from actual experience to within 0.1 percent of modeled actuarial value. A significant difference between observed actuarial value and modeled actuarial value would be indicative of using an underlying data set within the actuarial value model that does not reasonably represent the Vermont single risk pool, and thereby produces implicit CTRs by plan that may be excessive, inadequate, and/or discriminatory.

6. Actuarial Certification

The purpose of this amendment is to provide the rates and a description of the rate development for the plans that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer to the Vermont individual and small group market in 2019. These calculations are not intended to be used for any other purpose. This memorandum documents the methodology used to calculate the AV Metal Value for each Qualified Health Plan offered by BCBSVT in 2019, the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, that the Index Rate is developed in accordance with federal regulations, and that the Index Rate along with allowable modifiers are used in the development of plan specific premium rates.

I, Paul A. Schultz, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work described herein.

In my opinion, the projected Index Rate after amendment is in compliance with all applicable State and Federal Statutes and Regulations (including 45 CFR 156.80 and 147.102), has been developed in compliance with the applicable Actuarial Standards of Practice, is reasonable in relation to the benefits provided and the population anticipated to be covered, and is neither excessive nor deficient. The calculations and results are appropriate for the purpose intended.

The Index Rate 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.

I have relied upon the certification of AV Metal Value provided by the State for Standard Plans, and attached hereto. Metal AVs for Blue Rewards (Non-Standard) Plans were determined using the AV calculator, or in accordance with the requirements of 45 CFR 156.135(b)(3), as described in the attached actuarial certification.

Data used in this filing were reviewed for reasonableness, but no audit was performed.

las

Paul A. Schultz, F.S.A., M.A.A.A. Chief Actuary Blue Cross and Blue Shield of Vermont July 18, 2018

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT INDEX RATE CALCULATION

Index Rate : Experience Period Allowed Claims for EHB	А	\$564.06
Adjustments from Experience Period to Projection Period		
Population Risk Morbidity		
Impact of the Change in Small Group definition	1+b ₁	1.0000
Impact of the take-up rate of the Uninsured	1+b ₂	1.0000
Impact of the Health Status of the newly insured	1+b ₃	1.0005
Impact of insured formerly on Employer coverage	1+b ₄	1.0000
Impact of new enrollment from prior high risk pool	1+b ₅	1.0000
Impact of mandated coverage on morbidity	1+b ₆	1.0000
Impact of the removal of the penalty for the individual mandate	1+b ₇	1.0200
Impact of VHC Adjustments	1+b ₈	1.0000
Changes in pool morbidity	1+b ₉	1.0101
Other		
Impact of different benefit plans (in experience vs projection)	1+c ₁	1.0092
Changes in provider networks	1+c ₂	1.0000
Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0101
Impact of Association Health Plans	1+c ₄	1.0000
Changes in pharmacy contract	1+c ₅	0.9875
Impact of Selection	1+c ₆	1.0185
Adjusted Experience Period Allowed Claims for EHB	C	\$596.15
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
Projected Period Allowed Claims for Experience EHB	D	\$668.16
Additional Adjustments for Non System Claims		
Projected Pharmacy Rebates	e ₁	-\$18.53
Projected Blue Print Payments	e ₂	\$3.76
Projected ITS Fees	e ₃	\$2.05
Projected Vaccine Payments	e ₄	\$0.99
Projected Net cost of Reinsurance	e ₅	\$1.36
OneCare Care Coordination Fee	e ₆	\$0.61
ESI Additional Fees	e ₇	\$0.56
Projected Index Rate	$F = D + e_1 + e_2 + e_3 + e_4 + e_5$	\$658.96
Market Wide Adjustments		
Risk Adjustment Payments and Fees	g ₁	-\$16.04
Transitional Reinsurance Payments and Recoveries	g ₂	\$0.00
Vermont Exchange Fees	g ₃	\$0.00
Market Adjusted Index Rate	$H = E + g_1 + g_2 + g_3$	\$642.92

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT SUMMARY - REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

REFLECTING LEWIS AND ELLIS RECOMMENDAT	IONS																		
			NON-STAN	DARD PLANS					S	TANDARD PLA	NS					REFLECTIV	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	Weighted
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Average					
		CDHP		CDHP		CDHP										CDHP			
Market Adjusted Index Rate	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92
Benefit Richness Adjustment	1.0125	0.9969	0.9622	0.9604	0.9344	0.9337	1.0951	1.0241	0.9677	0.9737	0.9336	0.9368	0.9407	0.9344	0.9619	0.9598	0.9675	0.9736	
Paid to Allowed Ratio	82.00%	78.84%	85.39%	83.90%	65.60%	66.32%	93.00%	84.34%	84.95%	85.30%	66.33%	67.73%	68.08%	65.60%	73.57%	73.45%	74.38%	76.24%	
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	
For Catastrophic Only - Impact of Eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4942	1.0000	1.0000	1.0000	1.0000	
Expected Claims Cost	\$533.87	\$505.35	\$528.30	\$518.12	\$394.17	\$398.19	\$654.89	\$555.43	\$528.62	\$534.11	\$398.20	\$408.00	\$411.82	\$194.81	\$455.08	\$453.28	\$462.76	\$477.26	\$521.82
Administrative Charges Plan Level Adjustment	1.0844	1.0897	1.0850	1.0869	1.1139	1.1131	1.0583	1.0686	1.0720	1.0715	1.0957	1.0934	1.0924	1.2303	1.0986	1.0993	1.0823	1.0798	
Taxes and Fees Plan Level Adjustment	1.0126	1.0128	1.0127	1.0127	1.0135	1.0135	1.0123	1.0127	1.0128	1.0128	1.0137	1.0136	1.0136	1.0164	1.0131	1.0131	1.0132	1.0131	
Contribution to Reserve Plan Level Adjustment	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	
Plan Level Adjusted Index Rate	\$595.78	\$566.77	\$589.89	\$579.58	\$452.22	\$456.49	\$712.99	\$610.84	\$583.30	\$589.05	\$449.48	\$459.54	\$463.40	\$247.57	\$514.74	\$513.04	\$515.70	\$530.58	\$578.57
Projected Membership	1,349	6,765	1,973	592	677	2,226	10,262	6,488	5,574	1,334	1,876	1,626	485	264	814	1,691	5,645	2,950	52,591

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT BENEFIT RICHNESS ADJUSTMENT FACTOR

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

REFERENCES AND ELLIS RECOMMENDATIONS																			
			NON-STAN	DARD PLANS					9	TANDARD PLAN	IS					REFLECTI	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL					
		CDHP		CDHP		CDHP										CDHP			
Projected Membership	1.349	6.765	1.973	592	677	2,226	10.262	6.488	5,574	1.334	1.876	1.626	485	264	814	1.691	5,645	2.950	52.591
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Base Paid to Allowed Ratio before Silver Load	82.21%	79.58%	72.69%	72.28%	65.31%	65.06%	93.58%	84.04%	73.93%	75.20%	65.03%	66.06%	67.25%	65.31%	72.69%	72.19%	73.93%	75.19%	
Benefit Richness Adjustment for EHB	1.0937	1.0775	1.0415	1.0396	1.0134	1.0127	1,1799	1.1058	1.0473	1.0535	1.0126	1.0158	1.0197	1.0134	1.0415	1.0393	1.0473	1.0535	1.0808
Normalized Benefit Richness Adjustment for EHB	1.0120	0.9970	0.9636	0.9619	0.9377	0.9370	1.0917	1.0232	0.9690	0.9748	0.9369	0.9399	0.9435	0.9377	0.9636	0.9616	0.9690	0.9747	
Projected Period Paid Claims for Experience EHB	\$549.42	\$529.09	\$571.22	\$561.65	\$443.99	\$448.62	\$620.15	\$564.48	\$568.39	\$570.65	\$448.66	\$457.68	\$459.95	\$443.99	\$495.25	\$494.43	\$500.44	\$512.36	
Benefit Richness Adjustment for EHB	1.0120	0.9970	0.9636	0.9619	0.9377	0.9370	1.0917	1.0232	0.9690	0.9748	0.9369	0.9399	0.9435	0.9377	0.9636	0.9616	0.9690	0.9747	1.0000
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	
Market Wide Adjustments (Paid)	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	
· · · · · · · · · · · · · · · · · · ·																			
Total Paid Claims with Benefit Richness Adjustment	\$533.78	\$505.27	\$528.22	\$518.03	\$394.10	\$398.12	\$654.79	\$555.34	\$528.54	\$534.02	\$398.13	\$407.93	\$411.74	\$394.10	\$455.01	\$453.20	\$462.68	\$477.18	
Overall Benefit Richness Adjustment	1.0125	0.9969	0.9622	0.9604	0.9344	0.9337	1.0951	1.0241	0.9677	0.9737	0.9336	0.9368	0.9407	0.9344	0.9619	0.9598	0.9675	0.9736	
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Exhibit 6B (1)

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT PAID TO ALLOWED RATIOS

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS			NON-STANE	OARD PLANS					S	TANDARD PLANS	S					REFLECTI	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Total					
		CDHP		CDHP		CDHP										CDHP			
Projected Membership	1,349	6,765	1,973	592	677	2,226	10,262	6,488	5,574	1,334	1,876	1,626	485	264	814	1,691	5,645	2,950	52,591
Projected Period Allowed Claims for Experience EHB	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16	\$668.16
Paid to Allowed Ratio for EHB Portion	82.23%	79.19%	85.49%	84.06%	66.45%	67.14%	92.81%	84.48%	85.07%	85.41%	67.15%	68.50%	68.84%	66.45%	74.12%	74.00%	74.90%	76.68%	81.21%
Projected Period Paid Claims for Experience EHB	\$549.42	\$529.09	\$571.22	\$561.65	\$443.99	\$448.62	\$620.15	\$564.48	\$568.39	\$570.65	\$448.66	\$457.68	\$459.95	\$443.99	\$495.25	\$494.43	\$500.44	\$512.36	\$542.62
														-					
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20
						• • • •						•							
Market Wide Adjustments (Paid)	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03
Market Wide Adjustments (Allowed)	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04	-\$16.04
marice mae hajasementa (hitorica)	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	910.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01	\$10.01
Market Adjusted Index Rate	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92
Total Paid Claims	\$527,19	\$506.86	\$548.99	\$539.42	\$421.76	\$426.39	\$597.92	\$542.25	\$546.16	\$548.42	\$426.43	\$435.45	\$437.72	\$421.76	\$473.01	\$472.20	\$478.21	\$490.13	\$520.39
Paid to Allowed Ratio	82.00%	78.84%	85.39%	83.90%	65.60%	66.32%	93.00%	\$J42.2J 84.34%	84.95%	85.30%	66.33%	67.73%	68.08%	65.60%	73.57%	73.45%	74.38%	76.24%	80.94%
Faid to Allowed Ratio	02.00%	/0.04%	03.39%	03.90%	00.00%	00.32%	73.00%	04.34%	04.70%	65.30%	00.33%	07.73%	00.06%	05.00%	13.37%	13.43%	/4.30%	70.24%	00.74%

For Section 3 of worksheet 1 of the URRT Expected Claims Cost (from Exhibit 6A) \$521.82 Non-EHB benefit claims cost \$0.08 Market-wide adjustment \$13.03

Projected Incurred Claims, before market-wide adjustment 513.03 Projected Incurred Claims, before market-wide adjustments 5534.93 Projected Non-EHB Allowed Claims 50.10 Projected Allowed Experience Claims 5659.06 Paid to Allowed Ratio = \$534.93/\$659.06 81.2%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENTS

IMPACT OF SPECIFIC ELIGIBILITY CAREGORIES FOR THE CATASTROPHIC PLAN

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	
Average Population	100.0%	\$624.31	69.3%	\$432.55
Individual Ages 30 or Less	98.6%	\$347.54	63.7%	\$221.24
Individual Ages over 30	1.4%	\$739.09	69.7%	\$514.89
Weighted Average		\$353.14	63.8%	\$225.43
Allowed Charges Adjustment		0.5656		
Paid to Allowed Ratio Adjustment			0.9214	
Plan Level Adjustment Calculation				
Projected Period Allowed Claims for Experi	ence EHB	\$668.16		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9377		
Adjustment for Allowed Charges and Paid t	to Allowed Ratio	0.5212		
Projected Period Paid Claims for Experience	e EHB	\$216.98		
Non-System Claims		-\$9.20		
Market Wide Adjustments		-\$13.03		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$194.81		
Market Adjusted Index Rate		\$642.92		
Paid to Allowed Ratio		65.6%		
Benefit Richness Adjustment		0.9344		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility	1	0.4942		
Expected Claims Cost		\$194.81		
Total Adjustment for Catastrophic Plan			0.4942	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF ADMINISTRATIVE CHARGES

			NON-STAN	DARD PLANS					5	TANDARD PLA	NS					REFLECTI	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards	Blue Rewards		Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL
		CDHP		CDHP		CDHP										CDHP			
BCBSVT Base Administrative Charges	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72
Administrative Charges for Outside Vendors	\$0.54	\$0.79	\$0.35	\$0.50	\$0.36	\$0.50	\$0.45	\$0.39	\$0.36	\$0.48	\$0.41	\$0.41	\$0.36	\$0.34	\$0.35	\$0.50	\$0.36	\$0.36	\$0.46
Blue Rewards Program	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$2.12
Total Administrative Charges PMPM	\$45.06	\$45.32	\$44.88	\$45.03	\$44.89	\$45.03	\$38.16	\$38.11	\$38.07	\$38.20	\$38.13	\$38.12	\$38.07	\$44.86	\$44.88	\$45.03	\$38.07	\$38.07	\$40.29
							-								-		-		
Administrative Charges Plan Level Adjustment	1.0844	1.0897	1.0850	1.0869	1.1139	1.1131	1.0583	1.0686	1.0720	1.0715	1.0957	1.0934	1.0924	1.2303	1.0986	1.0993	1.0823	1.0798	1.0772
Administrative Charges as a percent of Premium	7.56%	8.00%	7.61%	7.77%	9.93%	9.86%	5.35%	6.24%	6.53%	6.48%	8.48%	8.30%	8.22%	18.12%	8.72%	8.78%	7.38%	7.18%	6.96%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF CONTRIBUTION TO RESERVE

			NON-STANDA	RD PLANS					S	TANDARD PLAN	IS					REFLECTIV	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	TOTAL
BCBSVT Contribution to Reserve	\$8.94	\$8.50	\$8.85	\$8.69	\$6.78	\$6.85	\$10.69	\$9.16	\$8.75	\$8.84	\$6.74	\$6.89	\$6.95	\$3.71	\$7.72	\$7.70	\$7.74	\$7.96	\$8.68
Risk Margin for Bad Debt	\$0.60	\$0.57	\$0.59	\$0.58	\$0.45	\$0.46	\$0.71	\$0.61	\$0.58	\$0.59	\$0.45	\$0.46	\$0.46	\$0.25	\$0.51	\$0.51	\$0.52	\$0.53	\$0.58
Total Contribution to Reserve PMPM	\$9.53	\$9.07	\$9.44	\$9.27	\$7.24	\$7.30	\$11.41	\$9.77	\$9.33	\$9.42	\$7.19	\$7.35	\$7.41	\$3.96	\$8.24	\$8.21	\$8.25	\$8.49	\$9.26
Contribution to Reserve and Risk Margin Plan Level Adjustment	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163
Contribution to Reserve as a percent of Premium Risk Margin Bad Debt as a percent of Premium	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF TAXES AND FEES

	1110115																		
			NON-STAN	DARD PLANS					9	TANDARD PLA	NS					REFLECTI	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total
State Assessment - HCCA	\$4.32	\$4.10	\$4.28	\$4.20	\$3.21	\$3.24	\$5.29	\$4.50	\$4.28	\$4.33	\$3.24	\$3.32	\$3.35	\$1.61	\$3.69	\$3.68	\$3.76	\$3.87	\$4.23
State Tax - VITL	\$1.08	\$1.02	\$1.06	\$1.04	\$0.80	\$0.81	\$1.32	\$1.12	\$1.07	\$1.08	\$0.81	\$0.83	\$0.83	\$0.40	\$0.92	\$0.92	\$0.93	\$0.96	\$1.05
Federal Assessment - PCORI	\$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
Federal Insurer Fee	\$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
GMCB Billbacks	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92
Total Taxes and Fees PMPM	\$7.32	\$7.04	\$7.27	\$7.16	\$5.93	\$5.97	\$8.53	\$7.54	\$7.27	\$7.32	\$5.97	\$6.06	\$6.10	\$3.94	\$6.54	\$6.52	\$6.61	\$6.76	\$7.20
Taxes and Fees Plan Level Adjustment	1.0126	1.0128	1.0127	1.0127	1.0135	1.0135	1.0123	1.0127	1.0128	1.0128	1.0137	1.0136	1.0136	1.0164	1.0131	1.0131	1.0132	1.0131	1.0128
Taxes and Fees as a percent of Premium	1.23%	1.24%	1.23%	1.24%	1.31%	1.31%	1.20%	1.23%	1.25%	1.24%	1.33%	1.32%	1.32%	1.59%	1.27%	1.27%	1.28%	1.27%	1.24%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT AV PRICING VALUE

Γ			NON-STANE	OARD PLANS					S	TANDARD PLAN	45					REFLECTIV	/E PLANS	
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP					
		CDHP		CDHP		CDHP										CDHP		
Mandred Million Advanta di La devi Data	64 42 62	6442.02	6442.02	64 42 62	6442.02	6442.02	£((2, 02)	6442.02	6442.02	¢((2, 02)	64 42 62	64 42 02	64 42 02	C((2, 02)	£4.42.02	64 42 02	£4.42.02	C(/2 02
Market Wide Adjusted Index Rate	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92	\$642.92
Plan Level Adjusted Index Rate	\$595.78	\$566.77	\$589.89	\$579.58	\$452.22	\$456.49	\$712.99	\$610.84	\$583.30	\$589.05	\$449.48	\$459.54	\$463.40	\$247.57	\$514.74	\$513.04	\$515.70	\$530.58
AV Pricing Value	92.67%	88.16%	91.75%	90.15%	70.34%	71.00%	110.90%	95.01%	90.73%	91.62%	69.91%	71.48%	72.08%	38.51%	80.06%	79.80%	80.21%	82.53%
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BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONTRACT CONVERSION FACTOR

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

			NON-STAN	DARD PLANS						STANDARD PLAN	s					REFLECTIV	/E PLANS		1
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Total					
		CDHP		CDHP		CDHP										CDHP			
Inforce Membership	1,184	6,906	2,456	0	289	2,044	10,369	5,916	6,798	1,784	2,178	2,124	174	264	970	0	6,708	3,500	53,664
Plan Level Adjusted Index Rate	\$595.78	\$566.77	\$589.89	\$579.58	\$452.22	\$456.49	\$712.99	\$610.84	\$583.30	\$589.05	\$449.48	\$459.54	\$463.40	\$247.57	\$514.74	\$513.04	\$515.70	\$530.58	\$579.00
Average Members per Subcribers	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.0233	1.6526	1.6526	1.6526	1.6526	
Average Tier Factor	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.0220	1.4774	1.4774	1.4774	1.4774	
Ratio of Members per Subcribers to Tier Factor	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.0013	1.1186	1.1186	1.1186	1.1186	
Preliminary 2018 Rates																			
Single Rate	\$666.44	\$633.99	\$659.85	\$648.32	\$505.85	\$510.63	\$797.55	\$683.29	\$652.48	\$658.91	\$502.79	\$514.04	\$518.36	\$247.89	\$575.79	\$573.89	\$576.86	\$593.51	
Couple Rate	\$1,332.88	\$1,267.98	\$1,319.70	\$1,296.64	\$1,011.70	\$1,021.26	\$1,595.10	\$1,366.58	\$1,304.96	\$1,317.82	\$1,005.58	\$1,028.08	\$1,036.72	\$495.78	\$1,151.58	\$1,147.78	\$1,153.72	\$1,187.02	
Adult and Child(ren) Rate	\$1,286.23	\$1,223.60	\$1,273.51	\$1,251.26	\$976.29	\$985.52	\$1,539.27	\$1,318.75	\$1,259.29	\$1,271.70	\$970.38	\$992.10	\$1,000.43	\$478.43	\$1,111.27	\$1,107.61	\$1,113.34	\$1,145.47	
Family Rate	\$1,872.70	\$1,781.51	\$1,854.18	\$1,821.78	\$1,421.44	\$1,434.87	\$2,241.12	\$1,920.04	\$1,833.47	\$1,851.54	\$1,412.84	\$1,444.45	\$1,456.59	\$696.57	\$1,617.97	\$1,612.63	\$1,620.98	\$1,667.76	\$578.39
Inforce Contracts																			
Single Rate	451	1,816	1,282	0	131	872	3,233	2,157	3,369	784	986	832	67	253	488	0	2,788	1,195	Additional Factor for
Couple Rate	100	676	416	0	21	190	1,214	579	1,115	298	229	187	13	2	68	0	636	321	Contract Conversion
Adult and Child(ren) Rate	33	184	48	0	6	41	317	142	144	34	44	37	3	2	19	0	154	79	Factor
Family Rate	117	831	68	0	26	180	972	557	249	90	168	210	18	1	74	0	578	375	100.1%
														1					1

Exhibit 9A (1)

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONSUMER ADJUSTED PREMIUM RATES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

