
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Filing at a Glance

Company:	BCBSVT
Product Name:	2019 Vermont Individual and Small Group Rate Filing
State:	VermontGMCB
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.001C Any Size Group - Other
Filing Type:	GMCB Rate
Date Submitted:	05/11/2018
SERFF Tr Num:	BCVT-131497882
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jude Daye, Martine Brisson-Lemieux
Reviewer(s):	Agatha Kessler (primary), Thomas Crompton, David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed, Sebastian Arduengo
Disposition Date:	08/14/2018
Disposition Status:	Approved
Implementation Date:	01/01/2019
State Filing Description:	

State: VermontGMCB
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2019 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer, Other Explanation for Other Group Market Type:
Overall Rate Impact: Filing Status Changed: 08/23/2018
State Status Changed:
Deemer Date: Created By: Jude Daye
Submitted By: Jude Daye Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Exchange Intentions: To be sold on Vermont Health Connect or directly to consumers effective 01/01/2019.

Filing Description:
May 11, 2018

Agatha Kessler
Health Policy Director
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2019 Vermont Individual and Small Group Rate Filing

Dear Ms. Kessler:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2019 Vermont Individual and Small Group Rate Filing.

The average 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 5.3 percent.

Increases for specific plans range from 3.5 percent to 6.8 percent, except for the Catastrophic plan, which is increasing by 1.2 percent. Silver Level Exchange plans will increase an average of 16.0 percent, with increases for specific plans ranging from 14.6 percent to 18.9 percent. Across all plans, the average increase is 7.5 percent.

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

Sincerely,

Ruth Greene

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

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

Company and Contact

Filing Contact Information

Jude Daye, Executive Assistant	dayej@bcbsvt.com
445 Industrial Lane	802-371-3244 [Phone]
Montpelier, VT 05601	

Filing Company Information

BCBSVT	CoCode: 53295	State of Domicile: Vermont
PO BOX 186	Group Code:	Company Type: Hospital
Montpelier, VT 05601	Group Name:	Service Corp
(802) 371-3450 ext. [Phone]	FEIN Number: 03-0277307	State ID Number:

Filing Fees

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

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	08/23/2018	08/23/2018

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/22/2018	07/22/2018
Pending Response	Jacqueline Lee	07/02/2018	07/02/2018
Pending Response	Jacqueline Lee	07/02/2018	07/02/2018
Pending Response	Jacqueline Lee	06/15/2018	06/15/2018
Pending Response	Jacqueline Lee	06/15/2018	06/15/2018
Pending Response	Jacqueline Lee	05/25/2018	05/25/2018
Pending Response	Jacqueline Lee	05/25/2018	05/25/2018
Pending Response	Jacqueline Lee	05/17/2018	05/17/2018

Response Letters

Responded By	Created On	Date Submitted
Martine Brisson-Lemieux	07/25/2018	07/25/2018
Martine Brisson-Lemieux	07/06/2018	07/06/2018
Martine Brisson-Lemieux	07/10/2018	07/10/2018
Martine Brisson-Lemieux	06/22/2018	06/22/2018
Martine Brisson-Lemieux	06/21/2018	06/21/2018
Martine Brisson-Lemieux	06/01/2018	06/01/2018
Martine Brisson-Lemieux	06/04/2018	06/04/2018
Martine Brisson-Lemieux	05/21/2018	05/21/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	BCBSVT 2019 Vermont Individual and Small Group rate filing - Amended per GMCB Order	Martine Brisson-Lemieux	08/21/2018	08/21/2018
Supporting Document	Amendment to BCBSVT 2019 Vermont Individual and Small Group rate filing	Martine Brisson-Lemieux	07/18/2018	07/18/2018

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Amended Order Granting Confidentiality	Note To Filer	Sebastian Arduengo	06/22/2018	06/22/2018
Order Granting Confidentiality	Note To Filer	Sebastian Arduengo	06/22/2018	06/22/2018

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Order Granting Confidentiality	Note To Filer	Sebastian Arduengo	06/07/2018	06/07/2018
Order Granting Confidentiality	Note To Filer	Sebastian Arduengo	05/21/2018	05/21/2018
Original RRS Tab	Reviewer Note	Agatha Kessler	05/14/2018	

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Disposition

Disposition Date: 08/14/2018

Implementation Date: 01/01/2019

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: This filing is approved as amended per GMCB order (GMCB-009-18rr.)

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	Increase	5.775%	5.775%	\$20,082,027	31,770	\$347,729,947	18.590%	-0.626%

Percent Change Approved:

Minimum: -0.626%

Maximum: 18.590%

Weighted Average: 5.775%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Consumer Disclosure Form		No
Supporting Document	Filing Compliance Certification		No
Supporting Document	Third Party Filing Authorization		No
Supporting Document	Unified Rate Review Template		No
Supporting Document	Exhibits		No
Supporting Document	Attachments A, B & C		No
Supporting Document	Rate Data Templates		No
Supporting Document	Actuarial Data Set		No

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries - 05.17.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 3 - 05.25.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 2 - 05.25.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 4 - 06.15.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 5 - 06.15.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 7 - 07.02.2018		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 6 - 06.28.2018		No
Supporting Document	Amendment to BCBSVT 2019 Vermont Individual and Small Group rate filing		No
Supporting Document	Responses to BCBSVT 2019 VISG Filing Inquiries 8 - 07.22.2018		No
Supporting Document	BCBSVT 2019 Vermont Individual and Small Group rate filing - Amended per GMCB Order		No

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/22/2018
Submitted Date	07/22/2018
Respond By Date	07/25/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on July 25th.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

July 22, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please elaborate on the how the estimated 8,000 members that are expected to move to Association Health Plans (AHPs) was determined.
2. Are some of the estimated 8,000 members moving to AHPs expected to come from self-funded groups?
3. Does the company expect AHPs to be able to rate by age in Vermont?
4. Does the company expect AHPs to market to self-employed individuals?
5. Please provide support for the changes to (1+c1) and (1+c6) due to the members moving to AHPs.
6. Please provide quantitative and qualitative support for the impact of the cost sharing changes required by S.1 and H.693. This should at least include the utilization of these services in the experience period and the change in copay by plan.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than July 25, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive, flowing style.

Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/02/2018
Submitted Date	07/02/2018
Respond By Date	07/06/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on July 6th.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

July 2, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please elaborate on the process to estimate the impact on administrative costs PMPM due to the decrease in membership. As the individual and small group membership decreases, are some of the fixed costs spread out over other lines of business through a reduced allocation by line of business?
2. Please discuss the key drivers of the increase in the projected pharmacy trends compared to the prior filing for:
 - a. non-specialty drugs; and
 - b. specialty drugs.
3. Please provide a comparison of 2018 specialty and non-specialty claims to the same time period for 2017.
4. We note that the historical non-specialty utilization claims were normalized for induced utilization changes. Please describe why a similar adjustment was not made to the historical specialty drugs.

5. Provide additional support for the note in the Actuarial Memorandum that “We do not expect that the AWP for [new generic drugs] will significantly change from the experience period due to the lack of generic competition for the main drugs in this category.” Additionally, please support applying the 3.5% generic unit cost trend to these new drugs as they move from brand to generic.
6. Please provide additional support for choosing the 24-month regression result of 3.5% for the generic unit cost trend, given that this result is on the high side of the regression and year-over-year results.
7. Please analyze the seasonality experienced with specialty drugs and summarize the results.
8. Please reconcile the administrative costs in this filing with the Supplemental Health Care Exhibit.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than July 6, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,



Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/02/2018
Submitted Date	07/02/2018
Respond By Date	07/13/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on July 13th.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

June 28, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Describe how the company has worked to mitigate medical cost inflation through the contract negotiation process with providers, whether or not they are included in the GMCB hospital budget review process.
2. (a) Provide a spreadsheet showing the breakdown of administrative expenses by PMPM and by percentage of total administrative expenses for 2017 (actual), 2018 (projected) and 2019 (proposed) across each of the company’s books of business. Categories may include, but not be limited to: payroll and benefits, taxes, licenses, fees (including billback, calculated consistent with 2018 legislation), marketing and advertising, auditing and consulting, utilization management, and cost containment. For each category not subject to a standardized definition, provide a brief narrative outlining what is included and a breakdown of the specific cost components. Note whether each component cost is fixed or variable.

- (b) If allocated costs vary across such books of business, describe how the variance is justified.
3. Provide the company's prior authorization policy and describe and quantify its impacts on administrative expenses and members' costs of care and quality of care.
 4. Describe how the carrier incentivizes providers, and if applicable its PBM, to recommend generic or non-specialty drug alternatives to high cost specialty drugs, or to suggest behavioral changes instead of pharmaceuticals.
 5. Explain and quantify the impacts of the cost shift from Medicare, and from Medicaid, on the rates paid by purchasers of plans in this filing. Is the cost shift consistent across all books of business?
 6. Explain how the company reconciles risk adjustment payments when the final payment allocation becomes known. If a risk adjustment assumption proves incorrect, what was the effect on (a) the filing containing the incorrect assumption, and (b) future filings?
 7. Last year, the company indicated that the CSR defunding in 2017 and 2018 would have a significant rate impact. Explain the rate impact in the 2019 filing.
 8. Provide the number of enrollees by metal level and by CSR level (% of FPL), who are projected to migrate to the Reflective Silver plan or to another metal level (with a breakdown of the migration numbers), due to the elimination of CSRs. (This information can be submitted in a format comparable to that provided during the QHP plan review process and to the legislature.)
 9. Describe the company's contingency plan for the possibility that the Cost Sharing Reduction program could be funded by Congress or the federal Administration during the 2019 plan year.
 10. Describe your outreach and customer service plans to educate Vermonters who may be affected by the loss of funding for cost-sharing reductions
 11. Discuss the following relating to changes in federal and state law:
 - a. Explain whether and how the Vermont legislature's passage of a state individual mandate, effective in 2020, coupled with an outreach effort in the interim to minimize the number of Vermonters who may drop coverage, alters the filing's proposed rate increase due to the elimination of the federal individual mandate. Provide copies of any testimony or information you provided to the legislature in 2018 on this subject.
 - b. Describe your outreach and customer service plans to educate Vermonters on maintaining continuous coverage or enrolling in coverage.

12. Provide a calculation of what the RBC would be for the QHP business only. What is its effect on overall company-wide RBC?
13. Provide the annual amounts of anticipated AMT credits for each of the four years 2019 to 2022, and the specific plan for allocating the credits among members and books of business in 2019.
14. According to the filing, the federal insurer fee cost \$12,130,000 in 2018 and is projected to cost \$14,435,000 in 2020. Provide the spread, in dollars and percentages, of this cost across BCBSVT's business lines in 2018, and the corresponding projected spread of this cost in 2020.
15. BCBSVT indicates the recovery of claims due to its new waste, fraud and abuse programs for ACA-Compliant plans has grown from .09% of claims in 2014 to 1.1% in 2017. Describe the key elements leading to the success of this new program.
16. Please provide quantitative support for the long-term target CTR of 1.5%. What CTR is necessary to offset the impact of trend?

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than July 5, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,



Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/15/2018
Submitted Date	06/15/2018
Respond By Date	06/22/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on June 22nd.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

June 15, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing and is being submitted on behalf of the Office of the Health Care Advocate.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide support for BCBSVT’s membership assumptions, to the extent it exists, as to:
 - a. Projected membership by plan as detailed in Exhibit 2A;
 - b. Projected new membership by coverage category as detailed in Exhibit 2B.
2. Please set forth BCBSVT’s assumption as to the impact of population changes on rates before considering risk adjustment receivables, and to the extent it exists, provide support for that assumption.
3. Please provide support, to the extent it exists, for BCBSVT’s assumed 0.5 percent increase due to the ongoing aging of the single risk pool.
4. Please set forth BCBSVT’s assumptions as to the effect of benefit changes made by the Department of Vermont Health Access (DVHA) for standard plans and by

- BCBSVT for non-standard plans before considering benefit leveraging and, to the extent it exists, provide support for those assumptions.
5. Please provide BCBSVT's best estimate of the net effect, whether savings or losses, resulting from BCBSVT's shared-risk/shared-savings ACO program with OneCare, and, to the extent it exists, provide support for that estimate.
 6. For each of the last four years, 2014-2017, please provide the number and percentage of BCBSVT individual members, who do not receive a premium subsidy,
 - a. Who used their insurance for other than preventive services and who in the prior year either did not use their insurance or used it only for preventive services.
 - b. Who did not use their insurance or used it only for preventive services and who did not share a couples, single adult and child(ren), or family plan with at least one individual who used services other than preventative in that same plan year.
 7. Please provide support, to the extent it exists, for the assumption that members new to the single risk pool in 2018 would have claims levels similar to members enrolled in the same line of business in 2017.
 8. Please provide support, to the extent it exists, for the proposition that professional mental health services and colonoscopy screenings, as discussed on pages 21 and 22 of the rate filing, will not reduce costs in the short run.
 9. Please provide a recast of the of 2016 experience exhibit (like the 2017 experience exhibit on pg. 18 SERFF) which demonstrates IBNR applied in 2016 was reasonable – please include the assumed IBNR at the time of the filing and the actual run out since that exhibit.
 10. Please elaborate on the financial risks involved with “silver loading” including:
 - a. Please provide a table with membership, premium, claims, risk transfer estimate, administrative costs, and anticipated profitability by product scenario;
 - b. The percentage of Vermonters eligible for cost sharing reductions that BCBSVT assumes will purchase silver exchange plans from BCBSVT? What is the potential for member adverse selection? Please identify the financial best case and worst-case membership subsidized product mix scenarios for BCBSVT;
 - c. Given the complexity, how will BCBSVT's customers be guided to select what is within their best interest? Are there any conflicts of interest where BCBSVT benefits from members making less than optimal choices?
 11. Please provide evidence that it is not necessary to normalize utilization trend by risk score.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but

no later than June 22, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive, flowing style.

Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2019 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/15/2018
Submitted Date	06/15/2018
Respond By Date	06/21/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on June 19th.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

June 15, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide support for each of the proposed unit cost trends that differ from historical trends on the inpatient, outpatient and professional tabs of the unit cost support.
2. Please provide the calculation for the 0.3% impact for all other adjustments that is referenced in response #2 in the letter dated June 4, 2018.
3. Please provide revised rate increases from section 1.4 of the Actuarial Memorandum due to the impact referenced in response #4 in the letter dated June 4, 2018.
4. Please provide an estimate of the administrative costs associated with the cost containment strategies referenced in response #6 in the letter dated June 4, 2018. When were costs first incurred to set up this capability?
5. Please reconcile the 2018 membership on the Rate/Rule Schedule tab and the Rate Review Details in SERFF with the membership provided in the Actuarial Memorandum.

6. Please discuss the impact that the individual mandate for 2020 enacted by H.696 impacts the company's original estimate of an increase in 2019 claims of 2%. This discussion should at least include the following:
- a. The act requires the Department of Vermont Health Access and others to engage in outreach and education efforts before and during the open enrollment periods for health insurance coverage for the 2019 and 2020 plan years regarding the importance of health insurance coverage and Vermonters' responsibilities under the individual mandate.
 - b. The impact that the individual mandate in 2020 will have on carriers deciding whether or not to file for approval and market Association Health Plans in Vermont due to the limited time that these plans would be a viable alternative to the ACA market.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than June 19, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,



Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/25/2018
Submitted Date	05/25/2018
Respond By Date	06/01/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on June 1st.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

May 25, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Provide an estimate of the number of covered lives BCBSVT projects will be attributed to the ACO for the 2019 plan year, and explain how that estimate compares to the number of attributed lives for the 2018 plan year.
2. Does the filing reflect any adjustments for ACO-attributed members, based on risk score, as compared to non-attributed members?
3. Does the filing reflect any adjustments based on efficiencies that may be realized by using a fixed PMPM for ACO-attributed lives?
4. Calculate a breakdown similar to the URRT breakdown showing the impact of hospital budget rates/analysis on medical trend. If possible, provide the breakdown at the company pricing level; if not, provide the breakdown at the URRT level.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than June 1, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive, flowing style.

Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2019 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/25/2018
Submitted Date	05/25/2018
Respond By Date	06/04/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on June 4th.

Conclusion:

*Sincerely,
Jacqueline Lee*



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

May 25, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide quantitative support for the projected risk adjustment.
2. Please provide additional support for the 1.4% impact on rates that is driven by an observed increase in average claims costs due to the loss of healthy members that is not expected to be fully offset by an increase in risk adjustment.
3. Please provide support for the impact, if any, that each of the morbidity adjustments in this filing impact the projected risk adjustment, including the aging impact.
4. The impact of benefit changes factor $(1+c_1)$ includes a 0.6% increase in claims due to membership changes from calendar year 2017 to March 2018.
 - a. Is this partially offset by projected changes to risk adjustment?
 - b. Please explain how this impact is not partially included in the change in pool morbidity factor $(1+b_9)$.

5. Please support using different thresholds for removing high claims for the following:
 - a. Changes in Benefits
 - b. Utilization Trend
6. Please provide additional support for the cost containment strategies and the impact in Exhibit 3C including a summary of how these goals were set.
7. Please clarify if the paid through date for the data in the table on page 10 of the Actuarial Memorandum is paid through March 31, 2018.
8. Please provide an outline of the reinsurance arrangement that was used to calculate the cost of reinsurance.
9. Please provide support for the assumption that the 2019 assessment for the Vermont Vaccine Purchasing Program will be 60% of the original 2018 rates.
10. When normalizing claims to analyze utilization and intensity, what percentage of the remaining allowed claims, mentioned in the last paragraph on page 19 of the Actuarial Memorandum, are not for out-of-area services?
11. In the utilization analysis, an adjustment was made for losing young members, but not for losing healthy members. Please discuss the adequacy of the age-gender factors for this adjustment and the availability of another quantitative source for morbidity.
12. Clarify what is meant on the top of page 20 in the Actuarial Memorandum, by “The derived trend for other claims are assumed to be continuous.”
13. Provide qualitative support for blending the dental trends from 2016 and 2017. The dental benefits have been available since 2014 and it is unclear why the dental trends would not level out at more standard dental trends going forward. What were the 2017 dental claims per pediatric member?
14. Are the administrative costs different for individuals who enroll directly through BCBSVT versus the Vermont Health Connect? Is the addition of the Reflective Silver Plans off-exchange expected to have an impact on the administrative costs?
15. Please describe any efforts being made to reduce administrative costs as the Company’s overall membership has declined. Has a more detailed analysis been done to estimate the impact of declining membership on overall administrative costs?
16. Please provide the percentage of individuals in the on-exchange silver plans that receive:
 - a. federal cost sharing reductions;
 - b. only Vermont cost sharing reductions; and
 - c. federal premium subsidies, with no cost sharing reductions.
17. Please provide an estimate of the impact of the refundable AMT credits on the Company’s RBC level.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but

no later than June 4, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive, flowing style.

Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/17/2018
Submitted Date	05/17/2018
Respond By Date	05/21/2018

Dear Jude Daye,

Introduction:

Please see the attached inquiry letter and respond no later than the end of day on May 21st.

Conclusion:

Sincerely,

Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

May 17, 2018

Jude Daye, Executive Assistant
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131497882

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filing submitted on 5/11/2018. The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide the RATEE report from CMS.
2. Provide quantitative support for the unit cost trends.

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

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than May 21, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive, flowing style.

Josh Hammerquist F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.
jhammerquist@lewisellis.com
(972)850-0850

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2018
Submitted Date	07/25/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated July 22, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 8 - 07.22.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018.pdf Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018.xlsx Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018 - Excel.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/06/2018
Submitted Date	07/06/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated July 2, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 7 - 07.02.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 7 - 07.02.2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/10/2018
Submitted Date	07/10/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated June 28, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 6 - 06.28.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 6 - 06.28.2018.pdf Responses to 2019 VISG Inquiry Letter 6 - Excel.pdf Responses to 2019 VISG Inquiry Letter 6.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/22/2018
Submitted Date	06/22/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated June 15, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 5 - 06.15.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.pdf Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.xlsx Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018 - Excel.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/21/2018
Submitted Date	06/21/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated June 15, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 4 - 06.15.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 4 - 06.15.2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/01/2018
Submitted Date	06/01/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated May 25, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 3 - 05.25.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 3 - 05.25.2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2018
Submitted Date	06/04/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached our responses to the 2019 VISG filing inquiries dated May 25, 2018.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 2 - 05.25.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 2 - 05.25.2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2018
Submitted Date	05/21/2018

Dear Agatha Kessler,

Introduction:

Response 1

Comments:

Please find attached BCBSVT's reponse to L&E's inquiry dated May 17, 2018

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries - 05.17.2018
Comments:	
Attachment(s):	Responses to BCBSVT 2019 VISG Filing Inquiries - 05.17.2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 08/21/2018

Comments:

Per the GMCB Order, attached please find the cover letter and supporting documents amending the BCBSVT 2019 Vermont Individual and Small Group Rate Filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	BCBSVT 2019 Vermont Individual and Small Group rate filing - Amended per GMCB Order
Comments:	
Attachment(s):	BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Cover Letter for GMCB Order.pdf BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Amended Exhibits per GMCB Oder.pdf BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Amended Exhibits per GMCB Oder.xlsx RateTablesPY19_BCBSVT_AmendedperGMCBOrder.pdf RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xls RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xml Unified_Rate_Review_Template_BCBSVT_2019_AmendedperGMCBOrder.pdf Unified_Rate_Review_Template_BCBSVT_2019_AmendedperGMCBOrder.xlsm UnifiedRateReviewSubmission_BCBSVT_13627_AmendedPerGMCBOrder_20180820135615.xml

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 07/18/2018

Comments:

This amendment is in reaction to state legislation that was enacted subsequent to the original filing date, along with recent federal regulation and expected emergency state regulation regarding Association Health Plans.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Amendment to BCBSVT 2019 Vermont Individual and Small Group rate filing
Comments:	
Attachment(s):	BCBSVT 2019 VISG Rate Filing - Amendment Actuarial Memorandum.pdf BCBSVT 2019 VISG Rate Filing - Amendment Exhibits.pdf BCBSVT 2019 VISG Rate Filing - Amendment Exhibits.xlsx Attachment A - Revised Standard Plans AV Certification - 2019.pdf Attachment B - Revised Blue Rewards AV Certification - 2019.pdf

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Filer

Created By:

Sebastian Arduengo on 06/22/2018 02:41 PM

Last Edited By:

Sebastian Arduengo

Submitted On:

06/22/2018 02:41 PM

Subject:

Amended Order Granting Confidentiality

Comments:

The Order Granting Confidentiality issued on June 22, 2018 mistakenly referred to Martine B. Lemieux as BCBSVT's "Chief Actuary." This amendment reflects her actual title, "Associate Actuary."

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

*Kevin Mullin, Chair
Jessica Holmes, PhD
Robin Lunge, JD, MHCDS
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director*

DELIVERED ELECTRONICALLY

June 22, 2018

Ms. Martine B. Lemieux, F.S.A., M.A.A.A.
Associate Actuary
BlueCross BlueShield of Vermont
PO Box 186
Montpelier, VT 05601-0186

RE: Blue Cross and Blue Shield of Vermont 2019 Vermont Individual and Small Group Rate Filing (SERFF No. BCVT-131497882)

Dear Ms. Lemieux:

Thank you for your June 21, 2018 email message requesting confidential handling of Blue Cross and Blue Shield of Vermont's (BCBSVT) response to our actuary's June 15, 2018 questions. Our actuaries requested that BCBSVT provide support for proposed unit cost trends that differed from historical trends.

The information requested would, by necessity, reference actual and assumed future cost increases for certain facilities, along with the rationale for the assumed future increases—including details about BCBSVT's ongoing contract negotiations with providers. It would also reveal details as to BCBSVT's specific provider contracting efforts for each Vermont hospital over each of the last three years, as well as the details of BCBSVT's negotiations with other contracted providers.

Because this information allows BCBSVT to accurately and competitively price its individual and small group market products, its release would give BCBSVT's competitor a significant advantage. The Green Mountain Care Board will therefore treat BCBSVT's response to the above-referenced question as confidential under 1 V.S.A. § 317(c)(9).

If you have any questions, please do not hesitate to contact me at 802-828-7673.

Sincerely,

/s/ E. Sebastian Arduengo
E. Sebastian Arduengo
Associate General Counsel



State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Filer

Created By:

Sebastian Arduengo on 06/22/2018 02:29 PM

Last Edited By:

Sebastian Arduengo

Submitted On:

06/22/2018 02:29 PM

Subject:

Order Granting Confidentiality

Comments:

Please see attached.

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

Kevin Mullin, Chair
Jessica Holmes, PhD
Robin Lunge, JD, MHCDS
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

June 22, 2018

Ms. Martine B. Lemieux, F.S.A., M.A.A.A.
Chief Actuary
BlueCross BlueShield of Vermont
PO Box 186
Montpelier, VT 05601-0186

RE: Blue Cross and Blue Shield of Vermont 2019 Vermont Individual and Small Group Rate Filing (SERFF No. BCVT-131497882)

Dear Ms. Lemieux:

Thank you for your June 21, 2018 email message requesting confidential handling of Blue Cross and Blue Shield of Vermont's (BCBSVT) response to our actuary's June 15, 2018 questions. Our actuaries requested that BCBSVT provide support for proposed unit cost trends that differed from historical trends.

The information requested would, by necessity, reference actual and assumed future cost increases for certain facilities, along with the rationale for the assumed future increases—including details about BCBSVT's ongoing contract negotiations with providers. It would also reveal details as to BCBSVT's specific provider contracting efforts for each Vermont hospital over each of the last three years, as well as the details of BCBSVT's negotiations with other contracted providers.

Because this information allows BCBSVT to accurately and competitively price its individual and small group market products, its release would give BCBSVT's competitor a significant advantage. The Green Mountain Care Board will therefore treat BCBSVT's response to the above-referenced question as confidential under 1 V.S.A. § 317(c)(9).

If you have any questions, please do not hesitate to contact me at 802-828-7673.

Sincerely,

/s/ E. Sebastian Arduengo
E. Sebastian Arduengo
Associate General Counsel



State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Filer

Created By:

Sebastian Arduengo on 06/07/2018 02:34 PM

Last Edited By:

Sebastian Arduengo

Submitted On:

06/07/2018 02:34 PM

Subject:

Order Granting Confidentiality

Comments:

See attached.

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

Kevin Mullin, Chair
Jessica Holmes, PhD
Robin Lunge, JD, MHCDS
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

June 7, 2018

Mr. Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
BlueCross BlueShield of Vermont
PO Box 186
Montpelier, VT 05601-0186

RE: Blue Cross and Blue Shield of Vermont 2019 Vermont Individual and Small Group Rate Filing (SERFF No. BCVT-131497882)

Dear Mr. Schultz:

Thank you for your letter dated June 4, 2018 requesting partial confidentiality for Blue Cross and Blue Shield of Vermont's (BCBSVT) response to our actuary's questions dated May 25, 2018. Our actuaries requested quantitative support for BCBSVT's risk adjustment transfer calculation.

The information requested contains detailed plan-by plan information about BCBSVT's individual and small group population that, if released, would allow its competitors to gain a competitive advantage. The Green Mountain Care Board will therefore consider BCBSVT's response to be confidential under 1 V.S.A. § 317(c)(9).

If you have any questions, please do not hesitate to contact me at 802-828-7673.

Sincerely,

/s/ E. Sebastian Arduengo
E. Sebastian Arduengo
Associate General Counsel



State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Filer

Created By:

Sebastian Arduengo on 05/21/2018 02:20 PM

Last Edited By:

Sebastian Arduengo

Submitted On:

05/21/2018 02:20 PM

Subject:

Order Granting Confidentiality

Comments:

See attached.

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

Kevin Mullin, Chair
Jessica Holmes, PhD
Robin Lunge, JD, MHCDS
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

May 21, 2018

Mr. Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
BlueCross BlueShield of Vermont
PO Box 186
Montpelier, VT 05601-0186

RE: Blue Cross and Blue Shield of Vermont 2019 Vermont Individual and Small Group Rate Filing (SERFF No. BCVT-131497882)

Dear Mr. Schultz:

Thank you for your letter dated May 18, 2018 requesting confidentiality for Blue Cross and Blue Shield of Vermont's (BCBSVT) response to two of our actuary's questions dated May 17, 2018. Question one requests non-public information received from the Centers for Medicare and Medicaid Services (CMS) about how BCBSVT's risk scores under the ACA's risk adjustment program are calculated, and question two requests unit cost trend data.

The information requested in question one contains detailed plan-by plan information about BCBSVT's individual and small group population, release of which would allow its competitors to gain a competitive advantage. And, the data requested in question two reveals information about BCBSVT's provider contracting that would also allow its competitors to gain a competitive advantage if released.

The Green Mountain Care Board will therefore consider BCBSVT's responses to questions one and two to be confidential under 1 V.S.A. § 317(c)(9).

If you have any questions, please do not hesitate to contact me at 802-828-7673.

Sincerely,

/s/ E. Sebastian Arduengo
E. Sebastian Arduengo
Associate General Counsel



State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Reviewer Note

Created By:

Agatha Kessler on 05/14/2018 12:31 PM

Subject:

Original RRS Tab

Comments:

Original RRS Tab

Filing Company: BCBSVT
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.001C Any Size Group - Other
Filing Type: GMCB Rate
Assigned To: Agatha Kessler (primary), Thomas Crompton, David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed, Sebastian Arduengo
Date Submitted: 05/11/2018
State Filing Description:

SERFF Tr Num: BCVT-131497882
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num:
Disposition Date:

[View Filing Log](#)

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	Companies and Contact	Filing Fees	Filing Correspondence
---------------------	---------------	--------------------	--------------------------	-----------------------	-------------	-----------------------

Report Rate Filing to HHS?: Yes

[View/Edit Rate Justification](#)

Filing Method: Experience Rated

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 9.210 %

Effective Date of Last Rate Revision: 01/01/2018

Filing Method of Last Filing: Experience Rated

SERFF Tracking Number of Last Filing: [BCVT-131037743](#)

Company Rate Information								
Company Name:	Company Rate Change? *	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
BCBSVT	Increase	7.483 %	7.483 %	\$26,021,143.00	52,591	\$347,729,947.00	18.874 %	1.247 %
<div><div></div><div>View Rate Review Detail</div></div>								

Item No.	Schedule Item Status	Document Name: *	Affected Form Numbers: (Separate with commas)	Rate Action: *	Rate Action Information:	Attach Document:	Submitted:
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Icon Legend:

- Draft Schedule Item

- Open Objection

- Complete Rate Review Detail

- Incomplete Rate Review Detail

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Post Submission Update Request Processed On 08/23/2018

Status:	Allowed
Created By:	Martine Brisson-Lemieux
Processed By:	Thomas Crompton
Comments:	This post submission update is allowed per GMCB order (GMCB-009-18rr).