KEI EECTING EENIS AND EEEIS KECOMMENDAT			NON-STAN	DARD PLANS						STANDARD PLAN	5			1		REFLECTI	VE PLANS		1
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total Annual Premium for Inforce Contracts
Plan Level Adjusted Index Rate	\$595.78	\$566.77	\$589.89	\$579.58	\$452.22	\$456.49	\$712.99	\$610.84	\$583.30	\$589.05	\$449.48	\$459.54	\$463.40	\$247.57	\$514.74	\$513.04	\$515.70	\$530.58	
PMPM to Single Contract Conversion Factor	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.1198	1.0024	1.1198	1.1198	1.1198	1.1198	
2019 Proposed Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$667.14 \$1,334.28 \$1,287.58 \$1,874.66	\$634.66 \$1,269.32 \$1,224.89 \$1,783.39	\$660.55 \$1,321.10 \$1,274.86 \$1,856.15	\$649.00 \$1,298.00 \$1,252.57 \$1,823.69	\$506.39 \$1,012.78 \$977.33 \$1,422.96	\$511.17 \$1,022.34 \$986.56 \$1,436.39	\$798.39 \$1,596.78 \$1,540.89 \$2,243.48	\$684.01 \$1,368.02 \$1,320.14 \$1,922.07	\$653.17 \$1,306.34 \$1,260.62 \$1,835.41	\$659.61 \$1,319.22 \$1,273.05 \$1,853.50	\$503.32 \$1,006.64 \$971.41 \$1,414.33	\$514.58 \$1,029.16 \$993.14 \$1,445.97	\$518.91 \$1,037.82 \$1,001.50 \$1,458.14	\$248.15 \$496.30 \$478.93 \$697.30	\$576.39 \$1,152.78 \$1,112.43 \$1,619.66	\$574.49 \$1,148.98 \$1,108.77 \$1,614.32	\$577.47 \$1,154.94 \$1,114.52 \$1,622.69	\$594.13 \$1,188.26 \$1,146.67 \$1,669.51	\$372,859,365
2018 Approved Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$633.59 \$1,267.18 \$1,222.83 \$1,780.39	\$607.36 \$1,214.72 \$1,172.20 \$1,706.68	\$549.55 \$1,099.10 \$1,060.63 \$1,544.24	\$532.86 \$1,065.72 \$1,028.42 \$1,497.34	\$484.78 \$969.56 \$935.63 \$1,362.23	\$484.56 \$969.12 \$935.20 \$1,361.61	\$751.92 \$1,503.84 \$1,451.21 \$2,112.90	\$657.15 \$1,314.30 \$1,268.30 \$1,846.59	\$561.02 \$1,122.04 \$1,082.77 \$1,576.47	\$571.48 \$1,142.96 \$1,102.96 \$1,605.86	\$488.26 \$976.52 \$942.34 \$1,372.01	\$492.22 \$984.44 \$949.98 \$1,383.14	\$499.22 \$998.44 \$963.49 \$1,402.81	\$246.14 \$492.28 \$475.05 \$691.65	\$549.55 \$1,099.10 \$1,060.63 \$1,544.24	\$532.86 \$1,065.72 \$1,028.42 \$1,497.34	\$561.02 \$1,122.04 \$1,082.77 \$1,576.47	\$571.48 \$1,142.96 \$1,102.96 \$1,605.86	\$347,729,947
2019 Proposed Rate Increases Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	5.3% 5.3% 5.3% 5.3%	4.5% 4.5% 4.5%	20.2% 20.2% 20.2% 20.2%		4.5% 4.5% 4.5% 4.5%	5.5% 5.5% 5.5% 5.5%	6.2% 6.2% 6.2%	4.1% 4.1% 4.1% 4.1%	16.4% 16.4% 16.4% 16.4%	15.4% 15.4% 15.4% 15.4%	3.1% 3.1% 3.1% 3.1%	4.5% 4.5% 4.5% 4.5%	3.9% 3.9% 3.9% 3.9%	0.8% 0.8% 0.8%	4.9% 4.9% 4.9% 4.9%	7.8% 7.8% 7.8% 7.8%	2.9% 2.9% 2.9% 2.9%	4.0% 4.0% 4.0% 4.0%	7.2%
Inforce Contracts Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	451 100 33 117	1,816 676 184 831	1,282 416 48 68	0 0 0	131 21 6 26	872 190 41 180	3,233 1,214 317 972	2,157 579 142 557	3,369 1,115 144 249	784 298 34 90	986 229 44 168	832 187 37 210	67 13 3 18	253 2 2 1	488 68 19 74	0 0 0	2,788 636 154 578	1,195 321 79 375	
Projected Contracts Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	519 119 38 129	1,811 663 179 807	1,020 310 39 67	268 89 13 28	308 49 15 62	924 206 45 202	3,195 1,203 314 965	2,376 646 152 606	2,617 833 119 275	541 196 30 87	861 204 36 139	643 146 28 158	161 27 8 63	253 2 2 1	345 92 18 63	694 166 38 145	2,390 612 125 449	1,220 311 65 245	

Exhibit 9B (1)

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT INDEX RATE CALCULATION

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

Index Rate : Experience Period Allowed Claims for EHB	А	\$564.06
Adjustments from Experience Period to Projection Period		
Population Risk Morbidity		
Impact of the Change in Small Group definition	1+b ₁	1.0000
Impact of the take-up rate of the Uninsured	1+b ₂	1.0000
Impact of the Health Status of the newly insured	1+b ₃	1.0005
Impact of insured formerly on Employer coverage	1+b ₄	1.0000
Impact of new enrollment from prior high risk pool	1+b ₅	1.0000
Impact of mandated coverage on morbidity	1+b ₆	1.0000
Impact of the removal of the penalty for the individual mandate	1+b ₇	1.0200
Impact of VHC Adjustments	1+b ₈	1.0000
Changes in pool morbidity	1+b ₉	1.0101
Other		
Impact of different benefit plans (in experience vs projection)	1+c ₁	1.0092
Changes in provider networks	1+c ₂	1.0000
Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0101
Impact of Association Health Plans	1+c ₄	1.0000
Changes in pharmacy contract	1+c ₅	0.9875
Impact of Selection	1+c ₆	1.0184
Adjusted Experience Period Allowed Claims for EHB	С	\$596.12
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
Projected Period Allowed Claims for Experience EHB	D	\$668.13
Additional Adjustments for Non System Claims		
Projected Pharmacy Rebates	e ₁	-\$18.53
Projected Blue Print Payments	e ₂	\$3.76
Projected ITS Fees	e ₃	\$2.05
Projected Vaccine Payments	e ₄	\$0.99
Projected Net cost of Reinsurance	e ₅	\$1.36
OneCare Care Coordination Fee	e ₆	\$0.61
ESI Additional Fees	e ₇	\$0.56
Projected Index Rate	$F = D + e_1 + e_2 + e_3 + e_4 + e_5$	\$658.93
Market Wide Adjustments		
Risk Adjustment Payments and Fees	g ₁	-\$16.03
Transitional Reinsurance Payments and Recoveries	g ₂	\$0.00
Vermont Exchange Fees	g ₃	\$0.00
Market Adjusted Index Rate	$H = E + g_1 + g_2 + g_3$	\$642.90

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT SUMMARY

ONS AND VERMO	ONT LAW CHANG	ES																
		NON-STAN	DARD PLANS						TANDARD PLA	NS					REFLECTIV	/E PLANS		
GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	Weighted
Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Average
	CDHP		CDHP		CDHP										CDHP			
\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90
1.0123	0.9967	0.9621	0.9602	0.9343	0.9335	1.0949	1.0239	0.9684	0.9736	0.9335	0.9366	0.9408	0.9341	0.9619	0.9596	0.9682	0.9735	
82.02%	78.86%	85.48%	83.92%	65.64%	66.37%	93.01%	84.36%	85.11%	85.32%	66.38%	67.77%	68.23%	65.60%	73.64%	73.48%	74.58%	76.27%	
1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0001	1.0001	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4942	1.0000	1.0000	1.0000	1.0000	
\$533.87	\$505.35	\$528.82	\$518.15	\$394.35	\$398.37	\$654.80	\$555.43	\$529.96	\$534.15	\$398.41	\$408.18	\$412.75	\$194.74	\$455.48	\$453.42	\$464.30	\$477.41	\$522.18
1.0844	1.0897	1.0849	1.0869	1.1138	1.1130	1.0583	1.0686	1.0718	1.0715	1.0957	1.0934	1.0922	1.2304	1.0985	1.0993	1.0820	1.0798	
1.0126	1.0128	1.0127	1.0127	1.0135	1.0135	1.0123	1.0127	1.0128	1.0128	1.0137	1.0136	1.0136	1.0164	1.0131	1.0131	1.0132	1.0131	
1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	
\$595.79	\$566.78	\$590.41	\$579.62	\$452.40	\$456.67	\$712.90	\$610.85	\$584.67	\$589.10	\$449.70	\$459.72	\$464.36	\$247.49	\$515.14	\$513.17	\$517.27	\$530.73	\$578.94
1,349	6,765	1,973	592	677	2,226	10,262	6,488	5,574	1,334	1,876	1,626	485	264	814	1,691	5,645	2,950	52,591
	GOLD Blue Rewards \$642.90 1.0123 82.02% 1.0002 1.0000 \$533.87 1.0844 1.0126 1.0163 \$595.79	GOLD GOLD Blue Rewards Blue Rewards CDHP CDHP \$642.90 \$642.90 1.0123 0.9967 82.02% 78.86% 1.0002 1.0002 1.0000 1.0000 \$533.87 \$505.35 1.0844 1.0897 1.0126 1.0128 1.0163 1.0163 \$595.79 \$566.78	GOLD GOLD SILVER Blue Rewards Blue Rewards Blue Rewards CDHP 5642.90 5642.90 5642.90 1.0123 0.9967 0.9621 80.02 8.02% 78.86% 85.48% 1.0000 1.0000 1.0000 1.0000 1.0000 \$553.87 \$505.35 \$528.82 1.0844 1.0897 1.0849 1.0126 1.0128 1.0127 1.0163 .0163 .0163 \$595.79 \$566.78 \$590.41	GOLD GOLD GOLD Blue Rewards Blue Rewards SILVER SILVER Blue Rewards Blue Rewards Blue Rewards Blue Rewards S642.90 \$642.90 \$642.90 \$642.90 1.0123 0.9967 0.9621 0.9602 82.02% 78.86% 85.48% 83.92% 1.0002 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 \$533.87 \$505.35 \$528.82 \$518.15 1.0844 1.0897 1.0849 1.0869 1.0126 1.0128 1.0127 1.0127 1.0163 1.0163 1.0163 1.0163 \$595.79 \$566.78 \$590.41 \$579.62	NON-STANDARD PLANS BRONZE GOLD GOLD SILVER SILVER SILVER BRONZE Blue Rewards Blue Rewards <td>NON-STANDARD PLANS GOLD GOLD GOLD SILVER SILVER BRONZE BRONZE BRONZE Blue Rewards Blue Reward</td> <td>NON-STANDARD PLANS BRONZE PLATINUM GOLD GOLD SILVER SILVER BRONZE BRONZE PLATINUM Blue Rewards Blue Rewards</td> <td>GOLD GOLD GOLD SILVER SILVER BRONZE BRONZE BRONZE PLATINUM GOLD Blue Rewards Deductible Deductible Deductible Deductible Deductible Deductible Deductible Deductible Deductible Sc42.90 Sc42.90<</td> <td>GOLD GOLD GOLD SILVER SILVER BRONZE BRONZE BRONZE Deductible Deductible</td> <td>GOLD GOLD SUVER SLVER BRONZE BRONZE BRONZE Deductible SLVER SLVER SLVER CDHP S642.90 \$642.90 <t< td=""><td>GOLD GOLD GOLD STANDARD PLANS BRONZE BRONZE BRONZE Deductible STANDARD PLANS STANDARD PLANS Blue Rewards Bl</td><td>GOLD GOLD GOLD STANDARD PLANS BRONZE CDHP Status BRONZE BRONZE CDHP Deductible Deductible Deductible Deductible Deductible CDHP Deductible Deductible Deductible Deductible Deductible 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GOLD SILVER BRONZE Catastrophic SILVER SILVER<

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT BENEFIT RICHNESS ADJUSTMENT FACTOR

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

			NON-STANE	DARD PLANS					S	TANDARD PLAN	IS					REFLECTIV	E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL
		CDHP		CDHP		CDHP										CDHP			
Projected Membership	1,349	6,765	1,973	592	677	2,226	10,262	6,488	5,574	1,334	1,876	1,626	485	264	814	1,691	5,645	2,950	52,591
Base Paid to Allowed Ratio before Silver Load	82.23%	79.60%	72.75%	72.31%	65.36%	65.10%	93.59%	84.06%	74.14%	75.23%	65.08%	66.10%	67.37%	65.31%	72.75%	72.23%	74.14%	75.23%	
Benefit Richness Adjustment for EHB	1.0939	1.0776	1.0418	1.0398	1.0136	1.0128	1.1800	1.1060	1.0483	1.0537	1.0127	1.0159	1.0202	1.0134	1.0418	1.0394	1.0483	1.0536	1.0811
Normalized Benefit Richness Adjustment for EHB	1.0118	0.9968	0.9636	0.9618	0.9375	0.9368	1.0915	1.0230	0.9696	0.9746	0.9368	0.9397	0.9436	0.9374	0.9636	0.9614	0.9696	0.9746	
Projected Period Paid Claims for Experience EHB	\$549.53	\$529.20	\$571.76	\$561.77	\$444.26	\$448.89	\$620.20	\$564.59	\$569.39	\$570.78	\$448.96	\$457.95	\$460.88	\$443.97	\$495.66	\$494.65	\$501.69	\$512.57	
Benefit Richness Adjustment for EHB	1.0118	0.9968	0.9636	0.9618	0.9375	0.9368	1.0915	1.0230	0.9696	0.9746	0.9368	0.9397	0.9436	0.9374	0.9636	0.9614	0.9696	0.9746	1.0000
beliefit Richness Aufustheit für Enb	1.0118	0.9908	0.7030	0.9018	0.9375	0.9308	1.0915	1.0230	0.9090	0.7/40	0.7308	0.9397	0.9430	0.7374	0.7030	0.9014	0.9090	0.7740	1.0000
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	
Market Wide Adjustments (Paid)	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	
Total Paid Claims with Benefit Richness Adjustment	\$533.79	\$505.27	\$528.73	\$518.07	\$394.28	\$398.30	\$654.70	\$555.35	\$529.87	\$534.07	\$398.34	\$408.11	\$412.68	\$393.96	\$455.40	\$453.34	\$464.22	\$477.32	
Overall Benefit Richness Adjustment	1.0123	0.9967	\$528.73 0.9621	0.9602	0.9343	0.9335	1.0949	1.0239	\$529.87 0.9684	\$534.07 0.9736	0.9335	0.9366	0.9408	0.9341	\$455.40 0.9619	\$453.34 0.9596	\$464.22 0.9682	\$477.32 0.9735	
overall benefit Richness Adjustment	1.0123	0.9907	0.7021	0.7002	0.7343	0.7330	1.0949	1.0239	0.7004	0.7/30	0.7335	0.7300	0.7406	0.7341	0.7019	0.7390	0.7082	0.7/30	

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

			NON-STAN	DARD PLANS					9	TANDARD PLAN	S					REFLECTI	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Total					
		CDHP		CDHP		CDHP										CDHP			
Projected Membership	1,349	6,765	1,973	592	677	2,226	10,262	6,488	5,574	1,334	1,876	1,626	485	264	814	1,691	5,645	2,950	52,591
Projected Period Allowed Claims for Experience EHB	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13	\$668.13
Paid to Allowed Ratio for EHB Portion	82.25%	79.21%	85.58%	84.08%	66.49%	67.19%	92.83%	84.50%	85.22%	85.43%	67.20%	68.54%	68.98%	66.45%	74.19%	74.03%	75.09%	76.72%	81.27%
Projected Period Paid Claims for Experience EHB	\$549.53	\$529.20	\$571.76	\$561.77	\$444.26	\$448.89	\$620.20	\$564.59	\$569.39	\$570.78	\$448.96	\$457.95	\$460.88	\$443.97	\$495.66	\$494.65	\$501.69	\$512.57	\$542.99
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20
Market Wide Adjustments (Paid)	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03	-\$13.03
Market Wide Adjustments (Allowed)	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03	-\$16.03
Market Adjusted Index Rate	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90
Total Paid Claims	\$527.30	\$506.97	\$549.53	\$539.54	\$422.03	\$426.66	\$597.97	\$542.36	\$547.16	\$548.55	\$426.73	\$435.71	\$438.65	\$421.74	\$473.43	\$472.42	\$479.46	\$490.34	\$520.76
Paid to Allowed Ratio	82.02%	78.86%	85.48%	83.92%	65.64%	66.37%	93.01%	84.36%	85.11%	85.32%	66.38%	67.77%	68.23%	65.60%	73.64%	73.48%	74.58%	76.27%	81.00%
Tald to Allowed Natio	02.02/0	70.00%	05.40%	03.72/6	05.04%	00.37%	75.01%	04.30%	05.11%	05.52%	00.30%	07.77%	00.25%	03.00%	73.04%	73.40%	74.50%	/0.2//0	01.00%

For Section 3 of worksheet 1 of the URRT Expected Claims Cost (from Exhibit 6A) \$522.18 Non-EHB benefit claims cost \$0.08 Market-wide adjustment \$13.03

Projected Incurred Claims, before market-wide adjustments 535.2,9 Projected Incurred Claims, before market-wide adjustments 555.2,9 Projected Index Rate 565,93 Projected Non-EHB Allowed Claims 50,10 Projected Allowed Experimence Claims 555.2,9559,03 Paid to Allowed Ratio = 5535.297,5659,03 81.2%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENTS

IMPACT OF SPECIFIC ELIGIBILITY CAREGORIES FOR THE CATASTROPHIC PLAN

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	Projected Paid Claims for EHB Claims
Average Population	100.0%	\$624.31	69.3%	\$432.55
Individual Ages 30 or Less	98.6%	\$347.54	63.7%	\$221.24
Individual Ages over 30	1.4%	\$739.09	69.7%	\$514.89
Weighted Average		\$353.14	63.8%	\$225.43
Allowed Charges Adjustment		0.5656		
Paid to Allowed Ratio Adjustment			0.9214	
Plan Level Adjustment Calculation				
Projected Period Allowed Claims for Experi	ence EHB	\$668.13		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9374		
Adjustment for Allowed Charges and Paid	to Allowed Ratio	0.5212		
Projected Period Paid Claims for Experienc	e EHB	\$216.90		
Non-System Claims		-\$9.20		
Market Wide Adjustments		-\$13.03		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$194.74		
Market Adjusted Index Rate		\$642.90		
Paid to Allowed Ratio		65.6%		
Benefit Richness Adjustment		0.9341		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility	/	0.4942		
Expected Claims Cost		\$194.74		
Total Adjustment for Catastrophic Plan			0.4942	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF ADMINISTRATIVE CHARGES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

			NON-STAN	DARD PLANS					S	TANDARD PLAN	45					REFLECTIV	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL					
		CDHP		CDHP		CDHP										CDHP			
BCBSVT Base Administrative Charges	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72	\$37.72
Administrative Charges for Outside Vendors	\$0.54	\$0.79	\$0.35	\$0.50	\$0.36	\$0.50	\$0.45	\$0.39	\$0.36	\$0.48	\$0.41	\$0.41	\$0.36	\$0.34	\$0.35	\$0.50	\$0.36	\$0.36	\$0.46
Blue Rewards Program	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$2.12
Total Administrative Charges PMPM	\$45.06	\$45.32	\$44.88	\$45.03	\$44.89	\$45.03	\$38.16	\$38.11	\$38.07	\$38.20	\$38.13	\$38.12	\$38.07	\$44.86	\$44.88	\$45.03	\$38.07	\$38.07	\$40.29
Administrative Charges Plan Level Adjustment	1.0844	1.0897	1.0849	1.0869	1.1138	1.1130	1.0583	1.0686	1.0718	1.0715	1.0957	1.0934	1.0922	1.2304	1.0985	1.0993	1.0820	1.0798	1.0772
Administrative Charges as a percent of Premium	7.56%	8.00%	7.60%	7.77%	9.92%	9.86%	5.35%	6.24%	6.51%	6.48%	8.48%	8.29%	8.20%	18.13%	8.71%	8.77%	7.36%	7.17%	6.96%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF CONTRIBUTION TO RESERVE

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMO	NT LAW CHANGES																		
			NON-STAND	ARD PLANS					S	TANDARD PLAN	45					REFLECTI	/E PLANS		
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	TOTAL
BCBSVT Contribution to Reserve Risk Margin for Bad Debt	\$8.94 \$0.60	\$8.50 \$0.57	\$8.86 \$0.59	\$8.69 \$0.58	\$6.79 \$0.45	\$6.85 \$0.46	\$10.69 \$0.71	\$9.16 \$0.61	\$8.77 \$0.58	\$8.84 \$0.59	\$6.75 \$0.45	\$6.90 \$0.46	\$6.97 \$0.46	\$3.71 \$0.25	\$7.73 \$0.52	\$7.70 \$0.51	\$7.76 \$0.52	\$7.96 \$0.53	\$8.68 \$0.58
Total Contribution to Reserve PMPM	\$9.53	\$9.07	\$9.45	\$9.27	\$7.24	\$7.31	\$11.41	\$9.77	\$9.35	\$9.43	\$7.20	\$7.36	\$7.43	\$3.96	\$8.24	\$8.21	\$8.28	\$8.49	\$9.26
Contribution to Reserve and Risk Margin Plan Level Adjustment	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163
Contribution to Reserve as a percent of Premium Risk Margin Bad Debt as a percent of Premium	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%	1.50% 0.10%

Exhibit 7B (2)

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF TAXES AND FEES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

			NON-STAN	DARD PLANS					9	STANDARD PLA	NS					REFLECTI	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total
State Assessment - HCCA	\$4.32	\$4.10	\$4.28	\$4.20	\$3.21	\$3.24	\$5.29	\$4.50	\$4.29	\$4.33	\$3.24	\$3.32	\$3.36	\$1.61	\$3.70	\$3.68	\$3.77	\$3.87	\$4.23
State Tax - VITL	\$1.08	\$1.02	\$1.07	\$1.04	\$0.80	\$0.81	\$1.32	\$1.12	\$1.07	\$1.08	\$0.81	\$0.83	\$0.83	\$0.40	\$0.92	\$0.92	\$0.94	\$0.96	\$1.05
Federal Assessment - PCORI	\$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
Federal Insurer Fee	\$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
GMCB Billbacks	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92
Total Taxes and Fees PMPM	\$7.32	\$7.04	\$7.27	\$7.17	\$5.93	\$5.97	\$8.53	\$7.54	\$7.28	\$7.33	\$5.97	\$6.07	\$6.11	\$3.93	\$6.54	\$6.52	\$6.63	\$6.76	\$7.21
Taxes and Fees Plan Level Adjustment	1.0126	1.0128	1.0127	1.0127	1.0135	1.0135	1.0123	1.0127	1.0128	1.0128	1.0137	1.0136	1.0136	1.0164	1.0131	1.0131	1.0132	1.0131	1.0128
Taxes and Fees as a percent of Premium	1.23%	1.24%	1.23%	1.24%	1.31%	1.31%	1.20%	1.23%	1.25%	1.24%	1.33%	1.32%	1.32%	1.59%	1.27%	1.27%	1.28%	1.27%	1.24%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT AV PRICING VALUE

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

			NON-STAN	DARD PLANS					S	TANDARD PLAN	NS					REFLECTI	/E PLANS	
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP					
		CDHP		CDHP		CDHP										CDHP		
Market Wide Adjusted Index Rate	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90	\$642.90
Plan Level Adjusted Index Rate	\$595.79	\$566.78	\$590.41	\$579.62	\$452.40	\$456.67	\$712.90	\$610.85	\$584.67	\$589.10	\$449.70	\$459.72	\$464.36	\$247.49	\$515.14	\$513.17	\$517.27	\$530.73
AV Pricing Value	92.67%	88.16%	91.84%	90.16%	70.37%	71.03%	110.89%	95.01%	90.94%	91.63%	69.95%	71.51%	72.23%	38.50%	80.13%	79.82%	80.46%	82.55%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONTRACT CONVERSION FACTOR

REFLECTING LEWIS AND ELLIS RECOMMENDATI	ONS AND VERMO	NT LAW CHANGE	S																
			NON-STAN	DARD PLANS						STANDARD PLAN	s					REFLECTI	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Total
		CDHP		CDHP		CDHP										CDHP			
Inforce Membership	1,184	6,906	2,456	0	289	2,044	10,369	5,916	6,798	1,784	2,178	2,124	174	264	970	0	6,708	3,500	53,664
Plan Level Adjusted Index Rate	\$595.79	\$566.78	\$590.41	\$579.62	\$452.40	\$456.67	\$712.90	\$610.85	\$584.67	\$589.10	\$449.70	\$459.72	\$464.36	\$247.49	\$515.14	\$513.17	\$517.27	\$530.73	\$579.43
Average Members per Subcribers	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.6526	1.0233	1.6526	1.6526	1.6526	1.6526	
Average Tier Factor	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.4774	1.0220	1.4774	1.4774	1.4774	1.4774	
Ratio of Members per Subcribers to Tier Factor	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.1186	1.0013	1.1186	1.1186	1.1186	1.1186	
Preliminary 2018 Rates																			
Single Rate	\$666.45	\$634.00	\$660.43	\$648.36	\$506.05	\$510.83	\$797.45	\$683.30	\$654.01	\$658.97	\$503.03	\$514.24	\$519.43	\$247.81	\$576.24	\$574.03	\$578.62	\$593.67	
Couple Rate	\$1,332.90	\$1,268.00	\$1,320.86	\$1,296.72	\$1,012.10	\$1,021.66	\$1,594.90	\$1,366.60	\$1,308.02	\$1,317.94	\$1,006.06	\$1,028.48	\$1,038.86	\$495.62	\$1,152.48	\$1,148.06	\$1,157.24	\$1,187.34	
Adult and Child(ren) Rate	\$1,286.25	\$1,223.62	\$1,274.63	\$1,251.33	\$976.68	\$985.90	\$1,539.08	\$1,318.77	\$1,262.24	\$1,271.81	\$970.85	\$992.48	\$1,002.50	\$478.27	\$1,112.14	\$1,107.88	\$1,116.74	\$1,145.78	
Family Rate	\$1,872.72	\$1,781.54	\$1,855.81	\$1,821.89	\$1,422.00	\$1,435.43	\$2,240.83	\$1,920.07	\$1,837.77	\$1,851.71	\$1,413.51	\$1,445.01	\$1,459.60	\$696.35	\$1,619.23	\$1,613.02	\$1,625.92	\$1,668.21	\$578.83
Inforce Contracts																			
Single Rate	451	1,816	1,282	0	131	872	3,233	2,157	3,369	784	986	832	67	253	488	0	2,788	1,195	Additional Factor for
Couple Rate	100	676	416	0	21	190	1,214	579	1,115	298	229	187	13	2	68	0	636	321	Contract Conversion
Adult and Child(ren) Rate	33	184	48	0	6	41	317	142	144	34	44	37	3	2	19	0	154	79	Factor
Family Rate	117	831	68	0	26	180	972	557	249	90	168	210	18	1	74	0	578	375	100.1%
														1 -					

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONSUMER ADJUSTED PREMIUM RATES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

KEI EECTING EENIS AND EEEIS KECOMMENDATI				DARD PLANS						STANDARD PLAN	s			1		REFLECTI	VE PLANS		1
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total Annual Premium for Inforce Contracts
Plan Level Adjusted Index Rate	\$595.79	\$566.78	\$590.41	\$579.62	\$452.40	\$456.67	\$712.90	\$610.85	\$584.67	\$589.10	\$449.70	\$459.72	\$464.36	\$247.49	\$515.14	\$513.17	\$517.27	\$530.73	
PMPM to Single Contract Conversion Factor	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.0023	1.1197	1.1197	1.1197	1.1197	
2019 Proposed Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$667.13 \$1,334.26 \$1,287.56 \$1,874.64	\$634.65 \$1,269.30 \$1,224.87 \$1,783.37	\$661.11 \$1,322.22 \$1,275.94 \$1,857.72	\$649.03 \$1,298.06 \$1,252.63 \$1,823.77	\$506.57 \$1,013.14 \$977.68 \$1,423.46	\$511.36 \$1,022.72 \$986.92 \$1,436.92	\$798.27 \$1,596.54 \$1,540.66 \$2,243.14	\$684.00 \$1,368.00 \$1,320.12 \$1,922.04	\$654.68 \$1,309.36 \$1,263.53 \$1,839.65	\$659.64 \$1,319.28 \$1,273.11 \$1,853.59	\$503.55 \$1,007.10 \$971.85 \$1,414.98	\$514.77 \$1,029.54 \$993.51 \$1,446.50	\$519.97 \$1,039.94 \$1,003.54 \$1,461.12	\$248.07 \$496.14 \$478.78 \$697.08	\$576.83 \$1,153.66 \$1,113.28 \$1,620.89	\$574.62 \$1,149.24 \$1,109.02 \$1,614.68	\$579.21 \$1,158.42 \$1,117.88 \$1,627.58	\$594.28 \$1,188.56 \$1,146.96 \$1,669.93	\$373,131,989
2018 Approved Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$633.59 \$1,267.18 \$1,222.83 \$1,780.39	\$607.36 \$1,214.72 \$1,172.20 \$1,706.68	\$549.55 \$1,099.10 \$1,060.63 \$1,544.24	\$532.86 \$1,065.72 \$1,028.42 \$1,497.34	\$484.78 \$969.56 \$935.63 \$1,362.23	\$484.56 \$969.12 \$935.20 \$1,361.61	\$751.92 \$1,503.84 \$1,451.21 \$2,112.90	\$657.15 \$1,314.30 \$1,268.30 \$1,846.59	\$561.02 \$1,122.04 \$1,082.77 \$1,576.47	\$571.48 \$1,142.96 \$1,102.96 \$1,605.86	\$488.26 \$976.52 \$942.34 \$1,372.01	\$492.22 \$984.44 \$949.98 \$1,383.14	\$499.22 \$998.44 \$963.49 \$1,402.81	\$246.14 \$492.28 \$475.05 \$691.65	\$549.55 \$1,099.10 \$1,060.63 \$1,544.24	\$532.86 \$1,065.72 \$1,028.42 \$1,497.34	\$561.02 \$1,122.04 \$1,082.77 \$1,576.47	\$571.48 \$1,142.96 \$1,102.96 \$1,605.86	\$347,729,947
2019 Proposed Rate Increases Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	5.3% 5.3% 5.3% 5.3%	4.5% 4.5% 4.5% 4.5%	20.3% 20.3% 20.3% 20.3%		4.5% 4.5% 4.5% 4.5%	5.5% 5.5% 5.5% 5.5%	6.2% 6.2% 6.2%	4.1% 4.1% 4.1% 4.1%	16.7% 16.7% 16.7% 16.7%	15.4% 15.4% 15.4% 15.4%	3.1% 3.1% 3.1% 3.1%	4.6% 4.6% 4.6% 4.6%	4.2% 4.2% 4.2% 4.2%	0.8% 0.8% 0.8% 0.8%	5.0% 5.0% 5.0% 5.0%	7.8% 7.8% 7.8% 7.8%	3.2% 3.2% 3.2% 3.2%	4.0% 4.0% 4.0% 4.0%	7.3%
Inforce Contracts Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	451 100 33 117	1,816 676 184 831	1,282 416 48 68	0 0 0	131 21 6 26	872 190 41 180	3,233 1,214 317 972	2,157 579 142 557	3,369 1,115 144 249	784 298 34 90	986 229 44 168	832 187 37 210	67 13 3 18	253 2 2 1	488 68 19 74	0 0 0 0	2,788 636 154 578	1,195 321 79 375	
Projected Contracts Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	519 119 38 129	1,811 663 179 807	1,020 310 39 67	268 89 13 28	308 49 15 62	924 206 45 202	3,195 1,203 314 965	2,376 646 152 606	2,617 833 119 275	541 196 30 87	861 204 36 139	643 146 28 158	161 27 8 63	253 2 2 1	345 92 18 63	694 166 38 145	2,390 612 125 449	1,220 311 65 245	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT INDEX RATE CALCULATION

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

Index Rate : Experience Period Allowed Claims for EHB	A	\$564.06
Adjustments from Experience Period to Projection Period		
Population Risk Morbidity		
Impact of the Change in Small Group definition	1+b ₁	1.0000
Impact of the take-up rate of the Uninsured	1+b ₂	1.0000
Impact of the Health Status of the newly insured	1+b ₃	1.0005
Impact of insured formerly on Employer coverage	1+b ₄	1.0000
Impact of new enrollment from prior high risk pool	1+b ₅	1.0000
Impact of mandated coverage on morbidity	1+b ₆	1.0000
Impact of the removal of the penalty for the individual mandate	1+b ₇	1.0200
Impact of VHC Adjustments	1+b ₈	1.0000
Changes in pool morbidity	1+b ₉	1.0101
Other		
Impact of different benefit plans (in experience vs projection)	1+c ₁	1.0114
Changes in provider networks	1+c ₂	1.0000
Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0101
Impact of Association Health Plans	1+c4	1.0185
Changes in pharmacy contract	1+c ₅	0.9875
Impact of Selection	1+c ₆	1.0194
inpact of Selection	1.06	
Adjusted Experience Period Allowed Claims for EHB	С	\$609.01
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
Projected Period Allowed Claims for Experience EHB	D	\$682.57
Additional Adjustments for Non System Claims		
Projected Pharmacy Rebates	e ₁	-\$18.53
Projected Blue Print Payments	e ₂	\$3.76
Projected ITS Fees	e ₃	\$2.05
Projected Vaccine Payments	e ₄	\$0.99
Projected Net cost of Reinsurance	e ₅	\$1.36
OneCare Care Coordination Fee	e ₆	\$0.61
ESI Additional Fees	e ₇	\$0.56
Projected Index Rate	$F = D + e_1 + e_2 + e_3 + e_4 + e_5$	\$673.37
	· · · ·	
Market Wide Adjustments		
Risk Adjustment Payments and Fees	g ₁	-\$16.97
Transitional Reinsurance Payments and Recoveries	g ₂	\$0.00
Vermont Exchange Fees	g ₃	\$0.00
Market Adjusted Index Rate	$H = E + g_1 + g_2 + g_3$	\$656.40

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT SUMMARY

REFLECTING LEWIS AND ELLIS RECOMMENDATI	ONS, VERMONT	LAW CHANGES A	ND IMPACT OF	ASSOCIATION HE	ALTH PLANS														
			NON-STANE	DARD PLANS					S	TANDARD PLA	NS					REFLECTIV	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	Weighted
	Blue Rewards	Blue Rewards	Blue Rewards		Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Average
		CDHP		CDHP		CDHP										CDHP			
Market Adveted Index Date	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40
Market Adjusted Index Rate																			\$030.40
Benefit Richness Adjustment	1.0119	0.9963	0.9618	0.9598	0.9338	0.9331	1.0945	1.0236	0.9680	0.9732	0.9331	0.9362	0.9404	0.9337	0.9615	0.9592	0.9678	0.9731	
Paid to Allowed Ratio	82.02%	78.85%	85.48%	83.92%	65.63%	66.35%	93.02%	84.36%	85.11%	85.32%	66.36%	67.76%	68.22%	65.59%	73.63%	73.47%	74.57%	76.26%	
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	
For Catastrophic Only - Impact of Eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4938	1.0000	1.0000	1.0000	1.0000	
Expected Claims Cost	\$544.86	\$515.74	\$539.70	\$528.81	\$402.37	\$406.48	\$668.35	\$566.88	\$540.86	\$545.15	\$406.52	\$416.50	\$421.16	\$198.52	\$464.80	\$462.70	\$473.81	\$487.19	\$535.41
Administrative Charges Plan Level Adjustment	1.0843	1.0896	1.0848	1.0868	1,1137	1.1130	1.0584	1.0688	1.0720	1.0717	1.0960	1.0937	1.0925	1.2304	1.0985	1.0992	1.0822	1.0800	
Taxes and Fees Plan Level Adjustment	1.0133	1.0134	1.0133	1.0133	1.0143	1.0143	1.0128	1.0133	1.0134	1.0134	1.0145	1.0144	1.0143	1.0179	1.0138	1.0138	1.0139	1.0138	
Contribution to Reserve Plan Level Adjustment	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	1.0163	
Contribution to Reserve Plan Level Aujustment	1.0103	1.0103	1.0105	1.0105	1.0105	1.0105	1.0103	1.0103	1.0103	1.0103	1.0103	1.0105	1.0105	1.0103	1.0105	1.0103	1.0103	1.0105	
Plan Level Adjusted Index Rate	\$608.37	\$578.74	\$602.89	\$591.86	\$461.94	\$466.30	\$728.12	\$623.90	\$597.17	\$601.69	\$459.33	\$469.56	\$474.30	\$252.69	\$526.01	\$524.00	\$528.34	\$542.08	\$593.76
Projected Membership	1,044	5,237	1,973	592	570	1,876	9,202	5,022	5,574	1,334	1,581	1,370	409	264	626	1,301	4,346	2,270	44,591

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT BENEFIT RICHNESS ADJUSTMENT FACTOR

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

			NON-STAND	ARD PLANS						TANDARD PLAN	S					REFLECTIV	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL					
		CDHP		CDHP		CDHP										CDHP			
Projected Membership	1,044	5,237	1,973	592	570	1,876	9,202	5,022	5,574	1,334	1,581	1,370	409	264	626	1,301	4,346	2,270	44,591
Base Paid to Allowed Ratio before Silver Load	82.23%	79.60%	72.75%	72.31%	65.36%	65.10%	93.59%	84.06%	74.14%	75.23%	65.08%	66.10%	67.37%	65.31%	72.75%	72.23%	74.14%	75.23%	
Benefit Richness Adjustment for EHB	1.0939	1.0776	1.0418	1.0398	1.0136	1.0128	1.1800	1.1060	1.0483	1.0537	1.0127	1.0159	1.0202	1.0134	1.0418	1.0394	1.0483	1.0536	1.0815
Normalized Benefit Richness Adjustment for EHB	1.0114	0.9964	0.9633	0.9614	0.9372	0.9365	1.0911	1.0226	0.9693	0.9743	0.9364	0.9394	0.9433	0.9371	0.9633	0.9611	0.9693	0.9742	
Projected Period Paid Claims for Experience EHB Benefit Richness Adjustment for EHB	\$561.40 1.0114	\$540.63 0.9964	\$584.12 0.9633	\$573.91 0.9614	\$453.86 0.9372	\$458.59 0.9365	\$633.61 1.0911	\$576.79 1.0226	\$581.70 0.9693	\$583.11 0.9743	\$458.67 0.9364	\$467.84 0.9394	\$470.84 0.9433	\$453.57 0.9371	\$506.38 0.9633	\$505.34 0.9611	\$512.53 0.9693	\$523.65 0.9742	1.0000
benefic menness Aujustinene for Ens		0.7701	0.7055	0.7011	0.7572	0.7505	1.0711	1.0220	0.7075	0.7715	0.7501	0.7571	0.7155	0.7571	0.7055	0.7011	0.7075	0.77 12	1.0000
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	
Market Wide Adjustments (Paid)	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	
Total Paid Claims with Benefit Richness Adjustment	\$544.78	\$515.66	\$539.61	\$528.72	\$402.31	\$406.41	\$668.26	\$566.79	\$540.77	\$545.06	\$406.45	\$416.43	\$421.09	\$401.97	\$464.72	\$462.62	\$473.73	\$487.11	
Overall Benefit Richness Adjustment	1.0119	0.9963	0.9618	0.9598	0.9338	0.9331	1.0945	1.0236	0.9680	0.9732	0.9331	0.9362	0.9404	0.9337	0.9615	0.9592	0.9678	0.9731	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENT PAID TO ALLOWED RATIOS

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VER	MONT LAW CHAN	GES AND IMPACT	OF ASSOCIATION	N HEALTH PLANS															
			NON-STAN	DARD PLANS					S	TANDARD PLAN	IS					REFLECTI	/E PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	Total
		CDHP		CDHP		CDHP										CDHP			.
Projected Membership	1,044	5,237	1,973	592	570	1,876	9,202	5,022	5,574	1,334	1,581	1,370	409	264	626	1,301	4,346	2,270	44,591
Projected Period Allowed Claims for Experience EHB	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57	\$682.57
Paid to Allowed Ratio for EHB Portion	82.25%	79.21%	85.58%	84.08%	66.49%	67.19%	92.83%	84.50%	85.22%	85.43%	67.20%	68.54%	68.98%	66.45%	74.19%	74.03%	75.09%	76.72%	81.63%
Projected Period Paid Claims for Experience EHB	\$561.40	\$540.63	\$584.12	\$573.91	\$453.86	\$458.59	\$633.61	\$576.79	\$581.70	\$583.11	\$458.67	\$467.84	\$470.84	\$453.57	\$506.38	\$505.34	\$512.53	\$523.65	\$557.17
Non-System Claims	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20	-\$9.20
Market Wide Adjustments (Paid)	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85	-\$13.85
Market Wide Adjustments (Allowed)	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97	-\$16.97
Market Adjusted Index Rate	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40
Total Paid Claims	\$538.35	\$517.58	\$561.07	\$550.86	\$430.81	\$435.54	\$610.55	\$553.74	\$558.65	\$560.06	\$435.61	\$444.79	\$447.79	\$430.52	\$483.33	\$482.29	\$489.48	\$500.60	\$534.12
Paid to Allowed Ratio	82.02%	78.85%	85.48%	83.92%	65.63%	66.35%	93.02%	84.36%	85.11%	85.32%	66.36%	67.76%	68.22%	65.59%	73.63%	73.47%	74.57%	76.26%	81.37%

For Section 3 of worksheet 1 of the URRT Expected Claims Cost (from Exhibit 6A) \$535.41 Non-EHB benefit claims cost \$0.08 Market-wide adjustment \$13.85

Projected Incurred Claims, before market-wide adjustment 51.3.65 Projected Incurred Claims, before market-wide adjustments 5549.35 Projected Index Rate \$673.37 Projected Non-EHB Allowed Claims \$0.10 Projected Allowed Experience Claims \$673.47 Paid to Allowed Ratio = \$549.35/\$673.47 81.6%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT PLAN LEVEL ADJUSTMENTS

IMPACT OF SPECIFIC ELIGIBILITY CAREGORIES FOR THE CATASTROPHIC PLAN

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB		Projected Paid Claims for EHB Claims
Average Population	100.0%	\$624.31	69.3%	\$432.55
Individual Ages 30 or Less	98.6%	\$347.54	63.7%	\$221.24
Individual Ages over 30	1.4%	\$739.09	69.7%	\$514.89
Weighted Average		\$353.14	63.8%	\$225.43
Allowed Charges Adjustment		0.5656		
Paid to Allowed Ratio Adjustment			0.9214	
Plan Level Adjustment Calculation				
Projected Period Allowed Claims for Experi	ence EHB	\$682.57		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9371		
Adjustment for Allowed Charges and Paid	to Allowed Ratio	0.5212		
Projected Period Paid Claims for Experienc	e EHB	\$221.51		
Non-System Claims		-\$9.20		
Market Wide Adjustments		-\$13.85		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$198.52		
Market Adjusted Index Rate		\$656.40		
Paid to Allowed Ratio		65.6%		
Benefit Richness Adjustment		0.9337		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility	/	0.4938		
Expected Claims Cost		\$198.52		
Total Adjustment for Catastrophic Plan			0.4938	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF ADMINISTRATIVE CHARGES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

			NON-STAN	DARD PLANS					9	STANDARD PLAN	۹S					REFLECTIV	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP	TOTAL					
		CDHP		CDHP		CDHP										CDHP			
BCBSVT Base Administrative Charges	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60	\$38.60
Administrative Charges for Outside Vendors	\$0.54	\$0.79	\$0.35	\$0.50	\$0.36	\$0.50	\$0.45	\$0.39	\$0.36	\$0.48	\$0.41	\$0.41	\$0.36	\$0.34	\$0.35	\$0.50	\$0.36	\$0.36	\$0.45
Blue Rewards Program	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.81	\$6.81	\$6.81	\$0.00	\$0.00	\$2.06
Total Administrative Charges PMPM	\$45.95	\$46.20	\$45.76	\$45.91	\$45.77	\$45.91	\$39.05	\$38.99	\$38.96	\$39.08	\$39.01	\$39.01	\$38.96	\$45.75	\$45.76	\$45.91	\$38.96	\$38.96	\$41.11
Administrative Charges Plan Level Adjustment	1.0843	1.0896	1.0848	1.0868	1.1137	1.1130	1.0584	1.0688	1.0720	1.0717	1.0960	1.0937	1.0925	1.2304	1.0985	1.0992	1.0822	1.0800	1.0768
Administrative Charges as a percent of Premium	7.55%	7.98%	7.59%	7.76%	9.91%	9.85%	5.36%	6.25%	6.52%	6.50%	8.49%	8.31%	8.21%	18.10%	8.70%	8.76%	7.37%	7.19%	6.92%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF CONTRIBUTION TO RESERVE

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS NON-STANDARD PLANS STANDARD PLANS REFLECTIVE PLANS GOLD GOLD SILVER SILVER BRONZE BRONZE PLATINUM GOLD SILVER SILVER BRON7F BRONZE BRONZE Catastrophic SILVER SILVER SILVER SILVER Blue Rewards Blue Rewards Blue Rewards Blue Rewards Blue Rewards Blue Rewards CDHP Deductible Deductible Deductible CDHP Deductible CDHP Blue Rewards Blue Rewards Blue Rewards Deductible CDHP TOTAL Integrated CDHP CDHP CDHP BCBSVT Contribution to Reserve \$9.13 \$8.68 \$9.04 \$8.88 \$6.93 \$6.99 \$10.92 \$9.36 \$8.96 \$9.03 \$6.89 \$7.04 \$7.11 \$3.79 \$7.89 \$7.86 \$7.93 \$8.13 \$8.91 Risk Margin for Bad Debt \$0.61 \$0.58 \$0.60 \$0.59 \$0.46 \$0.47 \$0.73 \$0.62 \$0.60 \$0.60 \$0.46 \$0.47 \$0.47 \$0.25 \$0.53 \$0.52 \$0.53 \$0.54 \$0.59 Total Contribution to Reserve PMPM \$9.73 \$9.26 \$9.65 \$9.47 \$7.39 \$7.46 \$11.65 \$9.98 \$9.55 \$9.63 \$7.35 \$7.51 \$7.59 \$4.04 \$8.42 \$8.38 \$8.45 \$8.67 \$9.50 Contribution to Reserve and Risk Margin Plan Level Adjustment 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.0163 1.50% 1.50% 1.50% 1.50% Contribution to Reserve as a percent of Premium 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% Risk Margin Bad Debt as a percent of Premium 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10% 0.10%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT DETAILS OF TAXES AND FEES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