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2019 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Company Rate Information:

Company Name:BCBSVT

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.775%	7.483%
Overall % Rate Impact	5.775%	7.483%
Written Premium Change for this Program	\$20082027	\$26021143
Number of Policy Holders Affected for this Program	31770	52591
Maximum %Change (where required)	18.590%	18.874%
Minimum %Change (where required)	-0.626%	1.247%
Product:	NEW	
Product Name	BCBSVT EPO (Individual)	
HIOS Product ID	13627VT034	
Number of Covered Lives	13351	

Product:	NEW
Product Name	BCBSVT EPO (Small Group)
HIOS Product ID	13627VT032
Number of Covered Lives	17243

Product:	NEW
Product Name	BCBSVT EPO Blue Rewards (Individual)
HIOS Product ID	13627VT038
Number of Covered Lives	3175

Product:	NEW
Product Name	BCBSVT EPO Blue Rewards (Small Group)
HIOS Product ID	13627VT036
Number of Covered Lives	1638

Product:	NEW
Product Name	BCBSVT EPO Blue Rewards CDHP (Individual)
HIOS Product ID	13627VT039
Number of Covered Lives	3037

Product:	NEW
Product Name	BCBSVT EPO Blue Rewards CDHP (Small Group)
HIOS Product ID	13627VT037
Number of Covered Lives	8237

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Product:	NEW
Product Name	BCBSVT EPO CDHP (Individual)
HIOS Product ID	13627VT035
Number of Covered Lives	2725

Product:	NEW
Product Name	BCBSVT EPO CDHP (Small Group)
HIOS Product ID	13627VT033
Number of Covered Lives	3185

REQUESTED RATE CHANGE INFORMATION:

Min:	-0.626	1.247
Max:	18.590	18.874
Weighted Avg.:	5.775	7.483

REQUESTED RATE:

Projected Earned Premium:	367,811,974.000	373,751,090.000
Projected Incurred Claims:	330,707,756.000	333,270,119.000
Min:	244.040	248.560
Max:	702.740	717.120
Weighted Avg.:	571.190	580.390

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Experience Rated
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.210%
Effective Date of Last Rate Revision:	01/01/2018
Filing Method of Last Filing:	Experience Rated
SERFF Tracking Number of Last Filing:	BCVT-131037743

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	Increase	5.775%	5.775%	\$20,082,027	31,770	\$347,729,947	18.590%	-0.626%

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2019 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: BCBSVT
HHS Issuer Id: 13627

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BCBSVT EPO (Individual)	13627VT034		13351
BCBSVT EPO (Small Group)	13627VT032		17243
BCBSVT EPO Blue Rewards (Individual)	13627VT038		3175
BCBSVT EPO Blue Rewards (Small Group)	13627VT036		1638
BCBSVT EPO Blue Rewards CDHP (Individual)	13627VT039		3037
BCBSVT EPO Blue Rewards CDHP (Small Group)	13627VT037		8237
BCBSVT EPO CDHP (Individual)	13627VT035		2725
BCBSVT EPO CDHP (Small Group)	13627VT033		3185

Trend Factors:

FORMS:

New Policy Forms: N/A
Affected Forms: N/A
Other Affected Forms: N/A

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 819,824
Benefit Change: Increase
Percent Change Requested: Min: -0.626 Max: 18.59 Avg: 5.775

PRIOR RATE:

Total Earned Premium: 347,729,947.00
Total Incurred Claims: 310,100,594.00
Annual \$: Min: 244.08 Max: 671.15 Avg: 539.98

REQUESTED RATE:

Projected Earned Premium: 367,811,974.00
Projected Incurred Claims: 330,707,756.00
Annual \$: Min: 244.04 Max: 702.74 Avg: 571.19

SERFF Tracking #:	BCVT-131497882	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Part III Actuarial Memorandum is the same as the Actuarial Memorandum in the previous section.
Attachment(s):	
Item Status:	
Status Date:	

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

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	BCBSVT 2019 VISG Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	

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

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

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template_BCBSVT_2019.xlsm Unified_Rate_Review_Template_BCBSVT_2019.pdf UnifiedRateReviewSubmission_BCBSVT_2019_2018051014240.xml
Item Status:	
Status Date:	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Exhibits.pdf BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Exhibits.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Attachments A, B & C
Comments:	
Attachment(s):	Attachment A - Standard Plan AV Certification - 2019.pdf Attachment B - Blue Rewards AV Certification - 2019.pdf Attachment C - Memorandum from Senior Management for CTR.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rate Data Templates
Comments:	
Attachment(s):	RateTablesPY19_BCBSVT.pdf RateTablesPY19_BCBSVT.xls RateTablePY19_BCBSVT.xml
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Data Set
Comments:	
Attachment(s):	Actuarial Memo Dataset (2019 issues) - BCBSVT.pdf Actuarial Memo Dataset (2019 issues) - BCBSVT.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries - 05.17.2018

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Comments:	
Attachment(s):	Responses to BCBSVT 2019 VISG Filing Inquiries - 05.17.2018.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 3 - 05.25.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 3 - 05.25.2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 2 - 05.25.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 2 - 05.25.2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 4 - 06.15.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 4 - 06.15.2018.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 5 - 06.15.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.pdf Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.xlsx Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018 - Excel.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 7 - 07.02.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 7 - 07.02.2018.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 6 - 06.28.2018
--------------------------	---

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 6 - 06.28.2018.pdf Responses to 2019 VISG Inquiry Letter 6 - Excel.pdf Responses to 2019 VISG Inquiry Letter 6.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Amendment to BCBSVT 2019 Vermont Individual and Small Group rate filing
Comments:	
Attachment(s):	BCBSVT 2019 VISG Rate Filing - Amendment Actuarial Memorandum.pdf BCBSVT 2019 VISG Rate Filing - Amendment Exhibits.pdf BCBSVT 2019 VISG Rate Filing - Amendment Exhibits.xlsx Attachment A - Revised Standard Plans AV Certification - 2019.pdf Attachment B - Revised Blue Rewards AV Certification - 2019.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Responses to BCBSVT 2019 VISG Filing Inquiries 8 - 07.22.2018
Comments:	
Attachment(s):	Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018.pdf Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018.xlsx Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018 - Excel.pdf
Item Status:	
Status Date:	

Satisfied - Item:	BCBSVT 2019 Vermont Individual and Small Group rate filing - Amended per GMCB Order
Comments:	
Attachment(s):	BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Cover Letter for GMCB Order.pdf BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Amended Exhibits per GMCB Oder.pdf BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Amended Exhibits per GMCB Oder.xlsx RateTablesPY19_BCBSVT_AmendedperGMCBOrder.pdf RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xls RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xml Unified_Rate_Review_Template_BCBSVT_2019_AmendedperGMCBOrder.pdf Unified_Rate_Review_Template_BCBSVT_2019_AmendedperGMCBOrder.xlsm UnifiedRateReviewSubmission_BCBSVT_13627_AmendedPerGMCBOrder_20180820135615.xml
Item Status:	
Status Date:	

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Attachment Unified_Rate_Review_Template_BCBSVT_2019.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_BCBSVT_2019_2018051014240.xml is not a PDF document and cannot be reproduced here.

Attachment BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Exhibits.xlsx is not a PDF document and cannot be reproduced here.

Attachment RateTablesPY19_BCBSVT.xls is not a PDF document and cannot be reproduced here.

Attachment RateTablePY19_BCBSVT.xml is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset (2019 issues) - BCBSVT.xlsx is not a PDF document and cannot be reproduced here.

Attachment Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.xlsx is not a PDF document and cannot be reproduced here.

Attachment Responses to 2019 VISG Inquiry Letter 6.xlsx is not a PDF document and cannot be reproduced here.

Attachment BCBSVT 2019 VISG Rate Filing - Amendment Exhibits.xlsx is not a PDF document and cannot be reproduced here.

Attachment Responses to 2019 VISG Inquiry Letter 8 - 07.22.2018.xlsx is not a PDF document and cannot be reproduced here.

Attachment BCBSVT 2019 Vermont Individual and Small Group Rate Filing - Amended Exhibits per GMCB Oder.xlsx is not a PDF document and cannot be reproduced here.

SERFF Tracking #:

BCVT-131497882

State Tracking #:

Company Tracking #:

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2019 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Attachment RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xls is not a PDF document and cannot be reproduced here.

Attachment RateTablesPY19_BCBSVT_AmendedperGMCBOrder.xml is not a PDF document and cannot be reproduced here.

Attachment Unified_Rate_Review_Template_BCBSVT_2019_AmendedperGMCBOrder.xlsm is not a PDF document and cannot be reproduced here.

Attachment

UnifiedRateReviewSubmission_BCBSVT_13627_AmendedPerGMCBOrder_20180820135615.xml is not a PDF document and cannot be reproduced here.

**BLUE CROSS BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
ACTUARIAL MEMORANDUM**

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BLUE CROSS BLUE SHIELD OF VERMONT

2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

ACTUARIAL MEMORANDUM

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**BLUE CROSS BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
ACTUARIAL MEMORANDUM**

1. GENERAL INFORMATION

1.1. Company Identifying Information

Company Legal Name: Blue Cross and Blue Shield of Vermont
State: Vermont
HIOS Issuer ID: 13627
Market: Combined
Effective Date: January 1, 2019

1.2. Company Contact Information

Primary Contact Name: Paul A. Schultz, FSA, MAAA
Primary Contact Telephone Number: 1-(802)-371-3763
Primary Contact Email Address: schultzp@bcbsvt.com

1.3. Scope and Purpose

The purpose of this rate filing is to provide the rates and a description of the rate development for the ACA-compliant plans for the Vermont Individual and Small Group merged market that Blue Cross and Blue Shield of Vermont (BCBSVT) proposes to offer for the 2019 benefit year. This rate filing applies to plans both On-Exchange and Off-Exchange.

This filing is intended to comply with the following laws:

- Vermont State Law 8 V.S.A. § 4062
- Vermont State Law 8 V.S.A. § 4512
- Vermont State Law 33 V.S.A. § 1806
- Vermont State Law 33 V.S.A. § 1811
- Vermont State Law 33 V.S.A. § 1812.
- DFR Order establishing tier rate structure and multipliers (Docket No. 13-002-I)
- Vermont Agency of Human Services Health Benefits Eligibility and Enrollment Rule, Parts 1 and 2
- Green Mountain Care Board, Rule 2.000
- Federal Regulation 45 C.F.R. Part 147
- Federal Regulation 45 C.F.R. Part 153
- Federal Regulation 45 C.F.R. Part 154
- Federal Regulation 45 C.F.R. Part 155
- Federal Regulation 45 C.F.R. Part 156
- Federal Regulation 45 C.F.R. Part 158
- Federal Regulation 26 IRC § 223

BLUE CROSS BLUE SHIELD OF VERMONT

2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

ACTUARIAL MEMORANDUM

1.4. Proposed Rate Increase(s)

The average 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 5.3 percent.

Increases for specific plans range from 3.5 percent to 6.8 percent, except for the Catastrophic plan, which is increasing by 1.2 percent. Silver Level Exchange plans will increase an average of 16.0 percent, with increases for specific plans ranging from 14.6 percent to 18.9 percent. Across all plans, the average increase is 7.5 percent.

1.5. Reason for Rate Increase(s)

The starting point of any renewal rate analysis is an assessment of actual to expected experience results. The basis for this rate filing is calendar year 2017 experience. While the claims experience matched the expectation embedded within the 2018 filing, our current estimate of 2017 risk adjustment is significantly better than expected, leading to a 1.3 percent decrease in 2019 rates.

Medical and pharmacy trend had by far the largest impact on rates. The 2018 filing included assumptions for trend from 2017 to 2018, including a medical utilization trend that was reduced to 1.0 percent from the 2.0 percent filed by BCBSVT and considered by the GMCB's consulting actuary to be the best estimate. The 2019 filing reexamines these assumptions. Restating the expected trend from 2017 to 2018 had a 1.3 percent impact on rates:

2017 to 2018 Trend Component	Approved 2018	Filed 2019	2019 Rate Impact
Medical Utilization	1.0%	2.0%	0.8%
Medical Unit Cost	2.6%	2.6%	-0.1%
Pharmacy	8.9%	13.3%	0.7%
Dental	10.3%	7.2%	0.0%
Vision	0.0%	0.0%	0.0%
Total			1.3%

The two largest impacts are the restoration of medical utilization trend to 2.0 percent and the significant increase in pharmacy trend, driven by specialty pharmaceutical utilization. See section 3.4.7 for a detailed discussion of trend assumptions.

BLUE CROSS BLUE SHIELD OF VERMONT

2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

ACTUARIAL MEMORANDUM

An additional year of projected trend applies from 2018 to 2019. The overall anticipated increase in rates due to the additional year of projection is 6.0 percent:

2018 to 2019 Trend Component	Filed 2019	2019 Rate Impact
Medical Utilization	2.0%	1.5%
Medical Unit Cost	2.7%	2.1%
Pharmacy	13.3%	2.3%
Dental	7.2%	0.0%
Vision	0.0%	0.0%
Total		6.0%

Population changes have a 1.4 percent impact on rates, driven by an observed increase in average claims costs due to the loss of healthy members that is not expected to be fully offset by an increase in risk adjustment receivable, along with a 0.5 percent increase for the ongoing aging of the single risk pool.

Benefit changes made by the Department of Vermont Health Access for standard plans and by BSCBSVT for non-standard plans almost exactly offset the impacts of benefit leverage. Altogether, factors related to plan design, actuarial value and induced utilization marginally decreased rates by 0.3 percent.

Administrative charges and other fees increase premiums by 1.0 percent. The main contributor to this total is a 0.6 percent increase in premiums due to BCBSVT administrative costs, which nonetheless continue to be less than seven percent of total premium.

Restoration of the contribution to reserves to its necessary level adds 1.5 percent to rates.

The Tax Reform legislation passed in late 2017 eliminated federal income tax requirement for the BCBSVT legal entity starting with the 2018 tax year. These savings have been fully passed through to customers via a reduction in premium rates through two mechanisms: the contribution to reserves was decreased by 0.5 percent and the estimate for the federal insurer fee was reduced by 0.6 percent because it was no longer necessary to account for the disadvantageous tax impact of the fee. The premium savings due to Tax Reform totals 1.1 percent.

Two changes at the federal level had a nearly offsetting rate impact. The federal insurer fee was suspended for 2019. Because this tax was in force in 2018, this leads to a 2.0 percent reduction in 2019 rates. However, recent federal legislation also eliminated the penalty associated with the individual mandate. As a result, it is expected that a number of healthy individuals will choose to forgo coverage and leave the single risk pool. This is expected to exert an upward pressure of 2.2 percent on premium rates.

BCBSVT has embarked on numerous efforts to mitigate premium increases. In addition to passing 100 percent of federal income tax savings to consumers, BCBSVT has continued to work closely

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with its pharmacy benefit manager to improve network pricing and maximize rebates. These pharmacy initiatives have similar impacts totaling a 2.3 percent decrease in premium. Additionally, BCBSVT is working closely with our network providers and OneCare Vermont to maximize our collaborative clinical reach focusing on reducing the overall medical costs. We expect these efforts to exert a downward pressure of just over one percent on medical utilization trend, driving a 0.8 percent rate reduction. Altogether, BCBSVT rate mitigation is leading to a reduction of rates of 4.2 percent, or a projected \$15.7 million.

1.6. Historical Financial Results

BCBSVT has been offering QHP products since the start of the program in 2014. Prior to offering QHPs, BCBSVT offered Individual and Small Group products. All Vermonters that were previously purchasing Individual and Small Group products were required to move to a QHP in 2014. The State allowed individuals and small groups to remain in their 2013 products through the first quarter of 2014. All financial information below includes only the QHP experience in 2014.

	CY 2014	CY 2015	CY 2016	CY 2017	Cumulative
Member Months	638,492	768,293	835,541	820,156	3,062,482
Filed Contribution to Reserve	1.0%	1.0%	2.0%	2.0%	1.6%
Approved Contribution to Reserve*	-0.1%	1.0%	0.8%	1.0%	0.7%
Actual Contribution to Reserve	1.0%	-1.4%	-3.2%	-0.5%	-1.2%

*Includes explicit cuts to CTR as well as reductions to actuarial factors that were beyond those recommended by the Board's contracted actuary.

The actual contribution to reserve was calculated by restating financial results to include the impacts of Transitional Reinsurance, Risk Adjustment and other prior year events in the year they were incurred, rather than the year when they were booked.

The contribution to reserve necessary to have maintained the December 31, 2013 level of Risk Based Capital (RBC) over this four year period solely for increases in claims was 1.6 percent per year.

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1.7. Health Care Reform

All Payer Model

The All Payer Model agreement between the State and CMS began a formal pilot year program on January 1, 2017. The pilot year served as a test year for a Medicaid risk contract with OneCare Vermont, LLC (“OneCare”), an Accountable Care Organization (“ACO”). Additionally, the 2017 statewide medical spend experience serves as a baseline year for measurement of performance of the five-year agreement officially beginning in 2018. Under this new model, Medicare, Medicaid, and Commercial payers all enter into risk sharing agreements with the ACO, focusing on transitioning to value based reimbursement methodologies. All beneficiaries keep their current benefit and provider choice — there are no network or benefit restrictions. Through deployment of new care models, the All Payer Model requires that the ACO strive to reduce cost and meet three health improvement goals: improved access to primary care, reduced deaths from suicide and drug overdose, and reduced prevalence and morbidity of chronic disease.

BCBSVT is a proponent of health care payment reform and the goals of the All Payer Model. In preparation for the All Payer Model, BCBSVT continued testing a shared savings ACO program in 2017. BCBSVT did not experience savings during 2017 through the shared savings program, but the pilot period served to establish the necessary operations and communications work between BCBSVT and OneCare Vermont (OneCare).

In 2018, BCBSVT entered into its first shared-risk/shared-savings ACO program with OneCare. The BCBSVT ACO program is aligned with Medicaid’s program and the All Payer Model agreement. Importantly, the agreement between BCBSVT and OneCare aligns the ACO expected spend target with GMCB approved premiums. If actual medical spend is higher or lower than medical component of the premium, the ACO will share in 50 percent of the savings or risk to a maximum of 6 percent.

BCBSVT’s agreement with OneCare is an annual agreement with three additional one-year option years. In expectation of a 2019 program, BCBSVT is working closely with our network providers and OneCare to maximize our collaborative clinical reach focusing on reducing overall medical costs. Savings across the entire single risk pool for this initiative has been reflected in this filing (see section 3.4.7.1). It would be inappropriate to include an expectation of additional savings due to ACO operations, as this would undermine the alignment of target to premium. Any actual savings generated by BCBSVT risk contracts will be reflected through experience in future rate filings.

Cost Share Reduction Funding and the Vermont Silver Solution

As part of the Affordable Care Act, the federal Cost Share Reductions (CSR) program is available to benefit low income Vermonters. The CSRs reduce out-of-pocket expenses through lower deductibles, copayments and out-of-pocket maximums if the member enrolls in a Silver Level Plan. These plans, which must meet specific metal actuarial values (AVs), have historically been available at the same premium as the non-CSR Silver plans. The federal government administered the program directly through the carrier, rather than the beneficiary, and used monthly advance payments with an annual reconciliation process to reimburse issuers for the difference between claims incurred by enrollees and the estimated payments.

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On October 12, 2017, the federal government stopped funding plans for the claims incurred within the CSR program. Vermont carriers were not permitted to resubmit rates to recoup the CSR benefits expected to be utilized by members for 2018.

In preparation for the ongoing lack of federal CSR funding, Vermont passed Act 88¹, an act allowing silver-level nonqualified health benefit plans to be offered outside the Vermont Health Benefit Exchange (sometimes referred to as the “Silver Solution”). This Act allows issuers to “load” Silver plans by including the estimated CSR cost into the premium for Silver Level Exchange Plans and offer non-loaded off exchange “Reflective Silver Plans.” This strategy, used by the majority of states, takes advantage of the federal advanced premium tax credit program to offset the loss of CSR funding and protect all Vermont Exchange enrollees.

Vermont State Legislature

The rates submitted reflect current law coverage, benefits and cost sharing amounts in place for 2019. The Vermont legislature is currently in session, and there are a number of bills being considered that could impact the 2019 rates described in this filing. If any of these bills pass and become effective for the 2019 plan year, BCBSVT expressly reserves the right to amend these submitted rates to reflect any changes required by new law.

Other Marketplace Issues

The federal government has taken steps to introduce alternatives to ACA-compliant plans into the individual and small group markets. These alternatives, most notably Association Health Plans and Short Term Limited Duration plans, could significantly disrupt the single risk pool.

Federal and state regulation is still pending for these alternatives. While their availability in 2019 remains uncertain, various actuarial studies suggest that these plans could have a detrimental impact on rates for the ACA-compliant plans. We have chosen not to adjust 2019 rates for the emergence of these alternative plans, as the absence of regulation makes their potential impact on the single risk pool unclear. Depending on the timing and content of expected regulation, it is more likely that these plans will have an impact on the single risk pool beginning in 2020.

¹ <https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT088/ACT088%20As%20Enacted.pdf>

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2. PROPOSED BENEFITS

2.1. Description of Benefits

BCBSVT will be offering two types (Standard and Non-Standard) of plans to the Individual and Small Group market in 2019. These plans include coverage for all Essential Health Benefits (EHBs). All plans are on the Exclusive Provider Organization (EPO) network and offer members access to a nationwide network of providers, including 92 percent of the providers in Vermont.

BCBSVT Standard Plans: BCBSVT is providing rates for the Standard Plans with benefits as approved by the Green Mountain Care Board, which are outlined in Exhibit 1A - "State of Vermont Standard Plan Designs." The form filings for these products can be found under BCVT-131415918 for Non-CDHP plans and BCVT-131416317 for CDHP Plans.

BCBSVT Blue Rewards (Non-Standard) Plans: BCBSVT is providing rates for two health and wellness-based non-standard products that we have named Blue Rewards and Blue Rewards CDHP. Please see Exhibit 1B - "Blue Rewards (Non-Standard) Plan Designs" for details on the benefit structure. The form filings for these products can be found under BCVT-131416286 for Non-CDHP plans and BCVT-131416310 for CDHP Plans. BCBSVT Blue Rewards plans also offer a wellness program with incentives up to \$300 per year for each adult member for completing a health assessment, having a physical exam, participating in a workshop or challenge, or having a routine eye or dental exam or clinically appropriate screening. BCBSVT is introducing a new Blue Rewards Silver CDHP plan effective January 1, 2019.

Reflective Silver Plans

As described in section 1.7, pursuant to Act 88, BCBSVT will be offering silver plans off-exchange only for the 2019 plan year. These plans will be "reflective" of the on-Exchange plans and only have a \$5 copayment, 5% coinsurance or \$25 deductible difference from the on-Exchange plan.

Uniform Compliance

All of the renewing benefits are in compliance with 45 CFR §147.106. Specifically, all renewing benefits continue to be offered on BCBSVT's Exclusive Provider Organization (EPO) network and continue to cover the same service area. Some cost sharing levels were modified to maintain the same metal tier levels. Each product covers the same benefits as covered for plan year 2018.

2.2. AV Metal Values

Standard plans are designed by the State of Vermont and offered by all issuers of QHPs. Please see *Attachment A - Standard Plans AV Certification - 2019* for the 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 - Blue Rewards (Non-Standard) Plans AV Certification - 2019*, for the actuarial certification, which includes the process used to develop the AV Metal Values.

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3. EXPERIENCE RATING

3.1. Experience Period Premium and Claims

The experience period used is 2017 experience of Blue Cross and Blue Shield of Vermont (BCBSVT) Individual and Small Group markets. This population will be referred to as the Single Risk Pool.

We used claims incurred January 1, 2017 through December 31, 2017 and paid through March 31, 2018. Both the paid claims and the allowed charges were completed using BCBSVT's monthly reserving models that underlie the financial statement reserves (best estimates before margin). These methods are subject to review by independent auditors and examination by Vermont Department of Financial Regulation (DFR). For the purpose of calculating completion factors, the reserving method categorizes claims by reporting/payment process (Local, BlueCard, Pharmacy, Medicare Supplement, etc.). Completion factors are calculated separately for each category. We also included an estimate of IBNR for the outstanding pharmacy rebates.

The paid claims and allowed charges come directly from claim records in BCBSVT's data warehouse. For Fee-for-Service claims, we combined plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combined capitation paid to the provider with the member cost sharing to generate allowed charges.

The table below shows details underlying the Incurred Claims and Allowed Claims (from URRT, Section I of Worksheet 1) for the Experience Period.

	Incurred Claims	Allowed Claims
Claims incurred and paid through December 31, 2017	\$372,876,941	\$456,629,973
Estimate of IBNR as of March 31, 2018 for Claims	\$1,558,026	\$1,825,602
Estimate of IBNR as of March 31, 2018 for Pharmacy Rebates	(\$2,345,740)	(\$2,345,740)
Total Claims	\$372,089,227	\$456,109,835
Member Months	819,824	819,824
Total Per Member Per Month (PMPM)	\$453.86	\$556.35

The experience period total allowed charges PMPM are \$556.35.

In the experience period, the earned premium was \$408,055,901. BCBSVT will not be required to pay Minimum Loss Ratio (MLR) rebates for the 2017 calendar year.

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3.2. Benefit Categories

Medical claims are initially categorized into two categories based on the type of claim form the provider submitted: UB-04/CMS 1450 (Facility Inpatient/Outpatient) or HCFA/CMS 1500 (Professional/Other). Facility claims are then divided into the Inpatient and Outpatient categories in Worksheet 1, Section II of the URRT by the place of service listed on the UB-04 claim form.

Professional and Other medical claims are subdivided based on whether the provider is a medical professional or medical supplier as submitted on the HCFA 1500 claim form.

The prescription drug benefit category was populated for claims processed through our pharmacy benefit manager.

The capitation benefit category was populated with claims that run through our internal capitation system. The capitation category uses “Benefit Period” as a utilization description and the units represent the number of capitations in a given year.

3.3. Index Rate

The Index Rate is equal to the experience period allowed charges for EHB. As shown in section 3.1, the total allowed charges per member per month in the experience is \$556.35. In 2017, BCBSVT removed an exclusion for routine circumcision (see section 3.8.3 for details). Those services are not considered EHB and must be removed from the experience to calculate the Index Rate.

	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$556.35
Allowed Claims for Non-EHB	\$0.08
Experience Index Rate	\$556.27

The experience index rate for 2017 is \$556.27.

To calculate the Projected Period Index Rate, we first excluded pharmacy rebates, BlueCard fees, and payments to the Blueprint program. These claims are not dependent on benefits and are not subject to the projection factors described in the following sections. They will be added back into the Projected Period Index Rate (as described in section 3.4.6.).

BCBSVT has access to the detailed claims information underlying capitated claims. Since capitated payments are routinely adjusted to target 100 percent of FFS claims, using the FFS equivalent represents the expected payment better than does the capitation.

These adjustments are included in the “Other” factor in the section 2 of worksheet 1 of the URRT.

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	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$456,109,835	\$556.35
Remove BlueCard Fees	(\$1,612,162)	(\$1.97)
Remove Pharmacy Rebates	\$10,456,519	\$12.75
Remove Payments to Blueprint Program	(\$3,086,284)	(\$3.76)
Replace Capitation with FFS equivalent	\$565,236	\$0.69
Line A of Exhibit 5	\$462,433,145	\$564.06

3.4. Projection Factors

The 2017 Tax Cuts and Jobs eliminated the penalty associated with the individual mandate for plan years 2019 and beyond. The elimination of the penalty is expected to impact both enrollment and claims cost as some healthy members will choose to forgo insurance. The removal of the penalty impacts our membership projection (section 3.4.2.), morbidity of the population insured (section 3.4.3.) and the administrative costs (section 3.8.5.1). The premium impact totals 2.2 percent, which is within the best estimate range suggested by a study published jointly by the GMCB and DFR². We will describe each of the impact separately.

3.4.1. Change in the Definition of Small Group

As of the first renewal date on or after January 1, 2016, the Vermont definition of Small Group changed to include groups with 51-100 employees. All small groups in the experience period were already part of the single risk pool, therefore the factor (1+b₁ on Exhibit 5) to adjust for the change in the definition of Small Group is 1.000.

3.4.2. Membership Projections

As of March 2018, BCBSVT had 53,664 members enrolled in the single risk pool, either individually through Vermont Health Connect or directly as individuals or small group employees.

We used this information as the starting point to project the 2019 enrollment and the distribution by plan, including movement between plans and into the new proposed plans.

An adjustment was made to the starting point enrollment for the expected membership losses due to the elimination of the individual mandate. We assumed that all members that receive a premium subsidy as well as all members that are enrolled through their small group employer will remain in the market. That leaves the individual members that do not receive a premium subsidy as the population that could consider dropping their insurance due to the elimination of the mandate. We believe within this population those who do not use their benefit or only have preventive care services will leave the market. Over the last three calendar years we observed an average of 11.8 percent of member months in this sub-population (or 2 percent of the overall population) fall into the category of using no benefits or preventive care only benefits. Applying

² <http://gmcboard.vermont.gov/sites/gmcb/files/Individual%20Mandate-%20impact%20in%20Vermont.pdf>

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this factor to our 2019 starting point results in an expected loss of 1,073 members, or a 2019 projected enrollment of 52,591.

Experience has shown us that over time we will see movement to less expensive plans due to rate increases in the market. We expect this will result in movement from Gold to Silver and to some extent from Silver to Bronze.

As described in section 1.7, Vermont is now offering Off-Exchange silver plans (also called Reflective plans). Members that are not eligible for subsidies are expected to move from the On-Exchange Silver plans to the Reflective plans.

BCBSVT filed a Blue Rewards Silver CDHP benefit design as part of the form filing submitted to DFR in March. This plan is very similar to plans that were very popular in Small Group prior to 2014. We assumed that some members in either the Blue Rewards Gold CDHP or in other Silver plans would enroll in the new Blue Rewards Silver CDHP.

Based on these factors, our best estimate for the 2019 BCBSVT Individual and Small Group population by plan and market can be found on Exhibit 2A.

The total member months expected to be covered by this filing is 643,968.

This projected membership was also used to adjust our Index Rate for demographics, morbidity, benefit changes, and other allowable adjustments described below.

3.4.3. Changes in the Morbidity of the Population Insured

Our experience period is based on calendar year 2017. Using March 2018 enrollment, we grouped members into broad categories of Active and Canceled. Canceled members can be further divided into two categories: voluntary cancelation and cancelation due to death. Voluntary cancelations can be further broken down by aging out, cancellations from normal group turnover, and individual cancellations. Individuals aging out are captured in our demographic adjustment (see section 3.4.5). In past filings, we assumed that group turnover leads to the hiring of similarly-situated individuals and therefore, we only adjusted for the impact of individual cancellations. In 2018, we experienced far larger than typical cancelations in the Small Group segment. To reflect this, we are also adjusting for Small Group members leaving BCBSVT. If all members in a group canceled, we are excluding them under the assumption that the entire group moved to a different carrier. If members that canceled were part of a group that is still with BCBSVT, we assumed that group turnover will lead to the hiring of similarly-situated individuals; therefore, an adjustment is not needed for such members.

We split the experience claims costs based on these categories in order to compare the different populations. We adjusted the allowed charges from the experience period to reflect the average claims cost of members who did not voluntarily terminate or are part of a small group still enrolled with BCBSVT prior to the end of calendar year 2017.

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	Voluntary Cancellation in the Individual Market	Members in Groups that are no longer with BCBSVT	All Other Members	Total
Experience Period Allowed	\$37,911,937	\$39,657,452	\$384,863,755	\$462,433,145
Member Months	68,283	84,643	666,898	\$819,824
PMPM	\$555.22	\$468.53	\$577.10	\$564.06

The factor (1+b₉ on Exhibit 5) to adjust for the change in pool morbidity is $\$577.10/\$564.06 = 1.0231$.

We also adjusted the projected allowed charges (1+b₃ on Exhibit 5) for the impact of members that were new to the single risk pool in 2018. We assumed that these members would have claims levels similar to members enrolled the same line of business in 2017. The impact of the Newly Insured is 1.0005, as shown on Exhibit 2B.

The claims impact of eliminating the individual mandate penalty (1+b₇ on Exhibit 5) represents the increase in the allowed charge PMPM when the expected low cost individuals leave the market. As discussed in section 3.4.2, approximately 2 percent of member months came from members that had no claims or had preventive care only claims within the individual market not receiving premium assistance. This leaves the BCBSVT pool with 2 percent less member volume with very nearly the same expected total claims. Therefore an adjustment of 1.02 has been used as the claims impact of eliminating the individual mandate.

3.4.4. Changes in Benefits

The impact of benefit changes (1+c₁ line on Exhibit 5), represents the anticipated change in the average utilization of services due to the change in average cost sharing in the projection period compared to the experience period. To calculate this factor, we first calculated the PMPM allowed charges by metal level. To ensure that high claims were not skewing the relationship between metals, we removed claims above \$500,000 and replaced these by the average PMPM for claims above that threshold. We then compared the PMPM by metal to the average to get allowed charge relativities. Using the experience member months and the projected membership by metal, we calculated an average allowed charge relativity for each and compared the two averages to calculate the impact of changes in benefits. The impact of the movement between benefits is 1.0075, as shown on Exhibit 2C.

3.4.5. Changes in Demographics

To develop the change in demographic factor (factor 1+c₃ on Exhibit 5), we used the age-gender factors from the SOA's report Health Care Cost - From Birth to Death³. In previous filings, we applied these factors to both the experience membership and the projected membership and compared the average factors. In 2018, we experienced a higher than historical shift in the

³ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

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demographics of the single risk pool. This has already be accounted for in the $1+b_9$ factor (section 3.4.3). To avoid double-counting for this shift but to also reflect the expected future aging of the population, we used the three year average increase in age-gender factor for the period from 2014 through 2017 as our projected annual increase due to changes in demographics.

Year	Average Age-Gender Factor	Annual Increase
2014	1.2476	
2015	1.2512	1.0028
2016	1.2575	1.0051
2017	1.2666	1.0072
2018	1.2880	1.0169

The demographic adjustment ($1+c_3$ on Exhibit 5) is 1.0101, which reflects two years of aging from the experience period to the projection period at the average annual increase from 2014 to 2017.

3.4.6. Other Adjustments

The buildup of the Projected Index Rate also includes a factor to reflect new pharmacy contracts, a factor to reflect the impact of selection on allowed costs, a factor to reflect the impact of the elimination of the individual mandate, and adjustments for non-system claims⁴.

Changes in Provider Network ($1+c_2$)

Since the experience period claims and the projection period claims are both on the EPO network, the factor for the change in provider networks (factor $1+c_2$ on Exhibit 5) is 1.000

Changes in Pharmacy Contracts ($1+c_5$)

BCBSVT established a new contract with its pharmacy benefit manager, ESI, with discount improvements effective January 1, 2018, that will impact the projected pharmacy allowed charges. To calculate this factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2017 claims for both the experience period and the projected period contract provisions. The contract adjustment factor for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract, was applied to the projected pharmacy claims (see Exhibit 3G for details). The adjusted projected pharmacy claims were then added to the projected medical claims to calculate the overall impact of the contract changes, as shown on Exhibit 3H. The total impact of the change in pharmacy contracts is 0.9875, as shown on line $1+c_5$ of Exhibit 5.

Impact of Selection ($1+c_6$)

Subscribers will make financial decisions that are right for them. Typically, this manifests itself in healthier subscribers selecting low-cost plans while less healthy subscribers select richer benefits. While we do not reflect selection in the plan-level adjustments, as per the

⁴ Non-system claims are payments that are not processed through the claims adjudication system.

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instructions, it can be demonstrated that total premium will be understated without adjusting the index rate to spread the impact of selection across all plans (see Exhibit 2D). This is due to the plan share of allowed costs being greater for richer plan designs, which demonstrably experience antiselection in excess of benefit richness adjustments. The top section of Exhibit 2D shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this Memorandum. The bottom section of the same exhibit demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual 2017 single risk pool experience. The ratio of weighted average projected paid claims calculated via each of these two approaches produces a factor that must be included in the index rate so that application of the various plan-level adjustments results in the correct total paid claims across all plans. The total impact of selection is 1.0132, as shown in Exhibit 2D.

Impact of VHC Adjustments ($1+b_8$)

VHC has made significant strides in improving the accuracy of their membership data. The observed impact on 2016 data for retro cancellations and 2017 data for claims without membership is immaterial, and we do not expect further improvements. The total factor on line $1+b_8$ of Exhibit 5 is therefore 1.000.

Non-System Claims ($e_1 - e_7$)

Other costs were added in the buildup of the Projected Index Rate to account for non-system claims (Items e_1 - e_5 on Exhibit 5). As previously explained in section 3.3, these non-system claims are claims that are independent from the benefits.

- Pharmacy Rebates (e_1):

The experience period pharmacy rebates are estimated to be \$12.75 PMPM. This number is a combination of actual rebates and estimates using our contractual rebate guarantee since we have not yet received the details underlying the rebate payment for part of the 2017 calendar year. Pharmacy rebates are expected to trend at the same rate as Brand Drugs. As shown on Exhibit 3G, the projected cost trend for Brand drugs is 12.3 percent, which brings projected pharmacy rebates to \$16.09 PMPM prior to adjusting for the new formulary BCBSVT started using on January 1, 2018.

As of January 1, 2018, BCBSVT moved this line of business from its current formulary to ESI's National Preferred Formulary. With this new formulary, we expect rebates to increase significantly. To estimate the increase in rebates, ESI provided a projected rebate amount for each brand drug. Using our experience brand drug scripts, we calculated the projected total amount of additional rebates. These additional rebates of \$1.94 PMPM were then trended using the Brand cost trend of 12.3 percent for a total of \$2.44 PMPM. The total projected rebates are therefore \$18.53 PMPM.

- Blueprint Payments (e_2):

BCBSVT participates in the Vermont Blueprint for Health⁵ program. The Vermont Blueprint for Health Manual, effective January 1, 2016, details the funding for both portions of the program: Community Health Teams (CHT) and Patient Centered Medical Homes (PCMH). We do not expect the funding for either CHT or PCMH to change in 2019. Therefore, we assumed that the experienced PMPM of \$3.76 would continue to 2019.

⁵ <http://blueprintforhealth.vermont.gov/>

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- Interplan Teleprocessing System (ITS) (e₃):
The BlueCard® Program gives BCBSVT members healthcare coverage wherever they go across the country and around the world. The fees associated with this program are independent of the amount of the claims and therefore solely dependent on utilization of BlueCard participating providers. As described below, we believe that the medical annual utilization trend, before the impact of the cost containment strategy, is 2.0 percent; therefore, these fees are expected to increase at 2.0 percent. The experience period fees (\$1.97 PMPM) are projected to grow to \$2.05 PMPM in 2019.
- Vermont Vaccine Purchasing Program Payments (e₄):
The Vermont Vaccine Purchasing Program⁶ offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers and other payers. This assessment is now based on a PMPM charge, which is a change from the previous year when it was based on claims. We applied the 2018 rates of \$8.15 per child and \$0.72 per adult to the experience period membership. On March 23, 2018, the Vermont Vaccine Purchasing Program released a memo explaining that they ended the fiscal year 2017 with an unobligated balance much higher than anticipated. On April 5, 2018, they amended the remaining 2018 rates⁷ to be \$0.01 PMPM and noted that “For planning purposes, we would like payers to be aware that the 2019 assessment rate is expected to remain somewhat below normal. The 2019 assessment rate will be set in the fall of 2018.” We estimate that the 2019 rates will be 60 percent of the original 2018 rates. The average PMPM for the experience period of \$1.65, was multiplied by 0.60 to calculate the projected period PMPM of \$0.99.
- Net Cost of Reinsurance (e₅):
BCBSVT uses reinsurance to protect itself against very high claims. Included in the Projected Index Rate is the net cost (reinsurance premium less expected reinsurance claims) of reinsurance. This PMPM cost of \$1.36 was calculated in BCBSVT Large Group Rating Program Filing (SERFF #BCVT-131424513).
- OneCare Coordination Fee (e₆):
BCBSVT is paying OneCare VT a PMPM care coordination fee for attributed BCBSVT members to directly support ACO providers, including community providers, as they deploy new care models. This model mirrors the investment Medicaid has made in the ACO provider network and supports the comprehensive care models being tested within the ACO program. The monthly PMPM for members attributed to OneCare is \$3.25. This fee will be included as a claims expense in the risk sharing calculation that is subject to a 50 percent shared risk/savings. As of March 2018, 37.4 percent of the Single Risk Pool was attributed to OneCare. The projected PMPM is therefore $\$0.61 = \$3.25 \times 0.5 \times 0.374$.
- ESI Additional Administration Fees (e₇):
ESI offers additional services to BCBSVT for clinical management programs. These programs include prior authorizations, step therapy, quantity reviews, copay reviews, and pharmacy vaccination programs, as well as ESI’s RationalMedSM program, which protects patients against

⁶ <http://www.vtvaccine.org/>

⁷ [http://www.vtvaccine.org/vtvaccine.nsf/documents/2018AssessmentRateChangeNoticeAndLetterFromTheCommissioner.html/\\$File/2018%20VVP%20Committee%20Recommendation%20letter%20and%20Notice%20of%20Assessment.pdf](http://www.vtvaccine.org/vtvaccine.nsf/documents/2018AssessmentRateChangeNoticeAndLetterFromTheCommissioner.html/$File/2018%20VVP%20Committee%20Recommendation%20letter%20and%20Notice%20of%20Assessment.pdf)

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potentially harmful drug interactions. The total PMPM in the experience period was \$0.56 PMPM for these services, and is projected to be the same in 2019 since the contractual rates will remain the same.

3.4.7. Trend Factors (cost/utilization):

The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment, and other financial reports. Claims incurred between January 1, 2015 and December 31, 2017, completed through March 31, 2018, were used in the analysis. Completion factors, based on best estimates from financial reporting before margin for conservatism, are applied to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from the Single Risk Pool and the non-QHP experience for groups with 51-100 employees that joined the Single Risk Pool in 2016, when Vermont changed the definition of Small Group to include groups with 51-100 employees. Over the past few years, we have experienced membership retroactivity, primarily associated with members enrolled through VHC. This retroactivity causes some claims to no longer be associated with active membership. The data excludes claims that are no longer associated with active enrollment.

3.4.7.1. Medical Trend Development

Using the historical contracted reimbursement schedules, we calculated network factors that represent the various contracts. Using these factors, we can modify the claims to reflect only one contract. From there, we can observe the historical cost increases using all claims information.

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

Unit Cost

Unit cost trends were largely derived from observations of recent contracting and provider budgetary changes. During calendar year 2017, about 53 percent of total medical claims dollars occurred at Vermont facilities and providers impacted by the hospital budget review process of the GMCB. The starting point of our calculation assumes that the GMCB will approve hospital budgets for October 1, 2018 and October 1, 2019 that support identical commercial increases as those approved for October 1, 2017, with the exception of hospitals that publicly announced⁸ a different intended commercial rate increase. Based upon those assumptions, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the EPO network used for Qualified Health Plans.

⁸ <http://gmcboard.vermont.gov/sites/gmcb/files/A17N99%20NARR.pdf>

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Similarly, we assumed for other providers within the BCBSVT service area that overall 2018 and 2018 budget increases would be identical to those implemented during calendar 2017, with the exception that if we have learned more recent information from our early negotiations with providers, the more recent information is reflected. Again, the provider contracting and actuarial departments worked closely together to assess the impact these increases would have on contract negotiations specific to the EPO network used for Qualified Health Plans.

Finally, unit cost increases for providers outside the BCBSVT service area were derived from the Fall 2017 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

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

Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims in Experience	Cost Trend from 2017 to 2018	Cost Trend from 2018 to 2019	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	53.2%	2.3%	2.1%	2.2%
Other facilities and providers	46.8%	2.9%	3.5%	3.2%
Total	100.0%	2.6%	2.7%	2.7%

Utilization & Intensity

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

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

This accounted for about 84 percent of allowed claims dollars during the experience period. Costs for other claims are primarily for out-of-area services. Contracting changes for these claims were derived from the Fall 2017 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

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Claims were normalized to the December 2017 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through December 2017. The derived trend for other claims was assumed to be continuous. Please see Exhibit 3A for an illustration of this approach.

Shown on page 1 of Exhibit 3B is the resulting array of allowed PMPM claims costs, before and after normalization for contract changes. Inpatient and Outpatient claims were grouped together since we have observed a shift from Inpatient to Outpatient.

Utilization is influenced by the richness of a product and, when benefits get richer over time, the utilization will increase. To adjust for this phenomenon, we calculated the average induced utilization factor based on the actuarial values of the plans in the experience and adjusted each month to reflect the benefits in place in December 2017.

Utilization is also influenced by age. Using SOA's report Health Care Cost - From Birth to Death factors, we calculated the average age-gender factors for the members included in the development. We adjusted each month in to reflect the age-gender factor evident in December 2017.

Since early 2014, BCBSVT implemented many new programs to combat fraud, waste and abuse (FWA). As shown in the table below, the return of FWA programs has increased drastically in the past four years for ACA-Compliant Individual and Small Group business.

Calendar Year	Percent of claims recovered as part of FWA programs
2014	0.09%
2015	0.75%
2016	1.05%
2017	1.10%

This increase in recoveries is skewing the trend calculation downward. We have therefore adjusted the claims to reflect 2017 recovery rates. We expect that the percentage of claims recovered through these programs will remain at approximately one percent of total allowed claims through 2019. We have accordingly not adjusted the trend for future improvements in FWA efforts.

Given that our standard methodology produced atypically high utilization trends, we removed all claims from members who exceeded \$250,000 in allowed medical claims a calendar year. As the utilization component includes intensity, an increase in high cost claimants can disproportionately impact the year-over-over and regression calculations. Exhibit 3B, Page 4 shows the resulting array of allowed PMPM claims costs after this adjustment.

Using the array of PMPM claims costs, adjusted for contract, benefits, aging, FWA programs and high claimants, shown on Exhibit 3B, Pages 5 to 11, we performed 24-month regression, 36-month regression and time series calculations. Certain time series methods, such as those

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assuming no trend or those for which there is not sufficient historical data⁹, are not included, as these are inappropriate for use in trend development and/or for the data available.

We have selected an overall utilization trend of 2.0 percent.

We approached our trend utilization selection two different ways. First, we looked at facility and professional claims separately and then at all claims combined.

When observing facility and professional separately, we believe that 1.0 percent for facility and 4.0 percent for professional are reasonable trend selections. When taking a weighted average of those trends, the total utilization trend calculates to 1.945 percent.

For facility claims, the two year trend was 1.0 percent after removing claimants in excess of \$250,000. The regressions and Holt-Winters and Damped Trend Seasonal time series all range between 0.0 percent and 1.2 percent. The regression results, which in past years have been the basis of our trend selections, are at the high end of that range. We believe that a 1.0 percent trend is the best representation of future increases in facility claims utilization and intensity. Increasing utilization and intensity of facility services is corroborated by hospital actual-to-budget narratives. The impact of low cost trend changes are counteracted to some extent by increasing utilization and intensity, which is acknowledged as a main driver of hospital budget overages.

Professional claims utilization has been ramping up over the last year. This is expected as care continues to be shifted to more appropriate setting. For example, we observed a 7.0 percent increase in professional mental health services, much of which is likely replacing inpatient and ER visits. The calendar year 2017 over calendar year 2016 PMPM was 4.0 percent and the average of the regressions and time series results averaged 4.1 percent. We have accordingly selected a professional utilization trend of 4.0 percent.

When selecting overall utilization trend, 2.0 percent is aligned with observations of year-over-year results, regressions and time series results performed on the overall PMPMs. The results of the regressions, Holt-Winters and Damped Trend Seasonal time series range from 1.3 percent to 2.3 percent with an average of 1.9 percent.

Finally, the resulting overall utilization trend derived from the selected facility and professional trends is 1.945 percent. This is very closely aligned with observations, regressions, and time series results for overall utilization trend, and virtually matches our selected overall utilization trend assumption of 2.0 percent. Because of the close synchronicity of our two methods, we believe 2.0 percent is an appropriate medical utilization trend.

The components of increasing utilization trend have been corroborated by our Chief Medical Officer. Primary drivers include pharmaceuticals dispensed in a medical setting, office visits and preventive services, and diagnostic services, including outpatient labs, x-rays and high-dollar imaging. Medical pharmaceutical claims are up some 14.3 percent year-over-year, driven by high-cost cancer, rheumatoid arthritis and immunodeficiency medications. Similar to retail

⁹ The seasonal additive, seasonal multiplicative, single moving average, and single exponential smoothing methods cannot be used since they assume zero trend. The double moving average method requires three times the amount of historical data as projection periods, and therefore should not be used for this analysis.

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specialty drugs, innovation and utilization for these expensive therapies is not expected to subside in the near future. Office visits and preventive services increased by 3.6 percent and 7.5 percent respectively from 2016 to 2017. Primary drivers included professional mental health services, as noted above, and a significant increase in colonoscopy screenings, both of which we see as positive developments toward moving care to the most appropriate clinical setting and providing clinically appropriate preventive care that will reduce health care spend in the long term. Finally, diagnostic services were up nearly seven percent from 2016 to 2017, likely driven by the increase in office and preventive visits. We anticipate that each of these primary drivers of medical utilization trend will continue to escalate in the immediate future.

The selected 2.0 percent overall utilization trend is lower than the trend calculated by our standard methodology, but is in the range of trends produced by the time series analysis. A 2.0 percent utilization trend is consistent with our filing assumption from last year, and is lower than the utilization trend observed for other Vermont insured populations.

Cost Containment Strategy

BCBSVT is working closely with our network providers and OneCare Vermont to maximize our collaborative clinical reach focusing on reducing the overall medical costs. Using many programs, we have two specific goals for 2019. We target reducing overall inpatient admissions by four percent by reducing readmissions, and we also target reducing emergency room visits by five percent. This will be achieved through enhanced collaborative care coordination support to our members with a goal of redirecting care to primary care providers when appropriate.

Using calendar year 2017 data, we estimated that 101 inpatient admissions with an average cost of \$30,300 would be replaced by office visits, outpatient labs and non-specialty scripts. The average replacement cost for all these services is \$3,400, with \$2,200 of that for medical claims. The additional expected scripts are added to the projected total days supply on Exhibit 3G (see section 3.4.7.2 for details). We estimated that 764 emergency visits with an average cost of \$1,741 would be replaced by a PCP visit with an average cost of \$107, for a total savings of \$1.25 million. The total projected savings of \$4.08 million create a reduction of medical claims of 1.1 percent. This reduces the medical utilization trend from 2018 to 2019 to 0.9 percent. Please see Exhibit 3C for details.

Overall Medical Trend

After adjusting the utilization trend from 2018 to 2019 for the savings expected from the cost containment strategy, the overall medical trend assumption is 4.1 percent.

3.4.7.2. Pharmacy Trend Development

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

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Non-Specialty Drugs Utilization

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

As described above, utilization trends should be adjusted for changes in benefits and aging. We adjusted each month to reflect benefit and aging adjustment. Using the array of PMPM after adjustments, we performed 24-month and 36-month regressions.

The regression results are higher than the most recent year over year results. We believe that they are skewed due to the significant seasonal increase in pharmacy utilization in the fourth quarter of each year. We therefore selected 2.1 percent, the calendar year 2017 PMPM over calendar year 2016 PMPM results, as the non-specialty drugs utilization trend.

This year, instead of projecting a Generic Dispensing Rate, we separated the drugs into seven categories:

- Generics: Drugs that have been generic since at least January 2015
- New Generics: Generic drugs that have been in the market for less than 36 months (January 2015 to December 2017)
- Brands going Generic: brands that are expected to become available in generic form in the projection period, based on a list from our pharmacy benefit manager
- Vaccines
- Over the Counter (OTC)
- Compounds
- All other Brands

As shown on Exhibit 3G, each category days supply is trended forward at the same rate of 2.1 percent.

As discussed in the previous section, BCBSVT is working closely with our network providers and OneCare Vermont towards reducing inpatient admissions. It is expected that avoided admissions would be replaced by office visits, labs and prescription drugs. We added the additional generic and brand days supply expected to result from this initiative to the experience days supply, then applied trend to the projection period.

Generic Cost Trend

To ensure that the generic cost trend is not skewed by the arrival of new generic drugs, we performed a 24-month regression on monthly Average Wholesale Price (AWP) per days supply on non-new generics only.

Brands that are going generic will be subject to the generic discounts. We do not expect that the AWP for these drugs will significantly change from the experience period due to the lack of

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generic competition for the main drugs in this category. We adjusted the price to reflect the different experienced effective discounts between brands and generics.

Exhibit 3E, page 1, shows monthly cost per days supply and the 24 and 36-months regressions. We select the 24-month regression result of 3.5 percent for the generic cost trend.

Brand Cost Trend

To ensure that the brand cost trend is not skewed by brands going generic, vaccines, over the counter and compound drugs AWP, we performed a 24-month regression on monthly AWP cost per days supply on the all other brand category only.

Over the counter drugs are not expected to follow the overall Brand cost trend. Based on historical data, we selected a 0.0 percent cost trend for OTC drugs.

Exhibit 3E, page 2, shows monthly cost per days supply and the 24 and 36-months regressions. We selected the 24-month regression result of 12.3 percent for the brand cost trend.

Specialty Drugs

The introduction of certain new specialty drugs requires an adjustment to the trend calculation for specialty drugs. The high cost and variable utilization of the drugs skews the specialty trend, making it lower than we believe is warranted. Other high-cost or high-utilization drugs have also entered the market recently, such as Orkambi, a treatment for cystic fibrosis with an annual cost of almost \$250,000, and PCSK9 inhibitors like Repatha, used to treat high cholesterol in patients with the genetic disease familial hypercholesterolemia (FH). To accurately capture the effect of these new drugs on specialty trend, we removed their claims from the experience to calculate a trend rate to apply to these non-excluded claims. We trended those claims forward at the calculated rate for 24 months, then added back in our projections of claims for the new treatments (Orkambi, Ocrevus, and PCSK9 inhibitors). We used the total restated projected claims to calculate a restated specialty trend.

In previous filings, we excluded hepatitis C claims and added them in discretely based on projected claimants. On January 1, 2018, BCBSVT expanded its prior approval criteria for hepatitis C drugs. Given the change in criteria, the methodology used in previous filings is no longer appropriate for projecting the number of claimants. Due to the difficulty in estimating claimants with the expanded criteria, hepatitis C claims were not excluded from the standard specialty regression in this filing. Given that hepatitis C drug claims are in the entire experience period used to develop the specialty trend, their inclusion does not unduly impact specialty trend.

In July 2015, we renewed our contract with our pharmacy benefit manager ESI and our discount off AWP for specialty drugs increased. We adjusted months prior to July 2017 to reflect the new contract.

For the same reasons stated in the medical trend section, we adjusted each month to reflect aging. Using the array of PMPM claims costs after adjustments, we performed 24-month regressions on monthly and rolling 12 data.

Exhibit 3F, Page 1 shows the calculation of specialty trend both for all specialty drugs and for specialty drugs excluding the new treatments described above. For our regressions, we chose 24

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points of 12-month rolling data to capture the most recent history of drug costs. Rolling 12-month regressions are more appropriate for specialty drugs because of the low-frequency, high-cost nature of these drugs. Removing the large swings in specialty drug spend associated with the new treatments results in a 20.1 percent trend for the remaining specialty drugs.

PCSK9 inhibitors such as Repatha and Praluent are used to treat high cholesterol. BCBSVT's current policy is to approve PCSK9 inhibitors for the treatment of familial hypercholesterolemia (FH), a genetic disease characterized by very high levels of cholesterol in the blood. Current incidence studies suggest that 200 persons per 100,000 lives are diagnosed with FH after failure of one high-dose statin for 60 days. Another indication for these drugs is for patients who have had a heart attack and then failed two different high-dose statins for 60 days. Based on current membership, we project 19 members will use a PCSK9 inhibitor in 2019. With an annual cost of about \$13,975, the projected total is \$0.27 million.

Orkambi is a drug used in the treatment of cystic fibrosis. In particular, it is used to treat a specific mutation of the disease that is found in roughly 50 percent of cystic fibrosis patients. Orkambi is prescribed to patients age 12 and older. In previous filings, we assumed that 50 percent of our members diagnosed with cystic fibrosis who are at least age 12 would take Orkambi. Only six members in the experience period had claims for Orkambi. Given the length of time the drug has been available, we expect we will see no change in utilization. Orkambi has an annual cost of \$253,000, and we project that 6 members will continue to use it. The projected cost for those members is therefore \$1.5 million.

Ocrevus is a drug used in the treatment of multiple sclerosis (MS). We estimate 15 percent of our members currently taking medication for MS would move to Ocrevus. We therefore excluded 15 percent of the average annual cost of MS medications from specialty claims to reflect this shift, and added in the estimated cost of Ocrevus. No adjustment was made to the experience used to develop the non-exclusion specialty trend, since only a proportion of claims are removed.

To calculate the effective trend, we started with the pharmacy claims from the calendar year 2017 and removed the claims for PCSK9 inhibitors, Orkambi and MS medications. We then trended the remaining claims at a 20.1 percent rate for 24 months, added the incremental cost of PCSK9 inhibitors, Orkambi, and Ocrevus for a total restated projected claim amount. Using this method, the restated effective specialty drug trend is 20.3 percent. See Exhibit 3F, Page 3 for details.

Overall Pharmacy Trend

Exhibit 3G summarizes the trends calculates our total allowed pharmacy trend as 13.3 percent. Note that changes in pharmacy contracts are discussed separately in section 3.4.6.

3.4.7.3. Vision and Dental Trend Development

Dental Trend

The pediatric dental benefit was a new benefit provided by BCBSVT in 2014 as part of the Essential Health Benefits (EHB). The allowed PMPM trend has been high and continues to increase as members become more familiar with the benefit.

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Calendar Year	PMPM	Trend
2014	\$1.49	
2015	\$1.65	11.0%
2016	\$1.85	12.1%
2017	\$1.94	4.9%

We blended the 2017 and 2016 increases with a 2:1 ratio. The total projected trend is therefore 7.2 percent. For the purpose of the index rate build up, we split the total projected trend equally between cost and utilization.

Vision Trend

The pediatric vision benefit was also introduced in 2014 as part of the EHB. Some groups had previous vision coverage but members previously in an individual product did not get vision benefits through BCBSVT. The allowed PMPMs have been very consistent since 2014 and we believe that they will continue to be consistent in the future. The total projected trend for pediatric vision is 0.0 percent.

Calendar Year	PMPM
2014	\$0.11
2015	\$0.11
2016	\$0.10
2017	\$0.10

3.4.7.4. Overall Total Trend

To adjust the Experience Period Index Rate for the trend factors described above, we started with the experience period claims and applied cost and utilization to Medical, Pharmacy, Dental and Vision claims. The resulting factors (1+d₁ and 1+d₂ on Exhibit 5) are calculated on Exhibit 3H.

3.5. Credibility of Experience

BCBSVT's experience period had 819,824 member months and is therefore fully credible.

3.6. Credibility manual rate development

Since BCBSVT's experience is fully credible, no manual rate was needed in the development of rates for the experience period claims.

3.6.1. Source and Appropriateness of Experience Data Used: Not Applicable

3.6.2. Adjustments Made to the Data: Not Applicable

3.6.3. Inclusion of Capitation Payments: Not Applicable

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3.7. Market Adjusted Index Rate

The Market Adjusted Index Rate (line H of Exhibit 5) is \$646.29. This is calculated by adjusting the Projected Index Rate (line F of Exhibit 5, \$662.94) for allowable market-wide modifiers described below.

3.7.1. Projected Risk Adjustment Transfer PMPM:

On April 27, 2018, CMS published an Interim Summary Report on Risk Adjustment for the 2017 benefit year¹⁰. The BCBSVT data included in the report represents claims incurred in 2017 and paid through December 31, 2017. We received information from Lewis & Ellis on May 2, 2018 that MVP's interim submission included four quarters of data, which we have interpreted to mean that the data submissions are consistent between the two carriers. The final 2017 report will include supplemental diagnosis files and will also include the impact of claims runout. We estimated the impact of the BCBSVT supplemental diagnosis file and claims runout by comparing the original CMS-generated Risk Adjustment Transfer Elements Extract (RATEE) file used in the Interim Summary Report to the Plan Liability Risk Score (PLRS) factor within the RATEE report generated on May 1, 2018 by CMS with claims paid and supplemental diagnoses through April 18, 2018. The impact of claims runout and supplemental diagnoses for MVP was estimated based on the relationship of their final PLRS score in the 2016 Final Summary Report relative to the MVP PLRS in the 2016 Interim Summary Report¹¹.

A large amount of membership disenrolled from BCBSVT during the 2018 annual enrollment period. Presumably, some portion of these members enrolled in an MVP individual or small group plan. Two adjustments were made to the estimated 2017 risk adjustment transfer to reflect the shift in membership in our projection of the 2018 risk adjustment transfer. We assumed that the members that were in BCBSVT in 2017 and are no longer with BCBSVT in 2018 have migrated to MVP, and will have the same risk scores in 2018 as they experienced in 2017. Also, the state average monthly premium factor was adjusted to reflect the changing market share between the two carriers.

The 2019 risk adjustment assumes that the market-wide PLRS and membership are the same in 2019 as in the adjusted 2018 projection. The 2019 projection assumes the market-wide premium PMPM will increase by a factor of 1.075, the average premium increase across all plans in this filing, which results in a 2019 risk adjustment transfer of \$8.62M or \$13.66 PMPM.

The approach to calculate the projected 2018 transfer was necessarily something of a blunt instrument due to the significant delay in the CMS release of the interim payment report. We did examine a number of more complex methodologies that produced results of a transfer to BCBSVT ranging from \$5.7 million to \$13.6 million. The methodology we selected for the filing produces an estimate near the midpoint of this range, and we therefore believe that the result is reasonable and appropriate.

¹⁰ <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Interim-RA-Report-BY2017.pdf>

¹¹ Information received from Lewis & Ellis on April 25, 2017 indicated that the MVP data included in the 2016 interim report also included four quarters of data.

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Since the Market Adjusted Index Rate is on an allowed claims basis, we adjusted the net projected risk adjustment payment by the average paid to allowed ratio (from Exhibit 6C).

As described in the Final Notice of Benefits and Payment Parameters for 2019 rule, the per capita risk adjustment user fee, used to fund the HHS-risk adjustment program, is \$1.80 per enrollee per year. See 83 Fed. Reg. 16930 (April 17, 2017).

The overall market-wide adjustment (line g₁ of Exhibit 5) for the risk adjustment program is -\$16.65 PMPM as shown on Exhibit 4.

3.7.2. Exchange User Fees

BCBSVT does not expect Vermont Health Connect to charge a user fee for 2019.

3.8. Plan Adjusted Index Rates

3.8.1. Plan Adjustment - Actuarial Value and Cost Sharing adjustment

This plan adjustment, as shown on Exhibit 6A, is informed by two factors:

- Benefit Richness Adjustment
- Paid to Allowed Ratio

The experience used to calculate the benefit richness adjustment and the paid to allowed ratio is our calendar year 2017 data trended to calendar year 2019 using the trend factors described in section 3.4.7. The model re-adjudicates claims by starting with the allowed charges and applying appropriate cost sharing for each service. For plans that have an aggregate deductible, subscribers that had a 2-person or family contract were pooled together to determine the impact of the family deductible and out-of-pocket on the paid to allowed ratio. The model generates the projected average paid claims for each benefit, which is used to calculate a paid to allowed ratio. The model is calibrated to 2017 experience, and is able to reproduce the experience paid to allowed ratio to within 0.1 percent.

3.8.1.1. Benefit Richness Adjustment

The Benefit Richness Adjustment is the counterpart of the Change in Benefit projection factor ($1+c_1$ line on Exhibit 5) described in Section 3.4.4. This factor represents the different projected utilization for each plan based solely on benefit design.

For this factor, we summarized the data described above by subscribers within each metal level and re-adjudicated the claims for each plan to calculate a subscriber level paid to allowed ratio. We then applied the HHS Induced Utilization formula ($IU=AV^2-AV+1.24$) to the base paid to allowed ratio.

These factors were normalized using the projected membership to ensure that the total adjustment was 1.000. The plan level adjustment for benefit richness is calculated by applying the benefit richness adjustment by base benefit and applying a factor of 1.000 for non-system claims and market-wide adjustments. See Exhibit 6B for details.

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3.8.1.2. Paid to Allowed Ratio

To calculate the paid to allowed ratio, we adjusted the starting allowed charges described in the previous section by the benefit richness adjustment and re-adjudicated the benefits for each plan across the entire single risk pool. The paid to allowed ratios include the impact of family deductibles and out of pocket maximums, and reflect the impact of federal Cost Sharing Reductions. They do not reflect the impact of Vermont cost sharing reductions, as this program continues to be funded by Vermont and is not part of the Silver Solution. We then added the additional EHB paid and allowed, and the non-system claims and market-wide adjustment amounts in both paid and allowed. Finally, we calculated the overall expected paid to allowed ratio. Please see details in Exhibit 6C.

In the URRT, the Paid to Allowed Average Factor is the weighted average expected claims cost, including non-EHB benefit and excluding market-wide adjustments (\$537.66) divided by projected allowed charges (\$663.04). As shown in Section 3 of Worksheet 1 of the URRT, the paid to allowed average factor is 81.1 percent.

3.8.2. Provider Network, Delivery System and Utilization Management adjustment: Not Applicable

3.8.3. Adjustment for benefits in addition to the EHBs:

As of January 1, 2017, BCBSVT removed an exclusion for routine circumcision. Based on recent information from the American Academy of Pediatrics, there is new evidence that “the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision.”¹² On the basis of this evidence, our Medical Directors have recommended that we add coverage for this procedure. Based on the experience period claims and expected trend, we estimate the additional cost to be \$0.10 PMPM of allowed charges. Applying the same paid to allowed ratio to this benefit as to the EHB benefit, we calculate an adjustment of 1.0002, as shown on Exhibit 6A.

3.8.4. Impact of specific eligibility categories for the catastrophic plan

This plan adjustment includes two components of the impact of the specific eligibility categories for the catastrophic plan. Both of these adjustments are based on the eligible population. The eligible population includes Vermont residents that are under age 30 and residents age 30 and over who are granted a hardship exemption by Vermont Health Connect. We used our current enrollment in the Catastrophic plan as a proxy for eligibility and adjusted the projected members that would qualify under the hardship rule to account for the increase in premiums. We project that 98.6 percent of the population eligible for this product will be under age 30.

To adjust for the eligible population, we first calculated the adjustment for the impact on the pricing actuarial value of the expected lower allowed charges of the group eligible to enroll in the catastrophic plan. This was calculated by splitting the experience used to calculate the Pricing Actuarial Value into two populations (Under and Over 30) and re-adjudicating for the catastrophic benefit. Using the projected eligible members as weights, we calculated that the overall expected allowed charges are 0.5656 of the total allowed charges. We then adjusted the

¹² <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/newborn-male-circumcision.aspx>

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paid to allowed ratio based on the weighted average paid to allowed ratio from both populations. This factor is 0.9214.

These factors were applied to the EHB portion of the Projected Period Index Rate. Because this adjustment doesn't impact the Non-System claims and Market Wide Adjustment, we calculated the Expected Claims cost and backed into the plan level adjustment for the impact of eligibility.

The total adjustment for the specific eligibility categories for the catastrophic plan is 0.4938. See Exhibit 6D for details.

3.8.5. Adjustment for distribution of the administrative costs

3.8.5.1. Administrative Expense Load:

BCBSVT Administrative Expense load was not initially calculated as a percent of premium adjustment. This adjustment is the sum of the following fees:

BCBSVT Base Administrative Charges

To develop the Base Administrative Expenses PMPM, we used calendar year 2017 data from both individual and small group members. The starting PMPM for the base administrative charges is \$35.02 PMPM. The single risk pool population is comprised of individuals who can choose to enroll through the Vermont Health Connect (VHC) website or directly with BCBSVT, and small groups that enroll directly with BCBSVT. The experience period base administrative for individuals was \$39.83 PMPM compared to \$31.83 PMPM for members in small groups.

For this filing, we have removed expenses totaling \$0.32 PMPM that were incurred due to one-time, non-recurring events, as these fees are not expected to continue into the projection period.

The remaining charges (\$34.70 PMPM) are projected to 2019 using a 2.5 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. We assume that personnel costs (wages and benefits) will increase by 3 percent annually, the budgeted wage increase for 2018, over the projection period. Other operating costs are assumed to remain flat. We have calculated that 83.5 percent of our administrative costs are for salaries and benefits. We are therefore increasing our projected administrative expenses by the weighted average of 2.5 percent per annum.

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Administrative trend calculation		BCBSVT Totals	Percent of Total
Employee costs:	$A = a_1 + a_2$	\$44,807,919	59.2%
Salaries and taxes	a_1	\$32,968,684	
Benefits	a_2	\$11,839,235	
Purchased services	B	\$21,959,698	29.0%
Other operating costs	C	\$8,867,317	11.7%
Total Administrative Expenses	$D = A + B + C$	\$75,634,934	100.0%
BCBSVT Personnel Cost	$E = A / (A + C)$		83.5%
Projected Personnel Cost Increase	F		3.0%
Projected Administrative Cost Increase	$G = (E \times (1+F) + (1-E)) - 1$		2.5%

In 2018, BCBSVT experienced a large membership decrease. To calculate the impact of a smaller membership base, we calculated a total enterprise administrative charge PMPM and adjusted by the ratio of 2017 and projected 2019 membership. The latter was estimated as March 2018 enterprise membership less the 1,073 members assumed to drop coverage due to the elimination of the penalty associated with the individual mandate (see section 3.4.2.). We assumed that variable costs represent half of that increase, and therefore applied an increase of 3.4 percent to the base PMPM to account for the reduction in membership.