			NON-STAN	DARD PLANS			1		(TANDARD PLA	NS			1		REFLECTI	VE PLANS		
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total
State Assessment - HCCA	\$4.42	\$4.19	\$4.38	\$4.29	\$3.28	\$3.31	\$5.41	\$4.59	\$4.39	\$4.42	\$3.31	\$3.39	\$3.43	\$1.65	\$3.78	\$3.76	\$3.85	\$3.96	\$4.34
State Tax - VITL	\$1.10	\$1.04	\$1.09	\$1.07	\$0.82	\$0.82	\$1.34	\$1.14	\$1.09	\$1.10	\$0.82	\$0.84	\$0.85	\$0.41	\$0.94	\$0.94	\$0.96	\$0.98	\$1.08
Federal Assessment - PCORI	\$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
Federal Insurer Fee	\$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
GMCB Billbacks	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31	\$2.31
Total Taxes and Fees PMPM	\$7.83	\$7.54	\$7.78	\$7.67	\$6.41	\$6.45	\$9.07	\$8.05	\$7.79	\$7.83	\$6.45	\$6.55	\$6.60	\$4.37	\$7.03	\$7.01	\$7.12	\$7.26	\$7.74
Taxes and Fees Plan Level Adjustment	1.0133	1.0134	1.0133	1.0133	1.0143	1.0143	1.0128	1.0133	1.0134	1.0134	1.0145	1.0144	1.0143	1.0179	1.0138	1.0138	1.0139	1.0138	1.0134
Taxes and Fees as a percent of Premium	1.29%	1.30%	1.29%	1.30%	1.39%	1.38%	1.24%	1.29%	1.30%	1.30%	1.40%	1.39%	1.39%	1.73%	1.34%	1.34%	1.35%	1.34%	1.30%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT AV PRICING VALUE

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

ſ		NON-STANDARD PLANS							S	TANDARD PLAN	4S				REFLECTIVE PLANS			
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards	Deductible	CDHP
		CDHP		CDHP		CDHP										CDHP		
Market Wide Adjusted Index Rate	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40	\$656.40
Plan Level Adjusted Index Rate	\$608.37	\$578.74	\$602.89	\$591.86	\$461.94	\$466.30	\$728.12	\$623.90	\$597.17	\$601.69	\$459.33	\$469.56	\$474.30	\$252.69	\$526.01	\$524.00	\$528.34	\$542.08
AV Pricing Value	92.68%	88.17%	91.85%	90.17%	70.38%	71.04%	110.93%	95.05%	90.98%	91.67%	69.98%	71.54%	72.26%	38.50%	80.14%	79.83%	80.49%	82.58%

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONTRACT CONVERSION FACTOR

STANDARD PLANS STANDARD PLANS REFLECTIVE PLANS GOLD GOLD SILVER SILVER BRONZE BRONZE PLATINUM GOLD SILVER BRONZE BRONZE BRONZE BRONZE BRONZE BRONZE BRONZE SILVER SILVER SILVER SILVER BRONZE BRONZE BRONZE SILVER SI	tal 664
Blue Rewards Deductible CDHP Deductible CDHP Deductible CDHP Integrated Blue Rewards Blue Rewards Blue Rewards Deductible CDHP	664
	664
CDHP CDHP CDHP CDHP	
Inforce Membership 1,184 6,906 2,456 0 289 2,044 10,369 5,916 6,798 1,784 2,178 2,124 174 264 970 0 6,708 3,500 5	
Plan Level Adjusted Index Rate \$608.37 \$578.74 \$602.89 \$591.86 \$461.94 \$466.30 \$728.12 \$623.90 \$597.17 \$601.69 \$459.33 \$469.56 \$474.30 \$252.69 \$526.01 \$524.00 \$528.34 \$542.08 \$530.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00 \$528.34 \$542.08 \$550.00	1.77
Average Members per Subcribers 1,6526	
Average Tier Factor 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774 1.4774	
Ratio of Members per Subcribers to Tier Factor 1.1186 1.11	
Preliminary 2018 Rates	
Single Rate 5680.52 \$647.38 \$674.39 \$662.05 \$516.73 \$521.60 \$814.48 \$697.89 \$667.99 \$673.05 \$513.81 \$525.25 \$530.55 \$253.02 \$588.39 \$586.15 \$591.00 \$606.37	
Couple Rate \$1,361.04 \$1,294.76 \$1,348.78 \$1,324.10 \$1,033.46 \$1,043.20 \$1,628.96 \$1,395.78 \$1,335.98 \$1,346.10 \$1,027.62 \$1,050.50 \$1,061.10 \$506.04 \$1,176.78 \$1,172.30 \$1,182.00 \$1,212.74	
Adult and Children Rate \$1,313.40 \$1,249.44 \$1,301.57 \$1,277.76 \$997.29 \$1,006.69 \$1,571.95 \$1,346.93 \$1,289.22 \$1,298.99 \$991.65 \$1,013.73 \$1,023.96 \$488.33 \$1,135.59 \$1,131.27 \$1,140.63 \$1,170.29	
Family Rate \$1,912.26 \$1,819.14 \$1,895.04 \$1,860.36 \$1,452.01 \$1,465.70 \$2,288.69 \$1,961.07 \$1,877.05 \$1,891.27 \$1,443.81 \$1,475.95 \$1,490.85 \$710.99 \$1,653.38 \$1,647.08 \$1,660.71 \$1,703.90 \$3.900.71 \$1,703.90 \$3.900.71 \$1,703.90 \$3.900.71 \$1,703.90 \$1,910.71 \$1,910	1.17
Inforce Contracts	
	Factor for
Couple Rate 100 676 416 0 21 190 1,214 579 1,115 298 229 187 13 2 668 0 636 321 Contrac	Conversion
Adult and Children Rate 33 184 48 0 6 41 317 142 144 34 44 37 3 2 19 0 154 79 F	tor
Family Rate 117 831 68 0 26 180 972 557 249 90 168 210 18 1 74 0 578 375 1	.1%

Exhibit 9A (3)

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING AMENDMENT CONSUMER ADJUSTED PREMIUM RATES

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS, VERMONT LAW CHANGES AND IMPACT OF ASSOCIATION HEALTH PLANS

KEI LECTING LETTIS AND ELLIS RECOMMENDAT				DARD PLANS	THT DATE					STANDARD PLAN	s					REFLECTI	VE PLANS		1
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	Catastrophic	SILVER	SILVER	SILVER	SILVER	
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	Blue Rewards CDHP	Deductible	CDHP	Total Annual Premium for Inforce Contracts
Plan Level Adjusted Index Rate	\$608.37	\$578.74	\$602.89	\$591.86	\$461.94	\$466.30	\$728.12	\$623.90	\$597.17	\$601.69	\$459.33	\$469.56	\$474.30	\$252.69	\$526.01	\$524.00	\$528.34	\$542.08	
PMPM to Single Contract Conversion Factor	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.1197	1.0023	1.1197	1.1197	1.1197	1.1197	
2019 Proposed Rates																			
Single Rate	\$681.22	\$648.04	\$675.08	\$662.73	\$517.26	\$522.14	\$815.31	\$698.61	\$668.68	\$673.74	\$514.33	\$525.79	\$531.10	\$253.28	\$589.00	\$586.75	\$591.61	\$606.99	
Couple Rate	\$1,362.44	\$1,296.08	\$1,350.16	\$1,325.46	\$1,034.52	\$1,044.28	\$1,630.62	\$1,397.22	\$1,337.36	\$1,347.48	\$1,028.66	\$1,051.58	\$1,062.20	\$506.56	\$1,178.00	\$1,173.50	\$1,183.22	\$1,213.98	
Adult and Child(ren) Rate	\$1,314.75	\$1,250.72	\$1,302.90	\$1,279.07	\$998.31	\$1,007.73	\$1,573.55	\$1,348.32	\$1,290.55	\$1,300.32	\$992.66	\$1,014.77	\$1,025.02	\$488.83	\$1,136.77	\$1,132.43	\$1,141.81	\$1,171.49	
Family Rate	\$1,914.23	\$1,820.99	\$1,896.97	\$1,862.27	\$1,453.50	\$1,467.21	\$2,291.02	\$1,963.09	\$1,878.99	\$1,893.21	\$1,445.27	\$1,477.47	\$1,492.39	\$711.72	\$1,655.09	\$1,648.77	\$1,662.42	\$1,705.64	\$381,082,544
2018 Approved Rates																			
Single Rate	\$633.59	\$607.36	\$549.55	\$532.86	\$484.78	\$484.56	\$751.92	\$657.15	\$561.02	\$571.48	\$488.26	\$492.22	\$499.22	\$246.14	\$549.55	\$532.86	\$561.02	\$571.48	
Couple Rate	\$1,267.18	\$1,214.72	\$1,099.10	\$1,065.72	\$969.56	\$969.12	\$1,503.84	\$1,314.30	\$1,122.04	\$1,142.96	\$976.52	\$984.44	\$998.44	\$492.28	\$1,099.10	\$1,065.72	\$1,122.04	\$1,142.96	
Adult and Child(ren) Rate	\$1,222.83	\$1,172.20	\$1,060.63	\$1,028.42	\$935.63	\$935.20	\$1,451.21	\$1,268.30	\$1,082.77	\$1,102.96	\$942.34	\$949.98	\$963.49	\$475.05	\$1,060.63	\$1,028.42	\$1,082.77	\$1,102.96	
Family Rate	\$1,780.39	\$1,706.68	\$1,544.24	\$1,497.34	\$1,362.23	\$1,361.61	\$2,112.90	\$1,846.59	\$1,576.47	\$1,605.86	\$1,372.01	\$1,383.14	\$1,402.81	\$691.65	\$1,544.24	\$1,497.34	\$1,576.47	\$1,605.86	\$347,729,947
2019 Proposed Rate Increases																			
Single Rate	7.5%	6.7%	22.8%		6.7%	7.8%	8.4%	6.3%	19.2%	17.9%	5.3%	6.8%	6.4%	2.9%	7.2%	10.1%	5.5%	6.2%	
Couple Rate	7.5%	6.7%	22.8%		6.7%	7.8%	8.4%	6.3%	19.2%	17.9%	5.3%	6.8%	6.4%	2.9%	7.2%	10.1%	5.5%	6.2%	
Adult and Child(ren) Rate	7.5%	6.7%	22.8%		6.7%	7.8%	8.4%	6.3%	19.2%	17.9%	5.3%	6.8%	6.4%	2.9%	7.2%	10.1%	5.5%	6.2%	
Family Rate	7.5%	6.7%	22.8%		6.7%	7.8%	8.4%	6.3%	19.2%	17.9%	5.3%	6.8%	6.4%	2.9%	7.2%	10.1%	5.5%	6.2%	9.6%
Inforce Contracts																			
Single Rate	451	1,816	1,282	0	131	872	3,233	2,157	3,369	784	986	832	67	253	488	0	2,788	1,195	
Couple Rate	100	676	416	0	21	190	1,214	579	1,115	298	229	187	13	2	68	0	636	321	
Adult and Child(ren) Rate	33	184	48	0	6	41	317	142	144	34	44	37	3	2	19	0	154	79	
Family Rate	117	831	68	0	26	180	972	557	249	90	168	210	18	1	74	0	578	375	
Projected Contracts																			
Single Rate	519	1,811	1,020	268	308	924	3,195	2,376	2,617	541	861	643	161	253	345	694	2,390	1,220	
Couple Rate	119	663	310	89	49	206	1,203	646	833	196	204	146	27	2	92	166	612	311	
Adult and Child(ren) Rate	38	179	39	13	15	45	314	152	119	30	36	28	8	2	18	38	125	65	
Family Rate	129	807	67	28	62	202	965	606	275	87	139	158	63	1	63	145	449	245	

Exhibit 9B (3)

June 27, 2018

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

RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2019 STANDARD PLAN DESIGNS

Dear Dana:

This memo replaces an earlier version provided on February 7, 2018 to address the regulation regarding the copay for chiropractic services. Minor changes have also been made to the wording below to reflect the following items that were finalized subsequent to the initial memo:

- Final Notice of Benefit and Payment Parameter released April 2018
- 2019 High Deductible Health Plan limits released May 2018
- Act No. 88, allowing for "reflective" Silver plans off the Exchange was signed into law effective February 20, 2018.

Bill S.1 Sec. 1 requires that the copay for chiropractic services for Silver and Bronze metal level plans be no more than the copay applicable to services provided by a primary care provider. The Federal actuarial value calculator (AVC) does not account for all service categories and chiropractic services is one of those that is not explicitly included in the calculator. As noted in the "Actuarial Value Considerations" section below, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. We have not previously made adjustments to the results of the AVC to reflect chiropractic services cost sharing and do not feel that this regulation would warrant a change to that methodology. Therefore, no changes are required to the actuarial value (AV) calculations and certification included in this memo. This addresses only the AVs from the Federal AVC and not any pricing AVs used in the pricing of the rates.

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to nongrandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have AVs that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

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. In 2018, one Platinum, one Gold, two

Silver, and three 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 HDHP at each of the Silver and Bronze levels. In 2018, the State also added a second traditional deductible Bronze plan. Due to regulatory constraints and additional pressure on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and Maximum Out of Pockets (MOOPs) as described below. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range described above. The 2018 standard plan designs are all continuing in 2019.

For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the 2019 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2019 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

A list of the changes from the 2018 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum the medical deductible, medical MOOP, and pharmacy MOOP were increased
- Gold the medical MOOP, pharmacy MOOP, and generic pharmacy copay were increased
- Silver Deductible the medical deductible, combined medical/pharmacy MOOP, pharmacy only MOOP, and primary care and mental health/substance abuse office visit copays were all increased
- Bronze Deductible with Pharmacy Limit the medical deductible, combined medical/pharmacy MOOP, and pharmacy only MOOP were all increased
- Bronze Deductible without Pharmacy Limit the combined medical/pharmacy deductible and combined medical/pharmacy MOOP were increased
- Silver HDHP the combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased

 Bronze HDHP – the combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased

In addition to the standard plans, starting in 2016 the State of Vermont is requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Regulatory Background

The ACA allows for a -4% to +2% de minimis range around the target AVs for each metal level. For example, any plan design that has an AV from 66% to 72% is considered a Silver plan. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans (HDHPs), or plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, two of the three Bronze plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2019 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 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 designs is required.

The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits were released after the initial version of this memo. The 2019 minimum deductible and MOOP are \$1,350 and \$6,750, respectively. Additionally, the 2019 Notice of Benefits and Payment Parameters (NBPP)² was also finalized after the initial version of this memo. The single annual limit is \$7,900, up from \$7,350 in 2018 and consistent with the draft version of the NBPP.

¹ http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html

²https://www.federalregister.gov/documents/2018/04/17/2018-07355/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019

page 4

The plan designs presented are compliant with the 2019 HDHP limits and the 2019 final NBPP. No changes were required to the designs approved by the Green Mountain Care Board (GMCB) on January 24th, 2018.

Act No. 88 (Bill S.19) states that starting in 2019, the premiums of the Silver on-Exchange plans will reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This will result in a "CSR load" to these plans such that the Silver premiums may increase substantially. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), carriers will be able to offer "reflective" off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts.

The off-Exchange "reflective" plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal calculation of the AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange "reflective" plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The carrier submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

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

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Both Silver plans and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate³. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,900, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,900. 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.
- 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 (\$1,350 and \$2,700 for individual and family coverage in 2019). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,350 and \$2,700 for individual and family coverage in 2019) is met, but the amount may be met with either medical or prescription

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.

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 \$1,350 for individual or \$2,700 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 \$1,350 or \$2,700, 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 has 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.

- 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).
- 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 dental services would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

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

As stated, Wakely made explicit adjustments to account for the stacked and 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 cushion 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 below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

	Plan	Adjusted Acceptable Range
	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
Deductible Plans	Silver	66.0%-72.0%
	Bronze (with drug limit)	56.0%-61.5%
	Bronze (without drug limit)	56.0%-65.0%
HDHPs	Silver - Embedded MOOP	66.0%-71.0%
Πυπγς	Bronze - Embedded MOOP	56.0%-64.0%
	250-300% FPL (73% AV)	72.0%-74.0%
Cost Sharing Reduction	200-250% FPL (77% AV)	76.0%-78.0%
Plan Designs - Deductible Plans	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
	250-300% FPL (73% AV)	72.0%-73.0%
Cost Sharing Reduction	200-250% FPL (77% AV)	76.0%-77.0%
Plan Designs - HDHPs	150-200% FPL (87% AV)	86.0%-87.0%
	133-150% FPL (94% AV)	93.0%-94.0%

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

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, both models include all members regardless of duration), there are also differences (for example, only group data is included in the HDHP model, while the AVC includes both small group and individual experience).

pediatric dental benefit is optional and the impact to higher AV plans is less significant.

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 (updated data was not provided in time to incorporate in this analysis)

- 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.

	C	osts that Accumula	ite	
Options	Deductible	Maximum Out-of	-Pocket (MOOP)	Deductible / MOOP Type
		Medical	Rx	
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:

- 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 family MOOP with an embedded individual MOOP equal to \$7,900.
- 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 plan with the pharmacy limit⁴ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

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

⁴ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



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 and Silver Deductible plans, a calculation of the adjustment.

Disclosures and Limitations

Responsible Actuary. Julie Peper is the actuary responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of 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. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. 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.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

• Final 2019 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the





model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

• VHCURES data supplied by the state was used in the development of the HDHP model.

Subsequent Events. Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to changes to regulations passed subsequent to this report.

Contents of Actuarial Report. This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

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

Sincerely,

Julie A. Pep

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

Brott Phillip

Brittney Phillips, ASA, MAAA Consulting Actuary



Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2019

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2019 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:

- 1. The final 2019 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, one Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2019 for individual and group coverage sold on Vermont Health Connect.

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

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System



(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

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

Julie A. P.A.

Julie A. Peper, FSA, MAAA June 27, 2018



Appendix B – Summary of Plan Design Changes from 2018 Designs

	Deduc	tible Plans
Plan	Platinum	Gold
	Increase medical deductible from \$300 to \$350	Increase medical MOOP from \$4,500 to \$4,700
Changes	Increase medical MOOP from \$1,300 to \$1,350	Increase Rx MOOP from \$1,300 to \$1,350
	Increase Rx MOOP from \$1,300 to \$1,350	Increase generic Rx copay from \$5 to \$10
	Deduc	tible Plans
Plan	Silver	Bronze w/ Rx Limit
	Increase medical deductible from \$2,600 to \$2,800	Increase medical deductible from \$5,000 to \$5,500
Changes	Increase combined medical/Rx MOOP from \$6,800 to \$7,50	0Increase combined medical/Rx MOOP from \$7,350 to \$7,900
Changes	Increase Rx MOOP from \$1,300 to \$1,350	Increase Rx MOOP from \$1,300 to \$1,350
	Increase PCP and MH/SA office visit copays from \$25 to \$3	0
	Deductible Plans	
Plan	Bronze w/o Rx Limit	
	Increase combined medical/Rx deductible from \$7,350 to	
Changes	\$7,600	
	Increase combined medical/Rx MOOP from \$7,350 to \$7,60	0
	Н	DHPs
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
	Increase combined medical/Rx MOOP from \$6,400 to	Increase combined medical/Rx MOOP from \$6,550 to \$6,650
Changes	\$6,650	
_	C C	PIncrease embedded single combined medical/Rx MOOP from
	from \$7,350 to \$7,900	\$7,350 to \$7,900

Appendix C – On and Off-Exchange Reflective Silver Standard Plan Designs

	2019 Plan Designs - Plar		2019 Plan Designs -	Silver HDHP Plans
Deductible/OOP Max	On-Exchange	Off-Exchange	On-Exchange	Off- Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,800	\$2,800	\$1,550	\$1,550
Rx Ded	\$300	\$300	\$1,350	\$1,350
Integrated Ded	No	No	Yes	Yes
Medical MOOP	\$7,500	\$7,500	\$6,650	\$6,650
Rx MOOP	\$1,350	\$1,350	\$1,350	\$1,350
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	30%	30%
Outpatient	40%	40%	30%	30%
ER	\$250	\$250	30%	30%
Radiology (MRI, CT, PET)	40%	40%		30%
Preventive	\$0	\$0	0%	0%_
PCP Office Visit	\$30	\$30	10%	10%
MH/SA Office Visit	\$30	\$30	10%	10%
Specialist Office Visit	\$75	\$75	30%	30%
Urgent Care	\$85	\$85	30%	30%
Ambulance	\$100	\$105	30%	35%
Rx Generic	\$15	\$15	\$10	\$10
Rx Preferred Brand	\$60	\$60	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2019 Federal AVC, Adjusted if Necessary	71.9%	71.9%	70.3%	70.3%



Appendix D – Comments Relative to Applicable ASOPs

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

- 1. ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

ASOP 23: Data Quality

<u>3.1 Overview</u> – 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.

<u>3.2 Selection of Data</u> - 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. Wakely requested to update the data in the model but the data was not provided in time to do so. The data used is reasonable for its use since it is primarily used to understand relativities.

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.

<u>3.3 Reliance on Data Supplied by Others</u> - Reliance is discussed in the management report to which this appendix is attached.

<u>3.4 Reliance on Other Information Relevant to the Use of Data</u> - 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.

<u>3.5 Review of Data</u> - 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.

<u>3.7 Use of Data</u>– 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

<u>3.1.1 Principal and Scope of Engagement</u> – 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.



<u>3.1.2 Form and Content</u> – 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.

<u>3.1.3 Timing of Communication</u> – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

<u>3.1.4 Identification of Responsible Actuary</u> – The responsible actuary is identified in the attestation and this management report.

<u>3.2 Actuarial Report</u> – 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.

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

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

<u>3.4.1 Uncertainty or Risk</u> – Uncertainty is discussed in the management report.

<u>3.4.2 Conflict of Interest</u> – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

<u>3.4.3 Reliance on Other Sources for Data and Other Information</u> - Reliance regarding data and assumptions are discussed in this management report.

<u>3.4.4 Responsibility for Assumptions and Methods</u> - 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.

<u>3.4.5 Information Date of Report</u> -The management report list the applicable dates for the analysis and correspondence.

<u>3.4.6 Subsequent Events</u> - Subsequent events are listed in the Limitations and Disclosures section.

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

<u>3.6 Oral Communications</u> - 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.

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



ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

<u>3.1 Use of AVC or MVC</u> – The federal AVC was used.

<u>3.2 Exceptions to the AVC</u> – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriate modeled in the AVC.

3.3 Exceptions to the MVC - Not applicable.

<u>3.4 Evaluating Non-Standard Plan Designs</u> – The HDHP model was normalized to the federal AVC.

<u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> – The assumptions used to modify the federal AVs were reviewed for reasonability.

<u>3.6 Unreasonable Results</u> – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.