Calculation of impact of membership losses		Total BCBSVT Enterprise
Total CY 2017 Administrative Expenses	A	\$75,634,934
Total CY 2017 Member Months	B	2,424,372
CY 2017 PMPM	$C = A / B$	31.20
Projected Member Months	D	2,268,552
Projected PMPM before adjustment for variable cost	$E = A / D$	\$33.34
Variable Cost PMPM	$F = 0.5 \times (E - C)$	\$1.07
Projected PMPM after adjustment for variable cost	$G = C + F$	\$32.27
Increase in PMPM due to Membership Losses	$H = G / C - 1$	3.43%

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To calculate the projected based administrative charges, we multiplied the experience PMPM, net of non-recurring expenses, by 2.5 percent for two years for trend and by 3.4 percent for the impact of membership losses.

Projected Administrative Charges Calculation		PMPM
Experience Base Administrative Charges	A	\$35.02
Exclusion of non-recurring expenses	B	(\$0.32)
Trend Projection (2 years)	C	1.0507
Impact of Membership losses	D	1.0343
Projected Base Administrative Charges (Exhibit 7A)	$E = (A-B) \times C \times D$	\$37.72

The projected base administrative charges PMPM of \$37.72 is 6.5 percent of premium.

Charges for Outside Vendors

- **CBA Dental and VSP Vision**
These benefits are being administered by third party administrators. The administrative fees are charged for eligible members only. The ratio of eligible members to total members, based on the projected single risk pool split between adult and child, was applied to get the per member per month charge.
- **Health Equity**
All single risk pool members are eligible for HRA and/or HSA Integration service. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into and paying for claims out of Health Savings Accounts (HSA). All plans are also eligible for this service with Health Reimbursement Accounts (HRA). To calculate these fees, we used the experience of members that are already enrolled in this program and compared it to all members enrolled in the single risk pool in the first quarter of 2018.
- **Blue Rewards Program**
Under this program, BCBSVT will reward members with credits via a debit card for the following wellness activities:
 - Completing an online health assessment
 - Participate in the workshop or challenge
 - Having a physical exam or appropriate screenings
 - Having a routine eye or dental exam

Based on participation projection from the Marketing and Product department, we estimate that the cost of this program to be \$6.81 PMPM for Blue Rewards plans only.

The total of all administrative charges outlined in this section is 6.9 percent of premium. The details of the administrative charges are on Exhibit 7A.

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3.8.5.2. Profit (or Contribution to Reserves) & Risk Margin:

Contribution to Reserves

As directed by BCBSVT management, the filed rates include a 1.5 percent contribution to reserves (CTR). A contribution to reserves is required in order to maintain an adequate level of surplus. Surplus is a critical consumer protection that is required by the Vermont Department of Financial Regulation. In the event of unforeseen adverse events that may otherwise impact BCBSVT's ability to pay claims, surplus allows subscribers to receive needed care and providers to continue to receive payments.

A memo from BCBSVT senior management regarding the requested level of CTR can be found as Attachment C.

Other Risk Margin

Under the ACA, enrollees who are receiving Advance Premium Tax Credits (APTC) have a three-month grace period to pay premiums, while enrollees who are not receiving APTC have a one-month grace period. For both these populations, the State requires the insurer to pay for claims incurred in the first month of the grace period even if premium is never collected. This uncollected premium is considered bad debt. To ensure that BCBSVT collects enough premium from the total pool to cover the 30-day grace periods, we need to include a risk margin for bad debt. We have added a margin of 0.10 percent, which is both the 4-year average and the actual 2017 amount of uncollected premium due to the grace periods.

Bad Debt	Uncollected Premium	Total Billed Premium	Percent of Billed Premium
2014	\$646,000	\$255,227,839	0.25%
2015	\$800,840	\$334,014,191	0.24%
2016	\$207,098	\$386,247,850	0.05%
2017	\$415,186	\$408,055,901	0.10%
Total	\$2,069,124	\$1,383,545,781	0.10%

Details of Contribution to Reserve and Risk Margin for Bad Debt by product are on Exhibit 7B.

3.8.5.3. Taxes and Fees:

The proposed rates include on average 1.2 percent in taxes and fees. These taxes and fees are imposed by both the state and federal government.

Green Mountain Care Board Billbacks

Based on information provided by the GMCB on April 11, 2018, BCBSVT estimates that the total GMCB billback to BCBSVT for 2019 will be \$1,238,000. Based on 2018 projected premium, the Vermont Individual and Small Group market will be allocated 83.84 percent of the total GMCB billback amount for BCBSVT. We assume that this percentage allocation will remain the same into 2019, leading to a projected 2019 Individual and Small Group billback of \$1,037,939. Using the projected membership of 631,092 member months, the 2019 calendar year PMPM for GMCB billback comes to \$1.92.

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Health Care Claims Tax

The Health Care Claims Tax (HCCT) levied by the State of Vermont totals 0.999 percent of claims. This consists of 0.8 percent of claims for the HCCA tax and 0.199 percent of claims for the VITL assessment.

Patient-Centered Outcomes Research Institute Fee

This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012 and before October 1, 2019. Therefore, the fee does not apply to this filing.

Federal Insurer Fee

The Federal Insurer Fee is intended to help pay for some provisions in the Affordable Care Act. This fee is only applicable to fully insured groups. Enacted on January 22, 2018, Section 4003 of Division D of H.R. 195 temporarily suspended the Federal Insurer Fee for 2019 only.

Details of the Taxes and Fees by product are on Exhibit 7C.

3.8.6. AV Pricing Values

As described in the 2019 Unified Rate Review Instructions, the AV Pricing Value “represents the cumulative effect of adjustments made by the issuer to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate”. These adjustments are described in detail in preceding parts of Section 3.8. See Exhibit 7D for details by product.

3.8.7. Calibration

Age, Tobacco, and Geographic factors are not allowed in Vermont. Therefore no calibration is required.

3.8.8. Projected Loss Ratio

The MLR calculation will be performed at the combined market level with a minimum requirement of 80 percent. We project that the overall Loss Ratio, using the federally prescribed MLR methodology for the combined market, will be 91.8 percent. See Exhibit 8 for details.

3.9. Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium rates are displayed on Exhibit 9B. Since rate factors for age, tobacco and geography are not allowed in Vermont, the only adjustment is the application of rating tier factors. Vermont has predetermined the tier factors for plans for Individuals and Small Groups.

We observed that using the same contract conversion factor on all plans does not produce the same total premium when multiplying members and PMPM and when multiplying contracts and rates. This is due to not all plans having the same distribution in each tier and not all plans receiving the same annual rate increase.

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To correct this, we are calculating the contract conversion factor in two steps. First, we calculate preliminary rates by tiers by using the simple ratio of average number of members to subscribers to calculate average tier factors for all plans except Catastrophic. We then compare the total premium from multiplying members by PMPM to the premium totaled by multiplying contracts by rates, and adjust the contract conversion factor to ensure that we collect the total required annual premium. We are calculating a contract conversion factor specifically for the catastrophic plan and one for all other plans.

Please see Exhibit 9A for details calculation of the contract conversion factor.

The Consumer Adjusted Premium Rates are shown on Exhibit 9B.

3.10. Small Group Plan Premium Rates

All Small Groups must renew on January 1, 2019 according to the combined market rules. BCBSVT will not file small group rates for Q2-Q4 2019.

4. ADDITIONAL INFORMATION

4.1. Terminated Products

BCBSVT will not be terminating any product prior to January 1, 2019.

4.2. Plan Type

Our plan type is EPO.

4.3. Warning Alerts

There are no warning alerts in the Unified Rate Review Template.

5. RELIANCE AND ACTUARIAL CERTIFICATION

5.1. Reliance

For the metallic AV values of the standard plans we relied upon the certification provided by Julie A. Peper, FSA, MAAA, Principal and Senior Consulting Actuary with Wakely Consulting. (Attachment A)

5.2. Actuarial Certification

The purpose of this rate filing 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

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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 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. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.

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.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers.



Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
Blue Cross and Blue Shield of Vermont
May 11, 2018

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PLAIN LANGUAGE SUMMARY

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

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

The purpose of this rate filing is to provide the rates and a description of the rate development for Vermont individual and small group plans that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer effective January 1, 2019.

There are 32,570 contracts (53,664 members) currently enrolled in a BCBSVT Individual or Small Group plan impacted by this filing.

BCBSVT collaborated with stakeholders to propose, develop, and implement the Silver Solution, a strategy to offset the federal defunding of the cost-sharing reduction (CSR) program with additional federal advanced premium tax credits and avoid additional premium rate increases on Vermonters.

The average 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 5.3 percent.

Increases for specific plans range from 3.5 percent to 6.8 percent, except for the Catastrophic plan, which is increasing by 1.2 percent. Silver Level Exchange plans will increase an average of 16.0 percent, with increases for specific plans ranging from 14.6 percent to 18.9 percent. Across all plans, the average increase is 7.5 percent.

Medical and pharmacy trend continues to be the largest driver of premium increases. Amounts providers are paid, Vermonters' use of services and more expensive services, and utilization of specialty medications and other retail pharmaceuticals all continue to escalate. These combine to drive a rate increase of 7.4 percent.

Two changes at the federal level had a nearly offsetting rate impact. The federal insurer fee was suspended for 2019, leading to a 2.0 percent reduction in 2019 rates. However, recent federal legislation also eliminated the penalty associated with the individual mandate. As a result, it is expected that a number of healthy individuals will choose to forgo coverage and leave the covered population. BCBSVT estimates that this will exert an upward pressure of 2.2 percent on premium rates, which is within the best estimate range of a study commissioned by Vermont regulators.

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BCBSVT targets a contribution to reserves (CTR) that allows us to maintain an adequate level of surplus within an established, moderate target range. Surplus is a critical consumer protection that is required by the Vermont Department of Financial Regulation. The Green Mountain Care Board cut CTR in the 2018 filing to 0.5 percent, which is below the level necessary to contribute adequately to surplus. Restoration of CTR to adequate levels increases 2019 premiums by 1.5 percent.

Tax reform legislation passed in late 2017 eliminated federal income tax requirement for the BCBSVT legal entity starting with the 2018 tax year. These savings have been fully passed through to customers via a 1.1 percent reduction in premium.

BCBSVT has embarked on numerous efforts to mitigate premium increases. In addition to passing 100 percent of federal income tax savings to consumers, BCBSVT has continued to work closely with its pharmacy benefit manager to improve network pricing and maximize rebates. These pharmacy initiatives have roughly similar impacts totaling a 2.3 percent decrease in premium. Additionally, BCBSVT is working closely with our network providers and OneCare Vermont to maximize our collaborative clinical reach focusing on reducing the overall medical costs. We expect these efforts to exert a downward pressure of just over one percent on medical utilization trend, driving a 0.8 percent rate reduction.

Altogether, BCBSVT rate mitigation is leading to a reduction of rates of 4.2 percent, or a projected \$15.7 million. The average rate increase of 5.3 percent would have been 9.8 percent in the absence of BCBSVT intervention.

BCBSVT started selling plans in the Vermont Individual and Small Group Merged Market in January 2014. In its first four years, higher-than-expected costs have led to a cumulative loss of \$15 million on this line of business. BCBSVT has not included any additional contribution to member reserves to offset this loss. Neither have we requested a higher contribution to member reserves as recoupment for expected 2018 losses stemming from the federal defunding of the Cost Share Reductions program in late 2017.

BCBSVT understands the importance of adequately funding our health care system to keep it strong and accessible. Since the factors driving this rate increase are almost entirely driven by the cost and utilization of health care in Vermont, we believe that there is no way to further reduce these rates without underfunding the health care coverage on which Vermonters rely.

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the State of Vermont.

A handwritten signature in blue ink, appearing to read "Ruth Greene", written over a horizontal line.

Ruth Greene
Vice President, Treasurer & CFO

A handwritten date in blue ink, "05/11/2018", written over a horizontal line.

Date

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y																										
1	Unified Rate Review v4.3																																																	
2																																																		
3	Company Legal Name:		Blue Cross and Blue Shield of V										State:		VT																																			
4	HIOS Issuer ID:		13627										Market:		Combined																																			
5	Effective Date of Rate Change(s):		1/1/2019																																															
6																																																		
7																																																		
8	Market Level Calculations (Same for all Plans)																																																	
9																																																		
10																																																		
11	Section I: Experience period data																																																	
12	Experience Period:		1/1/2017		to		12/31/2017																																											
13							Experience Period																																											
14							Aggregate Amount		PMPM		% of Prem																																							
15	Premiums (net of MLR Rebate) in Experience Period:						\$408,055,901		\$497.74		100.00%																																							
16	Incurred Claims in Experience Period						\$372,089,227		453.86		91.19%																																							
17	Allowed Claims:						\$456,109,835		556.35		111.78%																																							
18	Index Rate of Experience Period								\$556.27																																									
19	Experience Period Member Months						819,824																																											
20	Section II: Allowed Claims, PMPM basis																																																	
21			Experience Period				Projection Period:		1/1/2019		to		12/31/2019		Mid-point to Mid-point, Experience to Projection:								24 months																											
22									Adj't. from Experience to		Annualized Trend																																							
23									Projection Period		Factors		Projections, before credibility Adjustment					Credibility Manual																																
24	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM																					
25	Inpatient Hospital		Admits		52.72		\$21,793.61		\$95.74		1.031		1.000		1.027		1.021		56.69		\$22,968.50		\$108.51		0.00		\$0.00		\$0.00																					
26	Outpatient Hospital		Services		3,755.32		698.05		218.45		1.031		1.000		1.027		1.021		4,038.45		735.85		247.64		0.00		0.00		0.00																					
27	Professional		Visits		9,877.97		149.29		122.89		1.031		0.997		1.027		1.021		10,622.72		156.86		138.85		0.00		0.00		0.00																					
28	Other Medical		Visits		1,548.33		171.25		22.10		1.031		1.000		1.027		1.023		1,671.08		180.66		25.16		0.00		0.00		0.00																					
29	Capitation		Benefit Period		17,803.04		5.50		8.15		1.031		0.625		1.027		1.021		19,145.30		3.62		5.78		0.00		0.00		0.00																					
30	Prescription Drug		Prescriptions		14,578.96		73.28		89.03		1.031		1.147		1.110		1.028		15,880.86		103.60		137.10		0.00		0.00		0.00																					
31	Total								\$556.35																\$663.04				\$0.00																					
32	Section III: Projected Experience:		Projected Allowed Claims PMPM (w/applied credibility if applicable)																		100.00%		0.00%		After Credibility		Projected Period Totals																							
33			Paid to Allowed Average Factor in Projection Period																						0.811		\$418,438,956																							
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																						\$537.66		\$339,312,807																							
35			Projected Risk Adjustments PMPM																						13.51		8,526,053																							
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																						\$524.15		\$330,786,754																							
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM																						0.00		0																							
38			Projected Incurred Claims																						\$524.15		\$330,786,754																							
39			Administrative Expense Load																				6.93%		40.27		25,413,686																							
40			Profit & Risk Load																				1.60%		9.30		5,866,072																							
41			Taxes & Fees																				1.24%		7.23		4,562,986																							
42			Single Risk Pool Gross Premium Avg. Rate, PMPM																						\$580.94		\$366,629,499																							
43			Index Rate for Projection Period																						\$662.94																									
44			% Increase over Experience Period																						16.72%																									
45			% Increase, annualized:																						8.04%																									
46			Projected Member Months																								631,092																							
47																																																		
48																																																		
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																	
50																																																		

Product-Plan Data Collection

Company Legal Name:

Blue Cross and Blue Shield of Vermont

HIOS Issuer ID:

13627

Effective Date of Rate Change(s):

1/1/2019

State:

VT

Market

Combined

Product/Plan Level Calculations

Section I: General Product and Plan Information

	BCSVP EPO (Small Group)												BCSVP EPO CDP# (Small Group)												BCSVP EPO CDP# (Individual)																											
Product ID:	1362V7Y031												1362V7Y031												1362V7Y031																											
Market:	Platinum				Gold				Silver				Silver				Bronze				Bronze				Catastrophic				Platinum				Gold				Silver				Silver				Bronze				Bronze			
Air Metal Value:	0.901	0.820	0.719	0.719	0.613	0.630	0.630	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.630	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.630	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.630	0.703	0.703	0.607	0.570											
AV Pricing Value:	1.115	0.984	0.894	0.894	0.802	0.711	0.695	0.712	0.625	0.710	1.115	0.984	0.894	0.894	0.802	0.711	0.695	0.712	0.625	0.710	1.115	0.984	0.894	0.894	0.802	0.711	0.695	0.712	0.625	0.710	1.115	0.984	0.894	0.894	0.802	0.711	0.695	0.712	0.625	0.710												
Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing												
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO													
Plan Name:	BCSVP Platinum Plan			BCSVP Silver Plan			BCSVP Silver Plan			BCSVP Bronze Plan			BCSVP Silver Plan			BCSVP Silver Plan			BCSVP Bronze Plan			BCSVP Silver Plan			BCSVP Platinum Plan			BCSVP Silver Plan			BCSVP Silver Plan			BCSVP Bronze Plan			BCSVP Silver Plan			BCSVP Bronze Plan												
Plan ID (Standard Component ID):	1362V7Y0310001			1362V7Y0310003			1362V7Y0310004			1362V7Y0310005			1362V7Y0310003			1362V7Y0310004			1362V7Y0310005			1362V7Y0310003			1362V7Y0310004			1362V7Y0310005			1362V7Y0310003			1362V7Y0310004			1362V7Y0310005															
Exchange Rate:	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes													
Historical Rate Increase - Calendar Year - 1	4.89%												4.38%												4.38%																											
Historical Rate Increase - Calendar Year - 2	5.88%												5.98%												6.67%																											
Historical Rate Increase - Calendar Year - 3	4.92%												4.92%												4.92%																											
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019													
Rate Change % (over prior filing)	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%													
Com Mod Rate Change % (over 12 mos prior)	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%	1.25%	6.82%	4.70%	15.33%	3.52%	3.66%	4.53%	14.56%	4.56%	5.13%													
Average Rate Change % (over 12 mos prior)	13.58%	13.33%	21.17%	13.82%	13.82%	13.82%	23.87%	13.82%	15.84%	5.12%	13.58%	13.33%	21.17%	13.82%	13.82%	13.82%	23.87%	13.82%	15.84%	5.12%	13.58%	13.33%	21.17%	13.82%	13.82%	13.82%	23.87%	13.82%	15.84%	5.12%	13.58%	13.33%	21.17%	13.82%	13.82%	13.82%	23.87%	13.82%	15.84%													
Plan Rate Increase %	5.98%												5.12%												10.54%																											

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

Unit (Standard Component ID):	Total	1362P7010000	1362P7010001	1362P7010002	1362P7010003	1362P7010004	1362P7010005	1362P7010006	1362P7010007	1362P7010008	1362P7010009	1362P7010010	1362P7010011	1362P7010012	1362P7010013	1362P7010014	1362P7010015	1362P7010016	1362P7010017	1362P7010018	1362P7010019	1362P7010020	1362P7010021	1362P7010022	1362P7010023	1362P7010024	1362P7010025	1362P7010026	1362P7010027	1362P7010028	1362P7010029	1362P7010030	1362P7010031	1362P7010032	1362P7010033	1362P7010034	1362P7010035	1362P7010036	1362P7010037	1362P7010038	1362P7010039	1362P7010040	1362P7010041	1362P7010042	1362P7010043	1362P7010044	1362P7010045	1362P7010046	1362P7010047	1362P7010048	1362P7010049	1362P7010050	1362P7010051	1362P7010052	1362P7010053	1362P7010054	1362P7010055	1362P7010056	1362P7010057	1362P7010058	1362P7010059	1362P7010060	1362P7010061	1362P7010062	1362P7010063	1362P7010064	1362P7010065	1362P7010066	1362P7010067	1362P7010068	1362P7010069	1362P7010070	1362P7010071	1362P7010072	1362P7010073	1362P7010074	1362P7010075	1362P7010076	1362P7010077	1362P7010078	1362P7010079	1362P7010080	1362P7010081	1362P7010082	1362P7010083	1362P7010084	1362P7010085	1362P7010086	1362P7010087	1362P7010088	1362P7010089	1362P7010090	1362P7010091	1362P7010092	1362P7010093	1362P7010094	1362P7010095	1362P7010096	1362P7010097	1362P7010098	1362P7010099	1362P7010100	1362P7010101	1362P7010102	1362P7010103	1362P7010104	1362P7010105	1362P7010106	1362P7010107	1362P7010108	1362P7010109	1362P7010110	1362P7010111	1362P7010112	1362P7010113	1362P7010114	1362P7010115	1362P7010116	1362P7010117	1362P7010118	1362P7010119	1362P7010120	1362P7010121	1362P7010122	1362P7010123	1362P7010124	1362P7010125	1362P7010126	1362P7010127	1362P7010128	1362P7010129	1362P7010130	1362P7010131	1362P7010132	1362P7010133	1362P7010134	1362P7010135	1362P7010136	1362P7010137	1362P7010138	1362P7010139	1362P7010140	1362P7010141	1362P7010142	1362P7010143	1362P7010144	1362P7010145	1362P7010146	1362P7010147	1362P7010148	1362P7010149	1362P7010150	1362P7010151	1362P7010152	1362P7010153	1362P7010154	1362P7010155	1362P7010156	1362P7010157	1362P7010158	1362P7010159	1362P7010160	1362P7010161	1362P7010162	1362P7010163	1362P7010164	1362P7010165	1362P7010166	1362P7010167	1362P7010168	1362P7010169	1362P7010170	1362P7010171	1362P7010172	1362P7010173	1362P7010174	1362P7010175	1362P7010176	1362P7010177	1362P7010178	1362P7010179	1362P7010180	1362P7010181	1362P7010182	1362P7010183	1362P7010184	1362P7010185	1362P7010186	1362P7010187	1362P7010188	1362P7010189	1362P7010190	1362P7010191	1362P7010192	1362P7010193	1362P7010194	1362P7010195	1362P7010196	1362P7010197	1362P7010198	1362P7010199	1362P7010200	1362P7010201	1362P7010202	1362P7010203	1362P7010204	1362P7010205	1362P7010206	1362P7010207	1362P7010208	1362P7010209	1362P7010210	1362P7010211	1362P7010212	1362P7010213	1362P7010214	1362P7010215	1362P7010216	1362P7010217	1362P7010218	1362P7010219	1362P7010220	1362P7010221	1362P7010222	1362P7010223	1362P7010224	1362P7010225	1362P7010226	1362P7010227	1362P7010228	1362P7010229	1362P7010230	1362P7010231	1362P7010232	1362P7010233	1362P7010234	1362P7010235	1362P7010236	1362P7010237	1362P7010238	136
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Average Current Rate PMPM	\$434.72	\$671.15	\$586.56	\$500.75	\$0.00	\$435.81	\$445.59	\$510.09	\$0.00	\$439.34	\$244.08	\$671.15	\$586.56	\$500.75	\$0.00	\$435.81	\$445.59	\$510.09	\$0.00	\$439.34
Projected Member Months	631,092	91,116	50,640	0	51,072	10,116	3,972	0	28,176	10,044	3,168	32,028	19,392	77,484	16,668	9,048	1,848	20,340	7,224	8,100

Section III: Experience Period Information:

Warning	Account	Walt & Total	Plan ID (Standard Component ID)	Total	136277010000	136277010001	136277010002	136277010003	136277010004	136277010005	136277010006	136277010007	136277010008	136277010009	136277010010	136277010011	136277010012	136277010013	136277010014	136277010015	136277010016	136277010017	136277010018	136277010019	136277010020	136277010021	136277010022	136277010023	136277010024	136277010025	136277010026	136277010027	136277010028	136277010029	136277010030	136277010031	136277010032	136277010033	136277010034	136277010035	136277010036	136277010037	136277010038	136277010039	136277010040	136277010041	136277010042	136277010043	136277010044	136277010045	136277010046	136277010047	136277010048	136277010049	136277010050	136277010051	136277010052	136277010053	136277010054	136277010055	136277010056	136277010057	136277010058	136277010059	136277010060	136277010061	136277010062	136277010063	136277010064	136277010065	136277010066	136277010067	136277010068	136277010069	136277010070	136277010071	136277010072	136277010073	136277010074	136277010075	136277010076	136277010077	136277010078	136277010079	136277010080	136277010081	136277010082	136277010083	136277010084	136277010085	136277010086	136277010087	136277010088	136277010089	136277010090	136277010091	136277010092	136277010093	136277010094	136277010095	136277010096	136277010097	136277010098	136277010099	136277010100	136277010101	136277010102	136277010103	136277010104	136277010105	136277010106	136277010107	136277010108	136277010109	136277010110	136277010111	136277010112	136277010113	136277010114	136277010115	136277010116	136277010117	136277010118	136277010119	136277010120	136277010121	136277010122	136277010123	136277010124	136277010125	136277010126	136277010127	136277010128	136277010129	136277010130	136277010131	136277010132	136277010133	136277010134	136277010135	136277010136	136277010137	136277010138	136277010139	136277010140	136277010141	136277010142	136277010143	136277010144	136277010145	136277010146	136277010147	136277010148	136277010149	136277010150	136277010151	136277010152	136277010153	136277010154	136277010155	136277010156	136277010157	136277010158	136277010159	136277010160	136277010161	136277010162	136277010163	136277010164	136277010165	136277010166	136277010167	136277010168	136277010169	136277010170	136277010171	136277010172	136277010173	136277010174	136277010175	136277010176	136277010177	136277010178	136277010179	136277010180	136277010181	136277010182	136277010183	136277010184	136277010185	136277010186	136277010187	136277010188	136277010189	136277010190	136277010191	136277010192	136277010193	136277010194	136277010195	136277010196	136277010197	136277010198	136277010199	136277010200	136277010201	136277010202	136277010203	136277010204	136277010205	136277010206	136277010207	136277010208	136277010209	136277010210	136277010211	136277010212	136277010213	136277010214	136277010215	136277010216	136277010217	136277010218	136277010219	136277010220	136277010221	136277010222	136277010223	136277010224	136277010225	136277010226	136277010227	136277010228	136277010229	136277010230	136277010231	136277010232	136277010233	136277010234	136277010235	136277010236	136277010237
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Section IV: Projected (12 months following effective date)

Warning Alert	Web 3 Total	Plan ID (Standard Component ID)	Total	136227010001	136227010002	136227010003	136227010004	136227010005	136227010006	136227010007	136227010008	136227010009	136227010010	136227010011	136227010012	136227010013	136227010014	136227010015	136227010016	136227010017	136227010018	136227010019	136227010020	136227010021	136227010022	136227010023	136227010024	136227010025	136227010026	136227010027	136227010028	136227010029	136227010030	136227010031	136227010032	136227010033	136227010034	136227010035	136227010036	136227010037	136227010038	136227010039	136227010040	136227010041	136227010042	136227010043	136227010044	136227010045	136227010046	136227010047	136227010048	136227010049	136227010050	136227010051	136227010052	136227010053	136227010054	136227010055	136227010056	136227010057	136227010058	136227010059	136227010060	136227010061	136227010062	136227010063	136227010064	136227010065	136227010066	136227010067	136227010068	136227010069	136227010070	136227010071	136227010072	136227010073	136227010074	136227010075	136227010076	136227010077	136227010078	136227010079	136227010080	136227010081	136227010082	136227010083	136227010084	136227010085	136227010086	136227010087	136227010088	136227010089	136227010090	136227010091	136227010092	136227010093	136227010094	136227010095	136227010096	136227010097	136227010098	136227010099	136227010100	136227010101	136227010102	136227010103	136227010104	136227010105	136227010106	136227010107	136227010108	136227010109	136227010110	136227010111	136227010112	136227010113	136227010114	136227010115	136227010116	136227010117	136227010118	136227010119	136227010120	136227010121	136227010122	136227010123	136227010124	136227010125	136227010126	136227010127	136227010128	136227010129	136227010130	136227010131	136227010132	136227010133	136227010134	136227010135	136227010136	136227010137	136227010138	136227010139	136227010140	136227010141	136227010142	136227010143	136227010144	136227010145	136227010146	136227010147	136227010148	136227010149	136227010150	136227010151	136227010152	136227010153	136227010154	136227010155	136227010156	136227010157	136227010158	136227010159	136227010160	136227010161	136227010162	136227010163	136227010164	136227010165	136227010166	136227010167	136227010168	136227010169	136227010170	136227010171	136227010172	136227010173	136227010174	136227010175	136227010176	136227010177	136227010178	136227010179	136227010180	136227010181	136227010182	136227010183	136227010184	136227010185	136227010186	136227010187	136227010188	136227010189	136227010190	136227010191	136227010192	136227010193	136227010194	136227010195	136227010196	136227010197	136227010198	136227010199	136227010200	136227010201	136227010202	136227010203	136227010204	136227010205	136227010206	136227010207	136227010208	136227010209	136227010210	136227010211	136227010212	136227010213	136227010214	136227010215	136227010216	136227010217	136227010218	136227010219	136227010220	136227010221	136227010222	136227010223	136227010224	136227010225	136227010226	136227010227	136227010228	136227010229	136227010230	136227010231	136227010232	136227010233	136227010234	136227010235	136227010236	136227010237	136227010238	1362
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Product-Plan Data Collection

Company Legal Name:
HHOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	BCRSVT EPO Blue Rewards (Small Group)						BCRSVT EPO CDPH Blue Rewards (Small Group)						BCRSVT EPO Blue Rewards (Individual)						BCRSVT EPO CDPH Blue Rewards (Individual)					
Product ID:	13627VT03606						13627VT03707						13627VT03808						13627VT03909					
Plan Type:	Gold	Silver	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	Silver	Bronze
AV Metal Value	0.761	0.685	0.685	0.612	0.761	0.718	0.718	0.620	0.761	0.685	0.685	0.612	0.761	0.718	0.718	0.620	0.761	0.685	0.685	0.612	0.761	0.718	0.718	0.620
AV Pricing Value	0.927	0.902	0.902	0.801	0.882	0.888	0.888	0.798	0.927	0.902	0.902	0.801	0.882	0.888	0.888	0.798	0.927	0.902	0.902	0.801	0.882	0.888	0.798	0.710
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	BCRSVT Blue Rewards Gold Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan	BCRSVT Blue Rewards Silver Plan
Plan ID (Standard Component ID):	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360005	13627VT0360006	13627VT0360007	13627VT0370001	13627VT0370002	13627VT0370003	13627VT0370004	13627VT0370005	13627VT0380001	13627VT0380002	13627VT0380003	13627VT0380004	13627VT0380005	13627VT0380006	13627VT0390001	13627VT0390002	13627VT0390003	13627VT0390004	13627VT0390005	13627VT0390006	13627VT0390007
Exchange Plan?	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	8.00%						1.20%						8.25%						6.38%					
Historical Rate Increase - Calendar Year - 1	9.33%						9.21%						9.08%						9.12%					
Historical Rate Increase - Calendar Year 0	8.62%						9.92%						8.45%						10.24%					
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%
Cumulative Rate Change % (over 12 mos prior)	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%	5.91%	18.87%	5.48%	5.03%	5.10%	0.00%	8.42%	6.07%
Proj'd Rate Change % (over Expir. Period)	14.27%	27.77%	#DIV/0!	#DIV/0!	14.41%	14.41%	#DIV/0!	16.31%	14.27%	27.77%	#DIV/0!	#DIV/0!	14.41%	#DIV/0!	#DIV/0!	14.41%	#DIV/0!	14.27%	27.77%	#DIV/0!	#DIV/0!	14.41%	#DIV/0!	16.31%
Product Rate Increase %	5.66%						5.23%						15.71%						5.46%					

Section II: Components of Premium Increase (PMFM Dollar Amount at

Plan ID (Standard Component ID):	Total	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360005	13627VT0370001	13627VT0370002	13627VT0370004	13627VT0370005	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380005	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390005
Participant	\$11,116	\$7.92	\$17.15	\$0.00	\$5.89	\$6.94	\$18.00	\$0.00	\$6.43	\$7.92	\$17.15	\$0.00	\$5.89	\$6.94	\$18.00	\$0.00	\$6.43
Outpatient	\$25.48	\$13.08	\$19.14	\$0.00	\$12.99	\$15.83	\$41.19	\$0.00	\$14.68	\$13.08	\$19.14	\$0.00	\$12.99	\$15.83	\$41.19	\$0.00	\$14.68
Professional	\$14.28	\$10.14	\$21.94	\$0.00	\$7.28	\$8.88	\$23.10	\$0.00	\$8.23	\$10.14	\$21.94	\$0.00	\$7.28	\$8.88	\$23.10	\$0.00	\$8.23
Prescription Drug	\$14.11	\$10.01	\$21.67	\$0.00	\$7.19	\$8.76	\$22.81	\$0.00	\$8.13	\$10.01	\$21.67	\$0.00	\$7.19	\$8.76	\$22.81	\$0.00	\$8.13
Other	\$2.59	\$1.84	\$3.98	\$0.00	\$1.32	\$1.61	\$4.18	\$0.00	\$1.49	\$1.84	\$3.98	\$0.00	\$1.32	\$1.61	\$4.18	\$0.00	\$1.49
Capitation	\$0.59	\$0.42	\$0.91	\$0.00	\$0.30	\$0.37	\$0.96	\$0.00	\$0.34	\$0.42	\$0.91	\$0.00	\$0.30	\$0.37	\$0.96	\$0.00	\$0.34
Administration	\$4.02	\$6.71	\$6.72	\$0.00	\$6.72	\$6.69	\$6.48	\$0.00	\$6.56	\$6.71	\$6.72	\$0.00	\$6.72	\$6.69	\$6.48	\$0.00	\$6.56
Taxes & Fees	\$26.31	\$27.59	\$24.60	\$0.00	\$23.87	\$26.54	\$24.23	\$0.00	\$23.82	\$27.59	\$24.60	\$0.00	\$23.87	\$26.54	\$24.23	\$0.00	\$23.82
Risk & Profit Charge	\$5.68	\$5.63	\$5.80	\$0.00	\$4.34	\$5.32	\$5.85	\$0.00	\$4.31	\$5.63	\$5.80	\$0.00	\$4.34	\$5.32	\$5.85	\$0.00	\$4.31
Total Rate Increase	\$51.60	\$33.55	\$92.73	\$0.00	\$21.87	\$27.76	\$98.39	\$0.00	\$26.35	\$33.55	\$92.73	\$0.00	\$21.87	\$27.76	\$98.39	\$0.00	\$26.35
Member Cost Share Increase	\$2.20	\$23.53	\$37.03	\$178.30	\$13.22	\$26.41	\$37.77	\$178.30	\$23.53	\$23.53	\$37.03	\$178.30	\$13.22	\$26.41	\$37.77	\$178.30	\$23.53