Appendix E – Standard Plan Designs

	Deductible Plan Designs							
	2019 Plan Designs - Deductible Plans							
Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit			
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible			
Medical Ded	\$350	\$850	\$2,800	\$5,500	\$7,600			
Rx Ded	\$0	\$100	\$300	\$900	N/A			
Integrated Ded	No	No	No	No	Yes			
Medical MOOP	\$1,350	\$4,700	\$7,500	\$7,900	\$7,600			
Rx MOOP	\$1,350	\$1,350	\$1,350	\$1,350	N/A			
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes			
Family Deductible / OOP	Stacked, 2x	Stacked, 2x	Stacked, 2x	Stacked, 2x	Stacked, 2x			
	Individual	Individual	Individual	Individual	Individual			
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV			
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts			
	Copay /	Copay /	Copay /	Copay /	Copay /			
Service Category	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance			
Inpatient	10%	30%	40%	50%	0%			
Outpatient	10%	30%	40%	50%	0%			
ER	\$100	\$150	\$250	50%	0%			
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%			
Preventive	\$0	\$0	\$0	\$0	\$0			
PCP Office Visit	\$10	\$15	\$30	\$35	\$40			
MH/SA Office Visit	\$10	\$15	\$30	\$35	\$40			
Specialist Office Visit	\$30	\$30	\$75	\$90	\$100			
Urgent Care	\$40	\$40	\$85	\$100	\$0			
Ambulance	\$50	\$50	\$100	\$100	\$0			
Rx Generic	\$5	\$10	\$15	\$20	\$25			
Rx Preferred Brand	\$50	\$50	\$60	\$85	\$0			
Rx Non-Preferred Brand	50%	50%	50%	60%	0%			
Rx Specialty	50%	50%	50%	60%	0%			
Actuarial Value								
2019 Federal AVC, Adjusted if Necessary	90.1%	82.0%	71.9%	61.3%	63.0%			

Deductible Plan Designs – Cost Sharing Reduction Plans

	2019 Plan Designs - Deductible Plans							
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)			
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible			
Medical Ded	\$2,800	\$2,700	\$2,200	\$800	\$150			
Rx Ded	\$300	\$300	\$200	\$150	\$0			
Integrated Ded	No	No	No	No	No			
Medical MOOP	\$7,500	\$6,300	\$4,900	\$1,800	\$900			
Rx MOOP	\$1,350	\$1,200	\$1,000	\$400	\$200			
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes			
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	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			
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A			
Service Category	Copay /	Copay /	Copay /	Copay /	Copay /			
	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance			
Inpatient	40%	40%	40%	40%	10%			
Outpatient	40%	40%	40%	40%	10%			
ER	\$250	\$250	\$250	\$250	\$75			
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%			
Preventive	\$0	\$0	\$0	\$0	\$0			
PCP Office Visit	\$30	\$30	\$20	\$10	\$5			
MH/SA Office Visit	\$30	\$30	\$20	\$10	\$5			
Specialist Office Visit	\$75	\$65	\$40	\$30	\$15			
Urgent Care	\$85	\$75	\$50	\$40	\$25			
Ambulance	\$100	\$100	\$100	\$100	\$50			
Rx Generic	\$15	\$12	\$12	\$10	\$5			
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20			
Rx Non-Preferred Brand	50%	50%	50%	50%	30%			
Rx Specialty	50%	50%	50%	50%	30%			
Actuarial Value								
2019 Federal AVC, Adjusted if Necessary	71.9%	74.0%	77.8%	87.6%	94.9%			

page E2

µJakely

HDHP Plan Designs

	2019 Plan Designs - HDHP Plans			
Deductible/OOP Max	Silver	Bronze		
Type of Plan	HSA Q/HDHP	HSA Q/HDHP		
Medical Ded	\$1,550	\$5,250		
Rx Ded	\$1,350	\$1,350		
Integrated Ded	Yes	Yes		
Medical MOOP	\$6,650	\$6,650		
Rx MOOP	\$1,350	\$1,350		
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes		
	Aggregate with	Aggregate with		
Family Deductible / OOP	Combined Medical/Rx	Combined Medical/Rx		
	embedded \$7,900 Single	embedded \$7,900 Single		
	MOOP; 2x Individual	MOOP; 2x Individual		
Medical Deductible waived for:	Preventive	Preventive		
Drug Deductible waived for:	Wellness scripts	Wellness scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance		
Inpatient	30%	50%		
Outpatient	30%	50%		
ER	30%	50%		
Radiology (MRI, CT, PET)	30%	50%		
Preventive	0%	0%		
PCP Office Visit	10%	50%		
MH/SA Office Visit	10%	50%		
Specialist Office Visit	30%	50%		
Specialist Office Visit Urgent Care	30% 30%	50% 50%		
Specialist Office Visit Urgent Care Ambulance	30% 30% 30%	50% 50% 50%		
Specialist Office Visit Urgent Care Ambulance Rx Generic	30% 30% 30% \$10	50% 50% 50% \$12		
Specialist Office Visit Urgent Care Ambulance Rx Generic Rx Preferred Brand	30% 30% 30% \$10 \$40	50% 50% 50% \$12 40%		
Specialist Office Visit Urgent Care Ambulance Rx Generic Rx Preferred Brand Rx Non-Preferred Brand	30% 30% 30% \$10 \$40 50%	50% 50% 50% \$12 40% 60%		
Specialist Office Visit Urgent Care Ambulance Rx Generic Rx Preferred Brand Rx Non-Preferred Brand Rx Specialty	30% 30% 30% \$10 \$40	50% 50% 50% \$12 40%		
Specialist Office VisitUrgent CareAmbulanceRx GenericRx Preferred BrandRx Non-Preferred BrandRx SpecialtyActuarial Value	30% 30% 30% \$10 \$40 50%	50% 50% 50% \$12 40% 60%		
Specialist Office Visit Urgent Care Ambulance Rx Generic Rx Preferred Brand Rx Non-Preferred Brand Rx Specialty	30% 30% 30% \$10 \$40 50%	50% 50% 50% \$12 40% 60%		



page E4

HDHP Plan Designs – Cost Sharing Reduction Plans

	2019 Plan Designs - HDHP Plan CSR Variations						
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)		
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)		
Medical Ded	\$1,550	\$1,550	\$1,350	\$1,200	\$550		
Rx Ded	\$1,350	\$1,350	N/A	N/A	N/A		
Integrated Ded	Yes	Yes	Yes	Yes	Yes		
Medical MOOP	\$6,650	\$4,800	\$3,300	\$1,200	\$550		
Rx MOOP	\$1,350	\$1,350	\$1,350	N/A	N/A		
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes		
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual		
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive		
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient	30%	25%	25%	0%	0%		
Outpatient	30%	25%	25%	0%	0%		
ER	30%	25%	25%	0%	0%		
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%		
Preventive	0%	0%	0%	0%	0%		
PCP Office Visit	10%	10%	10%	0%	0%		
MH/SA Office Visit	10%	10%	10%	0%	0%		
Specialist Office Visit	30%	25%	25%	0%	0%		
Urgent Care	30%	25%	25%	0%	0%		
Ambulance	30%	25%	25%	0%	0%		
Rx Generic	\$10	\$10	\$10	\$0	\$0		
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0		
Rx Non-Preferred Brand	50%	50%	50%	0%	0%		
Rx Specialty	50%	50%	50%	0%	0%		
Actuarial Value							
2019 Federal AVC, Adjusted if Necessary	70.3%	73.0%	76.8%	86.9%	93.7%		

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 \$7,900	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded	Yes	Yes	No	Yes	Yes	Yes	72.8%	70.3%
\$7,900 Individual MOOP								
Bronze HDHP– Embedded \$7,900 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	62.0%	60.7%
Silver Deductible	No	No	No	Yes	No	Yes	71.3%	71.9%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	60.5%	61.3%
Silver HDHP - Embedded \$7,900 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.5%	73.0%
Silver HDHP - Embedded \$7,900 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	79.1%	76.8%
Silver HDHP - Embedded \$7,900 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	87.4%	86.9%
Silver HDHP - Embedded \$7,900 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.7%	93.7%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	Yes	73.4%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	Yes	77.3%	77.8%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	Yes	87.4%	87.6%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	Yes	94.7%	94.9%

Appendix H – Screen Shots and AV Development

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver Deductible Plan
- 4. Bronze Deductible Plan (with pharmacy limit)
- 5. Silver HDHP Embedded MOOP CSR 73%
- 6. Silver HDHP Embedded MOOP CSR 77%
- 7. Silver HDHP Embedded MOOP CSR 87%
- 8. Silver HDHP Embedded MOOP CSR 94%
- 9. Silver Deductible CSR 73%
- 10. Silver Deductible CSR 77%
- 11. Silver Deductible CSR 87%
- 12. Silver Deductible CSR 94%



1. Silver HDHP – Embedded MOOP

AV from AVC = 72.8%

Adjusted AV = 70.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Appual Contrib	oution Amount:	\$0.00	1st ⁻	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	Jution Anount.	Ş0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 👻									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$6,650.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
Torres of Decore (1)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	tible?
Medical	All	🗌 All			All	All			🗌 All	🗌 All
Emergency Room Services	>	>								
All Inpatient Hospital Services (inc. MH/SUD)	~	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and			90%			_				
X-rays)	✓	v	90%							
Specialist Visit	v	v								
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	✓	90%			_				
Services			90%						_	
Imaging (CT/PET Scans, MRIs)	✓									
Speech Therapy	v	✓								
	~									
Occupational and Physical Therapy	Ŀ					<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	v	✓								
X-rays and Diagnostic Imaging	✓	✓								
Skilled Nursing Facility	v	v								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	All	All			All	All			🗌 All	🗌 All
Generics	~			\$10.00					V	
Preferred Brand Drugs	v			\$40.00					V	
Non-Preferred Brand Drugs	v	v	50%							
Specialty Drugs (i.e. high-cost)	~	~	50%							

Specialty Drugs (i.e. high-cost) -**Options for Additional Benefit Design Limits:** Set a Maximum on Specialty Rx Coinsurance Payments? 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):

2019 Silver HDHP Plan Plan HIOS ID: Issuer HIOS ID:

Plan Description:

Name:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculate Status/Error Messages:

Actuarial Value: Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 72.81%

Additional Notes:

Calculation Time:

0.0391 seconds

Final 2019 AV Calculator



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option from	m the drop down l	box, and press 'Calcul	ate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,550	1,550			
F	amily Deductible	3,100	3,100			
Individu	ual Out-of-Pocket	6,650	6,650			
Fam	ily Out-of-Pocket	13,300	13,300			
Coinsura	ance (50% or Less)	27%	29%			
Individual I	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$215.74	\$27.64	\$243.38		
	Actuarial Value	74.6%	61.3%	72.8%		



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
•	as in the blue colls	halaw shaasa a	cotting option fro	m the dren down	have and pross 'Calcula	to!
	es in the blue cells Ilculate' anytime a			•	box, and press 'Calculo	ne.
	nat the model run-			-	eed.	
	age box will appe					
		Medical	Rx			
Indiv	vidual Deductible	1,550	1,350			
F	amily Deductible	3,100	2,700			
Individu	ual Out-of-Pocket	6,650	1,350			
Fam	ily Out-of-Pocket	13,300	2,700			
Coinsurance (50% or Less		27%	29%			
ndividual E	Embedded Moop:	7,900				
		Co	osts that Accumu	late		
			C	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	te			
		-				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$205.39	\$29.50	\$234.89		
	Actuarial Value	71.0%	65.5%	70.3%		



2. Bronze HDHP - Embedded MOOP

AV from AVC = 62.0%

Adjusted AV = 60.7%

AVC Screen Shot:

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? ✓ HSA/HRA Options Tiered Network Option Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization 100% Annual Contribution Amount: \$0.00 Use Separate MOOP for Medical and Drug Spending? nd Tier Util izatior Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Bronze • Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Drug Combined Medical Drug Combined Deductible (\$) \$5,250.00 Coinsurance (%, Insurer's Cost Share) 50.00% MOOP (\$) \$6,650.00 MOOP if Separate (\$)

Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	🗌 All	All			All	All				All
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	v	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•	v								
Specialist Visit	7	v								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	2									
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	v	v								
Occupational and Physical Therapy	•	V								
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)	◄	V								
Outpatient Surgery Physician/Surgical Services	7	•								
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:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2019 Bronze HD	HP Plan					

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	

Plan HIOS ID: Issuer HIOS ID:

Calculate
Status/Error Messages:

Actuarial Value: Metal Tier:

Additional Notes:

Calculation Time: Final 2019 AV Calculator 0.0391 seconds

61.97%

Bronze

Calculation Successful.

page H3

Actuarial Value Certification for 2019 Standard Plan Designs



2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	ies in the blue cells	helow choose a	setting ontion fro	m the dron down l	box, and press 'Calcula	ite'
	alculate' anytime a			•		
	hat the model run-			-	ed.	
	sage box will appe	•	· · · · · ·			
		Medical	Rx			
Indi	vidual Deductible	5,250	5,250			
F	Family Deductible	10,500	10,500			
Individ	ual Out-of-Pocket	6,650	6,650			
Fam	nily Out-of-Pocket	13,300	13,300			
Coinsura	ance (50% or Less)	48%	47%			
ndividual	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$322.69	\$50.29	\$372.98		
	Plan PMPM	\$207.42	\$23.87	\$231.29		
	Actuarial Value	64.3%	47.5%	62.0%		

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	ues in the blue cells	below, choose a s	setting option fro	m the drop down l	oox, and press 'Calculo	ıte'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note t	hat the model run-	time will vary bas	ed on the compu	ters processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
	vidual Deductible	5,250	1,350			
	Family Deductible	10,500	2,700			
Individ	ual Out-of-Pocket	6,650	1,350			
Fam	nily Out-of-Pocket	13,300	2,700			
Coinsurance (50% or Less		48%	47%			
ndividual	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$322.69	\$50.29	\$372.98		
	Plan PMPM	\$196.71	\$29.78	\$226.49		
	Actuarial Value	61.0%	59.2%	60.7%		



3. Silver Deductible

AV from AVC = 71.25%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.65%/66.04% = 1.009 x .7125 = 71.9%

Adjusted AV = 71.9%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	· 🗌			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Anount.	Ş0.00	2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					-					
Desired Metal Tier	Silver 💌			-						
		1 Plan Benefit De				2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,800.00	\$300.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)	\$7,5	00.00								
MOOP if Separate (\$)										
	-									
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ible?
				6250.00						
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)				\$250.00						
	.				-					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00						
X-rays) Specialist Visit				\$75.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$75.00						
Services				\$30.00						
Imaging (CT/PET Scans, MRIs)										
Speech Therapy				\$75.00						
Occupational and Physical Therapy				\$75.00						
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	V									
Drugs	All	All			All	All			Al	All
Generics				\$15.00						
Preferred Brand Drugs	✓			\$60.00						
Non-Preferred Brand Drugs	v									
Specialty Drugs (i.e. high-cost)	•	•								
Options for Additional Benefit Design Limits:			Plan Description:	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2019 Silver Ded	luctible Plan					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# 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	Coloulati C									
Status/Error Messages:	Calculation Succe	esstul.								
Actuarial Value:	71.25%									
Metal Tier:	Silver									
	NUTE: UTTICE-VIS	t-specific cost-sh	aring is applying t	o x-rays in office	e settings.					
Additional Notes:										
Calculation Time: Final 2019 AV Calculator	0.043 seconds									
Final 2013 AV Calculator										



3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs		•				
inputs				<u> </u>		
				-	oox, and press 'Calcu	late'.
	alculate' anytime a			-		
	hat the model run-	,	•		ed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	2,800	300			
F	Family Deductible	5,600	600			
Individ	ual Out-of-Pocket	7,500	7,500			
Fam	nily Out-of-Pocket	15,000	15,000			
Coinsurance (50% or Less		36%	34%			
Individual	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ľ
		Calculat	te l			
Results						
		Madiaal	Dv	Tatal		
	Allowed PMPM	Medical \$289.21	Rx \$45.07	Total \$334.29		
	Plan PMPM	\$289.21	\$45.07 \$30.71	\$220.76		
	Actuarial Value	65.7%	68.1%	66.04%		
		00.770	00.170	00.04/0		



3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•	ues in the hlue cells	helow choose as	setting ontion from	m the dron down h	oox, and press 'Calcul	nte'
	alculate' anytime a			•		
	, hat the model run-			-	ed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	2,800	300			
ŀ	Family Deductible	5,600	600			
Individ	ual Out-of-Pocket	7,500	1,350			
Fam	nily Out-of-Pocket	15,000	2,700			
Coinsurance (50% or Less		36%	34%			
Individual	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$189.18	\$33.63	\$222.80		
	Actuarial Value	65.4%	74.6%	66.65%		



4. Bronze Deductible (with drug limit)

AV from AVC = 60.5%

Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 61.5%/60.7% = 1.013 x .605 = 61.3%

Adjusted AV = 61.3%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Anount.	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				1						
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$5,500.00	\$900.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
MOOP (\$)		00.00								
MOOP if Separate (\$)			1				l			
Click Here for Important Instructions		Tie	- 1			T	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Consul if	Subject to		Coinsurance, if	Consul if		
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?			Copay, if separate	Copay applie deduct	
Medical		All	unterent	separate	All		unterent	separate	All	All
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)	2								П	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	v			\$35.00						
Specialist Visit	7			\$90.00					v	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$35.00						
Imaging (CT/PET Scans, MRIs)	2	v								
Speech Therapy	I			\$90.00					V	
	•			\$90.00					•	
Occupational and Physical Therapy				\$90.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	I									
X-rays and Diagnostic Imaging	2	✓								
Skilled Nursing Facility	•									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
	7									
Outpatient Surgery Physician/Surgical Services	I All	All								
Drugs	All	All		\$20.00						
Generics Preferred Brand Drugs				\$20.00						
Non-Preferred Brand Drugs				\$65.00						
Specialty Drugs (i.e. high-cost)									- H	
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1		2019 Bronze De	ductible Plan -	with Rx Limit				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# 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 Succe	essful.								
Actuarial Value:	60.47%									
Metal Tier:	Bronze									
	NOTE: Office-visi	t-specific cost-sh	aring is applying to	o x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0352 seconds									
Final 2019 AV Calculator										



4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter value	es in the blue cells	below, choose a s	setting option from	m the drop down l	box, and press 'Calcul	ate'.
Press 'Cal	lculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the comput	ters processing spe	ed.	
A messo	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	idual Deductible	5,500	900			
Fa	amily Deductible	11,000	1,800			
Individu	al Out-of-Pocket	7,900	7,900			
Fami	ly Out-of-Pocket	15,800	15,800			
Coinsurar	nce (50% or Less)	47%	45%			
Individual E	mbedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$322.69	\$50.29	\$372.98		
	Plan PMPM	\$196.59	\$29.72	\$226.31		
	Actuarial Value	60.9%	59.1%	60.7%		

4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter value	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcule	ate'.
Press 'Ca	lculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the compu	ters processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	5,500	900			
F	amily Deductible	11,000	1,800			
Individu	al Out-of-Pocket	7,900	1,350			
Fami	ily Out-of-Pocket	15,800	2,700			
Coinsura	nce (50% or Less)	47%	45%			
Individual E	mbedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$322.69	\$50.29	\$372.98		
	Plan PMPM	\$194.83	\$34.64	\$229.47		
	Actuarial Value	60.4%	68.9%	61.5%		



Tier 2

Г

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.0%

AVC Screen Shot:

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? • HSA/HRA Options Tiered Network Option Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day? HSA/HRA Employer Contribution? Tiered Network Plan? 1st Tier Utilization Annual Contribution Amount: \$0.00 Use Separate MOOP for Medical and Drug Spending? 2nd Tier Utilizatior Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver -Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Combined Medical Drug Combined Drug Deductible (\$) \$1,550.00 Coinsurance (%, Insurer's Cost Share) 75.00% MOOP (\$) \$4,800.00 MOOP if Separate (\$) ck Here for Important Instructio Tier 1 Tier 2 Tier 1 Subject to Subject to Coinsurance, if Copay, if Subject to Coinsurance, if Copay, if Subject to Copay applies only after Type of Benefit different Deductible? Coinsurance? different deductible? Coinsurance? Deductible? separate separate All Medical All 2 1 Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) • Π Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and 90% • ✓ X-rays) \checkmark • Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient • 90% Services Imaging (CT/PET Scans, MRIs) • 2 Speech Therapy ✓ • Occupational and Physical Therapy ---Preventive Care/Screening/Immunization \$0.00 100% \$0.00 Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Skill

X-rays and Diagnostic Imaging		⊻						
Skilled Nursing Facility	I	✓						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		V					[
Outpatient Surgery Physician/Surgical Services								
Drugs	Al	All			🗌 All	All		All
Generics	Y			\$10.00				~
Preferred Brand Drugs				\$40.00			Í	✓
Non-Preferred Brand Drugs	•	2	50%					
Specialty Drugs (i.e. high-cost)	•	~	50%					J
Options for Additional Benefit Design Limits:		_	Plan Descriptio	n:				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2019 HDHP Plan CSR Variations - 250- 300% FPL (73% AV)				
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:					
# 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 pe	ercent de minimis	variation for CSRs.				
Actuarial Value:	75.50%							
Metal Tier:								
	NOTE: Office-v	isit-specific cost-s	haring is applying	to x-rays in office	settings.			
Additional Notes:								
Calculation Time:	0.0391 seconds							

Calculation Time: Final 2019 AV Calculator 0.0391 seconds



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

HDHP Model – Normalization:

Inputs						
•	Ies in the blue cells	helow choose a	settina ontion fro	m the dron down h	oox, and press 'Calcula	te'
	alculate' anytime a			-		
	-			ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,550	1,550			
F	amily Deductible	3,100	3,100			
Individu	ual Out-of-Pocket	4,800	4,800			
Fam	ily Out-of-Pocket	9,600	9,600			
Coinsura	ance (50% or Less)	23%	29%			
Individual E	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$301.26	\$46.95	\$348.21		
	Plan PMPM	\$233.39	\$29.55	\$262.94		
	Actuarial Value	77.5%	62.9%	75.5%		

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

HDHP Model – Adjusted Actuarial Value:

Inputs						
•						
				-	box, and press 'Calcula	te'.
	Ilculate' anytime a	-		-		
	nat the model run-	•			eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,550	1,350			
	amily Deductible	3,100	2,700			
	Jal Out-of-Pocket	4,800	1,350			
	ily Out-of-Pocket	4,800 9,600	2,700			
	1					
Coinsura	ince (50% or Less)	23%	29%			
Individual E	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Decilie						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$301.26	\$46.95	\$348.21		
	Plan PMPM	\$223.28	\$31.06	\$254.34		
	Actuarial Value	74.1%	66.2%	73.0%		



6. Silver HDHP – Embedded MOOP CSR – 77%

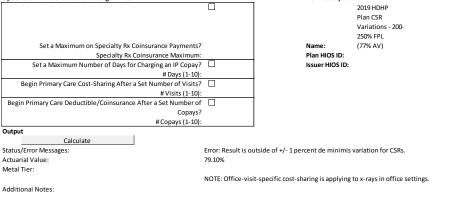
AV from AVC = 79.1%

Adjusted AV = 76.8%

AVC Screen Shot:

User Inputs for Plan Parameters

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Appual Contrib	oution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	Jution Amount.	ŞU.UU	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_									
Desired Metal Tier	Gold 🔻									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,350.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$3,300.00							
MOOP if Separate (\$)										
						-				
Click Here for Important Instructions		Tie					er 2	a "	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduc	•
Medical			amerent	separate	All	All	different	separate	Al	
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)	V	✓✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						<u> </u>				
X-rays)			90%							
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient	v	•	90%							
Services			5070							
Imaging (CT/PET Scans, MRIs)		✓								
Speech Therapy	_	_								
	~	•								
Occupational and Physical Therapy									_	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		2								
X-rays and Diagnostic Imaging		<u> </u>								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	•	v								
Drugs	Al	Ali			All	All			Al	All
Generics				\$10.00					×	
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs		2	50%							
Specialty Drugs (i.e. high-cost)		2	50%							
Options for Additional Benefit Design Limits:		-	Plan Description:							
				2040.110110						



Calculation Time: Final 2019 AV Calculator 0.043 seconds



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

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down	box, and press 'Cal	culate'.
Press 'Ca	lculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	idual Deductible	1,350	1,350			
F	amily Deductible	2,700	2,700			
Individu	al Out-of-Pocket	3,300	3,300			
Fam	ily Out-of-Pocket	6,600	6,600			
Coinsura	nce (50% or Less)	23%	27%			
Individual E	mbedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$315.99	\$49.25	\$365.24		
	Plan PMPM	\$255.70	\$33.30	\$289.00		
	Actuarial Value	80.9%	67.6%	79.1%		

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

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells	below, choose a s	setting option fro	om the drop down	box, and press 'Calcu	late'.
Press 'Ca	lculate' anytime a	n input or dropdo	wn selection is cl	hanged.		
Note th	at the model run-	time will vary bas	ed on the compu	ters processing s	peed.	
A messo	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
	idual Deductible	1,350	1,350			
F	amily Deductible	2,700	2,700			
Individu	al Out-of-Pocket	3,300	1,350			
Fami	ily Out-of-Pocket	6,600	2,700			
Coinsura	nce (50% or Less)	23%	27%			
Individual E	mbedded Moop:	7,900				
		Co	osts that Accumu	late		
			C	OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$315.99	\$49.25	\$365.24		
	Plan PMPM	\$247.19	\$33.48	\$280.68		
	Actuarial Value	78.2%	68.0%	76.8%		



Silver HDHP – Embedded MOOP CSR – 87% 7.