Average Current Rate PMFM	\$434.72	\$565.53	\$490.52	\$0.00	\$432.70	\$542.32	\$479.62	\$0.00	\$432.51	\$565.53	\$490.52	\$0.00	\$432.70	\$542.32	\$479.62	\$0.00	\$432.51
Projected Member Months	633,092	8,904	0	6,312	4,440	66,492	0	18,204	14,148	26,544	3,456	2,736	11,496	8,208	2,088	12,564	

Section III: Experience Period Information

Warning Alert	Wght 1 Total	Plan ID (Standard Component ID):	Total	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0370001	13627VT0370002	13627VT0370004	13627VT0370005	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380005	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390005
	815,824	Plan Adjusted Index Rate	\$497.85	\$524.20	\$456.48	\$0.00	\$0.00	\$498.01	\$0.00	\$0.00	\$594.51	\$524.20	\$456.48	\$0.00	\$0.00	\$498.01	\$0.00	\$594.51
OK	\$408,053,901	Member Months	815,824	12,918	30,328	0	0	92,613	0	0	16,164	6,074	40,043	0	0	11,801	0	16,164
		Total Premium (TP)	\$408,150,101	\$6,772,293	\$4,714,525	\$0	\$0	\$46,273,609	\$0	\$0	\$6,376,869	\$3,184,355	\$18,278,829	\$0	\$0	\$5,877,034	\$0	\$5,765,369
		EBH Percent of TP, [see instructions]	99.97%	99.98%	99.97%	0.00%	0.00%	99.97%	0.00%	0.00%	99.97%	99.98%	99.97%	0.00%	0.00%	99.97%	0.00%	99.97%
		state mandated benefits portion of TP that are other than EBH	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%
OK	\$456,109,835	Other benefits portion of TP	0.03%	0.02%	0.03%	100.00%	100.00%	0.03%	100.00%	0.03%	0.02%	0.03%	100.00%	100.00%	0.03%	100.00%	100.00%	0.03%
		Total Allowed Claims (TAC)	\$456,109,835	\$5,292,892	\$3,238,188	\$0	\$0	\$54,618,750	\$0	\$0	\$6,374,709	\$3,812,493	\$18,262,260	\$0	\$0	\$10,647,532	\$0	\$3,721,184
		EBH Percent of TAC, [see instructions]	99.97%	99.98%	99.97%	0.00%	0.00%	99.97%	0.00%	0.00%	99.97%	99.98%	99.97%	0.00%	0.00%	99.97%	0.00%	99.97%
		state mandated benefits portion of TAC that are other than EBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.03%	0.02%	0.03%	100.00%	100.00%	0.03%	100.00%	0.03%	0.02%	0.03%	100.00%	100.00%	0.03%	100.00%	100.00%	0.03%
		Allowed Claims which are not the Issuer's obligation:	\$84,020,607	\$1,042,930	\$998,194	\$0	\$0	\$10,080,390	\$0	\$0	\$2,359,945	\$628,293	\$4,535,122	\$0	\$0	\$1,494,088	\$0	\$1,554,104
		Portion of above payable by HHOS funds on behalf of insured person, in dollars	\$8,747,843	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,624,955	\$0	\$0	\$0	\$0	\$0	\$0
		Portion of above payable by HHOS on behalf of insured person, as %	10.41%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	0.00%	35.83%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	0.00%
OK	\$372,089,227	Total Incurred claims, payable with issuer funds	\$372,089,227	\$4,249,963	\$2,232,993	\$0	\$0	\$44,338,180	\$0	\$0	\$4,394,763	\$3,183,199	\$13,727,243	\$0	\$0	\$9,153,244	\$0	\$2,167,081
		Net Amt of Rem	\$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
		Risk Adjustment Transfer Amount	\$5,899,458.87	\$1,411,007.56	\$1,269,117.74	\$0.00	\$0.00	\$127,365.08	\$0.00	\$0.00	\$304,054.20	\$27,331.18	\$4,956,121.48	\$0.00	\$0.00	\$1,380,429.85	\$0.00	\$2,464,170.18
OK	\$ 453.86	Incurred Claims PMFM	\$453.86	\$239.00	\$218.82	#DIV/0!	#DIV/0!	\$477.30	#DIV/0!	#DIV/0!	\$271.89	\$234.07	\$242.81	#DIV/0!	#DIV/0!	\$275.62	#DIV/0!	\$242.81
OK	\$ 556.35	Allowed Claims PMFM	\$556.35	\$409.73	\$315.47	#DIV/0!	#DIV/0!	\$585.69	#DIV/0!	#DIV/0!	\$417.89	\$455.07	\$455.07	#DIV/0!	#DIV/0!	\$502.24	#DIV/0!	\$455.07
		EBH portion of Allowed Claims, PMFM	\$556.21	\$409.63	\$315.38	#DIV/0!	#DIV/0!	\$585.54	#DIV/0!	#DIV/0!	\$417.75	\$454.94	#DIV/0!	#DIV/0!	\$502.00	#DIV/0!	#DIV/0!	\$454.94

Section IV: Projected (12 months following effective date)

Warning Alert	Wght 1 Total	Plan ID (Standard Component ID)	Total	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360005	13627VT0370001	13627VT0370002	13627VT0370004	13627VT0370005	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380005	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390005	
OK	631,092	Plan Adjusted Index Rate	\$580.86	\$599.08	\$583.24	\$517.50	\$454.52	\$569.88	\$574.01	\$515.79	\$458.86	\$599.08	\$583.24	\$517.50	\$454.52	\$569.88	\$574.01	\$515.79	\$458.86	
	\$365,625,499	Member Months	631,092	8,904	6,312	4,440	66,492	92,613	18,204	14,148	16,164	6,074	40,043	11,801	12,918	30,328	0	16,164		
		Total Premium (TP)	\$366,571,054	\$5,334,230	\$0	\$3,266,449	\$2,018,277	\$37,892,325	\$0	\$0	\$9,389,385	\$6,492,308	\$3,032,737	\$15,482,561	\$1,243,695	\$6,553,290	\$4,711,488	\$1,076,963	\$1,765,187	
OK	418,438,956	EBH Percent of TP, [see instructions]	99.98%	99.98%	99.98%	99.97%	99.97%	99.98%	99.98%	99.97%	99.98%	99.98%	99.98%	99.97%	99.97%	99.98%	99.98%	99.97%	99.97%	
		state mandated benefits portion of TP that are other than EBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Total Allowed Claims (TAC)	\$418,438,956	\$5,903,704	\$0	\$4,185,106	\$2,943,896	\$4,086,826	\$0	\$12,669,927	\$9,380,884	\$3,857,632	\$17,599,722	\$2,291,465	\$18,104,072	\$7,622,303	\$5,442,229	\$1,384,427	\$8,340,429	
		EBH Percent of TAC, [see instructions]	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	
OK	418,438,956	state mandated benefits portion of TAC that are other than EBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	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%	
		Allowed Claims which are not the issuer's obligation	\$84,768,108	\$1,174,128	\$0	\$1,124,190	\$983,961	\$9,961,102	\$0	\$3,248,781	\$3,071,521	\$666,059	\$3,030,950	\$615,526	\$606,933	\$1,725,642	\$3,002,694	\$372,766	\$2,727,636	
		Portion of above payable by HMO's funds on behalf of insured person, in dollars	\$6,944,219	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,547,023	\$0	\$0	\$0	\$0	\$415,702	\$0	\$0	\$0	
		Portion of above payable by HMO on behalf of insured person, as %	8.19%	0.00%	RDV/VI	0.00%	0.00%	0.00%	RDV/VI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Total Incurred claims, payable with issuer funds	\$333,670,848	\$4,732,576	\$0	\$1,060,916	\$1,959,934	\$3,105,724	\$0	\$8,820,181	\$6,309,162	\$2,691,573	\$14,568,772	\$1,675,930	\$1,207,743	\$5,896,640	\$4,439,624	\$1,011,877	\$5,602,739	
		Net Amt of Reins	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		Risk Adjustment Transfer Amount	\$8,794,438	\$80,234	\$0	\$705,869	\$403,629	\$599,013	\$0	\$2,035,747	\$1,298,252	\$0	\$213,762	\$27,832	\$508,119	\$1,144,283	\$66,100	\$16,813	\$2,338,183	
		OK	5,663.04	Incurred Claims - PMWP	5529.72	RDV/VI	\$484.94	\$441.43	\$512.93	RDV/VI	\$484.52	\$445.94	\$554.51	\$548.85	\$484.94	\$441.43	\$512.93	\$540.89	\$484.52	\$445.94
				Allowed Claims - PMWP	5662.04	RDV/VI	\$662.04	\$662.04	\$662.04	RDV/VI	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04	\$662.04
EBH portion of Claims, PMWP	5662.91			RDV/VI	\$662.91	\$662.91	\$662.91	RDV/VI	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91		
EBH portion of Claims, PMWP	5662.91			RDV/VI	\$662.91	\$662.91	\$662.91	RDV/VI	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91	\$662.91		

STATE OF VERMONT STANDARD PLAN DESIGNS

[illegible]

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

BLUE REWARDS (NON-STANDARD) PLAN DESIGNS

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	CATASTROPHIC	SILVER REFLECTIVE	SILVER REFLECTIVE
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards
Deductible/OOP Max	3-6-9	CDHP	3-6-9	CDHP	3-6-9	CDHP	Deductible	3-6-9	CDHP
Medical Ded	\$1,550	\$3,000	\$2,850	\$4,100	\$7,900	\$6,650	\$7,900	\$2,850	\$4,125
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$3,000	\$7,900	\$4,100	\$7,900	\$6,650	\$7,900	\$7,900	\$4,125
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	Combined	Combined	\$1,350	\$1,350	\$1,350
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	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	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	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	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care
Drug Deductible waived for:	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A	N/A	Wellness Scripts
Service Category									
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%
MH/SA Office Visit		0%		0%		0%			0%
Specialist Office Visit	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Urgent Care	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Ambulance	\$30	0%	\$50	0%	\$0	0%	0%	\$55	0%
DME	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
ER	\$250	0%	\$450	0%	\$0	0%	0%	\$450	0%
Radiology (MRI, CT, PET)	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Outpatient	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Inpatient	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Rx Generic	\$5	\$5	\$5	\$15	\$0	\$25	0%	\$5	\$15
Rx Preferred Brand	40%	40%	40%	40%	0%	40%	0%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	0%	60%	0%	60%	60%
Pediatric Vision (Exam and Materials)	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	30%	0%	0%	30%	0%
Pediatric Dental Class III	50%	0%	50%	0%	50%	0%	0%	50%	0%

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

Exhibit 2A

MEMBERSHIP BY PLAN AND MARKET

Inforce Membership by Plan	Individual Market	Small Group Market	TOTAL
Blue Rewards Gold	442	742	1,184
Blue Rewards Gold CDHP	1,073	5,833	6,906
Blue Rewards Silver	2,828	598	3,426
Blue Rewards Bronze	171	118	289
Blue Rewards Bronze CDHP	1,105	939	2,044
Standard Platinum	2,776	7,593	10,369
Standard Gold	1,696	4,220	5,916
Standard Silver	8,499	5,007	13,506
Standard Silver CDHP	2,522	2,762	5,284
Standard Bronze	975	1,203	2,178
Standard Bronze CDHP	927	1,197	2,124
Standard Bronze Integrated	83	91	174
Catastrophic	264	0	264
Total	23,361	30,303	53,664

Projected Membership by Plan	Individual Market	Small Group Market	TOTAL
Blue Rewards Gold	422	742	1,164
Blue Rewards Gold CDHP	958	5,541	6,499
Blue Rewards Silver	2,212	0	2,212
Blue Rewards Silver CDHP	684	0	684
Blue Rewards Bronze	228	370	598
Blue Rewards Bronze CDHP	1,047	1,179	2,226
Standard Platinum	2,669	7,593	10,262
Standard Gold	1,616	4,220	5,836
Standard Silver	6,457	0	6,457
Standard Silver CDHP	1,695	0	1,695
Standard Bronze	754	843	1,597
Standard Bronze CDHP	675	837	1,512
Standard Bronze Integrated	154	331	485
Catastrophic	264	0	264
Blue Rewards Silver - Reflective	288	526	814
Blue Rewards Silver CDHP - Reflective	174	1,517	1,691
Standard Silver - Reflective	1,389	4,256	5,645
Standard Silver CDHP - Reflective	602	2,348	2,950
Total	22,288	30,303	52,591

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

Exhibit 2B

ADJUSTMENT FOR IMPACT OF THE HEALTH STATUS OF NEWLY INSURED

Coverage Category in the Experience	Continuing Membership	New Membership	Total Projected Membership	CY 2017 Allowed PMPM
Individual Non-Subsidized - Directly Enrolled with BCBSVT	5,008	381	5,389	\$635.39
Individual Non-Subsidized - Enrolled through VHC	3,342	359	3,701	\$635.19
Individual Subsidized - Enrolled through VHC	13,303	968	14,271	\$616.15
Small Group with 50 or less employees	23,812	1,607	25,419	\$518.04
Small Group with 51-100 employees	4,607	277	4,884	\$555.52
Total	50,072	3,592	53,664	
Weighted Average of Continuing Membership				\$567.11
Weighted Average of Projected Membership				\$567.40
Impact of Newly Insured (Line 1+b3 on Exhibit 5) = \$567.4 / \$567.11				1.0005

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

Exhibit 2C

IMPACT OF BENEFIT CHANGES

Metal	Allowed Charge PMPM	PMPM for Claims in Excess of \$500,000	Capped Allowed Charges PMPM	Allowed Charged PMPM with Average PMPM for Claims in Excess of \$500,000
Platinum	\$841.63	\$6.59	\$835.04	\$838.75
Gold	\$593.10	\$4.68	\$588.42	\$592.14
Silver	\$487.91	\$2.90	\$485.01	\$488.73
Bronze	\$350.36	\$0.54	\$349.82	\$353.54
Catastrophic	\$125.77	\$0.00	\$125.77	\$129.49
Total	\$564.06	\$3.72	\$560.35	\$564.06

Metal	Allowed Charges Relativity	Calendar Year 2017 Member Months	March 2018 Membership	2019 Projected Membership
Platinum	1.4870	152,734	10,369	10,262
Gold	1.0498	211,065	14,006	13,499
Silver	0.8664	342,337	22,216	22,148
Bronze	0.6268	110,984	6,809	6,418
Catastrophic	0.2296	2,704	264	264
Total		819,824	53,664	52,591

Weighted Average Allowed Charge Relativity 0.9947 1.0006 1.0021

Benefit Adjustment (1+c1 on Exhibit 5) = 1.0021/0.9947 = **1.0075**

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

Exhibit 2D

IMPACT OF SELECTION

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS				PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	SILVER Blue Rewards	REFLECTIVE PLANS				Weighted Average
			SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP										SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP		
Projected Paid Claims																				
Using HHS Induced Utilization Factors																				
Projected FFS Allowed Charges - Without Selection	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	
Benefit Richness Adjustment	1.0127	0.9977	0.9643	0.9626	0.9383	0.9376	1.0925	1.0239	0.9696	0.9754	0.9376	0.9405	0.9442	0.9383	0.9643	0.9622	0.9696	0.9754		
Pricing Actuarial Value	82.23%	79.19%	84.00%	82.74%	66.45%	67.14%	92.81%	84.48%	83.74%	84.24%	67.15%	68.50%	68.84%	66.45%	74.12%	74.00%	74.90%	76.68%		
For Catastrophic Plan only - Impact of the specific 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	0.5212	1.0000	1.0000	1.0000	1.0000		
Projected Paid Claims	\$552.38	\$524.06	\$537.33	\$528.31	\$413.62	\$417.61	\$672.61	\$573.80	\$538.62	\$545.09	\$417.62	\$427.35	\$431.14	\$215.56	\$474.12	\$472.33	\$481.75	\$496.15	\$539.55	
Projected Paid Claims																				
Using BCBSVT Actual Utilization Factors																				
Projected FFS Allowed Charges - Without Selection	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	\$663.35	
Benefit Richness Adjustment	1.0475	1.0475	0.8646	0.8646	0.6254	0.6254	1.4838	1.0475	0.8646	0.8646	0.6254	0.6254	0.6254	0.2291	0.8646	0.8646	0.8646	0.8646		
Pricing Actuarial Value	82.21%	79.58%	83.12%	81.37%	65.31%	65.06%	93.58%	84.04%	83.03%	83.16%	65.03%	66.06%	67.25%	65.31%	70.95%	70.07%	72.51%	73.73%		
Projected Paid Claims	\$571.26	\$553.02	\$476.71	\$466.68	\$270.97	\$269.91	\$921.06	\$583.94	\$476.23	\$476.94	\$269.81	\$274.07	\$279.00	\$99.25	\$406.89	\$401.87	\$415.84	\$422.88	\$546.70	
Selection Impact	line 1+c6 on Exhibit 5													line 1+c6 on Exhibit 5					1.0132	

Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	485	264	814	1,691	5,645	2,950	52,591
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

EXHIBIT 3A

MEDICAL TREND DEVELOPMENT
ILLUSTRATION OF CONTRACT NORMALIZATION

Month	Contract Increase	Normalization Factor	Experience Claims	Normalized Claims
Jan-15		1.1249	\$1,000,000	\$1,124,864
Feb-15		1.1249	\$1,000,000	\$1,124,864
Mar-15		1.1249	\$1,000,000	\$1,124,864
Apr-15		1.1249	\$1,000,000	\$1,124,864
May-15		1.1249	\$1,000,000	\$1,124,864
Jun-15		1.1249	\$1,000,000	\$1,124,864
Jul-15		1.1249	\$1,000,000	\$1,124,864
Aug-15		1.1249	\$1,000,000	\$1,124,864
Sep-15		1.1249	\$1,000,000	\$1,124,864
Oct-15	1.0400	1.0816	\$1,000,000	\$1,081,600
Nov-15		1.0816	\$1,000,000	\$1,081,600
Dec-15		1.0816	\$1,000,000	\$1,081,600
Jan-16		1.0816	\$1,000,000	\$1,081,600
Feb-16		1.0816	\$1,000,000	\$1,081,600
Mar-16		1.0816	\$1,000,000	\$1,081,600
Apr-16		1.0816	\$1,000,000	\$1,081,600
May-16		1.0816	\$1,000,000	\$1,081,600
Jun-16		1.0816	\$1,000,000	\$1,081,600
Jul-16		1.0816	\$1,000,000	\$1,081,600
Aug-16		1.0816	\$1,000,000	\$1,081,600
Sep-16		1.0816	\$1,000,000	\$1,081,600
Oct-16	1.0400	1.0400	\$1,000,000	\$1,040,000
Nov-16		1.0400	\$1,000,000	\$1,040,000
Dec-16		1.0400	\$1,000,000	\$1,040,000
Jan-17		1.0400	\$1,000,000	\$1,040,000
Feb-17		1.0400	\$1,000,000	\$1,040,000
Mar-17		1.0400	\$1,000,000	\$1,040,000
Apr-17		1.0400	\$1,000,000	\$1,040,000
May-17		1.0400	\$1,000,000	\$1,040,000
Jun-17		1.0400	\$1,000,000	\$1,040,000
Jul-17		1.0400	\$1,000,000	\$1,040,000
Aug-17		1.0400	\$1,000,000	\$1,040,000
Sep-17		1.0400	\$1,000,000	\$1,040,000
Oct-17	1.0400	1.0000	\$1,000,000	\$1,000,000
Nov-17		1.0000	\$1,000,000	\$1,000,000
Dec-17		1.0000	\$1,000,000	\$1,000,000

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

Month	Membership	Original Claims						Adjusted Claims - Normalized for Contract Changes					
		Facility	Professional	Total	Facility PMPM	Professional PMPM	Total PMPM	Facility	Professional	Total	Facility PMPM	Professional PMPM	Total PMPM
Jan-15	68,167	\$19,507,865	\$9,124,108	\$28,631,974	\$286.18	\$133.85	\$420.03	\$21,479,434	\$9,297,413	\$30,776,847	\$315.10	\$136.39	\$451.49
Feb-15	68,581	\$16,870,919	\$8,205,192	\$25,076,111	\$246.00	\$119.64	\$365.64	\$18,642,170	\$8,363,938	\$27,006,108	\$271.83	\$121.96	\$393.78
Mar-15	69,902	\$19,880,944	\$9,657,751	\$29,538,695	\$284.41	\$138.16	\$422.57	\$21,940,741	\$9,853,680	\$31,794,422	\$313.88	\$140.96	\$454.84
Apr-15	70,062	\$19,979,041	\$9,618,612	\$29,597,653	\$285.16	\$137.29	\$422.45	\$22,027,831	\$9,810,486	\$31,838,317	\$314.40	\$140.03	\$454.43
May-15	69,425	\$18,544,439	\$9,165,272	\$27,709,710	\$267.11	\$132.02	\$399.13	\$20,414,023	\$9,331,876	\$29,745,898	\$294.04	\$134.42	\$428.46
Jun-15	69,428	\$20,321,141	\$9,613,214	\$29,934,355	\$292.69	\$138.46	\$431.16	\$22,420,103	\$9,770,063	\$32,190,166	\$322.93	\$140.72	\$463.65
Jul-15	68,915	\$19,967,107	\$9,436,000	\$29,403,107	\$289.74	\$136.92	\$426.66	\$21,904,620	\$9,582,756	\$31,487,376	\$317.85	\$139.05	\$456.90
Aug-15	68,414	\$17,898,355	\$8,498,291	\$26,396,646	\$261.62	\$124.22	\$385.84	\$19,597,840	\$8,630,968	\$28,228,808	\$286.46	\$126.16	\$412.62
Sep-15	68,104	\$20,270,421	\$9,252,567	\$29,522,988	\$297.64	\$135.86	\$433.50	\$22,218,055	\$9,386,288	\$31,604,343	\$326.24	\$137.82	\$464.06
Oct-15	68,048	\$19,765,718	\$9,667,522	\$29,433,239	\$290.47	\$142.07	\$432.54	\$21,512,539	\$9,806,024	\$31,318,562	\$316.14	\$144.10	\$460.24
Nov-15	67,698	\$20,003,871	\$9,163,414	\$29,167,285	\$295.49	\$135.36	\$430.84	\$21,717,685	\$9,287,545	\$31,005,229	\$320.80	\$137.19	\$457.99
Dec-15	67,672	\$20,015,700	\$9,731,576	\$29,747,276	\$295.78	\$143.81	\$439.58	\$21,688,932	\$9,848,649	\$31,537,582	\$320.50	\$145.54	\$466.04
Jan-16	69,453	\$20,163,269	\$9,318,218	\$29,481,487	\$290.32	\$134.17	\$424.48	\$21,309,223	\$9,423,176	\$30,732,399	\$306.82	\$135.68	\$442.49
Feb-16	69,976	\$20,750,743	\$9,275,027	\$30,025,770	\$296.54	\$132.55	\$429.09	\$21,932,043	\$9,310,092	\$31,242,135	\$313.42	\$133.05	\$446.47
Mar-16	70,523	\$22,254,766	\$10,617,738	\$32,872,505	\$315.57	\$150.56	\$466.12	\$23,522,268	\$10,646,763	\$34,169,031	\$333.54	\$150.97	\$484.51
Apr-16	70,450	\$19,521,863	\$9,198,683	\$28,720,546	\$277.10	\$130.57	\$407.67	\$20,623,570	\$9,225,442	\$29,849,011	\$292.74	\$130.95	\$423.69
May-16	70,471	\$19,467,870	\$9,653,820	\$29,121,690	\$276.25	\$136.99	\$413.24	\$20,606,552	\$9,676,609	\$30,283,161	\$292.41	\$137.31	\$429.73
Jun-16	70,607	\$21,489,648	\$10,020,303	\$31,509,951	\$304.36	\$141.92	\$446.27	\$22,728,689	\$10,041,046	\$32,769,735	\$321.90	\$142.21	\$464.11
Jul-16	70,821	\$20,260,650	\$8,960,684	\$29,221,334	\$286.08	\$126.53	\$412.61	\$21,397,627	\$8,962,949	\$30,360,576	\$302.14	\$126.56	\$428.69
Aug-16	70,910	\$21,733,044	\$10,132,253	\$31,865,297	\$306.49	\$142.89	\$449.38	\$22,936,757	\$10,142,776	\$33,079,533	\$323.46	\$143.04	\$466.50
Sep-16	71,037	\$22,156,553	\$10,185,398	\$32,341,951	\$311.90	\$143.38	\$455.28	\$23,376,661	\$10,190,482	\$33,567,143	\$329.08	\$143.45	\$472.53
Oct-16	71,211	\$21,065,430	\$10,307,392	\$31,372,823	\$295.82	\$144.74	\$440.56	\$22,052,826	\$10,315,727	\$32,368,553	\$309.68	\$144.86	\$454.54
Nov-16	71,283	\$22,884,571	\$10,897,037	\$33,781,608	\$321.04	\$152.87	\$473.91	\$23,952,831	\$10,884,023	\$34,836,854	\$336.02	\$152.69	\$488.71
Dec-16	71,339	\$23,652,117	\$10,810,601	\$34,462,717	\$331.55	\$151.54	\$483.08	\$24,750,620	\$10,798,237	\$35,548,857	\$346.94	\$151.37	\$498.31
Jan-17	69,561	\$21,890,208	\$10,399,903	\$32,290,112	\$314.69	\$149.51	\$464.20	\$22,419,428	\$10,568,197	\$32,987,625	\$322.30	\$151.93	\$474.23
Feb-17	69,874	\$20,188,505	\$9,255,300	\$29,443,805	\$288.93	\$132.46	\$421.38	\$20,699,274	\$9,320,473	\$30,019,747	\$296.24	\$133.39	\$429.63
Mar-17	69,644	\$22,169,461	\$10,586,728	\$32,756,189	\$318.33	\$152.01	\$470.34	\$22,722,893	\$10,656,463	\$33,379,355	\$326.27	\$153.01	\$479.29
Apr-17	69,292	\$19,248,376	\$9,234,178	\$28,482,553	\$277.79	\$133.26	\$411.05	\$19,720,513	\$9,291,496	\$29,012,009	\$284.60	\$134.09	\$418.69
May-17	68,904	\$21,958,142	\$10,615,663	\$32,573,804	\$318.68	\$154.06	\$472.74	\$22,482,843	\$10,678,239	\$33,161,082	\$326.29	\$154.97	\$481.26
Jun-17	68,586	\$21,356,230	\$10,006,985	\$31,363,215	\$311.38	\$145.90	\$457.28	\$21,824,825	\$10,061,431	\$31,886,256	\$318.21	\$146.70	\$464.91
Jul-17	68,259	\$20,801,219	\$9,101,126	\$29,902,345	\$304.74	\$133.33	\$438.07	\$21,137,726	\$9,117,993	\$30,255,719	\$309.67	\$133.58	\$443.25
Aug-17	67,932	\$21,168,922	\$9,984,715	\$31,153,636	\$311.62	\$146.98	\$458.60	\$21,526,639	\$9,998,969	\$31,525,608	\$316.89	\$147.19	\$464.08
Sep-17	67,540	\$20,881,218	\$9,514,931	\$30,396,149	\$309.17	\$140.88	\$450.05	\$21,196,010	\$9,525,059	\$30,721,069	\$313.83	\$141.03	\$454.86
Oct-17	67,184	\$23,836,304	\$10,859,211	\$34,695,514	\$354.79	\$161.63	\$516.43	\$23,858,585	\$10,867,257	\$34,725,842	\$355.12	\$161.75	\$516.88
Nov-17	66,853	\$21,893,003	\$10,485,137	\$32,378,140	\$327.48	\$156.84	\$484.32	\$21,903,511	\$10,489,064	\$32,392,575	\$327.64	\$156.90	\$484.53
Dec-17	66,195	\$21,992,911	\$9,678,847	\$31,671,759	\$332.24	\$146.22	\$478.46	\$21,992,911	\$9,678,847	\$31,671,759	\$332.24	\$146.22	\$478.46
CY 2015	824,416	\$233,025,521	\$111,133,519	\$344,159,039	\$282.66	\$134.80	\$417.46	\$255,563,972	\$112,969,686	\$368,533,658	\$309.99	\$137.03	\$447.02
CY 2016	848,081	\$255,400,525	\$119,377,154	\$374,777,679	\$301.15	\$140.76	\$441.91	\$269,189,668	\$119,617,321	\$388,806,989	\$317.41	\$141.04	\$458.46
CY 2017	819,824	\$257,384,498	\$119,722,723	\$377,107,221	\$313.95	\$146.03	\$459.99	\$261,485,158	\$120,253,489	\$381,738,647	\$318.95	\$146.68	\$465.63

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

5.9%
4.1%

2.4% 2.9% 2.6%
0.5% 4.0% 1.6%

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

		Adjustments for Benefits, Aging and Fraud Waste and Abuse Programs										
Month	Membership	Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	FWA Factor	Normalized FWA Factor	Total Normalized Factor	Facility PMPM	Professional PMPM	Total PMPM
Jan-15	68,167	82.5%	1.096	1.004	1.245	1.020	1.003	0.997	1.020	\$321.55	\$139.18	\$460.73
Feb-15	68,581	82.5%	1.096	1.004	1.245	1.020	1.003	0.997	1.020	\$277.33	\$124.43	\$401.76
Mar-15	69,902	82.7%	1.097	1.003	1.245	1.020	1.003	0.997	1.019	\$319.99	\$143.71	\$463.71
Apr-15	70,062	82.8%	1.098	1.003	1.247	1.018	1.003	0.997	1.017	\$319.78	\$142.42	\$462.20
May-15	69,425	82.9%	1.099	1.002	1.249	1.016	1.003	0.997	1.014	\$298.15	\$136.29	\$434.44
Jun-15	69,428	83.0%	1.099	1.001	1.251	1.014	1.003	0.997	1.012	\$326.83	\$142.43	\$469.26
Jul-15	68,915	83.2%	1.100	1.000	1.252	1.013	1.003	0.997	1.010	\$321.02	\$140.44	\$461.47
Aug-15	68,414	83.3%	1.101	1.000	1.253	1.013	1.003	0.997	1.009	\$289.13	\$127.33	\$416.47
Sep-15	68,104	83.4%	1.102	0.999	1.256	1.011	1.003	0.997	1.006	\$328.14	\$138.63	\$466.76
Oct-15	68,048	83.4%	1.102	0.999	1.257	1.010	1.003	0.997	1.005	\$317.73	\$144.83	\$462.56
Nov-15	67,698	83.5%	1.102	0.998	1.257	1.009	1.003	0.997	1.004	\$322.13	\$137.76	\$459.88
Dec-15	67,672	83.4%	1.102	0.999	1.259	1.008	1.003	0.997	1.004	\$321.68	\$146.07	\$467.76
Jan-16	69,453	83.2%	1.101	1.000	1.253	1.013	1.001	0.999	1.012	\$310.51	\$137.31	\$447.83
Feb-16	69,976	83.2%	1.100	1.000	1.253	1.013	1.001	0.999	1.012	\$317.33	\$134.71	\$452.04
Mar-16	70,523	83.2%	1.100	1.000	1.252	1.013	1.001	0.999	1.013	\$337.96	\$152.97	\$490.93
Apr-16	70,450	83.1%	1.100	1.001	1.253	1.013	1.001	0.999	1.013	\$296.62	\$132.69	\$429.31
May-16	70,471	83.1%	1.099	1.001	1.254	1.012	1.001	0.999	1.013	\$296.12	\$139.05	\$435.17
Jun-16	70,607	83.0%	1.099	1.001	1.257	1.010	1.001	0.999	1.010	\$325.28	\$143.70	\$468.98
Jul-16	70,821	83.1%	1.099	1.001	1.259	1.008	1.001	0.999	1.009	\$304.73	\$127.64	\$432.38
Aug-16	70,910	83.1%	1.100	1.001	1.259	1.008	1.001	0.999	1.008	\$325.92	\$144.12	\$470.04
Sep-16	71,037	83.2%	1.100	1.000	1.261	1.007	1.001	0.999	1.006	\$331.13	\$144.35	\$475.47
Oct-16	71,211	83.3%	1.101	1.000	1.262	1.006	1.001	0.999	1.005	\$311.22	\$145.58	\$456.80
Nov-16	71,283	83.4%	1.101	0.999	1.262	1.005	1.001	0.999	1.004	\$337.35	\$153.29	\$490.64
Dec-16	71,339	83.5%	1.102	0.998	1.265	1.003	1.001	0.999	1.001	\$347.31	\$151.53	\$498.84
Jan-17	69,561	83.4%	1.101	0.999	1.265	1.004	1.000	1.000	1.003	\$323.16	\$152.33	\$475.49
Feb-17	69,874	83.3%	1.101	0.999	1.264	1.004	1.000	1.000	1.003	\$297.17	\$133.81	\$430.97
Mar-17	69,644	83.3%	1.101	1.000	1.265	1.003	1.000	1.000	1.003	\$327.24	\$153.47	\$480.71
Apr-17	69,292	83.3%	1.101	1.000	1.265	1.003	1.000	1.000	1.003	\$285.43	\$134.48	\$419.91
May-17	68,904	83.3%	1.101	1.000	1.267	1.002	1.000	1.000	1.002	\$326.83	\$155.23	\$482.06
Jun-17	68,586	83.3%	1.101	0.999	1.268	1.001	1.000	1.000	1.001	\$318.42	\$146.79	\$465.21
Jul-17	68,259	83.4%	1.101	0.999	1.267	1.001	1.000	1.000	1.001	\$309.85	\$133.66	\$443.50
Aug-17	67,932	83.3%	1.101	0.999	1.267	1.002	1.000	1.000	1.001	\$317.22	\$147.35	\$464.57
Sep-17	67,540	83.2%	1.100	1.000	1.267	1.002	1.000	1.000	1.002	\$314.35	\$141.26	\$455.61
Oct-17	67,184	83.3%	1.101	1.000	1.268	1.001	1.000	1.000	1.001	\$355.41	\$161.89	\$517.30
Nov-17	66,853	83.2%	1.100	1.000	1.268	1.001	1.000	1.000	1.001	\$327.81	\$156.98	\$484.79
Dec-17	66,195	83.2%	1.100	1.000	1.269	1.000	1.000	1.000	1.000	\$332.24	\$146.22	\$478.46
CY 2015	824,416									\$313.62	\$138.63	\$452.25
CY 2016	848,081									\$320.18	\$142.28	\$462.45
CY 2017	819,824									\$319.44	\$146.91	\$466.35