AV from AVC = 87.4%

Adjusted AV = 86.9%

AVC Screen Shot:

User Inputs for Plan Parameters

set inputs for flair arameters							
Use Integrated Medical and Drug Deductible?	v		HSA/HRA Options		Tier	ed Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered N	Vetwork Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri		ć0.00	1st T	ier Utilization:	100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd Ti	ier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	v						
Desired Metal Tier	Gold 💌						
	Tie	er 1 Plan Benefit D	esign		Tier 2	Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$1,200.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$1,200.00				
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate		tible?
Medical	All	All				All			All	All
Emergency Room Services	2	2 2								
All Inpatient Hospital Services (inc. MH/SUD)		v								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)									_	<u> </u>
Specialist Visit		•								
Mental/Behavioral Health and Substance Use Disorder Outpatient		•								
Services					_					_
Imaging (CT/PET Scans, MRIs)		•								
Speech Therapy		_								
	~	v								
Occupational and Physical Therapy									—	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2								
X-rays and Diagnostic Imaging	Ŋ									
Skilled Nursing Facility		•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	~								
Outpatient Surgery Physician/Surgical Services	V	7								
Drugs	Ali	🗌 All			All	All			All	All
Generics	N	v								
Preferred Brand Drugs	N	v								
Non-Preferred Brand Drugs	V	•								
Specialty Drugs (i.e. high-cost)	N	•								
Options for Additional Benefit Design Limits:		_	Plan Description	n:						
				2019 HDHP						
				Plan CSR						
				Variations - 150-	-					
				200% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):		1								
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								

Output

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Final 2019 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful. 87.40% Gold

Additional Notes:

Calculation Time:

0.0312 seconds



7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option from	m the drop down l	box, and press 'Calcula	ıte'.
	alculate' anytime a	-		•		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,200	1,200			
F	amily Deductible	2,400	2,400			
Individu	ual Out-of-Pocket	1,200	1,200			
Fam	ily Out-of-Pocket	2,400	2,400			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	I.
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$321.35	\$50.08	\$371.43		
	Plan PMPM	\$284.67	\$39.96	\$324.63		
	Actuarial Value	88.6%	79.8%	87.4%		

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

Inputs						
•	ies in the hlue cells	helow choose as	setting ontion from	m the dron down h	box, and press 'Cald	culate'
	alculate' anytime a			-		
	-			ters processing spe	ed.	
	age box will appe		•			
		Medical	Rx			
Indi	vidual Deductible	1,200	1,200			
F	amily Deductible	2,400	2,400			
Individu	ual Out-of-Pocket	1,200	1,200			
Fam	ily Out-of-Pocket	2,400	2,400			
Coinsura	nce (50% or Less)	0%	0%			
Individual I	Embedded Moop:	7,350				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		_ Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$321.35	\$50.08	\$371.43		
	Plan PMPM	\$283.05	\$39.73	\$322.79		
	Actuarial Value	88.1%	79.3%	86.9%		

HDHP Model – Adjusted Actuarial Value:



8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.7%

Adjusted AV = 93.7%

AVC Screen Shot:

User Inputs for Plan Parameters

User inputs for Flair Faranceers							
Use Integrated Medical and Drug Deductible?	v		HSA/HRA Options		Tie	red Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Emplo	over Contribution?		Tiered	Network Plan?	· 🗆
Apply Skilled Nursing Facility Copay per Day?		Annual Canto	ibution Amount:	\$0.00	1st T	Fier Utilization	: 100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	ibution Amount:	ŞU.UU	2nd T	Fier Utilization	. 0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	v						
Desired Metal Tier	Platinum 💌						
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$550.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$550.00				
MOOP if Separate (\$)							
Click Here for Important Instructions		Ti	er 1			Ti	er 2
	Subject to	Subject to	Coinsurance if	Copay, if	Subject to	Subject to	Coinsurance, if

Type of Benefit	Subject to				Subject to					Copay applies only after		
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct			
Medical	All	All			All	All			Al			
Emergency Room Services	!	2 2										
All Inpatient Hospital Services (inc. MH/SUD)		Image: A state of the state										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•	•										
X-rays)										-		
Specialist Visit	I	v										
Mental/Behavioral Health and Substance Use Disorder Outpatient		•										
Services												
Imaging (CT/PET Scans, MRIs)	•	•										
Speech Therapy		v										
	~	•										
Occupational and Physical Therapy		Ŀ								-		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services		2 2										
X-rays and Diagnostic Imaging		•										
Skilled Nursing Facility	v	~										
					_				_	_		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•										
Outpatient Surgery Physician/Surgical Services												
Drugs	All	All			All	All			All	All		
Generics		~										
Preferred Brand Drugs		2										
Non-Preferred Brand Drugs												
Specialty Drugs (i.e. high-cost)		 V										
Options for Additional Benefit Design Limits:			Plan Description	1:								
	Π	[2019 HDHP								
				Plan CSR								
				Variations - 133	2.							
				150% FPL								
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(94% AV)								
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	(34/0 AV)								
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:									
# Days (1-10):			issuel HIOS ID.									
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		l										
Calculate												
Status/Error Messages:	CSP Loval of 0.4%	(100.150% EDI)	Calculation Succe	ceful								
Actuarial Value:	93.66%	(100-130% FPL),	carculation succe	ssiul.								
Metal Tier:	Platinum											
Additional Notes:												

Calculation Time: Final 2019 AV Calculator 0.0352 seconds



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

HDHP Model – Normalization:

Inputs						
				•	pox, and press 'Calcul	ate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations o	are done.		
		Medical	Rx			
Indiv	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,350				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$337.42	\$52.59	\$390.00		
	Plan PMPM	\$318.45	\$46.86	\$365.31		
	Actuarial Value	94.4%	89.1%	93.7%		

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

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option froi	n the drop down	box, and press 'Cal	culate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note ti	hat the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	sage box will appe	ar to indicate that	the calculations o	are done.		
F	Family Deductible	1,100	1,100			
Enter values in the blue cells below, choose a setting option from the Press 'Calculate' anytime an input or dropdown selection is change Note that the model run-time will vary based on the computers p A message box will appear to indicate that the calculations are d Medical Rx Individual Deductible 550 550 Family Deductible 1,100 1,100 Individual Out-of-Pocket 550 550 Family Out-of-Pocket 1,100 1,100 Coinsurance (50% or Less) 0% 0% Individual Embedded Moop: 7,350 Costs that Accumulate OOP Deductible Medical Settings Medical & Rx Medical & Rx Calculate						
Fam	Enter values in the blue cells below, choose a setting opt. Press 'Calculate' anytime an input or dropdown selection Note that the model run-time will vary based on the of A message box will appear to indicate that the calculate Medical Rx Individual Deductible 550 550 Family Deductible 1,100 1,100 Individual Out-of-Pocket 550 550 Family Out-of-Pocket 1,100 1,100 Coinsurance (50% or Less) 0% 0% odividual Embedded Moop: 7,350 Costs that Action Deductible Media Settings Medical & Rx Medical & Medical & Rx Medical & Medical & Rx Medical & Medical & Rx Medical & Allowed PMPM \$337.42 \$52.5 Plan PMPM \$318.44 \$46.8		1,100			
Coinsura	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	7,350				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$337.42	\$52.59	\$390.00		
	Plan PMPM	\$318.44	\$46.81	\$365.24		
	Actuarial Value	94.4%	89.0%	93.7%		



9. Silver Deductible CSR – 73%

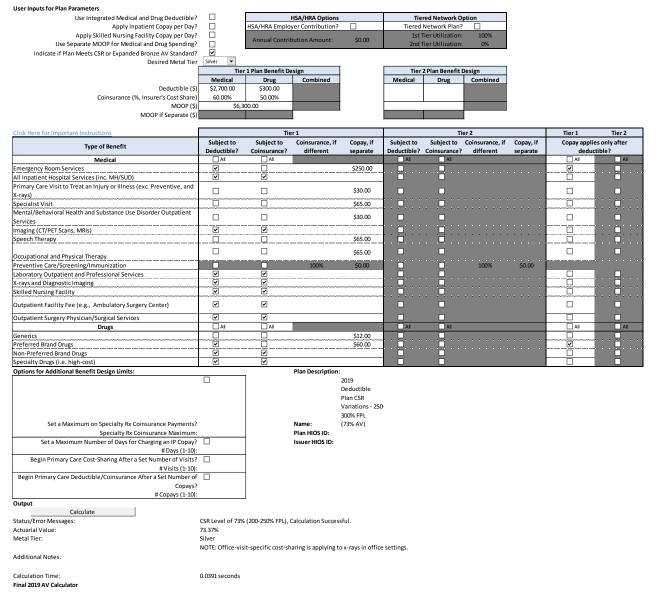
AV from AVC = 73.37%

Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 68.86%/68.30% = 1.008 x 73.37% = 74.0%

Adjusted AV = 74.0%

AVC Screen Shot:



9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs		-				
Enter valu	es in the blue cells	below, choose a s	setting option from	m the drop down b	oox, and press 'Cald	culate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	2,700	300			
F	amily Deductible	5,400	600			
Individu	ual Out-of-Pocket	6,300	6,300			
Fam	ily Out-of-Pocket	12,600	12,600			
Coinsura	nce (50% or Less)	36%	33%			
Individual E	Embedded Moop:	7,900				
		Co	osts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
neoures						
		Medical	Rx	Total		
	Allowed PMPM	\$301.26	\$46.95	\$348.21		
	Plan PMPM	\$204.97	\$32.87	\$237.84		
	Actuarial Value	68.0%	70.0%	68.30%		

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below. choose a	settina option fro	m the drop down b	box, and press 'Calcula	ıte'.
	lculate' anytime a			-		
	•			ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	2,700	300			
F	amily Deductible	5,400	600			
Individu	ual Out-of-Pocket	6,300	1,200			
Fam	ily Out-of-Pocket	12,600	2,400			
Coinsura	nce (50% or Less)	36%	33%			
Individual E	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$301.26	\$46.95	\$348.21		
	Plan PMPM	\$203.97	\$35.81	\$239.79		
	Actuarial Value	67.7%	76.3%	68.86%		



10. Silver Deductible CSR – 77%

AV from AVC = 77.3%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 73.3%/72.8% = 1.007 x .773 = 77.8%

Adjusted AV = 77.8%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00		Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?				+	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De		-		2 Plan Benefit				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$2,200.00	\$200.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	60.00%	50.00% 00.00		-						
MOOP (5) MOOP if Separate (5)		00.00		1						
woor in separate (5)			1				1			
Click Here for Important Instructions		Tie	or 1			ті	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	-
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate	deduct	
Medical	All	All			All	All			All	All
Emergency Room Services				\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	 ✓ ✓ 									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		_		ć20.00	_	-				
X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00						
Services				\$20.00						
Imaging (CT/PET Scans, MRIs)		2								
Speech Therapy				\$40.00						
				\$40.00						
Occupational and 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	2	2				Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	2	v			-	-				
Drugs										
Generics				\$12.00						
Preferred Brand Drugs	2	ō		\$60.00		-] 🖸	- H
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>							Π	
Options for Additional Benefit Design Limits:	_	_	Plan Description	:						
		1		2019						
				Deductible						
				Plan CSR						
				Variations - 200	÷					
				250% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(77% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# 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:	Frror: Result is o	utside of +/- 1 per	cent de minimis	variation for CSR						
Actuarial Value:	77.26%	active of 17-1 per	cene de minifilis	anation for Care						
Metal Tier:										
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-ravs in office	settings.					
Additional Notes:		,	0							
Calculation Time:	0.043 seconds									
Final 2019 AV Calculator										



10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs										
Enter valu	ies in the blue cells	below, choose a s	setting option from	m the drop down l	pox, and press 'Calcula	ate'.				
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.						
Note ti	hat the model run-	time will vary bas	ed on the comput	ters processing spe	ed.					
A mess	nessage box will appear to indicate that the calculations are done.									
		Medical	Rx							
Indi	vidual Deductible	2,200	200							
F	Family Deductible	4,400	400							
Individ	ual Out-of-Pocket	4,900	4,900							
Fam	nily Out-of-Pocket	9,800	9,800							
Coinsura	ance (50% or Less)	34%	33%							
Individual	Embedded Moop:	7,900								
		Co	osts that Accumul	ate						
			0	OP	Deductible /					
		Deductible	Medical	Rx	OOP Type					
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5				
		Calculat	ie							
Results										
		Medical	Rx	Total						
	Allowed PMPM	\$315.99	\$49.25	\$365.24						
	Plan PMPM	\$229.58	\$36.15	\$265.73						
	Actuarial Value	72.7%	73.4%	72.8%						



10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•						
				-	box, and press 'Calcula	te.
	Ilculate' anytime a	-		-	ad	
	age box will appe	-	-	ters processing spo		
A mess	uge box will upper			ure uone.		
		Medical	Rx			
Indiv	vidual Deductible	2,200	200			
F	amily Deductible	4,400	400			
Individu	ual Out-of-Pocket	4,900	1,000			
Fam	ily Out-of-Pocket	9,800	2,000			
Coinsura	nce (50% or Less)	34%	33%			
ndividual E	Embedded Moop:	7,900				
		Co	osts that Accumu	late		
			C	DOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$315.99	\$49.25	\$365.24		
	Plan PMPM	\$228.46	\$39.08	\$267.54		
	Actuarial Value	72.3%	79.4%	73.3%		



11. Silver Deductible CSR – 87%

AV from AVC = 87.4%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 85.7%/85.5% = 1.002 x .874= 87.6%

Adjusted AV = 87.6%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00		lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	lier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De		-		2 Plan Benefit I				
De de selle a Al	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$800.00 60.00%	\$150.00 50.00%								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		00.00		+						
MOOP (5) MOOP if Separate (\$)		00.00								
MOOP IT Separate (3)			1				1			
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	-
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	🗌 All	🗌 All			All	🗌 Ali			🗌 All	All
Emergency Room Services	V			\$250.00					✓	
All Inpatient Hospital Services (inc. MH/SUD)	✓ ✓									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$10.00		_				_
X-rays)	1			\$10.00						
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00						
Services	_			\$10.00						
Imaging (CT/PET Scans, MRIs)		2								
Speech Therapy	□			\$30.00						
				\$30.00						
Occupational and Physical Therapy								\$0.00	_	_
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		_
Laboratory Outpatient and Professional Services	 ✓ ✓ 									
X-rays and Diagnostic Imaging		2								
Skilled Nursing Facility	•	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs										
Generics				\$10.00						
Preferred Brand Drugs		Π		\$50.00		Ē			- -	
Non-Preferred Brand Drugs	>									
Specialty Drugs (i.e. high-cost)	I	•								
Options for Additional Benefit Design Limits:			Plan Description	1:						
]		2019						
				Deductible						
				Plan CSR						
				Variations - 150).					
				200% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# 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		1								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), (Calculation Surce	ssful.						
Actuarial Value:	87.43%			-						
Metal Tier:	Gold									
		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:					•					
Calculation Time:	0.0391 seconds									
Final 2019 AV Calculator										



11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs										
Enter valu	ies in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Calculd	nte'.				
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.						
Note ti	hat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.					
A mess	nessage box will appear to indicate that the calculations are done.									
		Medical	Rx							
Indi	vidual Deductible	800	150							
ŀ	Family Deductible	1,600	300							
Individ	ual Out-of-Pocket	1,800	1,800							
Fam	nily Out-of-Pocket	3,600	3,600							
Coinsura	ance (50% or Less)	33%	29%							
Individual	Embedded Moop:	7,900								
		Co	osts that Accumul	ate						
			C	OP	Deductible /					
		Deductible	Medical	Rx	OOP Type					
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5				
		Calculat	te							
Results										
		Medical	Rx	Total						
	Allowed PMPM	\$321.35	\$50.08	\$371.43						
	Plan PMPM	\$275.74	\$41.68	\$317.42						
	Actuarial Value	85.8%	83.2%	85.5%						



11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option from	m the drop down b	oox, and press 'Calcula	ıte'.
Press 'Ca	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ters processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	800	150			
F	amily Deductible	1,600	300			
Individu	ual Out-of-Pocket	1,800	400			
Fam	ily Out-of-Pocket	3,600	800			
Coinsura	ince (50% or Less)	33%	29%			
ndividual E	Embedded Moop:	7,900				
		Co	osts that Accumul	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	re de la constante de la consta			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$321.35	\$50.08	\$371.43		
	Plan PMPM	\$274.48	\$43.86	\$318.34		
	Actuarial Value	85.4%	87.6%	85.7%		



12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 95.1%/94.9% = 1.002 x .946 = 94.9%

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?				+	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•									
Desired Metal Tier				-						
		1 Plan Benefit De		ł		2 Plan Benefit I				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$150.00	\$0.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	90.00%	70.00%		+						
MOOP (\$) MOOP if Separate (\$)	290	0.00		1						
MOOP IT Separate (3)			1				1			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	All	All			All	All			All	All
Emergency Room Services				\$75.00					Y	
All Inpatient Hospital Services (inc. MH/SUD)	× ×									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		_		ćc 00	_	-			[
X-rays)				\$5.00						
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		\$5.00					_	
Services				\$5.00						
Imaging (CT/PET Scans, MRIs)	V	2								
Speech Therapy				\$15.00						
				\$15.00						
Occupational and Physical Therapy		_			_				1	—
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		<u> </u>								
X-rays and Diagnostic Imaging	2									
Skilled Nursing Facility	•					Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services		•								
Drugs										
Generics				\$5.00						
Preferred Brand Drugs	Ö	Ö		\$20.00		Ē				
Non-Preferred Brand Drugs										H
Specialty Drugs (i.e. high-cost)	Ē	<u> </u>				Ξ			Ē	Ē
Options for Additional Benefit Design Limits:	_	_	Plan Description	:						
		1		2019						
				Deductible						
				Plan CSR						
				Variations - 133	Þ					
				150% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(94% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# 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% EPL) (Calculation Succes	sful						
Actuarial Value:	94.66%	(100-100/0 FFL), (Lanculation Succes							
Metal Tier:	Platinum									
		t-specific cost-sh	aring is applying t	o x-rays in office	settings.					
Additional Notes:			o opp.7116							
Calculation Time:	0.0391 seconds									
Final 2019 AV Calculator	0.0001 0000105									



12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down	box, and press 'Calcı	ılate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Individual Deductible		150	0			
Family Deductible		300	0			
Individual Out-of-Pocket		900	900			
Family Out-of-Pocket		1,800	1,800			
Coinsurance (50% or Less)		9%	15%			
Individual Embedded Moop:		7,900				
		Co	osts that Accumul	ate		
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
			Calculate			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$337.42	\$52.59	\$390.00		
	Plan PMPM	\$321.17	\$49.04	\$370.20		
	Actuarial Value	95.2%	93.3%	94.9%		



12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
•	as in the blue cells	halaw, chaosa a	sotting option fro	m the dran down	box, and press 'Calcula	to'
	ilculate' anytime a			•	oox, ana press Calcula	le.
	,	• •		ters processing spe	ped.	
	age box will appe	,	•			
		Medical	Rx			
Indiv	vidual Deductible	150	0			
F	amily Deductible	300	0			
Individu	ual Out-of-Pocket	900	200			
Fam	ily Out-of-Pocket	1,800	400			
Coinsura	nce (50% or Less)	9%	15%			
Individual E	dividual Embedded Moop: 7,9					
		Co	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	ООР Туре	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	te			
Deculto						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$337.42	\$52.59	\$390.00		
	Plan PMPM	\$320.71	\$50.01	\$370.72		
	Actuarial Value	95.0%	95.1%	95.1%		

Introduction

On December 28, 2017, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2019. CMS made few changes in the 2019 AVC. Most notably, they trended the underlying claims to calendar year 2019.

On June 25, 2018, S.1, an act relating to copayment limits for chiropractic care and physical therapy was signed into law. This law mandates that for silver and bronze qualified health plans where chiropractic services require a copayment, that copayment shall be equal to the copayment applicable to services provided by a primary care provider.

This certification replaces the certification filed on March 9, 2018 with the Blue Cross and Blue Shield form filings for Blue Rewards products (SERFF BCVT-131416286 and BCVT-131416310) and on May 11, 2019 with Blue Cross and Blue Shield (BCBSVT) 2019 Vermont Individual and Small Group rate filing (SERFF BCVT-131497882).

Limitations of the Federal Actuarial Calculator

The AVC is known to have some limitations with respect to certain benefit designs. The most important limitations in the Final Actuarial Value Calculator for the Blue Rewards (Non-Standard) plans are:

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a copayment on, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.
- The AVC does not support specific treatment of chiropractic services. We assumed that those services are currently included in the Specialist category.

Method Used to Calculate Adjustments

The objective of the adjustment process is to produce an estimate of the result the AVC would have produced with respect to the specific plan in question had it been able to measure all cost sharing elements for that plan. We created a model to calculate the ratio of expected benefits to allowed charges. See the description of the BCBSVT AV Model (BAVM) below. We used the BAVM to calculate both the complete benefit design and the benefit design for items supported by the AVC. We then applied the ratio of the two values to the AVC output for items supported by the AVC.