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

2.1% 2.6% 2.3%
-0.2% 3.3% 0.8%

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

Month	Membership	Original Claims - Removing Claimants in Excess of \$250,000						Adjusted Claims - Normalized for Contract Changes - Removing Claimants in Excess of \$250,000					
		Facility	Professional	Total	Facility PMPM	Professional PMPM	Total PMPM	Facility	Professional	Total	Facility PMPM	Professional PMPM	Total PMPM
Jan-15	68,106	\$17,698,025	\$8,850,850	\$26,548,876	\$259.86	\$129.96	\$389.82	\$19,477,622	\$9,013,305	\$28,490,926	\$285.99	\$132.34	\$418.33
Feb-15	68,519	\$15,725,178	\$7,942,183	\$23,667,361	\$229.50	\$115.91	\$345.41	\$17,364,616	\$8,095,334	\$25,459,950	\$253.43	\$118.15	\$371.58
Mar-15	69,837	\$18,088,070	\$9,421,391	\$27,509,460	\$259.00	\$134.91	\$393.91	\$19,949,338	\$9,609,655	\$29,558,993	\$285.66	\$137.60	\$423.26
Apr-15	69,997	\$18,215,844	\$9,313,991	\$27,529,835	\$260.24	\$133.06	\$393.30	\$20,079,513	\$9,498,373	\$29,577,886	\$286.86	\$135.70	\$422.56
May-15	69,359	\$16,652,885	\$8,844,362	\$25,497,247	\$240.10	\$127.52	\$367.61	\$18,320,006	\$9,002,830	\$27,322,836	\$264.13	\$129.80	\$393.93
Jun-15	69,361	\$18,081,448	\$9,330,887	\$27,412,336	\$260.69	\$134.53	\$395.21	\$19,901,398	\$9,485,814	\$29,387,212	\$286.92	\$136.76	\$423.68
Jul-15	68,847	\$17,629,362	\$9,023,425	\$26,652,787	\$256.07	\$131.06	\$387.13	\$19,299,436	\$9,166,524	\$28,465,959	\$280.32	\$133.14	\$413.47
Aug-15	68,348	\$15,806,064	\$8,215,393	\$24,021,457	\$231.26	\$120.20	\$351.46	\$17,297,320	\$8,344,842	\$25,642,162	\$253.08	\$122.09	\$375.17
Sep-15	68,038	\$17,566,093	\$8,942,412	\$26,508,505	\$258.18	\$131.43	\$389.61	\$19,241,445	\$9,072,973	\$28,314,418	\$282.80	\$133.35	\$416.16
Oct-15	67,984	\$17,235,767	\$9,283,298	\$26,519,065	\$253.53	\$136.55	\$390.08	\$18,719,515	\$9,417,693	\$28,137,208	\$275.35	\$138.53	\$413.88
Nov-15	67,637	\$16,761,585	\$8,761,600	\$25,523,185	\$247.82	\$129.54	\$377.36	\$18,210,705	\$8,875,724	\$27,086,428	\$269.24	\$131.23	\$400.47
Dec-15	67,613	\$18,532,775	\$9,525,390	\$28,058,165	\$274.10	\$140.88	\$414.98	\$20,064,448	\$9,638,747	\$29,703,195	\$296.75	\$142.56	\$439.31
Jan-16	69,385	\$18,367,494	\$9,110,997	\$27,478,491	\$264.72	\$131.31	\$396.03	\$19,401,652	\$9,218,361	\$28,620,012	\$279.62	\$132.86	\$412.48
Feb-16	69,908	\$18,630,050	\$9,084,168	\$27,714,218	\$266.49	\$129.94	\$396.44	\$19,678,308	\$9,120,371	\$28,798,679	\$281.49	\$130.46	\$411.95
Mar-16	70,456	\$20,484,953	\$10,417,669	\$30,902,622	\$290.75	\$147.86	\$438.61	\$21,644,930	\$10,447,462	\$32,092,391	\$307.21	\$148.28	\$455.50
Apr-16	70,383	\$17,859,167	\$9,020,893	\$26,880,060	\$253.74	\$128.17	\$381.91	\$18,852,951	\$9,049,908	\$27,902,859	\$267.86	\$128.58	\$396.44
May-16	70,404	\$17,502,081	\$9,407,676	\$26,909,757	\$248.59	\$133.62	\$382.22	\$18,516,931	\$9,432,086	\$27,949,016	\$263.01	\$133.97	\$396.98
Jun-16	70,540	\$19,334,377	\$9,847,573	\$29,181,950	\$274.09	\$139.60	\$413.69	\$20,444,485	\$9,868,779	\$30,313,265	\$289.83	\$139.90	\$429.73
Jul-16	70,755	\$17,912,956	\$8,719,925	\$26,632,881	\$253.17	\$123.24	\$376.41	\$18,920,097	\$8,725,166	\$27,645,262	\$267.40	\$123.32	\$390.72
Aug-16	70,844	\$19,325,713	\$9,854,240	\$29,179,953	\$272.79	\$139.10	\$411.89	\$20,385,560	\$9,864,707	\$30,250,267	\$287.75	\$139.25	\$427.00
Sep-16	70,970	\$18,574,314	\$9,705,686	\$28,280,000	\$261.72	\$136.76	\$398.48	\$19,591,708	\$9,711,199	\$29,302,907	\$276.06	\$136.84	\$412.89
Oct-16	71,146	\$18,732,623	\$9,891,021	\$28,623,644	\$263.30	\$139.02	\$402.32	\$19,605,084	\$9,899,876	\$29,504,961	\$275.56	\$139.15	\$414.71
Nov-16	71,218	\$20,285,987	\$10,345,690	\$30,631,677	\$284.84	\$145.27	\$430.11	\$21,217,532	\$10,336,913	\$31,554,445	\$297.92	\$145.14	\$443.07
Dec-16	71,277	\$20,550,944	\$10,505,891	\$31,056,835	\$288.33	\$147.40	\$435.72	\$21,478,672	\$10,503,422	\$31,982,094	\$301.34	\$147.36	\$448.70
Jan-17	69,490	\$19,909,289	\$10,182,837	\$30,092,125	\$286.51	\$146.54	\$433.04	\$20,406,437	\$10,349,590	\$30,756,028	\$293.66	\$148.94	\$442.60
Feb-17	69,802	\$18,214,979	\$9,055,037	\$27,270,016	\$260.95	\$129.72	\$390.68	\$18,675,546	\$9,117,795	\$27,793,340	\$267.55	\$130.62	\$398.17
Mar-17	69,572	\$20,043,057	\$10,375,251	\$30,418,307	\$288.09	\$149.13	\$437.22	\$20,532,704	\$10,442,767	\$30,975,471	\$295.13	\$150.10	\$445.23
Apr-17	69,220	\$17,265,229	\$9,033,121	\$26,298,349	\$249.43	\$130.50	\$379.92	\$17,683,158	\$9,087,426	\$26,770,584	\$255.46	\$131.28	\$386.75
May-17	68,831	\$19,975,109	\$10,428,381	\$30,403,490	\$290.21	\$151.51	\$441.71	\$20,455,252	\$10,488,296	\$30,943,547	\$297.18	\$152.38	\$449.56
Jun-17	68,513	\$18,809,353	\$9,757,495	\$28,566,848	\$274.54	\$142.42	\$416.96	\$19,226,920	\$9,809,278	\$29,036,198	\$280.63	\$143.17	\$423.81
Jul-17	68,188	\$17,893,311	\$8,812,556	\$26,705,867	\$262.41	\$129.24	\$391.65	\$18,197,448	\$8,828,817	\$27,026,265	\$266.87	\$129.48	\$396.35
Aug-17	67,861	\$19,136,874	\$9,730,292	\$28,867,166	\$282.00	\$143.39	\$425.39	\$19,470,062	\$9,744,143	\$29,214,205	\$286.91	\$143.59	\$430.50
Sep-17	67,472	\$18,100,285	\$9,321,731	\$27,422,017	\$268.26	\$138.16	\$406.42	\$18,397,429	\$9,331,539	\$27,728,968	\$272.67	\$138.30	\$410.97
Oct-17	67,118	\$20,668,777	\$10,609,497	\$31,278,274	\$307.95	\$158.07	\$466.02	\$20,686,286	\$10,617,256	\$31,303,542	\$308.21	\$158.19	\$466.40
Nov-17	66,790	\$19,751,641	\$10,244,038	\$29,995,679	\$295.73	\$153.38	\$449.10	\$19,760,113	\$10,247,878	\$30,007,990	\$295.85	\$153.43	\$449.29
Dec-17	66,135	\$19,893,854	\$9,553,543	\$29,447,398	\$300.81	\$144.46	\$445.26	\$19,893,854	\$9,553,543	\$29,447,398	\$300.81	\$144.46	\$445.26
CY 2015	823,646	\$207,993,097	\$107,455,181	\$315,448,278	\$252.53	\$130.46	\$382.99	\$227,925,361	\$109,221,813	\$337,147,174	\$276.73	\$132.61	\$409.34
CY 2016	847,286	\$227,560,659	\$115,911,429	\$343,472,088	\$268.58	\$136.80	\$405.38	\$239,737,909	\$116,178,248	\$355,916,157	\$282.95	\$137.12	\$420.07
CY 2017	818,992	\$229,661,757	\$117,103,778	\$346,765,535	\$280.42	\$142.99	\$423.41	\$233,385,209	\$117,618,327	\$351,003,537	\$284.97	\$143.61	\$428.58

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

5.8%
4.4%

2.2% 3.4% 2.6%
0.7% 4.7% 2.0%

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

		Adjustments for Benefits, Aging and Fraud Waste and Abuse Programs - Removing Claimants in Excess of \$250,000										
Month	Membership	Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	FWA Factor	Normalized FWA Factor	Total Normalized Factor	Facility PMPM	Professional PMPM	Total PMPM
Jan-15	68,106	82.5%	1.096	1.004	1.245	1.020	1.003	0.997	1.020	\$291.84	\$135.05	\$426.89
Feb-15	68,519	82.5%	1.096	1.004	1.245	1.020	1.003	0.997	1.020	\$258.56	\$120.54	\$379.10
Mar-15	69,837	82.7%	1.097	1.003	1.245	1.020	1.003	0.997	1.019	\$291.22	\$140.28	\$431.50
Apr-15	69,997	82.8%	1.098	1.003	1.247	1.018	1.003	0.997	1.017	\$291.76	\$138.02	\$429.78
May-15	69,359	82.9%	1.099	1.002	1.249	1.016	1.003	0.997	1.014	\$267.82	\$131.61	\$399.43
Jun-15	69,361	83.0%	1.099	1.001	1.251	1.014	1.003	0.997	1.012	\$290.40	\$138.41	\$428.81
Jul-15	68,847	83.2%	1.100	1.000	1.252	1.013	1.003	0.997	1.010	\$283.12	\$134.47	\$417.60
Aug-15	68,348	83.3%	1.101	1.000	1.253	1.013	1.003	0.997	1.009	\$255.44	\$123.23	\$378.67
Sep-15	68,038	83.4%	1.102	0.999	1.256	1.011	1.003	0.997	1.006	\$284.45	\$134.13	\$418.58
Oct-15	67,984	83.4%	1.102	0.999	1.257	1.010	1.003	0.997	1.005	\$276.74	\$139.22	\$415.96
Nov-15	67,637	83.5%	1.102	0.998	1.257	1.009	1.003	0.997	1.004	\$270.35	\$131.77	\$402.12
Dec-15	67,613	83.4%	1.102	0.999	1.259	1.008	1.003	0.997	1.004	\$297.85	\$143.08	\$440.93
Jan-16	69,385	83.2%	1.101	1.000	1.253	1.013	1.001	0.999	1.012	\$282.99	\$134.46	\$417.45
Feb-16	69,908	83.2%	1.100	1.000	1.253	1.013	1.001	0.999	1.012	\$285.00	\$132.09	\$417.09
Mar-16	70,456	83.2%	1.100	1.000	1.252	1.013	1.001	0.999	1.013	\$311.28	\$150.25	\$461.53
Apr-16	70,383	83.1%	1.100	1.001	1.253	1.013	1.001	0.999	1.013	\$271.41	\$130.29	\$401.70
May-16	70,404	83.1%	1.099	1.001	1.254	1.012	1.001	0.999	1.013	\$266.34	\$135.67	\$402.01
Jun-16	70,540	83.0%	1.099	1.001	1.257	1.010	1.001	0.999	1.010	\$292.87	\$141.37	\$434.24
Jul-16	70,755	83.1%	1.099	1.001	1.259	1.008	1.001	0.999	1.009	\$269.70	\$124.37	\$394.07
Aug-16	70,844	83.1%	1.100	1.001	1.259	1.008	1.001	0.999	1.008	\$289.94	\$140.30	\$430.24
Sep-16	70,970	83.2%	1.100	1.000	1.261	1.007	1.001	0.999	1.006	\$277.77	\$137.69	\$415.46
Oct-16	71,146	83.3%	1.101	1.000	1.262	1.006	1.001	0.999	1.005	\$276.93	\$139.84	\$416.76
Nov-16	71,218	83.4%	1.101	0.999	1.262	1.005	1.001	0.999	1.004	\$299.10	\$145.72	\$444.82
Dec-16	71,277	83.5%	1.102	0.998	1.265	1.003	1.001	0.999	1.001	\$301.66	\$147.52	\$449.18
Jan-17	69,490	83.4%	1.101	0.999	1.265	1.004	1.000	1.000	1.003	\$294.44	\$149.33	\$443.77
Feb-17	69,802	83.3%	1.101	0.999	1.264	1.004	1.000	1.000	1.003	\$268.39	\$131.03	\$399.42
Mar-17	69,572	83.3%	1.101	1.000	1.265	1.003	1.000	1.000	1.003	\$296.01	\$150.55	\$446.55
Apr-17	69,220	83.3%	1.101	1.000	1.265	1.003	1.000	1.000	1.003	\$256.20	\$131.66	\$387.87
May-17	68,831	83.3%	1.101	1.000	1.267	1.002	1.000	1.000	1.002	\$297.67	\$152.63	\$450.30
Jun-17	68,513	83.3%	1.101	0.999	1.268	1.001	1.000	1.000	1.001	\$280.81	\$143.27	\$424.08
Jul-17	68,188	83.4%	1.101	0.999	1.267	1.001	1.000	1.000	1.001	\$267.02	\$129.55	\$396.57
Aug-17	67,861	83.3%	1.101	0.999	1.267	1.002	1.000	1.000	1.001	\$287.21	\$143.74	\$430.95
Sep-17	67,472	83.2%	1.100	1.000	1.267	1.002	1.000	1.000	1.002	\$273.12	\$138.53	\$411.65
Oct-17	67,118	83.3%	1.101	1.000	1.268	1.001	1.000	1.000	1.001	\$308.46	\$158.32	\$466.78
Nov-17	66,790	83.2%	1.100	1.000	1.268	1.001	1.000	1.000	1.001	\$296.01	\$153.51	\$449.52
Dec-17	66,135	83.2%	1.100	1.000	1.269	1.000	1.000	1.000	1.000	\$300.81	\$144.46	\$445.26
CY 2015	823,646									\$279.99	\$134.16	\$414.15
CY 2016	847,286									\$285.44	\$138.32	\$423.75
CY 2017	818,992									\$285.41	\$143.84	\$429.24

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

1.9% 3.1% 2.3%
0.0% 4.0% 1.3%

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

Month	Regression on Adjusted PMPM - 36 Months			Regression on Adjusted PMPM - 24 Months		
	Facility	Professional	Total	Facility	Professional	Total
Jan-15	\$278.40	\$131.25	\$409.62	\$278.86	\$128.94	\$407.68
Feb-15	\$278.68	\$131.66	\$410.33	\$279.13	\$129.43	\$408.46
Mar-15	\$278.93	\$132.03	\$410.96	\$279.37	\$129.88	\$409.16
Apr-15	\$279.22	\$132.45	\$411.66	\$279.64	\$130.38	\$409.94
May-15	\$279.49	\$132.85	\$412.34	\$279.90	\$130.86	\$410.70
Jun-15	\$279.77	\$133.27	\$413.05	\$280.17	\$131.36	\$411.48
Jul-15	\$280.04	\$133.67	\$413.73	\$280.43	\$131.85	\$412.24
Aug-15	\$280.33	\$134.09	\$414.44	\$280.70	\$132.35	\$413.02
Sep-15	\$280.61	\$134.51	\$415.15	\$280.97	\$132.86	\$413.81
Oct-15	\$280.88	\$134.92	\$415.84	\$281.23	\$133.35	\$414.57
Nov-15	\$281.17	\$135.35	\$416.55	\$281.50	\$133.86	\$415.36
Dec-15	\$281.44	\$135.76	\$417.24	\$281.76	\$134.36	\$416.13
Jan-16	\$281.73	\$136.19	\$417.95	\$282.03	\$134.87	\$416.92
Feb-16	\$282.01	\$136.61	\$418.67	\$282.30	\$135.39	\$417.71
Mar-16	\$282.28	\$137.02	\$419.34	\$282.55	\$135.88	\$418.46
Apr-16	\$282.56	\$137.45	\$420.06	\$282.82	\$136.40	\$419.25
May-16	\$282.84	\$137.86	\$420.75	\$283.09	\$136.90	\$420.03
Jun-16	\$283.12	\$138.30	\$421.47	\$283.36	\$137.43	\$420.83
Jul-16	\$283.40	\$138.72	\$422.17	\$283.62	\$137.94	\$421.60
Aug-16	\$283.69	\$139.15	\$422.89	\$283.89	\$138.46	\$422.40
Sep-16	\$283.97	\$139.59	\$423.61	\$284.16	\$138.99	\$423.21
Oct-16	\$284.25	\$140.01	\$424.32	\$284.43	\$139.51	\$423.99
Nov-16	\$284.54	\$140.45	\$425.04	\$284.70	\$140.04	\$424.80
Dec-16	\$284.82	\$140.88	\$425.75	\$284.96	\$140.56	\$425.58
Jan-17	\$285.10	\$141.32	\$426.47	\$285.24	\$141.10	\$426.39
Feb-17	\$285.39	\$141.77	\$427.20	\$285.51	\$141.64	\$427.20
Mar-17	\$285.65	\$142.17	\$427.86	\$285.76	\$142.13	\$427.94
Apr-17	\$285.94	\$142.62	\$428.60	\$286.03	\$142.68	\$428.75
May-17	\$286.22	\$143.05	\$429.31	\$286.30	\$143.21	\$429.54
Jun-17	\$286.51	\$143.50	\$430.04	\$286.57	\$143.75	\$430.36
Jul-17	\$286.79	\$143.94	\$430.75	\$286.84	\$144.29	\$431.15
Aug-17	\$287.08	\$144.39	\$431.49	\$287.11	\$144.84	\$431.97
Sep-17	\$287.37	\$144.84	\$432.23	\$287.39	\$145.40	\$432.80
Oct-17	\$287.65	\$145.28	\$432.94	\$287.66	\$145.93	\$433.59
Nov-17	\$287.94	\$145.74	\$433.68	\$287.93	\$146.49	\$434.42
Dec-17	\$288.22	\$146.18	\$434.40	\$288.20	\$147.04	\$435.22
Annual Trend	1.2%	3.8%	2.0%	1.1%	4.6%	2.3%

Facility		Professional		Total		Facility		Professional		Total	
1.000	70.929	1.000	1.870	1.000	40.401	1.000	76.114	1.000	0.725	1.000	30.960
0.000	1.153	0.000	1.231	0.000	1.148	0.000	2.183	0.000	2.414	0.000	2.196
0.041	0.051	0.265	0.055	0.109	0.051	0.016	0.053	0.178	0.058	0.061	0.053
1.443	34.000	12.232	34.000	4.177	34.000	0.366	22.000	4.764	22.000	1.425	22.000

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

MonthMembershipAdjusted PMPM			Utilization Trend Calculation - 36 Month Time Series - Facility											
			Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-15	68106	\$291.84	\$291.84		\$291.84		\$291.84		\$291.84		\$291.84		\$291.84	
Feb-15	68519	\$258.56	\$258.56		\$258.56		\$258.56		\$258.56		\$258.56		\$258.56	
Mar-15	69837	\$291.22	\$291.22		\$291.22		\$291.22		\$291.22		\$291.22		\$291.22	
Apr-15	69997	\$291.76	\$291.76		\$291.76		\$291.76		\$291.76		\$291.76		\$291.76	
May-15	69359	\$267.82	\$267.82		\$267.82		\$267.82		\$267.82		\$267.82		\$267.82	
Jun-15	69361	\$290.40	\$290.40		\$290.40		\$290.40		\$290.40		\$290.40		\$290.40	
Jul-15	68847	\$283.12	\$283.12		\$283.12		\$283.12		\$283.12		\$283.12		\$283.12	
Aug-15	68348	\$255.44	\$255.44		\$255.44		\$255.44		\$255.44		\$255.44		\$255.44	
Sep-15	68038	\$284.45	\$284.45		\$284.45		\$284.45		\$284.45		\$284.45		\$284.45	
Oct-15	67984	\$276.74	\$276.74		\$276.74		\$276.74		\$276.74		\$276.74		\$276.74	
Nov-15	67637	\$270.35	\$270.35		\$270.35		\$270.35		\$270.35		\$270.35		\$270.35	
Dec-15	67613	\$297.85	\$297.85	\$279.99	\$297.85	\$279.99	\$297.85	\$279.99	\$297.85	\$279.99	\$297.85	\$279.99	\$297.85	\$279.99
Jan-16	69385	\$282.99	\$282.99	\$279.27	\$282.99	\$279.27	\$282.99	\$279.27	\$282.99	\$279.27	\$282.99	\$279.27	\$282.99	\$279.27
Feb-16	69908	\$285.00	\$285.00	\$281.47	\$285.00	\$281.47	\$285.00	\$281.47	\$285.00	\$281.47	\$285.00	\$281.47	\$285.00	\$281.47
Mar-16	70456	\$311.28	\$311.28	\$283.18	\$311.28	\$283.18	\$311.28	\$283.18	\$311.28	\$283.18	\$311.28	\$283.18	\$311.28	\$283.18
Apr-16	70383	\$271.41	\$271.41	\$281.46	\$271.41	\$281.46	\$271.41	\$281.46	\$271.41	\$281.46	\$271.41	\$281.46	\$271.41	\$281.46
May-16	70404	\$266.34	\$266.34	\$281.31	\$266.34	\$281.31	\$266.34	\$281.31	\$266.34	\$281.31	\$266.34	\$281.31	\$266.34	\$281.31
Jun-16	70540	\$292.87	\$292.87	\$281.54	\$292.87	\$281.54	\$292.87	\$281.54	\$292.87	\$281.54	\$292.87	\$281.54	\$292.87	\$281.54
Jul-16	70755	\$269.70	\$269.70	\$280.40	\$269.70	\$280.40	\$269.70	\$280.40	\$269.70	\$280.40	\$269.70	\$280.40	\$269.70	\$280.40
Aug-16	70844	\$289.94	\$289.94	\$283.25	\$289.94	\$283.25	\$289.94	\$283.25	\$289.94	\$283.25	\$289.94	\$283.25	\$289.94	\$283.25
Sep-16	70970	\$277.77	\$277.77	\$282.69	\$277.77	\$282.69	\$277.77	\$282.69	\$277.77	\$282.69	\$277.77	\$282.69	\$277.77	\$282.69
Oct-16	71146	\$276.93	\$276.93	\$282.69	\$276.93	\$282.69	\$276.93	\$282.69	\$276.93	\$282.69	\$276.93	\$282.69	\$276.93	\$282.69
Nov-16	71218	\$299.10	\$299.10	\$285.06	\$299.10	\$285.06	\$299.10	\$285.06	\$299.10	\$285.06	\$299.10	\$285.06	\$299.10	\$285.06
Dec-16	71277	\$301.66	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44
Jan-17	69490	\$294.44	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37
Feb-17	69802	\$268.39	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01
Mar-17	69572	\$296.01	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72
Apr-17	69220	\$256.20	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49
May-17	68831	\$297.67	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08
Jun-17	68513	\$280.81	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08
Jul-17	68188	\$267.02	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91
Aug-17	67861	\$287.21	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66
Sep-17	67472	\$273.12	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31
Oct-17	67118	\$308.46	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90
Nov-17	66790	\$296.01	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58
Dec-17	66135	\$300.81	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41
Jan-18	66135		\$294.67	\$285.39	\$294.65	\$285.39	\$294.58	\$285.38	\$294.58	\$285.38	\$285.51	\$284.64	\$286.44	\$284.72
Feb-18	66135		\$273.05	\$285.84	\$273.03	\$285.84	\$273.09	\$285.84	\$273.11	\$285.84	\$285.97	\$286.15	\$286.43	\$286.26
Mar-18	66135		\$300.98	\$286.21	\$300.95	\$286.20	\$300.78	\$286.19	\$300.81	\$286.19	\$286.30	\$285.31	\$286.43	\$285.44
Apr-18	66135		\$263.06	\$286.89	\$263.03	\$286.88	\$263.16	\$286.87	\$263.22	\$286.88	\$286.52	\$287.91	\$286.42	\$288.03
May-18	66135		\$293.19	\$286.48	\$293.17	\$286.47	\$293.18	\$286.47	\$293.11	\$286.47	\$286.68	\$286.98	\$286.42	\$287.07
Jun-18	66135		\$286.07	\$286.93	\$286.04	\$286.92	\$286.01	\$286.91	\$286.04	\$286.92	\$286.80	\$287.49	\$286.41	\$287.55
Jul-18	66135		\$270.92	\$287.30	\$270.89	\$287.29	\$271.02	\$287.29	\$271.05	\$287.30	\$286.87	\$289.19	\$286.41	\$289.21
Aug-18	66135		\$288.86	\$287.44	\$288.82	\$287.42	\$288.85	\$287.43	\$288.83	\$287.44	\$286.93	\$289.17	\$286.40	\$289.15
Sep-18	66135		\$277.33	\$287.82	\$277.30	\$287.80	\$277.41	\$287.81	\$277.43	\$287.82	\$286.97	\$290.35	\$286.40	\$290.28
Oct-18	66135		\$304.32	\$287.45	\$304.28	\$287.42	\$304.24	\$287.44	\$304.17	\$287.44	\$286.99	\$288.54	\$286.39	\$288.42
Nov-18	66135		\$298.25	\$287.63	\$298.20	\$287.60	\$298.15	\$287.61	\$298.13	\$287.61	\$287.01	\$287.78	\$286.39	\$287.61
Dec-18	66135		\$303.90	\$287.88	\$303.85	\$287.85	\$303.72	\$287.85	\$303.72	\$287.85	\$287.03	\$286.63	\$286.38	\$286.41
Jan-19	66135		\$297.15	\$288.09	\$297.09	\$288.05	\$296.99	\$288.05	\$296.97	\$288.05	\$287.04	\$286.76	\$286.38	\$286.41
Feb-19	66135		\$275.36	\$288.28	\$275.29	\$288.24	\$275.50	\$288.25	\$275.51	\$288.25	\$287.04	\$286.85	\$286.37	\$286.40
Mar-19	66135		\$303.52	\$288.49	\$303.44	\$288.45	\$303.19	\$288.45	\$303.19	\$288.45	\$287.05	\$286.91	\$286.37	\$286.40
Apr-19	66135		\$265.28	\$288.68	\$265.20	\$288.63	\$265.56	\$288.65	\$265.61	\$288.65	\$287.05	\$286.96	\$286.36	\$286.39
May-19	66135		\$295.66	\$288.89	\$295.58	\$288.83	\$295.59	\$288.85	\$295.50	\$288.85	\$287.05	\$286.99	\$286.36	\$286.39
Jun-19	66135		\$288.48	\$289.09	\$288.39	\$289.03	\$288.41	\$289.05	\$288.42	\$289.04	\$287.05	\$287.01	\$286.35	\$286.38
Jul-19	66135		\$273.20	\$289.28	\$273.11	\$289.21	\$273.43	\$289.25	\$273.42	\$289.24	\$287.06	\$287.02	\$286.35	\$286.38
Aug-19	66135		\$291.28	\$289.48	\$291.19	\$289.41	\$291.26	\$289.45	\$291.20	\$289.44	\$287.06	\$287.03	\$286.34	\$286.37
Sep-19	66135		\$279.66	\$289.67	\$279.57	\$289.60	\$279.81	\$289.65	\$279.80	\$289.64	\$287.06	\$287.04	\$286.34	\$286.37
Oct-19	66135		\$306.87	\$289.88	\$306.76	\$289.81	\$306.65	\$289.86	\$306.54	\$289.83	\$287.06	\$287.05	\$286.33	\$286.36
Nov-19	66135		\$300.75	\$290.09	\$300.64	\$290.01	\$300.56	\$290.06	\$300.50	\$290.03	\$287.06	\$287.05	\$286.33	\$286.36
Dec-19	66135		\$306.45	\$290.31	\$306.33	\$290.22	\$306.13	\$290.26	\$306.09	\$290.23	\$287.06	\$287.05	\$286.32	\$286.35
Annual Trend RMSE			0.85%16.71		0.84%16.72		0.85%16.71		0.84%16.71		0.29%15.57		0.17%15.61	

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

			Utilization Trend Calculation - 24 Month Time Series - Facility											
			Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Month	Membership	Adjusted PMPM												
Jan-16	69385	\$282.99	\$282.99		\$282.99		\$282.99		\$282.99		\$282.99		\$282.99	
Feb-16	69908	\$285.00	\$285.00		\$285.00		\$285.00		\$285.00		\$285.00		\$285.00	
Mar-16	70456	\$311.28	\$311.28		\$311.28		\$311.28		\$311.28		\$311.28		\$311.28	
Apr-16	70383	\$271.41	\$271.41		\$271.41		\$271.41		\$271.41		\$271.41		\$271.41	
May-16	70404	\$266.34	\$266.34		\$266.34		\$266.34		\$266.34		\$266.34		\$266.34	
Jun-16	70540	\$292.87	\$292.87		\$292.87		\$292.87		\$292.87		\$292.87		\$292.87	
Jul-16	70755	\$269.70	\$269.70		\$269.70		\$269.70		\$269.70		\$269.70		\$269.70	
Aug-16	70844	\$289.94	\$289.94		\$289.94		\$289.94		\$289.94		\$289.94		\$289.94	
Sep-16	70970	\$277.77	\$277.77		\$277.77		\$277.77		\$277.77		\$277.77		\$277.77	
Oct-16	71146	\$276.93	\$276.93		\$276.93		\$276.93		\$276.93		\$276.93		\$276.93	
Nov-16	71218	\$299.10	\$299.10		\$299.10		\$299.10		\$299.10		\$299.10		\$299.10	
Dec-16	71277	\$301.66	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44	\$301.66	\$285.44
Jan-17	69490	\$294.44	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37	\$294.44	\$286.37
Feb-17	69802	\$268.39	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01	\$268.39	\$285.01
Mar-17	69572	\$296.01	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72	\$296.01	\$283.72
Apr-17	69220	\$256.20	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49	\$256.20	\$282.49
May-17	68831	\$297.67	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08	\$297.67	\$285.08
Jun-17	68513	\$280.81	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08	\$280.81	\$284.08
Jul-17	68188	\$267.02	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91	\$267.02	\$283.91
Aug-17	67861	\$287.21	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66	\$287.21	\$283.66
Sep-17	67472	\$273.12	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31	\$273.12	\$283.31
Oct-17	67118	\$308.46	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90	\$308.46	\$285.90
Nov-17	66790	\$296.01	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58	\$296.01	\$285.58
Dec-17	66135	\$300.81	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41	\$300.81	\$285.41
Jan-18	66135	\$294.42	\$294.42	\$285.37	\$293.29	\$285.28	\$294.42	\$285.37	\$293.29	\$285.28	\$284.64	\$284.57	\$284.65	\$284.57
Feb-18	66135	\$268.42	\$268.42	\$285.45	\$270.06	\$285.49	\$268.41	\$285.45	\$270.06	\$285.49	\$284.85	\$285.99	\$284.86	\$285.99
Mar-18	66135	\$296.05	\$296.05	\$285.40	\$297.56	\$285.57	\$296.04	\$285.40	\$297.56	\$285.57	\$285.05	\$285.05	\$285.07	\$285.05
Apr-18	66135	\$256.26	\$256.26	\$285.52	\$257.76	\$285.81	\$256.26	\$285.52	\$257.76	\$285.81	\$285.26	\$287.55	\$285.28	\$287.55
May-18	66135	\$297.65	\$297.65	\$285.48	\$294.54	\$285.51	\$297.64	\$285.48	\$294.54	\$285.51	\$285.47	\$286.51	\$285.49	\$286.51
Jun-18	66135	\$280.85	\$280.85	\$285.50	\$282.04	\$285.63	\$280.84	\$285.49	\$282.04	\$285.63	\$285.67	\$286.92	\$285.70	\$286.93
Jul-18	66135	\$267.05	\$267.05	\$285.55	\$267.31	\$285.70	\$267.05	\$285.54	\$267.31	\$285.70	\$285.88	\$288.54	\$285.91	\$288.55
Aug-18	66135	\$287.24	\$287.24	\$285.54	\$287.51	\$285.72	\$287.24	\$285.54	\$287.51	\$285.72	\$286.08	\$288.45	\$286.12	\$288.46
Sep-18	66135	\$273.15	\$273.15	\$285.57	\$273.61	\$285.78	\$273.15	\$285.56	\$273.61	\$285.78	\$286.29	\$289.57	\$286.32	\$289.58
Oct-18	66135	\$308.42	\$308.42	\$285.54	\$305.30	\$285.49	\$308.42	\$285.53	\$305.30	\$285.49	\$286.49	\$287.71	\$286.53	\$287.74
Nov-18	66135	\$296.01	\$296.01	\$285.53	\$296.32	\$285.51	\$296.01	\$285.52	\$296.32	\$285.51	\$286.70	\$286.93	\$286.74	\$286.96
Dec-18	66135	\$300.81	\$300.81	\$285.53	\$300.89	\$285.52	\$300.81	\$285.52	\$300.89	\$285.52	\$286.90	\$285.77	\$286.95	\$285.80
Jan-19	66135	\$294.42	\$294.42	\$285.53	\$293.29	\$285.52	\$294.42	\$285.52	\$293.29	\$285.52	\$287.11	\$285.98	\$287.16	\$286.01
Feb-19	66135	\$268.42	\$268.42	\$285.53	\$270.06	\$285.52	\$268.41	\$285.52	\$270.06	\$285.52	\$287.31	\$286.18	\$287.37	\$286.22
Mar-19	66135	\$296.05	\$296.05	\$285.53	\$297.56	\$285.52	\$296.04	\$285.52	\$297.56	\$285.52	\$287.52	\$286.39	\$287.58	\$286.43
Apr-19	66135	\$256.26	\$256.26	\$285.53	\$257.76	\$285.52	\$256.26	\$285.52	\$257.76	\$285.52	\$287.72	\$286.60	\$287.79	\$286.64
May-19	66135	\$297.65	\$297.65	\$285.53	\$294.54	\$285.52	\$297.64	\$285.52	\$294.54	\$285.52	\$287.93	\$286.80	\$288.00	\$287.06
Jun-19	66135	\$280.85	\$280.85	\$285.53	\$282.04	\$285.52	\$280.84	\$285.52	\$282.04	\$285.52	\$288.13	\$287.01	\$288.20	\$287.06
Jul-19	66135	\$267.05	\$267.05	\$285.53	\$267.31	\$285.52	\$267.05	\$285.52	\$267.31	\$285.52	\$288.33	\$287.21	\$288.41	\$287.26
Aug-19	66135	\$287.24	\$287.24	\$285.53	\$287.51	\$285.52	\$287.24	\$285.52	\$287.51	\$285.52	\$288.54	\$287.41	\$288.62	\$287.47
Sep-19	66135	\$273.15	\$273.15	\$285.53	\$273.61	\$285.52	\$273.15	\$285.52	\$273.61	\$285.52	\$288.74	\$287.62	\$288.83	\$287.68
Oct-19	66135	\$308.42	\$308.42	\$285.53	\$305.30	\$285.52	\$308.42	\$285.52	\$305.30	\$285.52	\$288.94	\$287.82	\$289.04	\$287.89
Nov-19	66135	\$296.01	\$296.01	\$285.53	\$296.32	\$285.52	\$296.01	\$285.52	\$296.32	\$285.52	\$289.15	\$288.03	\$289.25	\$288.10
Dec-19	66135	\$300.81	\$300.81	\$285.53	\$300.89	\$285.52	\$300.81	\$285.52	\$300.89	\$285.52	\$289.35	\$288.23	\$289.46	\$288.31
Annual Trend			0.02%		0.02%		0.02%		0.02%		0.49%		0.51%	
RMSE			15.92		15.92		15.92		15.92		14.93		14.93	

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

			Utilization Trend Calculation - 36 Month Time Series - Professional												
			Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing		
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	
Month	Membership	Adjusted PMPM	Jan-15	68106	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05	\$135.05
Feb-15	68519	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54	\$120.54
Mar-15	69837	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28	\$140.28
Apr-15	69997	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02	\$138.02
May-15	69359	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61	\$131.61
Jun-15	69361	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41	\$138.41
Jul-15	68847	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47	\$134.47
Aug-15	68348	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23	\$123.23
Sep-15	68038	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13	\$134.13
Oct-15	67984	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22	\$139.22
Nov-15	67637	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77	\$131.77
Dec-15	67613	\$143.08	\$143.08	\$134.16	\$143.08	\$134.16	\$143.08	\$134.16	\$143.08	\$134.16	\$143.08	\$134.16	\$143.08	\$134.16	\$143.08
Jan-16	69385	\$134.46	\$134.46	\$134.11	\$134.46	\$134.11	\$134.46	\$134.11	\$134.46	\$134.11	\$134.46	\$134.11	\$134.46	\$134.11	\$134.46
Feb-16	69908	\$132.09	\$132.09	\$135.07	\$132.09	\$135.07	\$132.09	\$135.07	\$132.09	\$135.07	\$132.09	\$135.07	\$132.09	\$135.07	\$132.09
Mar-16	70456	\$150.25	\$150.25	\$135.92	\$150.25	\$135.92	\$150.25	\$135.92	\$150.25	\$135.92	\$150.25	\$135.92	\$150.25	\$135.92	\$150.25
Apr-16	70383	\$130.29	\$130.29	\$135.26	\$130.29	\$135.26	\$130.29	\$135.26	\$130.29	\$135.26	\$130.29	\$135.26	\$130.29	\$135.26	\$130.29
May-16	70404	\$135.67	\$135.67	\$135.60	\$135.67	\$135.60	\$135.67	\$135.60	\$135.67	\$135.60	\$135.67	\$135.60	\$135.67	\$135.60	\$135.67
Jun-16	70540	\$141.37	\$141.37	\$135.86	\$141.37	\$135.86	\$141.37	\$135.86	\$141.37	\$135.86	\$141.37	\$135.86	\$141.37	\$135.86	\$141.37
Jul-16	70755	\$124.37	\$124.37	\$135.00	\$124.37	\$135.00	\$124.37	\$135.00	\$124.37	\$135.00	\$124.37	\$135.00	\$124.37	\$135.00	\$124.37
Aug-16	70844	\$140.30	\$140.30	\$136.41	\$140.30	\$136.41	\$140.30	\$136.41	\$140.30	\$136.41	\$140.30	\$136.41	\$140.30	\$136.41	\$140.30
Sep-16	70970	\$137.69	\$137.69	\$136.71	\$137.69	\$136.71	\$137.69	\$136.71	\$137.69	\$136.71	\$137.69	\$136.71	\$137.69	\$136.71	\$137.69
Oct-16	71146	\$139.84	\$139.84	\$136.77	\$139.84	\$136.77	\$139.84	\$136.77	\$139.84	\$136.77	\$139.84	\$136.77	\$139.84	\$136.77	\$139.84
Nov-16	71218	\$145.72	\$145.72	\$137.92	\$145.72	\$137.92	\$145.72	\$137.92	\$145.72	\$137.92	\$145.72	\$137.92	\$145.72	\$137.92	\$145.72
Dec-16	71277	\$147.52	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52
Jan-17	69490	\$149.33	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33
Feb-17	69802	\$131.03	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03
Mar-17	69572	\$150.55	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55
Apr-17	69220	\$131.66	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66
May-17	68831	\$152.63	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63
Jun-17	68513	\$143.27	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27
Jul-17	68188	\$129.55	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55
Aug-17	67861	\$143.74	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74
Sep-17	67472	\$138.53	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53
Oct-17	67118	\$158.32	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32
Nov-17	66790	\$153.51	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51
Dec-17	66135	\$144.46	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46
Jan-18	66135		\$154.91	\$144.27	\$153.74	\$144.17	\$154.54	\$144.24	\$153.78	\$144.17	\$148.01	\$143.71	\$149.56	\$143.83	\$149.56
Feb-18	66135		\$137.71	\$144.87	\$136.57	\$144.68	\$137.89	\$144.85	\$137.10	\$144.73	\$148.62	\$145.20	\$150.35	\$145.46	\$150.35
Mar-18	66135		\$157.77	\$145.44	\$156.44	\$145.14	\$156.97	\$145.35	\$156.19	\$145.16	\$149.22	\$145.06	\$151.14	\$145.49	\$151.14
Apr-18	66135		\$138.15	\$146.02	\$136.95	\$145.62	\$138.19	\$145.94	\$137.41	\$145.69	\$149.81	\$146.61	\$151.94	\$147.21	\$151.94
May-18	66135		\$156.80	\$146.34	\$155.52	\$145.84	\$156.40	\$146.23	\$155.63	\$145.91	\$150.38	\$146.40	\$152.73	\$147.20	\$152.73
Jun-18	66135		\$149.39	\$146.86	\$148.03	\$146.24	\$148.93	\$146.71	\$148.11	\$146.32	\$150.93	\$147.04	\$153.52	\$148.06	\$153.52
Jul-18	66135		\$134.75	\$147.33	\$133.49	\$146.61	\$134.91	\$147.20	\$134.07	\$146.74	\$151.47	\$148.90	\$154.31	\$150.16	\$154.31
Aug-18	66135		\$149.02	\$147.78	\$147.61	\$146.94	\$148.71	\$147.62	\$147.84	\$147.08	\$151.99	\$149.60	\$155.11	\$151.11	\$155.11
Sep-18	66135		\$144.40	\$148.28	\$142.95	\$147.32	\$144.17	\$148.10	\$143.25	\$147.49	\$152.50	\$150.78	\$155.90	\$152.58	\$155.90
Oct-18	66135		\$161.90	\$148.57	\$160.28	\$147.47	\$161.35	\$148.34	\$160.37	\$147.65	\$153.00	\$150.33	\$156.69	\$152.44	\$156.69
Nov-18	66135		\$158.09	\$148.95	\$156.33	\$147.70	\$157.51	\$148.67	\$156.43	\$147.89	\$153.48	\$150.32	\$157.49	\$152.77	\$157.49
Dec-18	66135		\$150.74	\$149.47	\$148.85	\$148.06	\$150.13	\$149.14	\$148.93	\$148.26	\$153.95	\$151.11	\$158.28	\$153.92	\$158.28
Jan-19	66135		\$159.77	\$149.87	\$156.73	\$148.31	\$158.79	\$149.50	\$156.86	\$148.52	\$154.40	\$151.65	\$159.07	\$154.71	\$159.07
Feb-19	66135		\$142.02	\$150.23	\$139.13	\$148.53	\$142.14	\$149.85	\$140.10	\$148.77	\$154.85	\$152.17	\$159.86	\$155.50	\$159.86
Mar-19	66135		\$162.70	\$150.64	\$159.26	\$148.76	\$161.22	\$150.20	\$159.10	\$149.01	\$155.28	\$152.67	\$160.66	\$156.30	\$160.66
Apr-19	66135		\$142.45	\$151.00	\$139.33	\$148.96	\$142.44	\$150.56	\$140.24	\$149.24	\$155.70	\$153.16	\$161.45	\$157.09	\$161.45
May-19	66135		\$161.67	\$151.41	\$158.12	\$149.18	\$160.65	\$150.91	\$158.38	\$149.47	\$156.11	\$153.64	\$162.24	\$157.88	\$162.24
Jun-19	66135		\$154.02	\$151.79	\$150.41	\$149.37	\$153.18	\$151.27	\$150.79	\$149.70	\$156.51	\$154.10	\$163.03	\$158.67	\$163.03
Jul-19	66135		\$138.92	\$152.14	\$135.56	\$149.55	\$139.16	\$151.62	\$136.67	\$149.91	\$156.89	\$154.56	\$163.83	\$159.47	\$163.83
Aug-19	66135		\$153.61	\$152.52	\$149.82	\$149.73	\$152.96	\$151.98	\$150.37	\$150.12	\$157.27	\$155.00	\$164.62	\$160.26	\$164.62
Sep-19	66135		\$148.84	\$152.89	\$145.01	\$149.90	\$148.42	\$152.33	\$145.70	\$150.33	\$157.63	\$155.42	\$165.41	\$161.05	\$165.41
Oct-19	66135		\$166.86	\$153.31	\$162.50	\$150.09	\$165.60	\$152.68	\$162.76	\$150.53	\$157.99	\$155.84	\$166.20	\$161.85	\$166.20
Nov-19	66135		\$162.92	\$153.71	\$158.41	\$150.26	\$161.76	\$153.04	\$158.75	\$150.72	\$158.34	\$156.24	\$167.00	\$162.64	\$167.00
Dec-19	66135		\$155.34	\$154.09	\$150.76	\$150.42	\$154.37	\$153.39	\$151.18	\$150.91	\$158.67	\$156.64	\$167.79	\$163.43	\$167.79
Annual Trend			3.50%		2.26%		3.27%		2.43%		4.36%		6.59%		
RMSE			7.74		7.71		7.72		7.7		7.95		7.97		

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

MonthMembershipAdjusted PMPM			Utilization Trend Calculation - 24 Month Time Series - Professional											
			Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-16	69385	\$134.46	\$134.46		\$134.46		\$134.46		\$134.46		\$134.46		\$134.46	
Feb-16	69908	\$132.09	\$132.09		\$132.09		\$132.09		\$132.09		\$132.09		\$132.09	
Mar-16	70456	\$150.25	\$150.25		\$150.25		\$150.25		\$150.25		\$150.25		\$150.25	
Apr-16	70383	\$130.29	\$130.29		\$130.29		\$130.29		\$130.29		\$130.29		\$130.29	
May-16	70404	\$135.67	\$135.67		\$135.67		\$135.67		\$135.67		\$135.67		\$135.67	
Jun-16	70540	\$141.37	\$141.37		\$141.37		\$141.37		\$141.37		\$141.37		\$141.37	
Jul-16	70755	\$124.37	\$124.37		\$124.37		\$124.37		\$124.37		\$124.37		\$124.37	
Aug-16	70844	\$140.30	\$140.30		\$140.30		\$140.30		\$140.30		\$140.30		\$140.30	
Sep-16	70970	\$137.69	\$137.69		\$137.69		\$137.69		\$137.69		\$137.69		\$137.69	
Oct-16	71146	\$139.84	\$139.84		\$139.84		\$139.84		\$139.84		\$139.84		\$139.84	
Nov-16	71218	\$145.72	\$145.72		\$145.72		\$145.72		\$145.72		\$145.72		\$145.72	
Dec-16	71277	\$147.52	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32	\$147.52	\$138.32
Jan-17	69490	\$149.33	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54	\$149.33	\$139.54
Feb-17	69802	\$131.03	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45	\$131.03	\$139.45
Mar-17	69572	\$150.55	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47	\$150.55	\$139.47
Apr-17	69220	\$131.66	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59	\$131.66	\$139.59
May-17	68831	\$152.63	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98	\$152.63	\$140.98
Jun-17	68513	\$143.27	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14	\$143.27	\$141.14
Jul-17	68188	\$129.55	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61	\$129.55	\$141.61
Aug-17	67861	\$143.74	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89	\$143.74	\$141.89
Sep-17	67472	\$138.53	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98	\$138.53	\$141.98
Oct-17	67118	\$158.32	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48	\$158.32	\$143.48
Nov-17	66790	\$153.51	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10	\$153.51	\$144.10
Dec-17	66135	\$144.46	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84	\$144.46	\$143.84
Jan-18	66135		\$145.31	\$143.49	\$151.90	\$144.02	\$155.72	\$144.33	\$142.88	\$143.29	\$148.96	\$143.78	\$149.00	\$143.79
Feb-18	66135		\$140.23	\$144.29	\$137.25	\$144.59	\$148.00	\$145.77	\$139.43	\$144.03	\$149.81	\$145.37	\$149.87	\$145.38
Mar-18	66135		\$160.49	\$145.08	\$157.10	\$145.10	\$140.69	\$144.95	\$157.84	\$144.60	\$150.67	\$145.36	\$150.73	\$145.37
Apr-18	66135		\$139.98	\$145.81	\$136.98	\$145.58	\$159.88	\$147.31	\$138.10	\$145.18	\$151.52	\$147.04	\$151.59	\$147.06
May-18	66135		\$149.42	\$145.53	\$153.62	\$145.64	\$140.86	\$146.33	\$144.76	\$144.50	\$152.37	\$147.00	\$152.45	\$147.03
Jun-18	66135		\$153.10	\$146.35	\$147.88	\$146.03	\$152.02	\$147.06	\$149.36	\$145.01	\$153.23	\$147.83	\$153.31	\$147.87
Jul-18	66135		\$135.89	\$146.91	\$132.30	\$146.30	\$152.96	\$149.04	\$132.67	\$145.31	\$154.08	\$149.91	\$154.18	\$149.95
Aug-18	66135		\$153.36	\$147.72	\$147.13	\$146.59	\$137.51	\$148.54	\$148.52	\$145.71	\$154.93	\$150.86	\$155.04	\$150.91
Sep-18	66135		\$150.56	\$148.73	\$142.38	\$146.92	\$153.26	\$149.78	\$145.77	\$146.32	\$155.77	\$152.31	\$155.90	\$152.37
Oct-18	66135		\$156.95	\$148.61	\$156.93	\$146.79	\$150.22	\$149.09	\$149.30	\$145.56	\$156.62	\$152.16	\$156.76	\$152.23
Nov-18	66135		\$161.78	\$149.29	\$154.63	\$146.88	\$158.79	\$149.53	\$154.36	\$145.62	\$157.47	\$152.49	\$157.62	\$152.58
Dec-18	66135		\$162.19	\$150.77	\$148.47	\$147.21	\$161.32	\$150.94	\$155.36	\$146.53	\$158.32	\$153.65	\$158.49	\$153.75
Jan-19	66135		\$153.57	\$151.46	\$152.92	\$147.30	\$159.83	\$151.28	\$144.25	\$146.64	\$159.16	\$154.50	\$159.35	\$154.61
Feb-19	66135		\$148.16	\$152.12	\$138.05	\$147.37	\$156.20	\$151.96	\$140.66	\$146.75	\$160.01	\$155.35	\$160.21	\$155.47
Mar-19	66135		\$169.52	\$152.87	\$157.89	\$147.43	\$148.90	\$152.65	\$158.94	\$146.84	\$160.85	\$156.19	\$161.07	\$156.33
Apr-19	66135		\$147.82	\$153.53	\$137.57	\$147.48	\$168.08	\$153.33	\$139.08	\$146.92	\$161.69	\$157.04	\$161.94	\$157.19
May-19	66135		\$157.75	\$154.22	\$154.19	\$147.53	\$149.06	\$154.01	\$145.63	\$146.99	\$162.53	\$157.89	\$162.80	\$158.06
Jun-19	66135		\$161.60	\$154.93	\$148.36	\$147.57	\$160.22	\$154.70	\$150.14	\$147.06	\$163.38	\$158.73	\$163.66	\$158.92
Jul-19	66135		\$143.39	\$155.55	\$132.67	\$147.60	\$161.16	\$155.38	\$133.37	\$147.12	\$164.22	\$159.58	\$164.52	\$159.78
Aug-19	66135		\$161.79	\$156.26	\$147.49	\$147.63	\$145.71	\$156.06	\$149.14	\$147.17	\$165.06	\$160.42	\$165.38	\$160.64
Sep-19	66135		\$158.80	\$156.94	\$142.68	\$147.65	\$161.46	\$156.75	\$146.32	\$147.21	\$165.89	\$161.27	\$166.25	\$161.50
Oct-19	66135		\$165.50	\$157.66	\$157.22	\$147.68	\$158.42	\$157.43	\$149.80	\$147.25	\$166.73	\$162.11	\$167.11	\$162.37
Nov-19	66135		\$170.56	\$158.39	\$154.88	\$147.70	\$166.99	\$158.11	\$154.80	\$147.29	\$167.57	\$162.95	\$167.97	\$163.23
Dec-19	66135		\$170.95	\$159.12	\$148.68	\$147.72	\$169.52	\$158.80	\$155.75	\$147.32	\$168.40	\$163.79	\$168.83	\$164.09
Annual Trend			5.18%		1.34%		5.07%		1.21%		6.71%		6.81%	
RMSE			8.05		8		7.99		7.95		8.5		8.5	

EXHIBIT 3B
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Month			Adjusted PMPM	Utilization Trend Calculation - 36 Month Time Series - Total													
				Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing			
				Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM		
Month	Membership	Adjusted PMPM															
Jan-15	68106	\$426.89	\$426.89		\$426.89		\$426.89		\$426.89		\$426.89		\$426.89		\$426.89		\$426.89
Feb-15	68519	\$379.10	\$379.10		\$379.10		\$379.10		\$379.10		\$379.10		\$379.10		\$379.10		\$379.10
Mar-15	69837	\$431.50	\$431.50		\$431.50		\$431.50		\$431.50		\$431.50		\$431.50		\$431.50		\$431.50
Apr-15	69997	\$429.78	\$429.78		\$429.78		\$429.78		\$429.78		\$429.78		\$429.78		\$429.78		\$429.78
May-15	69359	\$399.43	\$399.43		\$399.43		\$399.43		\$399.43		\$399.43		\$399.43		\$399.43		\$399.43
Jun-15	69361	\$428.81	\$428.81		\$428.81		\$428.81		\$428.81		\$428.81		\$428.81		\$428.81		\$428.81
Jul-15	68847	\$417.60	\$417.60		\$417.60		\$417.60		\$417.60		\$417.60		\$417.60		\$417.60		\$417.60
Aug-15	68348	\$378.67	\$378.67		\$378.67		\$378.67		\$378.67		\$378.67		\$378.67		\$378.67		\$378.67
Sep-15	68038	\$418.58	\$418.58		\$418.58		\$418.58		\$418.58		\$418.58		\$418.58		\$418.58		\$418.58
Oct-15	67984	\$415.96	\$415.96		\$415.96		\$415.96		\$415.96		\$415.96		\$415.96		\$415.96		\$415.96
Nov-15	67637	\$402.12	\$402.12		\$402.12		\$402.12		\$402.12		\$402.12		\$402.12		\$402.12		\$402.12
Dec-15	67613	\$440.93	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93	\$414.15	\$440.93
Jan-16	69385	\$417.45	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45	\$413.38	\$417.45
Feb-16	69908	\$417.09	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09	\$416.54	\$417.09
Mar-16	70456	\$461.53	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53	\$419.10	\$461.53
Apr-16	70383	\$401.70	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70	\$416.72	\$401.70
May-16	70404	\$402.01	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01	\$416.92	\$402.01
Jun-16	70540	\$434.24	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24	\$417.40	\$434.24
Jul-16	70755	\$394.07	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07	\$415.39	\$394.07
Aug-16	70844	\$430.24	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24	\$419.67	\$430.24
Sep-16	70970	\$415.46	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46	\$419.40	\$415.46
Oct-16	71146	\$416.76	\$416.76	\$419.45	\$416.76	\$419.45	\$416.76	\$4									

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

MonthMembershipAdjusted PMPM			Utilization Trend Calculation - 24 Month Time Series - Total											
			Holt-Winters' Multiplicative		Damped Trend Seasonal Multiplicative		Holt-Winters' Additive		Damped Trend Seasonal Additive		Damped Trend Non-Seasonal		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-16	69385	\$417.45	\$417.45		\$417.45		\$417.45		\$417.45		\$417.45		\$417.45	
Feb-16	69908	\$417.09	\$417.09		\$417.09		\$417.09		\$417.09		\$417.09		\$417.09	
Mar-16	70456	\$461.53	\$461.53		\$461.53		\$461.53		\$461.53		\$461.53		\$461.53	
Apr-16	70383	\$401.70	\$401.70		\$401.70		\$401.70		\$401.70		\$401.70		\$401.70	
May-16	70404	\$402.01	\$402.01		\$402.01		\$402.01		\$402.01		\$402.01		\$402.01	
Jun-16	70540	\$434.24	\$434.24		\$434.24		\$434.24		\$434.24		\$434.24		\$434.24	
Jul-16	70755	\$394.07	\$394.07		\$394.07		\$394.07		\$394.07		\$394.07		\$394.07	
Aug-16	70844	\$430.24	\$430.24		\$430.24		\$430.24		\$430.24		\$430.24		\$430.24	
Sep-16	70970	\$415.46	\$415.46		\$415.46		\$415.46		\$415.46		\$415.46		\$415.46	
Oct-16	71146	\$416.76	\$416.76		\$416.76		\$416.76		\$416.76		\$416.76		\$416.76	
Nov-16	71218	\$444.82	\$444.82		\$444.82		\$444.82		\$444.82		\$444.82		\$444.82	
Dec-16	71277	\$449.18	\$449.18	\$423.75	\$421.62	\$421.62	\$421.44	\$421.44	\$421.42	\$421.42	\$421.42	\$421.42	\$421.42	\$421.42
Jan-17	69490	\$443.77	\$443.77	\$425.91	\$422.31	\$422.31	\$421.83	\$421.83	\$421.78	\$421.78	\$421.78	\$421.77	\$421.77	\$421.77
Feb-17	69802	\$399.42	\$399.42	\$424.46	\$422.92	\$422.92	\$422.31	\$422.31	\$422.21	\$422.21	\$422.21	\$422.20	\$422.20	\$422.19
Mar-17	69572	\$446.55	\$446.55	\$423.19	\$419.73	\$419.73	\$418.84	\$418.84	\$418.66	\$418.66	\$418.66	\$418.63	\$418.63	\$418.63
Apr-17	69220	\$387.87	\$387.87	\$422.09	\$422.09	\$421.42	\$420.48	\$420.48	\$420.22	\$420.22	\$420.22	\$420.17	\$420.17	\$420.16
May-17	68831	\$450.30	\$450.30	\$426.06	\$423.42	\$423.42	\$422.26	\$422.26	\$421.91	\$421.91	\$421.91	\$421.83	\$421.83	\$421.81
Jun-17	68513	\$424.08	\$424.08	\$425.22	\$422.66	\$422.66	\$421.29	\$421.29	\$420.82	\$420.82	\$420.82	\$420.71	\$420.71	\$420.68
Jul-17	68188	\$396.57	\$396.57	\$425.51	\$425.30	\$425.30	\$423.91	\$423.91	\$423.33	\$423.33	\$423.33	\$423.17	\$423.17	\$423.13
Aug-17	67861	\$430.95	\$430.95	\$425.56	\$425.56	\$424.90	\$424.90	\$423.45	\$423.45	\$422.75	\$422.75	\$422.53	\$422.53	\$422.48
Sep-17	67472	\$411.65	\$411.65	\$425.29	\$425.29	\$425.74	\$424.32	\$424.32	\$423.50	\$423.50	\$423.50	\$423.21	\$423.21	\$423.14
Oct-17	67118	\$466.78	\$466.78	\$429.38	\$429.38	\$426.80	\$426.80	\$425.17	\$425.17	\$424.22	\$424.22	\$423.85	\$423.85	\$423.74
Nov-17	66790	\$449.52	\$449.52	\$429.68	\$429.68	\$425.48	\$425.48	\$423.49	\$423.49	\$422.38	\$422.38	\$421.92	\$421.92	\$421.77
Dec-17	66135	\$445.26	\$445.26	\$429.24	\$425.93	\$425.93	\$423.85	\$423.85	\$422.58	\$422.58	\$422.58	\$422.01	\$422.01	\$421.82
Jan-18	66135		\$447.28	\$429.47	\$447.26	\$427.67	\$446.56	\$425.83	\$446.54	\$424.58	\$433.26	\$422.95	\$433.31	\$422.76
Feb-18	66135		\$403.10	\$429.90	\$403.08	\$425.94	\$402.70	\$424.19	\$402.67	\$422.99	\$434.67	\$423.96	\$434.73	\$423.78
Mar-18	66135		\$451.35	\$430.22	\$451.32	\$428.25	\$450.40	\$426.72	\$450.38	\$425.59	\$436.08	\$425.41	\$436.15	\$425.24
Apr-18	66135		\$392.76	\$430.79	\$392.73	\$425.86	\$392.42	\$424.36	\$392.39	\$423.31	\$437.50	\$426.85	\$437.57	\$426.68
May-18	66135		\$456.23	\$431.21	\$456.19	\$428.35	\$455.07	\$426.97	\$455.03	\$426.01	\$438.91	\$428.27	\$438.99	\$428.11
Jun-18	66135		\$430.12	\$431.73	\$430.08	\$428.76	\$429.28	\$427.53	\$429.24	\$426.68	\$440.31	\$429.90	\$440.41	\$429.76
Jul-18	66135		\$402.57	\$432.32	\$402.52	\$426.86	\$402.11	\$425.62	\$402.07	\$424.88	\$441.72	\$431.44	\$441.84	\$431.33
Aug-18	66135		\$437.86	\$432.89	\$437.80	\$427.88	\$436.85	\$426.61	\$436.80	\$425.99	\$443.13	\$433.15	\$443.26	\$433.07
Sep-18	66135		\$418.67	\$433.51	\$418.61	\$427.33	\$417.95	\$425.96	\$417.89	\$425.46	\$444.53	\$434.92	\$444.68	\$434.87
Oct-18	66135		\$474.62	\$434.12	\$474.54	\$431.09	\$472.99	\$429.81	\$472.92	\$429.43	\$445.94	\$436.74	\$446.10	\$436.74
Nov-18	66135		\$457.04	\$434.74	\$456.96	\$433.36	\$455.72	\$432.33	\$455.65	\$432.12	\$447.34	\$438.83	\$447.52	\$438.88
Dec-18	66135		\$452.70	\$435.36	\$452.62	\$435.31	\$451.47	\$434.46	\$451.39	\$434.41	\$448.74	\$441.01	\$448.94	\$441.13
Jan-19	66135		\$454.73	\$435.98	\$454.62	\$435.92	\$452.76	\$434.98	\$452.66	\$434.92	\$450.14	\$442.42	\$450.36	\$442.55
Feb-19	66135		\$409.81	\$436.54	\$409.70	\$436.47	\$408.90	\$435.49	\$408.79	\$435.43	\$451.54	\$443.82	\$451.78	\$443.97
Mar-19	66135		\$458.85	\$437.16	\$458.71	\$437.09	\$456.61	\$436.01	\$456.48	\$435.94	\$452.93	\$445.23	\$453.20	\$445.39
Apr-19	66135		\$399.28	\$437.71	\$399.15	\$437.63	\$398.62	\$436.53	\$398.49	\$436.45	\$454.33	\$446.63	\$454.62	\$446.81
May-19	66135		\$463.79	\$438.34	\$463.63	\$438.25	\$461.27	\$437.04	\$461.12	\$436.96	\$455.72	\$448.03	\$456.05	\$448.23
Jun-19	66135		\$437.24	\$438.93	\$437.08	\$438.83	\$435.48	\$437.56	\$435.32	\$437.47	\$457.11	\$449.43	\$457.47	\$449.65
Jul-19	66135		\$409.22	\$439.48	\$409.05	\$439.37	\$408.32	\$438.08	\$408.15	\$437.97	\$458.50	\$450.83	\$458.89	\$451.07
Aug-19	66135		\$445.09	\$440.09	\$444.89	\$439.96	\$443.05	\$438.60	\$442.87	\$438.48	\$459.89	\$452.23	\$460.31	\$452.49
Sep-19	66135		\$425.57	\$440.66	\$425.37	\$440.53	\$424.15	\$439.11	\$423.96	\$438.98	\$461.28	\$453.62	\$461.73	\$453.91
Oct-19	66135		\$482.43	\$441.31	\$482.19	\$441.16	\$479.19	\$439.63	\$478.98	\$439.49	\$462.67	\$455.02	\$463.15	\$455.34
Nov-19	66135		\$464.55	\$441.94	\$464.30	\$441.78	\$461.93	\$440.15	\$461.71	\$439.99	\$464.05	\$456.41	\$464.57	\$456.76
Dec-19	66135		\$460.14	\$442.56	\$459.87	\$442.38	\$457.67	\$440.66	\$457.44	\$440.50	\$465.44	\$457.80	\$465.99	\$458.18
Annual Trend			1.54%		1.91%		1.96%		2.10%		4.15%		4.22%	
RMSE			23.06		23.06		23.07		23.08		22.79		22.78	