BCBSVT AV Model Methodology

BCBSVT uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from BCBSVT's data warehouse. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The 2015 claims from BCBSVT Qualified Health Plans members that maintain their benefit and tier type throughout the year are included in the analysis. We compared the allowed claims per member per month (PMPM) and the modelled paid-to-allowed ratio for this population relative to the entire QHP population and found the differences to be immaterial. The model uses calendar year 2015 claims, trended to 2019 using 3.25 percent trend from 2015 to 2019 and 5.4 percent trend for 2018 to 2019 for Medical claims and 11.5 percent trend for 2015 to 2019 for Pharmacy claims¹. The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

The tables following the Actuarial Opinion show the relationship between the BAVM and the AVC.

A complete description of plan provisions is attached at the end of this document. The tables following the Actuarial Opinion contain information regarding the specific benefits that were calculated as adjustments to the AVC model.

On April 18, 2017, CMS finalized the Market Stabilization rule. In this rule, CMS widen the Actuarial Value (AV) de minimis included in 45 CFR 156.140(c) from +/- 2 percent to -4/+2 percent. For the two Blue Rewards Gold plans described below, we utilized the wider range of acceptable AV.

Under Vermont's Act 165 of 2016, QHP issuers were given the option to alter the pharmacyspecific out-of-pocket maximum (Rx OOPM) to amounts higher than allowed under 8 V.S.A \$4089i. On February 9, 2017, BCBSVT presented a request to the Green Mountain Care Board (GMCB) to remove the specific Rx OOPM from its existing Blue Rewards Bronze CDHP plan and from its new proposed Blue Rewards Bronze Copayment plan. The GMCB approved this request. The Bronze plans described below reflect a combined Medical and Pharmacy OOPM, without a specific Rx OOPM.

¹ BCBSVT used the same trend that CMS used in the 2019 Final AV Calculator (see page 3 of <u>https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2019-AV-Calculator-Methodology.pdf</u>)

Actuarial Opinion

The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These calculations are not intended to be used for other purposes.

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United Stated promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2019.

The adjustments for plan design features unable to be determined directly through application of the AV calculator were developed in accordance with generally accepted actuarial principals and methodologies, Actuarial Standards of Practice established by the Actuarial Standards Board, and applicable laws and regulations, and are appropriate for the purpose intended.

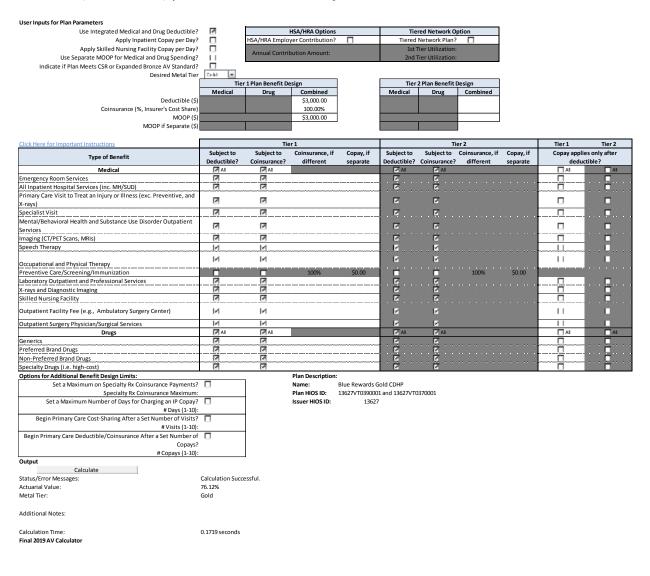
Data used for the analysis were taken from the BCBSVT claims adjudication system, and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed.

Martine & Lemieur

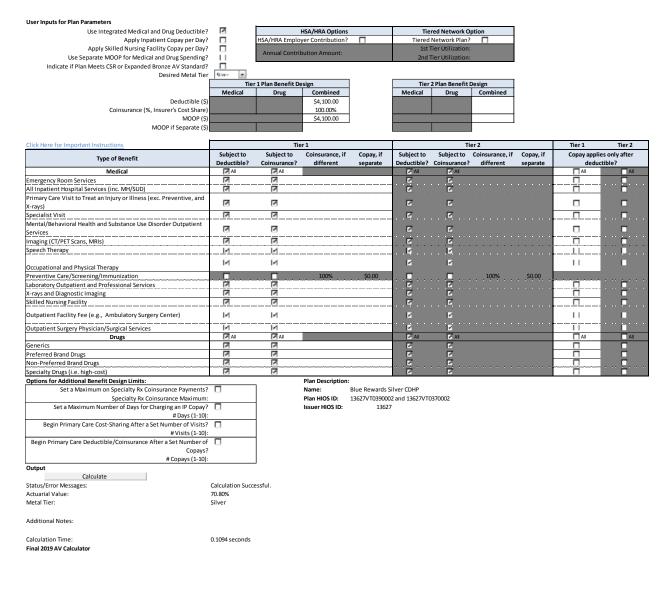
Martine Lemieux, A.S.A., M.A.A.A. Associate Actuary Blue Cross and Blue Shield of Vermont July 18, 2018

Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold								
It can a sum a set of her the s	Deductible	\$3,0	00					
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$3,000						
AVC Output for items suppo	orted by the AVC	(a)	76.1%					
BCBSVT Model Output for it	ems supported by the AVC	(b)	79.7%					
BCBSVT Model Output for c	omplete benefit design	(C)	80.3%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	76.7%					



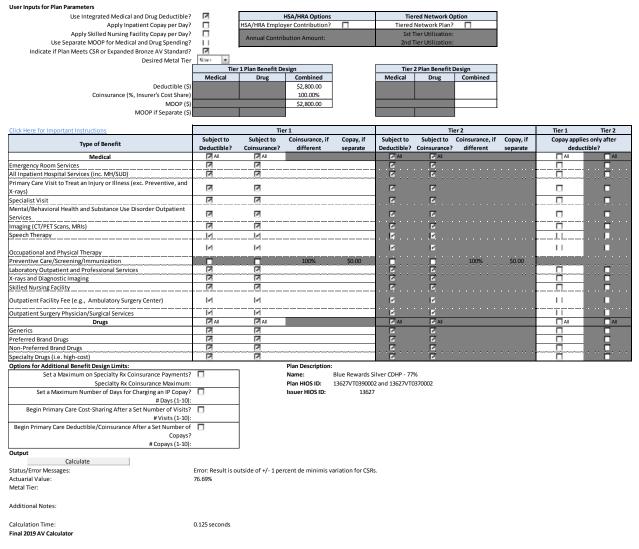
Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver								
Itome comparised by the	Deductible	\$4,100						
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$4,100						
AVC Output for items suppo	orted by the AVC	(a)	70.8%					
BCBSVT Model Output for it	tems supported by the AVC	(b)	75.4%					
BCBSVT Model Output for c	omplete benefit design	(C)	76.5%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.8%					



Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 73% CSR								
Itoma auroaytad bu tha	Deductible	\$3,550						
Items supported by the AV Calculator	Coinsurance	0%						
	OOPM	\$3,550						
AVC Output for items suppo	orted by the AVC	(a)	73.1%					
BCBSVT Model Output for it	tems supported by the AVC	(b)	77.4%					
BCBSVT Model Output for c	omplete benefit design	(C)	78.3%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	73.9%					

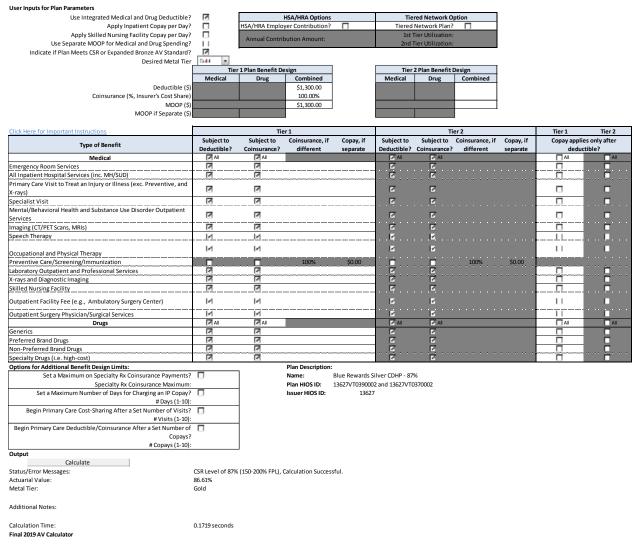
User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s		red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗖		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?	· · · · ·	Annual Contrib	bution Amount:			ier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd 1	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit De	a di ana	1	Ties	2 Plan Benefit I	Desim			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)		Diug	\$3,550.00	-	Wedical	Drug	combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,550.00	1						
MOOP if Separate (\$)			<i>†0/000100</i>	-						
			3							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	•	Coinsurance, if	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?
Medical	I AI				Al	I Al				All
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	র ব	। र			2	2 2				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	1	2			2	E.				
Specialist Visit	2	2			E	E				
Mental/Behavioral Health and Substance Use Disorder Outpatient		R							-	
Services	2				E	E				
Imaging (CT/PET Scans, MRIs)	3	3			6	E				
Speech Therapy	м	м			E .	5			11	
	14	м							11	
Occupational and Physical Therapy	_	_		\$0.00				\$0.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	-	-
Laboratory Outpatient and Professional Services	র ব	ন ন			- <u>F</u>	2 2				<u> </u>
X-rays and Diagnostic Imaging Skilled Nursing Facility	10	10			Ē	è			Ë	-
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	м				E.			11	
Outpatient Surgery Physician/Surgical Services	м	И			E .	E.			11	
Drugs	I AI	All			AI 🖉	AI 🖌			AI AI	All
Generics	N	2			E.	E				
Preferred Brand Drugs	3	2			ন্য	E				
Non-Preferred Brand Drugs					E	5				
Specialty Drugs (i.e. high-cost)					E	2				Ē
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:		Silver CDHP - 73					
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:		2 and 13627VT0	370002				
Set a Maximum Number of Days for Charging an IP Copay?	0		Issuer HIOS ID:	1362	7					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?	_	-								
#Visits (1-10):	0									
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.11%									
Metal Tier:	Silver									
Additional Notes:										
Calculation Time:	0.125 seconds									
Final 2019 AV Calculator										

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 77% CSR								
léanna ann antaidhe tha	Deductible	\$2,8	00					
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$2,8	\$2,800					
AVC Output for items suppo	orted by the AVC	(a)	76.7%					
BCBSVT Model Output for it	tems supported by the AVC	(b)	80.4%					
BCBSVT Model Output for c	omplete benefit design	(c)	81.0%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.2%					



Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR								
It are a support of her that	Deductible	\$1,3	00					
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$1,3	00					
AVC Output for items suppo	AVC Output for items supported by the AVC							
BCBSVT Model Output for it	ems supported by the AVC	(b)	88.4%					
BCBSVT Model Output for c	omplete benefit design	(c)	88.5%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	86.7%					

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.



Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR								
Itoma auroartad bu tha	Deductible	\$550)					
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$550						
AVC Output for items suppo	(a)	93.7%						
BCBSVT Model Output for it	ems supported by the AVC	(b)	94. 1%					
BCBSVT Model Output for c	omplete benefit design	(c)	94.2%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	93.7%					

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	R		HSA/HRA Options		Tio	red Network O	ntion			
Apply Inpatient Copay per Day?			ver Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		пзаунка спіріо	yer contribution:	0		ier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					21101	ier otilization.				
Desired Metal Tier										
Desired Metal Her		1 Plan Benefit De	sign		Tior	2 Plan Benefit	Docian			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	Wearear	Diug	\$550.00		Wiedical	Diug	combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)		ļ	\$550.00							
MOOP if Separate (\$)			<i>\$330.00</i>							
			-				-			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
T	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	AI 🛛	All			🖂 Al	🖂 Al			I AI	All
Emergency Room Services	N	R			2	2				
All Inpatient Hospital Services (inc. MH/SUD)	2	2			E	E				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	-							-	-
X-rays)	2	1			E.	E				
Specialist Visit		2			E	E				
Mental/Behavioral Health and Substance Use Disorder Outpatient	-	-							_	
Services	2	2			E	E				
Imaging (CT/PET Scans, MRIs)		2			E	E				
Speech Therapy	м	м			15	12			11	
	м	м			E.	E.			11	
Occupational and Physical Therapy	1-1	1-1			-				• •	-
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2			5 5 5	E				
X-rays and Diagnostic Imaging	2	2			E	E				
Skilled Nursing Facility	2				E	E				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	м							11	
Outpatient Surgery Physician/Surgical Services	м	И			E .	E.			11	_
Drugs	I AI	All			I AI	I AI				Ali
Generics	17	1			2	E				
Preferred Brand Drugs	1	1				Ē			ŏ	
Non-Preferred Brand Drugs	1	1			Ē	Ē			ă	Ē
Specialty Drugs (i.e. high-cost)	17	17			202	2 2 2			Ö	
Options for Additional Benefit Design Limits:			Plan Description:			-				
Set a Maximum on Specialty Rx Coinsurance Payments?		1		Blue Rewards S	Silver CDHP - 949	%				
Specialty Rx Coinsurance Maximum:	0				02 and 13627VT0					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	1362						
# Days (1-10):	-									
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		-								
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL),	Calculation Success	ful.						
Actuarial Value:	93.66%									
Metal Tier:	Platinum									
Additional Notes:										
	0.0781 seconds									
Final 2019 AV Calculator										

Plan : Blue Rewards (Non-Standard) CDHP Plan - Bronze								
Itoms summarised by the	Deductible	\$6,650						
Items supported by the AV Calculator	Coinsurance	0%						
Av calculator	OOPM	50						
AVC Output for items suppo	orted by the AVC	(a)	61.4%					
BCBSVT Model Output for it	ems supported by the AVC	(b)	67.9%					
BCBSVT Model Output for c	omplete benefit design	(C)	68.5%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	62.0%					

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	2		HSA/HRA Options	;	Tie	red Network C	ption			
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	bution Amount:		1st T	Fier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Fier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
	Medical	1 Plan Benefit D		-	Medical	2 Plan Benefit				
Deductible (\$)		Drug	Combined \$6,650.00	-	Iviedical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			\$6,650.00							
MOOP (\$)			\$6,650.00	-						
MOOP (5) MOOP if Separate (\$)		1	30,030.00	1			<u> </u>			
MOOP II Separate (3)										
Click Here for Important Instructions		Tie	er 1			T	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if		es only after ctible?
Medical	AI	Coinsurance?	different	separate	Deductible?	Coinsurance ?	different	separate	aedu Al	
Emergency Room Services	10	2								
All Inpatient Hospital Services (inc. MH/SUD)	20 17	<u></u>			ы ы	2			Ħ	E
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	1				1					
X-rays)	1	12			E.	2				
Specialist Visit	2	2			E	E				
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	-							_	
Services					E	E				
Imaging (CT/PET Scans, MRIs)	2	2			E	E				
Speech Therapy	м	м			1 2	5			11	
	м	м			×.	E .			11	
Occupational and Physical Therapy					-				• •	-
Preventive Care/Screening/Immunization	<u> </u>	<u> </u>	100%	\$0.00			100%	\$0.00	_	_
Laboratory Outpatient and Professional Services	Z				5	2 2			<u> </u>	-
X-rays and Diagnostic Imaging	2					Ľ.				
Skilled Nursing Facility	2	6			E	12				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	14				×.			11	
Outpatient Surgery Physician/Surgical Services	М	М			F	1			11	
Drugs	I AI	I AI			E AI	E AL				
Generics	17	17			12	2			Ē	
Preferred Brand Drugs	Ř	নি			Ē	2				F
Non-Preferred Brand Drugs	2	2			5 5 5	E				
Specialty Drugs (i.e. high-cost)	2	2			E	E.				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	Blue Rewards I	Bronze					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	13627VT039000	03 and 13627VT0	370003				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1362	7					
# Days (1-10):		4								
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):										
# copays (1-10): Output		1								
Calculate										
Status/Error Messages:	Calculation Succ	essful								
Actuarial Value:	61.44%									
Metal Tier:	Bronze									
Additional Notes:										
Calculation Time:	0.125 seconds									
Final 2019 AV Calculator										

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver Reflective								
Itoma aumouted by the	Deductible	\$4,1	25					
Items supported by the AV Calculator	Coinsurance	0%						
AV Calculator	OOPM	\$4,125						
AVC Output for items suppo	orted by the AVC	(a)	70.7%					
BCBSVT Model Output for it	ems supported by the AVC	(b)	75.3%					
BCBSVT Model Output for c	omplete benefit design	(C)	76.4%					
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.8%					

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	17		HSA/HRA Options		Tie	red Network C	Option			
Apply Inpatient Copay per Day?			over Contribution?			Network Plan				
Apply Skilled Nursing Facility Copay per Day?					1st T	Fier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Fier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit D	esign	1	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)			\$4,125.00	1						
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,125.00			•				
MOOP if Separate (\$)				-						
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		ies only after ctible?
Medical	AI AI	All	unterent	separate	All	All	uncrent	Separate		All
Emergency Room Services	1	17			2	2				
All Inpatient Hospital Services (inc. MH/SUD)	R	2			5 5	Ē				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_									
X-rays)	1	1			2	2				
Specialist Visit		2			E	E				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	1	1			E	E				
Imaging (CT/PET Scans, MRIs)	2	1			E	E				
Speech Therapy	м	м			E.	E.			11	
	м	м			5				11	_
Occupational and Physical Therapy	141	141			12					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	য	2			2	C				
X-rays and Diagnostic Imaging		2			E	6				
Skilled Nursing Facility					E	E				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	м			×.	E.			11	
Outpatient Surgery Physician/Surgical Services	и	М			2	E.			11	
Drugs	I AI	I All			AI	I AI			AI	All
Generics	1	17			2	2				
Preferred Brand Drugs	10 17	<u></u>							Ŭ	
Non-Preferred Brand Drugs	 7	ात			i i i	Ë			H	
Specialty Drugs (i.e. high-cost)	R	ि			5 5 5	5 U U			H	
Options for Additional Benefit Design Limits:	8	6	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:		Silver CDHP Ref	activa				
Specialty Rx Coinsurance Maximum					04 and 13627VT0					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1362		.570001				
# Days (1-10)					-					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10)										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10)										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.70%									
Metal Tier:	Silver									
Additional Notes:										
Additional Notes.										
Calculation Time:	0.1094 seconds									
Final 2019 AV Calculator										
· · · ·										

Blue Rewards Copayment Plans

Items not supported by the AV Calculator for all of these plans are

- Three Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care
- Copayment specific to chiropractic services

Items not supported by the AV Calculator for Gold, Silver, CSR 73%, CSR 77% and CSR 87% plans are

• Specific Pharmacy out-of-pocket maximum of \$1,350

For Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, we blended the Office Visit copayment and the Outpatient Facility copayment based on the frequency of services from the continuance tables in the AVC to calculate the input needed in the AVC.

	Plan: Blue Rewards (Non-Standard) Copayment	Plan - Gold			
	Deductible	\$1,55	50		
Items supported	Coinsurance	0%			
by the AV Calculator	OOPM	\$5,15	50		
Calculator	Copayments after the deductible	See print	below		
	PCP visits at no cost share before the deductible	3			
AVC Output for ite	ems supported by the AVC	(a)	75.0%		
BCBSVT Model Out	tput for items supported by the AVC	(b)	81.6%		
BCBSVT Model Out	tput for complete benefit design	(c)	82.7%		
Estimated AVC va	lue	(d)=(c)/(b)*(a)	76.1%		

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	R		HSA/HRA Options		Tie	red Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
Desired Webbi Her		1 Plan Benefit De	esign	1	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)		<u> </u>	\$5,150.00							
MOOP if Separate (\$				-			· · · ·			
		-	-			•	•			
Click Here for Important Instructions		Tie	er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		ies only after
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate		ctible?
Medical	IA 🖸	II All			All 🔤	Al 🖌			IA 🗐	All 🗌
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	য	8		\$250.00 \$750.00	ы N	2 2			া ন	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	 M			\$20.00	5	5			 17	_
X-rays)				-						_
Specialist Visit	2			\$30.00	E	2				
Mental/Behavioral Health and Substance Use Disorder Outpatient	17			\$19.00	E.	R.			17	
Services	- R			-	E				- 17	
Imaging (CT/PET Scans, MRIs)		<u> </u>		\$750.00		E				_
Speech Therapy	м			\$30.00	<u></u>	1			м	
O served in a local Plantical Theorem	M	11		\$30.00		2			14	
Occupational and Physical Therapy Preventive Care/Screening/Immunization	-	-	100%	\$0.00	-	-	100%	\$0.00		
	1		100%	\$30.00	-	2	100%	50.00	ব	-
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	10 R	H		\$30.00	5 5	8			8	
Skilled Nursing Facility	10 17	ŭ		\$750.00	Ē				10 17	<u> </u>
Skilled Norshig Facility						E				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	11		\$750.00	E	12			м	
Outpatient Surgery Physician/Surgical Services	м	14			E .	2				
Drugs	I AI	All			IA 🔽	🗹 Al			□ AI	IIA 🗌
Generics				\$5.00	ניני	E				
Preferred Brand Drugs			60%		E	E				
Non-Preferred Brand Drugs			40%		E	E				
Specialty Drugs (i.e. high-cost)	۲.	7	60%		E	E.				
Options for Additional Benefit Design Limits:	_	-	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Blue Rewards G						
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:	13627VT038000		0360001				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	13627	7					
# 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		1								
Calculate										
Status/Error Messages:	Error: Result is o	utside of [-4 +7]	percent de minimi	is variation						
Actuarial Value:	75.03%									
Metal Tier:										
	NOTE: Service-se	pecific cost-sharin	ig is applying for s	ervice(s) with fa	c/prof compon	ents overridin	outpatient innu	ts for those se	ervice(s).	
Additional Notes:					, p. or compon		5			
Additional Notes.										
Calculation Time:	0.125 seconds									
Final 2019 AV Calculator	0.125 Seconds									
Final 2015 AV Calculator										

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver									
	Deductible	\$2,8	50						
Items supported	Coinsurance	0%							
by the AV Calculator	OOPM	\$7,90	00						
Calculator	Copayments after the deductible	See print	below						
	PCP visits at no cost share before the deductible	3							
AVC Output for ite	ems supported by the AVC	(a)	66.7%						
BCBSVT Model Out	tput for items supported by the AVC	(b)	73.5%						
BCBSVT Model Out	tput for complete benefit design	(C)	75.5%						
Estimated AVC va	alue	(d)=(c)/(b)*(a)	68.5%						

HSA/HRA Option Employer Contribution Contribution Amount: efit Design \$2,850.00 100.00% \$7,900.00 Tier 1 to Coinsurance, i nce? different	?	Tiered 1st T 2nd T Medical	Coinsurance?	Design Combined	Copay, if separate		Tier 2 es only after ctible?
efit Design Combined Scombined	Copay, if separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$29.00 \$1,750.00 \$50.00 \$50.00 \$50.00 \$50.00	1st T 2nd T Medical Subject to Deductible? C C C C C C C	Ter Utilization: Ter Utilization: 2 Plan Benefit D Drug Drug Ter Subject to Coinsurance? C Al C Coinsurance? C Al C Coinsurance? C Al C C Coinsurance? C C C C C C C C C C C C C C C C C C C	Combined Combined er 2 Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
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t Combined \$2,850.00 100.00% \$7,900.00 Tier 1 t to Coinsurance, different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Medical Subject to Deductible? C Al C C C C C C C C C C C C C C C	Drug Tie Subject to Coinsurance? Z All Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Combined er 2 Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
t Combined \$2,850.00 100.00% \$7,900.00 Tier 1 t to Coinsurance, different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Medical Subject to Deductible? C Al C C C C C C C C C C C C C C C	Drug Tie Subject to Coinsurance? Z All Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Combined er 2 Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
\$2,850.00 100.00% \$7,900.00 Tier 1 to Coinsurance, i different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Tie Subject to Coinsurance? Z AI Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
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Tier 1 t to Coinsurance, i nce? different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
Tier 1 t to Coinsurance, i nce? different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
t to Coinsurance, i nce? different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
t to Coinsurance, i nce? different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Copay appli deduc 7 Al 7 7 7 7 7	es only after ctible?
nce? different	separate \$450.00 \$1,750.00 \$30.00 \$50.00 \$1,750.00 \$5,000 \$50.00 \$50.00 \$50.00	Deductible?	Coinsurance?	different	separate	deduc (7 Al (7 (7) (7) (7) (7) (7)	all and a second
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100%	\$1,750.00 \$30.00 \$50.00 \$29.00 \$1,750.00 \$50.00 \$50.00 \$50.00 \$50.00	000 000 000	0 0 0 0 0 0 0 0 0			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-
100%	\$1,750.00 \$30.00 \$50.00 \$29.00 \$1,750.00 \$50.00 \$50.00 \$50.00 \$50.00	व व व व	0 0 0 0 0 0 0			R R R	-
100%	\$30.00 \$50.00 \$29.00 \$1,750.00 \$50.00 \$50.00 \$0.00	व व व व	0 0 0 0 0			। । ।	-
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100%	\$29.00 \$1,750.00 \$50.00 \$50.00 \$50.00	5 5 5	5 5 5			Ø	
100%	\$1,750.00 \$50.00 \$50.00 \$0.00	2	2				
100%	\$50.00 \$50.00 \$0.00	15	2			2	
100%	\$50.00 \$50.00 \$0.00	15				<u>19</u>	-
100%	\$50.00 \$0.00					14	
100%	\$0.00		2			м	
100%						14	
100%				100%	\$0.00		
		2		100/6	90.00	2	
	\$50.00	6 6	5 5			- E	Ē
	\$1,750.00	Ē				2	
	91,750.00		E .				
	\$1,750.00	M				14	
		E .				11	
		E AI	E AL				
	\$5.00	E	2			1	
60%		5	Ē				
40%		Ē	ž			Ö	
60%		Ē	Ē			ö	- F
Plan Descriptio						0	
Name:	Blue Rewards S	liver					
Plan HIOS ID:	13627VT038000		260002				
Issuer HIOS ID:	13627 1038000		1300002				
133061 11105 12.	15027	,					
			ents overriding	outnatient input	for those se	rvice(s)	
sharing is applying for	service(s) with fa	c/nrof compose	circs, overhalling	, sacpatient input	107 11030 30		
sharing is applying for	service(s) with fa	c/prof compone					
sharing is applying for	service(s) with fa	ic/prof compone					
sharing is applying for	service(s) with fa	ac/prof compone					
sharing is applying for	service(s) with fa	c/prof compone					
sharing is applying for	service(s) with fa	ac/prof compone					
			st-sharing is applying for service(s) with fac/prof compon-	st-sharing is applying for service(s) with fac/prof components, overriding	st-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs	st-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those se	st-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Pla	n: Blue Rewards (Non-Standard) Copayment Plan	- Silver CSR 73%			
	Deductible	\$2,10	00		
Items supported	Coinsurance	0%			
by the AV Calculator	ООРМ	\$5,70	00		
Calculator	Copayments after the deductible	See print	below		
	PCP visits at no cost share before the deductible	3			
AVC Output for ite	ems supported by the AVC	(a)	71.8%		
BCBSVT Model Out	tput for items supported by the AVC	(b)	77.5%		
BCBSVT Model Out	tput for complete benefit design	(C)	78.8%		
Estimated AVC va	alue	(d)=(c)/(b)*(a)	73.0%		

User Inputs for Plan Parameters	-	· · · · · ·								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options ver Contribution?			red Network O				
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HKA Employ	ver Contribution?			Network Plan? Fier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					200	ner otilization:				
Desired Metal Tier										
Desired Wetar Her		r 1 Plan Benefit De	sign	1	Tier	2 Plan Benefit [Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)		g	\$2,100.00	1		g				
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$5,700.00	1						
MOOP if Separate (\$)				-						
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if		ies only after ictible?
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Al	
Emergency Room Services	1			\$400.00					12	
All Inpatient Hospital Services (inc. MH/SUD)	 N	Ö		\$1,500.00	2 2	2 2			<u> </u>	Ē
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		~~~~~~			1					
X-rays)	1			\$30.00	2	2			1	
Specialist Visit	2			\$50.00	E	C			2	
Mental/Behavioral Health and Substance Use Disorder Outpatient	-	-		\$29.00		-		l	-	
Services				\$29.00	E	2			2	_
Imaging (CT/PET Scans, MRIs)	2			\$1,500.00	E	E			2	
Speech Therapy	м			\$50.00	E .	E.			м	
	м	11		\$50.00		E C			ы	
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	-	_
Laboratory Outpatient and Professional Services	2 7			\$50.00	2	5			। र	_
X-rays and Diagnostic Imaging Skilled Nursing Facility	19 17			\$50.00 \$1,500.00	1				10 17	
Skilled Nulsing Facility				\$1,500.00	E	E		•••••••	19	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	14	11		\$1,500.00					14	
Outpatient Surgery Physician/Surgical Services	м	м			E	E .			11	
Drugs	IA 🔽	I AI			AI I	AI I			T All	All
Generics	N			\$5.00	2	2			17	
Preferred Brand Drugs	2	2	60%		5	5				
Non-Preferred Brand Drugs			40%		E	E				
Specialty Drugs (i.e. high-cost)	P	1	60%		2	2				
Options for Additional Benefit Design Limits:	_	-	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Blue Rewards S						
Specialty Rx Coinsurance Maximum:		-		13627VT038000		360002				
Set a Maximum Number of Days for Charging an IP Copay?	U		Issuer HIOS ID:	13627	7					
# 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:		utside of +/- 1 per	cent de minimis v	variation for CSR	is.					
Actuarial Value:	71.83%									
Metal Tier:										
	NOTE: Service-sp	pecific cost-sharing	g is applying for se	ervice(s) with fa	c/prof compon	ents, overriding	goutpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.125 seconds									
Final 2019 AV Calculator										

Pla	n: Blue Rewards (Non-Standard) Copayment Plan	- Silver CSR 77%			
	Deductible	\$1,00	0		
Items supported	Coinsurance	0%			
by the AV Calculator	OOPM	\$5,20	00		
Calculator	Copayments after the deductible	See print	below		
	PCP visits at no cost share before the deductible	3			
AVC Output for ite	ems supported by the AVC	(a)	76.1%		
BCBSVT Model Out	tput for items supported by the AVC	(b)	82.0%		
BCBSVT Model Out	tput for complete benefit design	(C)	82.9%		
Estimated AVC va	llue	(d)=(c)/(b)*(a)	76.9 %		

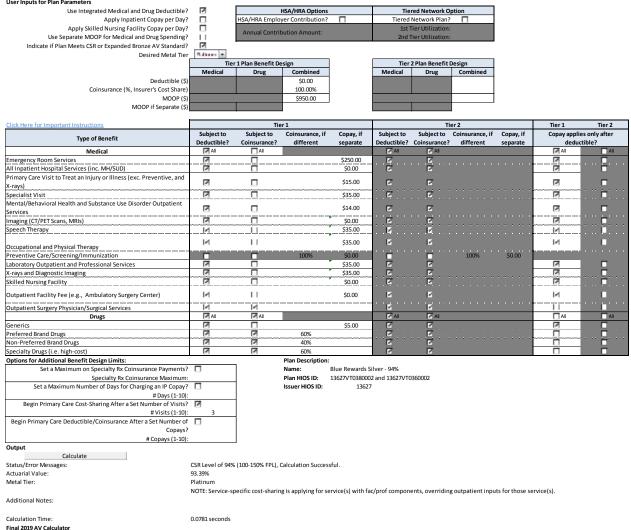
User Inputs for Plan Parameters	-									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HKA Employ	yer Contribution :	U .		Network Plan? Fier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner otinzation:				
Desired Metal Tier										
Desired Wetar Her		1 Plan Benefit De	sign	1	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)		2.108	\$1,000.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$5,200.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Click Here for Important Instructions	Subject to	Subject to	r 1 Coinsurance, if	Copay, if	Subject to		er z Coinsurance, if	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate		ictible?
Medical	Al	All	unterent	separate	All	All	unerent	separate	All	
Emergency Room Services	12	- H		\$400.00		Ē			12	
All Inpatient Hospital Services (inc. MH/SUD)	2			\$1,500.00	8	2			2	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	-		\$30.00		_			-	
X-rays)	2			\$30.00	E	E			2	
Specialist Visit	2			\$50.00	E	E			6	
Mental/Behavioral Health and Substance Use Disorder Outpatient	17			\$29.00	E.	E.			R	
Services	*									
Imaging (CT/PET Scans, MRIs)	2			\$1,500.00	E	2			2	
Speech Therapy	м			\$50.00	E.	E.			м	
Occupational and Physical Therapy	14	11		\$50.00	12	2			14	
Preventive Care/Screening/Immunization	_	_	100%	\$0.00	-	-	100%	\$0.00		
Laboratory Outpatient and Professional Services	2	H	100%	\$50.00	2	2	100%	30.00	2	_
X-rays and Diagnostic Imaging	E R	Ħ		\$50.00	8	Ē			E I	
Skilled Nursing Facility	1	ö		\$1,500.00	E	Ē			 R	Ē
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	M	11		\$1,500.00	E	E.			м	
Outpatient Surgery Physician/Surgical Services	м	м			×	2			11	
Drugs	P AI	II All			All 🖉	🛃 All			T AI	All
Generics				\$5.00	E	E			2	
Preferred Brand Drugs			60%		202	5				E
Non-Preferred Brand Drugs	2	। ज	40%		8	8				
Specialty Drugs (i.e. high-cost)	15	12	60%		14	2			U	
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:	: Blue Rewards S	ilvor 72%					
Specialty Rx Coinsurance Payments: Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	13627VT038000		260002				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	13627		500002				
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	17	1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:										
Actuarial Value:	26.05%	utside of +/- 1 per	cent de minimis i		5.					
Metal Tier:	, 3.0370									
	NOTE: Service-se	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents. overridin	g outpatient innu	ts for those se	rvice(s).	
Additional Notes:			J		.,pon	,				
Calculation Time:	0.0938 seconds									
Final 2019 AV Calculator										

Pla	n: Blue Rewards (Non-Standard) Copayment Plan	- Silver CSR 87%			
	Deductible	\$200)		
Items supported	Coinsurance	0%			
by the AV Calculator	OOPM	\$2,00	00		
Calculator	Copayments after the deductible	See print	below		
	PCP visits at no cost share before the deductible	3			
AVC Output for ite	ems supported by the AVC	(a)	87.2%		
BCBSVT Model Out	tput for items supported by the AVC	(b)	91.1%		
BCBSVT Model Out	tput for complete benefit design	(C)	91.3%		
Estimated AVC va	llue	(d)=(c)/(b)*(a)	87.3%		

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ed Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			ier Utilization: ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110 1	ier otinzation:				
Desired Metal Tier										
besited metal net		1 Plan Benefit De	esign	1	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$200.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$2,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ictible?
Medical	AI 🖌	IIA 🔲			All 🛛	🖌 Al			AI 🛛	All
Emergency Room Services				\$250.00	5 5	E			2	
All Inpatient Hospital Services (inc. MH/SUD)	2			\$500.00	E	6			2	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	17			\$30.00	E.	E.			17	
X-rays)	1	ō		\$50.00	5				2	
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		<u></u>				E			19	-
Services	1			\$29.00	2	2			1	
Imaging (CT/PET Scans, MRIs)	R			\$500.00	E	Z			2	
Speech Therapy	м	11		\$50.00	15	6			м	
	м	11		\$50.00	E.	×.			м	
Occupational and Physical Therapy				-		-			1-1	-
Preventive Care/Screening/Immunization		<u> </u>	100%	\$0.00			100%	\$0.00	_	_
Laboratory Outpatient and Professional Services	2 7			\$50.00	100	5			। र	_
X-rays and Diagnostic Imaging Skilled Nursing Facility	5	8		\$50.00 \$500.00	6				10 17	
Skilled Nursing Facility						E				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	11		\$500.00		×.			14	
Outpatient Surgery Physician/Surgical Services	м	м			E .	12			11	
Drugs	AI 🛛	🖬 Ali			🖬 🖬	🛃 All			🗖 AI	All
Generics	Ε			\$5.00	ব্য	7			•	
Preferred Brand Drugs			60%		E	2				E
Non-Preferred Brand Drugs		র ন	40%		5	E				_
Specialty Drugs (i.e. high-cost)	P	19	60% Plan Description	-	14	2			U	
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	: Blue Rewards S	ilvor - 87%					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	13627VT038000		360002				
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	13627						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	N									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10): Output		J								
Calculate										
	CSR Level of 87%	(150-200% FPL),	Calculation Succes	ssful.						
Actuarial Value:	87.20%									
	Gold									
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overriding	outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
	0.1094 seconds									
Final 2019 AV Calculator										

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%

The inclusion of Mental Health office visits in the three PCP or Mental Health Office visits at no cost share before the deductible benefit and copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care are not supported by the AVC for this plan. The difference between the AVC benefit of three PCP visits at no cost share before the deductible and the BCBSVT benefit of three PCP or MHSA visits at no cost share is immaterial², the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care and requiring that services for chiropractic care be subject to a PCP copayment are also immaterial; therefore we are using the AVC directly for this plan.



² The AV calculator produces an AV of 93.46% for a plan with identical inputs other than MHSA cost sharing which is set to no cost sharing, therefore the waiving of cost sharing on up to three MHSA visits for those not having 3 or more PCP visits is not expected to have any material impact.

Plan: Blue Rewards (Non-Standard) Copayment Plan - Bronze								
	Deductible	\$7,90	0					
Items supported	Coinsurance	0%						
by the AV Calculator	OOPM	\$7,90	0					
Calculator	Copayments after the deductible	See print	below					
	PCP visits at no cost share before the deductible	3						
AVC Output for ite	ems supported by the AVC	(a)	61.1%					
BCBSVT Model Out	tput for items supported by the AVC	(b)	66.7%					
BCBSVT Model Out	tput for complete benefit design	(C)	66.7%					
Estimated AVC va	lue	(d)=(c)/(b)*(a)	61.2%					

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	12		HSA/HRA Option	s	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?			had been descended		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	11	Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Sector 1									
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,900.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,900.00							
MOOP if Separate (\$)				-						
Click Here for Important Instructions		Ti	er 1			т:	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay appli	-
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	IA I	All			All	AI 🖉			All	All
Emergency Room Services	12	R							ă	
All Inpatient Hospital Services (inc. MH/SUD)	2	2			5 5	ы ы			Ē	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	2	2			2	2				
Specialist Visit	2	R			E	E				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	2	1			2	2				
Imaging (CT/PET Scans, MRIs)	2	R			7	7				
Speech Therapy	м	м			Ē	Ē				
										_
Occupational and Physical Therapy	м	14				2			11	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	বি	2			Ē	Ē				
X-rays and Diagnostic Imaging	বি	1			2	2			- T	Ē
Skilled Nursing Facility	1	2			Ē	Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	14				×.			11	
Outpatient Surgery Physician/Surgical Services	м	м			E.	Z			11	
Drugs	IA 🔽	🗖 All			🖂 All	🖂 Al			□ AI	All
Generics	N	N I			E	2				
Preferred Brand Drugs	1	2			E	2 2				
Non-Preferred Brand Drugs	2	2			5 5	E				F
Specialty Drugs (i.e. high-cost)	1	2			E	Z				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Blue Rewards B	Bronze					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	13627VT038000	3 and 13627VT	0360003				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1362	7					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	17									
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	61.13%									
Metal Tier:	Bronze									
Additional Notes:										
Calculation Time:	0.125 seconds									
Final 2019 AV Calculator	0.120 SECONDS									
Final 2019 AV Calculator										

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver Reflective						
	Deductible	\$2,850				
Items supported	Coinsurance	0%				
by the AV Calculator	OOPM	\$7,900				
Calculator	Copayments after the deductible	See print below				
	PCP visits at no cost share before the deductible	3				
AVC Output for ite	ems supported by the AVC	(a)	66.7%			
BCBSVT Model Output for items supported by the AVC (b) 73.5%						
BCBSVT Model Output for complete benefit design(c)						
Estimated AVC va	timated AVC value (d)=(c)/(b)*(a) 68.59					

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network Opti	_	1		
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	· 🗆		Network Plan?		1		
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization: Tier Utilization:		1		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					200	Tier Utilization:				
Desired Metal Tier										
Desired Webbi Her		1 Plan Benefit De	esign	1	Tier	2 Plan Benefit De	sign	1		
	Medical	Drug	Combined	1	Medical		Combined	1		
Deductible (\$)			\$2,850.00	1				1		
Coinsurance (%, Insurer's Cost Share)			100.00%					l		
MOOP (\$)			\$7,900.00					1		
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	ar 1			Tier	2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to Co		Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?
Medical	AI 🛛	IIA 🔲		i.	Z All	AI 🖌			🖬 Al	IIA 🗌
Emergency Room Services	2			\$450.00	5 5	2			2	
All Inpatient Hospital Services (inc. MH/SUD)	R			\$1,750.00	E	E			2	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	17			\$30.00	E.	R.			17	
X-rays) Specialist Visit	2			\$50.00	E				2	
Mental/Behavioral Health and Substance Use Disorder Outpatient						E				
Services	1			\$29.00	E.	2			2	
Imaging (CT/PET Scans, MRIs)	2			\$1,750.00	E	2			1	
Speech Therapy	м	11		\$50.00	E	E.			м	
	м	11		\$50.00	12	12			м	
Occupational and Physical Therapy				-		_				-
Preventive Care/Screening/Immunization	<u> </u>		100%	\$0.00		-	100%	\$0.00	-	-
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	2	8		\$50.00 \$50.00		2			2	-
Skilled Nursing Facility	E E	ă		\$1,750.00	Ē	Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	м	11		\$1,750.00	E.	5			м	
Outpatient Surgery Physician/Surgical Services	м	м			1 M	2 C				
Drugs	I AI	All			Al I	IA I				
Generics Desferred Desert	2		con/	\$5.00	2 2 2	5			M	
Preferred Brand Drugs Non-Preferred Brand Drugs	E E	19	60% 40%		E E	2			8	
Specialty Drugs (i.e. high-cost)	 17	10	60%		Ē	2			ă	E I
Options for Additional Benefit Design Limits:		65	Plan Description	:					0	
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	Blue Rewards S	ilver Reflective	e				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	13627VT038000	4 and 13627VT	0360004				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	13627						
# 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:		utside of +/- 1 per	rcent de minimis	variation for CSRs	s.					
Actuarial Value: Metal Tier:	66.74%									
Wetai Hei.	NOTE: Service-sr	nerific cost-sharin	g is applying for s	ervice(s) with fa	c/nrof compon	ients, overriding o	utnatient innu	its for those se	rvice(s)	
Additional Notes:	NOTE: SELVICE-SE	conclust-sildfill	e 13 ahhiàine 101 2	civice(s) with Id	c/pror compon	ients, overnung o	orpatient inpt	its for those se	1 1100(5).	
Hadrona Hotes.										
Calculation Time:	0.0898 seconds									
Final 2019 AV Calculator										

Appendix – Complete Benefit Designs

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	Copayment	Copayment	Copayment	Copayment
Medical Deductible	\$1,550	\$2,850	\$2,850	\$7,900
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$7,900	\$7,900	\$7,900
Rx OOPM	\$1,350	\$1,350	\$1,350	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900			
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at			
MH/SA Office Visit	no cost share before deductible then \$20 copay	no cost share before deductible then \$30 copay	no cost share before deductible then \$30 copay	no cost share before deductible then \$0 copay
Chiropractic Care Visit	\$20	\$30	\$30	\$0
Specialist Office Visit	\$30	\$50	\$50	\$0
Urgent Care	\$30	\$50	\$50	\$0
Ambulance	\$30	\$50	\$55	\$0
DME	\$30	\$50	\$50	\$0
ER	\$250	\$450	\$450	\$0
Radiology (MRI, CT, PET)	\$750	\$1,750	\$1,750	\$0
Inpatient / Outpatient	\$750	\$1,750	\$1,750	\$0
Rx Generic	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Estimated 2019 AVC Value	76.1%	68.5%	68.5%	61.2%

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Copayment	Copayment	Copayment	Copayment
Medical Deductible	\$2,100	\$1,000	\$200	\$0
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,700	\$5,200	\$2,000	\$950
Rx OOPM	\$1,350	\$1,350	\$1,350	\$950
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at	3 visits per member combined PCP/MH at	3 visits per member combined PCP/MH at	3 visits per member combined PCP/MH at
MH/SA Office Visit	no cost share before deductible then \$30 copay	no cost share before deductible then \$30 copay	no cost share before deductible then \$30 copay	no cost share before deductible then \$15 copay
Chiropractic Care Visit	\$30	\$30	\$30	\$15
Specialist Office Visit	\$50	\$50	\$50	\$35
Urgent Care	\$50	\$50	\$50	\$35
Ambulance	\$50	\$50	\$50	\$35
DME	\$50	\$50	\$50	\$35
ER	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$1,500	\$1,500	\$500	\$0
Inpatient / Outpatient	\$1,500	\$1,500	\$500	\$0
Rx Generic	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2019 AVC Value	73.0%	76.9%	87.3%	93.4%

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	CDHP	CDHP	CDHP	CDHP -
Medical Deductible	\$3,000	\$4,100	\$4,125	\$6,650
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$3,000	\$4,100	\$4,125	\$6,650
Rx OOPM	\$1,350	\$1,350	\$1,350	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Chiropractic Care Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Rx Generic	\$5	\$15	\$15	\$25
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2019 AVC Value	76.1%	71.8%	71.8%	62.0%

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	CDHP	CDHP	CDHP – Not HSAQ	CDHP - Not HSAQ
Medical Deductible	\$3,550	\$2,800	\$1,300	\$550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$3,550	\$2,800	\$1,300	\$550
Rx OOPM	\$1,350	\$1,350	\$1,300	\$550
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Chiropractic Care Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Rx Generic	\$15	\$15	\$15	\$15
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2019 AVC Value	73.9%	77.2%	86.7%	93.7%