MEDICAL TREND DEVELOPMENT
COST CONTAINMENT STRATEGY

Inpatient Admissions			
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Goal: Reduce total non-maternity inpatient admissions by	4%		
Experience Period Non-Maternity Inpatient Admissions			
Total Allowed Charges	\$76,784,143		
Total Admissions	2,535		
Average Cost per Admissions	\$30,290		
Claims incurred in the 90 days after discharge when not a readmission			
Type of Claim	Count	Average Cost	
Office Visit	9.26	\$134.83	
Labs Services	4.30	\$219.00	
Brand Drugs Days Supply	100.49	\$9.93	
Generic Drug Days Supply	256.84	\$0.74	
Savings Calculation			
Total Avoided Admissions	101		
Average Cost	\$30,290		
Total Avoided Inpatient Cost	\$3,059,250		
Inpatient Admissions Replaced by:			
Office Visits	\$126,138		
Labs Services	\$95,191		
Total Medical Replacement Cost	\$221,329		
Net Avoided Medical Cost	\$2,837,921		

Emergency Room Visits			
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Goal: Replace	5% of Emergency Room visits by Primary Care Provider visits		
Experience Period			
Type of Claim	Count	Average Cost	
Emergency Room visit	15,277	\$1,740.69	
Primary Care Provider office visit	215,523	\$106.92	
Savings Calculation			
Total Avoided ER visits	763.85		
Average Cost	\$1,741		
Total Avoided Emergency Room Cost	\$1,329,629		
Emergency Room Replaced by:			
Primary Care Provider office visit	\$81,667		
Total Medical Replacement Cost	\$81,667		
Net Avoided Medical Cost	\$1,247,962		

Impact of Cost Containment Strategy on Medical Utilization Trend			
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CY 2017 Total Medical Allowed Charges	\$377,320,017		
Savings from Inpatient Admissions Reduction		-\$2,837,921	
Savings from Emergency Room Visits Reduction		-\$1,247,962	
Total Savings from Cost Containment Strategy		-\$4,085,883	
Selected Medical Utilization Trend	2.00%		
	Allowed Charges	Annual Trend	
Projected CY 2018	384,866,418	2.0%	
Projected CY 2019 - After Cost Containment	388,477,863	0.9%	

PHARMACY TREND DEVELOPMENT
NON-SPECIALTY UTILIZATION TREND CALCULATION

Month	Membership	Monthly Completed Days Supply							Days Supply per Members	
		Generic	New Generics	Brands Going Generic	Brand	Compound	OTC	Vaccines	Total Days Supply	Monthly Annual
Jan-15	68,167	1,654,861	0	36,648	167,485	836	37,552	782	1,898,164	27.85
Feb-15	68,581	1,586,914	6,981	35,486	159,026	1,321	34,412	554	1,824,694	26.61
Mar-15	69,902	1,792,730	22,795	40,217	185,334	1,281	40,650	316	2,083,323	29.80
Apr-15	70,062	1,682,921	34,094	37,980	179,743	1,405	45,120	174	1,981,437	28.28
May-15	69,425	1,694,962	51,061	39,623	171,239	1,368	42,505	209	2,000,967	28.82
Jun-15	69,428	1,702,807	68,194	39,071	177,962	1,946	47,402	317	2,037,699	29.35
Jul-15	68,915	1,643,988	87,449	38,047	179,492	1,651	44,625	315	1,995,567	28.96
Aug-15	68,414	1,621,645	118,530	39,433	172,179	1,821	41,325	462	1,995,396	29.17
Sep-15	68,104	1,588,596	147,004	40,143	175,092	1,740	44,486	1,673	1,998,733	29.35
Oct-15	68,048	1,608,208	156,681	44,208	195,332	2,012	46,069	4,326	2,056,836	30.23
Nov-15	67,698	1,567,806	162,412	41,334	178,205	2,224	43,486	2,317	1,997,784	29.51
Dec-15	67,672	1,723,238	191,119	50,885	214,852	2,236	50,588	1,027	2,233,945	33.01 29.24
Jan-16	69,453	1,531,095	174,879	35,447	159,940	1,979	40,366	870	1,944,576	28.00 29.25
Feb-16	69,976	1,534,271	186,525	36,973	161,013	1,958	42,044	537	1,963,321	28.06 29.37
Mar-16	70,523	1,689,757	206,549	43,457	190,877	2,112	49,749	376	2,182,877	30.95 29.47
Apr-16	70,450	1,538,245	207,723	35,176	164,985	1,801	44,680	340	1,992,950	28.29 29.47
May-16	70,471	1,566,495	251,148	39,066	167,847	2,184	48,121	389	2,075,250	29.45 29.52
Jun-16	70,607	1,565,088	277,970	39,069	166,258	2,271	48,239	473	2,099,368	29.73 29.55
Jul-16	70,821	1,509,913	289,695	35,122	162,240	2,502	47,985	317	2,047,774	28.91 29.55
Aug-16	70,910	1,551,054	338,659	40,391	172,193	1,885	49,316	544	2,154,042	30.38 29.65
Sep-16	71,037	1,477,790	365,912	41,117	174,265	2,282	50,858	1,881	2,114,105	29.76 29.68
Oct-16	71,211	1,500,194	414,278	43,032	170,911	2,561	53,563	3,754	2,188,293	30.73 29.73
Nov-16	71,283	1,449,425	439,415	46,210	171,817	2,043	53,845	2,230	2,164,985	30.37 29.80
Dec-16	71,339	1,529,490	514,437	52,137	194,500	2,446	58,198	1,117	2,352,325	32.97 29.81
Jan-17	69,561	1,375,654	490,598	37,728	150,544	2,148	44,390	1,086	2,102,148	30.22 29.99
Feb-17	69,874	1,260,451	455,336	34,735	143,374	2,151	40,992	593	1,937,632	27.73 29.96
Mar-17	69,644	1,411,998	533,891	40,657	170,723	2,070	48,393	575	2,208,307	31.71 30.02
Apr-17	69,292	1,260,164	514,719	34,075	147,834	1,976	45,320	242	2,004,330	28.93 30.08
May-17	68,904	1,360,661	588,785	38,031	170,888	2,290	56,204	324	2,217,183	32.18 30.30
Jun-17	68,586	1,280,237	574,560	36,247	159,109	2,324	47,185	327	2,099,989	30.62 30.38
Jul-17	68,259	1,238,565	572,758	33,833	156,788	2,335	49,724	170	2,054,173	30.09 30.48
Aug-17	67,932	1,277,993	633,135	34,882	166,452	2,402	52,862	726	2,168,452	31.92 30.60
Sep-17	67,540	1,166,576	585,389	36,226	155,407	2,758	50,613	1,570	1,998,539	29.59 30.59
Oct-17	67,184	1,253,289	651,979	41,754	177,547	2,472	55,668	4,086	2,186,795	32.55 30.74
Nov-17	66,853	1,214,893	642,123	38,161	173,421	2,683	55,739	2,522	2,129,542	31.85 30.86
Dec-17	66,195	1,237,758	645,449	45,048	191,742	2,749	61,813	1,456	2,186,015	33.02 30.85

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

1.9%
3.5%

PHARMACY TREND DEVELOPMENT
NON-SPECIALTY UTILIZATION TREND CALCULATION

		Adjustments for Benefits and Aging							
		Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	Total Normalized Factor	Monthly	Annual
Month	Membership								
Jan-15	68,167	76.4%	1.060	1.024	1.245	1.020	1.044	29.06	
Feb-15	68,581	76.6%	1.061	1.023	1.245	1.020	1.043	27.75	
Mar-15	69,902	76.6%	1.061	1.023	1.245	1.020	1.043	31.07	
Apr-15	70,062	77.0%	1.063	1.021	1.247	1.018	1.039	29.38	
May-15	69,425	77.3%	1.065	1.019	1.249	1.016	1.035	29.83	
Jun-15	69,428	77.6%	1.066	1.017	1.251	1.014	1.032	30.29	
Jul-15	68,915	77.9%	1.068	1.016	1.252	1.013	1.030	29.81	
Aug-15	68,414	78.2%	1.069	1.015	1.253	1.013	1.028	29.98	
Sep-15	68,104	78.3%	1.070	1.014	1.256	1.011	1.025	30.07	
Oct-15	68,048	78.5%	1.071	1.013	1.257	1.010	1.023	30.92	
Nov-15	67,698	78.6%	1.072	1.012	1.257	1.009	1.022	30.15	
Dec-15	67,672	78.8%	1.073	1.011	1.259	1.008	1.020	33.66	30.16
Jan-16	69,453	78.8%	1.073	1.011	1.253	1.013	1.024	28.67	30.13
Feb-16	69,976	78.7%	1.072	1.012	1.253	1.013	1.025	28.75	30.21
Mar-16	70,523	78.6%	1.072	1.012	1.252	1.013	1.026	31.75	30.27
Apr-16	70,450	78.5%	1.071	1.013	1.253	1.013	1.026	29.03	30.24
May-16	70,471	78.4%	1.071	1.013	1.254	1.012	1.025	30.20	30.27
Jun-16	70,607	78.4%	1.071	1.013	1.257	1.010	1.023	30.41	30.28
Jul-16	70,821	78.5%	1.071	1.013	1.259	1.008	1.021	29.53	30.25
Aug-16	70,910	78.5%	1.071	1.013	1.259	1.008	1.020	30.99	30.34
Sep-16	71,037	78.6%	1.072	1.012	1.261	1.007	1.019	30.33	30.36
Oct-16	71,211	78.8%	1.073	1.011	1.262	1.006	1.017	31.26	30.39
Nov-16	71,283	78.9%	1.073	1.011	1.262	1.005	1.016	30.86	30.45
Dec-16	71,339	79.0%	1.074	1.010	1.265	1.003	1.013	33.41	30.44
Jan-17	69,561	78.9%	1.073	1.011	1.265	1.004	1.014	30.66	30.60
Feb-17	69,874	79.0%	1.074	1.010	1.264	1.004	1.014	28.11	30.55
Mar-17	69,644	79.1%	1.075	1.010	1.265	1.003	1.013	32.12	30.58
Apr-17	69,292	79.3%	1.076	1.009	1.265	1.003	1.012	29.27	30.60
May-17	68,904	79.5%	1.077	1.007	1.267	1.002	1.009	32.48	30.79
Jun-17	68,586	79.6%	1.078	1.007	1.268	1.001	1.008	30.86	30.82
Jul-17	68,259	79.9%	1.079	1.005	1.267	1.001	1.007	30.30	30.89
Aug-17	67,932	80.1%	1.080	1.004	1.267	1.002	1.006	32.11	30.98
Sep-17	67,540	80.2%	1.081	1.003	1.267	1.002	1.005	29.73	30.94
Oct-17	67,184	80.4%	1.083	1.002	1.268	1.001	1.003	32.65	31.05
Nov-17	66,853	80.6%	1.084	1.001	1.268	1.001	1.002	31.90	31.13
Dec-17	66,195	80.8%	1.085	1.000	1.269	1.000	1.000	33.02	31.09

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

0.9%
2.1%

Month	Regression on Adjusted PMPM - 36 Months	Regression on Adjusted PMPM - 24 Months
Jan-15	\$29.47	\$28.42
Feb-15	\$29.53	\$28.52
Mar-15	\$29.59	\$28.61
Apr-15	\$29.65	\$28.70
May-15	\$29.71	\$28.80
Jun-15	\$29.77	\$28.89
Jul-15	\$29.83	\$28.99
Aug-15	\$29.89	\$29.09
Sep-15	\$29.95	\$29.19
Oct-15	\$30.01	\$29.28
Nov-15	\$30.07	\$29.38
Dec-15	\$30.13	\$29.48
Jan-16	\$30.20	\$29.58
Feb-16	\$30.26	\$29.68
Mar-16	\$30.32	\$29.77
Apr-16	\$30.38	\$29.88
May-16	\$30.44	\$29.97
Jun-16	\$30.50	\$30.08
Jul-16	\$30.56	\$30.17
Aug-16	\$30.63	\$30.28
Sep-16	\$30.69	\$30.38
Oct-16	\$30.75	\$30.48
Nov-16	\$30.81	\$30.58
Dec-16	\$30.88	\$30.68
Jan-17	\$30.94	\$30.79
Feb-17	\$31.00	\$30.89
Mar-17	\$31.06	\$30.99
Apr-17	\$31.13	\$31.09
May-17	\$31.19	\$31.20
Jun-17	\$31.25	\$31.30
Jul-17	\$31.32	\$31.40
Aug-17	\$31.38	\$31.51
Sep-17	\$31.44	\$31.62
Oct-17	\$31.51	\$31.72
Nov-17	\$31.57	\$31.83
Dec-17	\$31.64	\$31.93

2.5% 4.1%

Regression on Adjusted PMPM - 36 Months		Regression on Adjusted PMPM - 24 Months	
1.000	1.800	1.000	0.287
0.000	0.956	0.000	1.746
0.205	0.043	0.246	0.042
8.763	34.000	7.168	22.000

PHARMACY TREND DEVELOPMENT

GENERIC COST TREND

Month	"Old" Generics			New Generics			All Generics		
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply
Jan-15	1,654,861	\$5,753,929	\$3.48	0	\$0		1,654,861	\$5,753,929	\$3.48
Feb-15	1,586,914	\$5,524,644	\$3.48	6,981	\$45,298	\$6.49	1,593,895	5,569,942	\$3.49
Mar-15	1,792,730	\$6,345,030	\$3.54	22,795	\$106,616	\$4.68	1,815,525	6,451,646	\$3.55
Apr-15	1,682,921	\$5,991,180	\$3.56	34,094	\$150,409	\$4.41	1,717,015	6,141,588	\$3.58
May-15	1,694,962	\$5,913,153	\$3.49	51,061	\$318,506	\$6.24	1,746,023	6,231,659	\$3.57
Jun-15	1,702,807	\$5,973,742	\$3.51	68,194	\$377,034	\$5.53	1,771,001	6,350,776	\$3.59
Jul-15	1,643,988	\$5,834,358	\$3.55	87,449	\$504,796	\$5.77	1,731,437	6,339,154	\$3.66
Aug-15	1,621,645	\$5,682,329	\$3.50	118,530	\$600,302	\$5.06	1,740,175	6,282,632	\$3.61
Sep-15	1,588,596	\$5,639,125	\$3.55	147,004	\$721,010	\$4.90	1,735,599	6,360,134	\$3.66
Oct-15	1,608,208	\$5,813,057	\$3.61	156,681	\$788,051	\$5.03	1,764,889	6,601,108	\$3.74
Nov-15	1,567,806	\$5,586,944	\$3.56	162,412	\$835,823	\$5.15	1,730,218	6,422,767	\$3.71
Dec-15	1,723,238	\$6,205,203	\$3.60	191,119	\$980,740	\$5.13	1,914,357	7,185,944	\$3.75
Jan-16	1,531,095	\$5,363,575	\$3.50	174,879	\$892,449	\$5.10	1,705,974	6,256,024	\$3.67
Feb-16	1,534,271	\$5,369,205	\$3.50	186,525	\$954,691	\$5.12	1,720,796	6,323,896	\$3.67
Mar-16	1,689,757	\$6,000,835	\$3.55	206,549	\$1,087,595	\$5.27	1,896,306	7,088,429	\$3.74
Apr-16	1,538,245	\$5,407,359	\$3.52	207,723	\$1,069,337	\$5.15	1,745,968	6,476,697	\$3.71
May-16	1,566,495	\$5,521,021	\$3.52	251,148	\$1,319,590	\$5.25	1,817,643	6,840,610	\$3.76
Jun-16	1,565,088	\$5,459,006	\$3.49	277,970	\$1,396,612	\$5.02	1,843,058	6,855,617	\$3.72
Jul-16	1,509,913	\$5,324,100	\$3.53	289,695	\$1,419,869	\$4.90	1,799,608	6,743,969	\$3.75
Aug-16	1,551,054	\$5,507,286	\$3.55	338,659	\$1,644,184	\$4.85	1,889,713	7,151,469	\$3.78
Sep-16	1,477,790	\$5,284,188	\$3.58	365,912	\$1,670,647	\$4.57	1,843,702	6,954,835	\$3.77
Oct-16	1,500,194	\$5,407,080	\$3.60	414,278	\$1,957,758	\$4.73	1,914,472	7,364,838	\$3.85
Nov-16	1,449,425	\$5,197,364	\$3.59	439,415	\$2,015,286	\$4.59	1,888,840	7,212,650	\$3.82
Dec-16	1,529,490	\$5,588,823	\$3.65	514,437	\$2,330,254	\$4.53	2,043,927	7,919,077	\$3.87
Jan-17	1,375,654	\$4,927,764	\$3.58	490,598	\$2,189,180	\$4.46	1,866,252	7,116,945	\$3.81
Feb-17	1,260,451	\$4,545,109	\$3.61	455,336	\$2,092,205	\$4.59	1,715,787	6,637,314	\$3.87
Mar-17	1,411,998	\$5,113,796	\$3.62	533,891	\$2,436,253	\$4.56	1,945,889	7,550,048	\$3.88
Apr-17	1,260,164	\$4,519,029	\$3.59	514,719	\$2,356,842	\$4.58	1,774,883	6,875,871	\$3.87
May-17	1,360,661	\$4,927,674	\$3.62	588,785	\$2,709,583	\$4.60	1,949,446	7,637,257	\$3.92
Jun-17	1,280,237	\$4,662,204	\$3.64	574,560	\$2,593,468	\$4.51	1,854,797	7,255,673	\$3.91
Jul-17	1,238,565	\$4,544,797	\$3.67	572,758	\$2,612,693	\$4.56	1,811,323	7,157,490	\$3.95
Aug-17	1,277,993	\$4,714,142	\$3.69	633,135	\$2,867,764	\$4.53	1,911,128	7,581,906	\$3.97
Sep-17	1,166,576	\$4,371,949	\$3.75	585,389	\$2,661,787	\$4.55	1,751,965	7,033,736	\$4.01
Oct-17	1,253,289	\$4,638,350	\$3.70	651,979	\$3,069,225	\$4.71	1,905,268	7,707,575	\$4.05
Nov-17	1,214,893	\$4,510,661	\$3.71	642,123	\$2,992,007	\$4.66	1,857,016	7,502,668	\$4.04
Dec-17	1,237,758	\$4,659,033	\$3.76	645,449	\$3,091,118	\$4.79	1,883,207	7,750,150	\$4.12

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

0.3%
3.2%

-5.1%

4.0%
5.0%

Month	Regression on Cost per Days Supply on "Old" Generics	
	36 Months	24 Months
Jan-15	\$3.48	\$3.37
Feb-15	\$3.48	\$3.38
Mar-15	\$3.49	\$3.39
Apr-15	\$3.50	\$3.40
May-15	\$3.50	\$3.41
Jun-15	\$3.51	\$3.42
Jul-15	\$3.51	\$3.43
Aug-15	\$3.52	\$3.44
Sep-15	\$3.53	\$3.45
Oct-15	\$3.53	\$3.46
Nov-15	\$3.54	\$3.47
Dec-15	\$3.54	\$3.48
Jan-16	\$3.55	\$3.49
Feb-16	\$3.55	\$3.50
Mar-16	\$3.56	\$3.51
Apr-16	\$3.57	\$3.52
May-16	\$3.57	\$3.53
Jun-16	\$3.58	\$3.54
Jul-16	\$3.58	\$3.55
Aug-16	\$3.59	\$3.56
Sep-16	\$3.60	\$3.57
Oct-16	\$3.60	\$3.58
Nov-16	\$3.61	\$3.59
Dec-16	\$3.61	\$3.60
Jan-17	\$3.62	\$3.61
Feb-17	\$3.63	\$3.62
Mar-17	\$3.63	\$3.63
Apr-17	\$3.64	\$3.64
May-17	\$3.64	\$3.65
Jun-17	\$3.65	\$3.66
Jul-17	\$3.66	\$3.67
Aug-17	\$3.66	\$3.68
Sep-17	\$3.67	\$3.69
Oct-17	\$3.67	\$3.71
Nov-17	\$3.68	\$3.72
Dec-17	\$3.69	\$3.73

2.0%

3.5%

Regression on Cost per Days Supply on "Old" Generics-36 Months		Regression on Cost per Days Supply on "Old" Generics-24 Months	
1.000	0.351	1.000	0.061
0.000	0.275	0.000	0.334
0.678	0.012	0.872	0.008
71.662	34.000	149.555	22.000

PHARMACY TREND DEVELOPMENT

BRAND COST TREND

Month	All Other Brands			Brands Going Generic, Vaccines and Compounds			Over the Counter			All Brands			Regression on Cost per Days Supply on All Other Brands Only		
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Month	Regression on Cost per Days Supply on All Other Brands Only	
														36 Months	24 Months
Jan-15	167,485	\$1,929,293	\$11.52	38,266	\$317,298	\$8.29	37,552	\$90,200	\$2.40	205,751	\$2,246,590	\$10.92	Jan-15	\$11.68	\$11.72
Feb-15	159,026	\$1,892,291	\$11.90	37,361	\$312,563	\$8.37	34,412	\$91,676	\$2.66	196,387	2,204,854	\$11.23	Feb-15	\$11.80	\$11.84
Mar-15	185,334	\$2,233,699	\$12.05	41,814	\$362,524	\$8.67	40,650	\$95,572	\$2.35	227,148	2,596,224	\$11.43	Mar-15	\$11.90	\$11.95
Apr-15	179,743	\$2,207,659	\$12.28	39,559	\$352,076	\$8.90	45,120	\$122,914	\$2.72	219,302	2,559,736	\$11.67	Apr-15	\$12.02	\$12.06
May-15	171,239	\$2,076,272	\$12.12	41,200	\$388,920	\$9.44	42,505	\$100,506	\$2.36	212,439	2,465,192	\$11.60	May-15	\$12.14	\$12.18
Jun-15	177,962	\$2,202,376	\$12.38	41,334	\$429,330	\$10.39	47,402	\$115,557	\$2.44	219,296	2,631,705	\$12.00	Jun-15	\$12.26	\$12.30
Jul-15	179,492	\$2,185,100	\$12.17	40,013	\$409,253	\$10.23	44,625	\$117,788	\$2.64	219,505	2,594,354	\$11.82	Jul-15	\$12.38	\$12.42
Aug-15	172,179	\$2,121,989	\$12.32	41,716	\$446,432	\$10.70	41,325	\$107,742	\$2.61	213,895	2,568,422	\$12.01	Aug-15	\$12.51	\$12.54
Sep-15	175,092	\$2,244,803	\$12.82	43,556	\$462,765	\$10.62	44,486	\$112,672	\$2.53	218,648	2,707,568	\$12.38	Sep-15	\$12.63	\$12.66
Oct-15	195,332	\$2,353,102	\$12.05	50,546	\$506,322	\$10.02	46,069	\$110,513	\$2.40	245,878	2,859,424	\$11.63	Oct-15	\$12.75	\$12.79
Nov-15	178,205	\$2,340,288	\$13.13	45,875	\$469,285	\$10.23	43,486	\$108,491	\$2.49	224,080	2,809,573	\$12.54	Nov-15	\$12.88	\$12.91
Dec-15	214,852	\$2,798,743	\$13.03	54,148	\$576,773	\$10.65	50,588	\$135,827	\$2.68	269,000	3,375,516	\$12.55	Dec-15	\$13.01	\$13.04
Jan-16	159,940	\$2,068,992	\$12.94	38,296	\$390,625	\$10.20	40,366	\$92,696	\$2.30	198,236	2,459,617	\$12.41	Jan-16	\$13.14	\$13.17
Feb-16	161,013	\$2,133,114	\$13.25	39,468	\$397,637	\$10.07	42,044	\$101,675	\$2.42	200,481	2,530,751	\$12.62	Feb-16	\$13.27	\$13.30
Mar-16	190,877	\$2,496,776	\$13.08	45,945	\$494,357	\$10.76	49,749	\$113,725	\$2.29	236,822	2,991,133	\$12.63	Mar-16	\$13.39	\$13.42
Apr-16	164,985	\$2,289,808	\$13.88	37,317	\$382,143	\$10.24	44,680	\$103,327	\$2.31	202,302	2,671,951	\$13.21	Apr-16	\$13.53	\$13.55
May-16	167,847	\$2,210,707	\$13.17	41,639	\$501,238	\$12.04	48,121	\$113,589	\$2.36	209,486	2,711,944	\$12.95	May-16	\$13.66	\$13.68
Jun-16	166,258	\$2,328,013	\$14.00	41,813	\$636,266	\$15.22	48,239	\$114,784	\$2.38	208,071	2,964,279	\$14.25	Jun-16	\$13.80	\$13.82
Jul-16	162,240	\$2,355,964	\$14.52	37,941	\$526,995	\$13.89	47,985	\$117,916	\$2.46	200,181	2,882,959	\$14.40	Jul-16	\$13.93	\$13.95
Aug-16	172,193	\$2,424,173	\$14.08	42,820	\$542,982	\$12.68	49,316	\$118,169	\$2.40	215,013	2,967,155	\$13.80	Aug-16	\$14.07	\$14.09
Sep-16	174,265	\$2,444,899	\$14.03	45,280	\$563,583	\$12.45	50,858	\$122,437	\$2.41	219,545	3,008,482	\$13.70	Sep-16	\$14.21	\$14.23
Oct-16	170,911	\$2,441,966	\$14.29	49,347	\$606,585	\$12.29	53,563	\$128,031	\$2.39	220,258	3,048,551	\$13.84	Oct-16	\$14.35	\$14.36
Nov-16	171,817	\$2,483,019	\$14.45	50,483	\$595,377	\$11.79	53,845	\$131,481	\$2.44	222,300	3,078,396	\$13.85	Nov-16	\$14.49	\$14.51
Dec-16	194,500	\$2,896,376	\$14.89	55,700	\$709,249	\$12.73	58,198	\$150,159	\$2.58	250,200	3,605,626	\$14.41	Dec-16	\$14.63	\$14.64
Jan-17	150,544	\$2,207,333	\$14.66	40,962	\$1,262,480	\$30.82	44,390	\$100,254	\$2.26	191,506	3,469,814	\$18.12	Jan-17	\$14.78	\$14.79
Feb-17	143,374	\$2,163,681	\$15.09	37,479	\$433,748	\$11.57	40,992	\$101,811	\$2.48	180,853	2,597,429	\$14.36	Feb-17	\$14.93	\$14.94
Mar-17	170,723	\$2,583,056	\$15.13	43,302	\$1,307,028	\$30.18	48,393	\$115,306	\$2.38	214,025	3,890,084	\$18.18	Mar-17	\$15.06	\$15.07
Apr-17	147,834	\$2,317,570	\$15.68	36,293	\$407,547	\$11.23	45,320	\$97,622	\$2.15	184,127	2,725,117	\$14.80	Apr-17	\$15.21	\$15.22
May-17	170,888	\$2,665,277	\$15.60	40,645	\$481,324	\$11.84	56,204	\$135,137	\$2.40	211,533	3,146,601	\$14.88	May-17	\$15.36	\$15.36
Jun-17	159,109	\$2,461,048	\$15.47	38,898	\$460,018	\$11.83	47,185	\$113,124	\$2.40	198,007	2,921,066	\$14.75	Jun-17	\$15.52	\$15.52
Jul-17	156,788	\$2,514,343	\$16.04	36,338	\$445,564	\$12.26	49,724	\$119,440	\$2.40	193,126	2,959,907	\$15.33	Jul-17	\$15.67	\$15.67
Aug-17	166,452	\$2,640,216	\$15.86	38,010	\$456,671	\$12.01	52,862	\$128,287	\$2.43	204,462	3,096,887	\$15.15	Aug-17	\$15.82	\$15.82
Sep-17	155,407	\$2,533,851	\$16.30	40,554	\$454,984	\$11.22	50,613	\$132,209	\$2.61	195,961	2,988,835	\$15.25	Sep-17	\$15.98	\$15.98
Oct-17	177,547	\$2,799,552	\$15.77	48,312	\$564,551	\$11.69	55,668	\$144,137	\$2.59	225,859	3,364,103	\$14.89	Oct-17	\$16.14	\$16.13
Nov-17	173,421	\$2,745,580	\$15.83	43,366	\$1,282,783	\$29.58	55,739	\$133,314	\$2.39	216,787	4,028,363	\$18.58	Nov-17	\$16.30	\$16.29
Dec-17	191,742	\$3,066,520	\$15.99	49,253	\$2,151,608	\$43.68	61,813	\$160,234	\$2.59	240,995	5,218,128	\$21.65	Dec-17	\$16.46	\$16.45
CY2016 / CY 2015 Annual Increase			12.7%												
CY2017 / CY 2016 Annual Increase			12.5%	63.1%			-5.1%			14.2%					
							1.4%			21.6%			12.5%		
													12.3%		

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

**Exhibit 3F
Page 1**

**PHARMACY TREND DEVELOPMENT
SPECIALTY TREND CALCULATIONS**

Month	Membership	Allowed Charges			Adjustment for Contract	Allowed Charges Adjusted for Contract			PMPM Adjusted for Contract			Rolling 12 PMPM Adjusted for Contract		
		All Other Specialty	New Treatments ¹	Total		All Other Specialty	New Treatments ¹	Total	All Other Specialty	New Treatments ¹	Total	All Other Specialty	New Treatments ¹	Total
Jan-15	68,167	\$2,237,734	\$0	\$2,237,734	0.975	\$2,181,927	\$0	\$2,181,927	\$32.01	\$0.00	\$32.01			
Feb-15	68,581	2,158,385	\$0	\$2,158,385	0.975	\$2,103,758	\$0	\$2,103,758	\$30.68	\$0.00	\$30.68			
Mar-15	69,902	2,372,662	\$0	\$2,372,662	0.975	\$2,312,171	\$0	\$2,312,171	\$33.08	\$0.00	\$33.08			
Apr-15	70,062	2,256,227	\$0	\$2,256,227	0.975	\$2,198,722	\$0	\$2,198,722	\$31.38	\$0.00	\$31.38			
May-15	69,425	2,299,118	\$0	\$2,299,118	0.975	\$2,241,398	\$0	\$2,241,398	\$32.29	\$0.00	\$32.29			
Jun-15	69,428	2,161,320	\$0	\$2,161,320	0.974	\$2,105,018	\$0	\$2,105,018	\$30.32	\$0.00	\$30.32			
Jul-15	68,915	2,128,347	\$20,561	\$2,148,909	1.000	\$2,128,347	\$20,561	\$2,148,909	\$30.88	\$0.30	\$31.18			
Aug-15	68,414	2,097,313	\$82,245	\$2,179,559	1.000	\$2,097,313	\$82,245	\$2,179,559	\$30.66	\$1.20	\$31.86			
Sep-15	68,104	2,128,778	\$83,392	\$2,212,170	1.000	\$2,128,778	\$83,392	\$2,212,170	\$31.26	\$1.22	\$32.48			
Oct-15	68,048	2,162,453	\$103,952	\$2,266,405	1.000	\$2,162,453	\$103,952	\$2,266,405	\$31.78	\$1.53	\$33.31			
Nov-15	67,698	2,133,322	\$65,121	\$2,198,443	1.000	\$2,133,322	\$65,121	\$2,198,443	\$31.51	\$0.96	\$32.47			
Dec-15	67,672	2,200,790	\$62,829	\$2,263,619	1.000	\$2,200,790	\$62,829	\$2,263,619	\$32.52	\$0.93	\$33.45	\$31.53	\$0.51	\$32.04
Jan-16	69,453	1,673,521	\$83,391	\$1,756,911	1.000	\$1,673,521	\$83,391	\$1,756,911	\$24.10	\$1.20	\$25.30	\$30.87	\$0.61	\$31.47
Feb-16	69,976	2,102,406	\$155,355	\$2,257,761	1.000	\$2,102,406	\$155,355	\$2,257,761	\$30.04	\$2.22	\$32.26	\$30.81	\$0.79	\$31.61
Mar-16	70,523	2,282,977	\$105,098	\$2,388,075	1.000	\$2,282,977	\$105,098	\$2,388,075	\$32.37	\$1.49	\$33.86	\$30.75	\$0.92	\$31.67
Apr-16	70,450	2,172,123	\$86,828	\$2,258,951	1.000	\$2,172,123	\$86,828	\$2,258,951	\$30.83	\$1.23	\$32.06	\$30.71	\$1.02	\$31.73
May-16	70,471	2,408,177	\$66,267	\$2,474,444	1.000	\$2,408,177	\$66,267	\$2,474,444	\$34.17	\$0.94	\$35.11	\$30.87	\$1.10	\$31.97
Jun-16	70,607	2,357,786	\$106,244	\$2,464,030	1.000	\$2,357,786	\$106,244	\$2,464,030	\$33.39	\$1.50	\$34.90	\$31.13	\$1.23	\$32.36
Jul-16	70,821	2,275,781	\$85,682	\$2,361,464	1.000	\$2,275,781	\$85,682	\$2,361,464	\$32.13	\$1.21	\$33.34	\$31.24	\$1.31	\$32.54
Aug-16	70,910	2,731,297	\$90,256	\$2,821,554	1.000	\$2,731,297	\$90,256	\$2,821,554	\$38.52	\$1.27	\$39.79	\$31.90	\$1.31	\$33.21
Sep-16	71,037	2,494,908	\$66,332	\$2,561,240	1.000	\$2,494,908	\$66,332	\$2,561,240	\$35.12	\$0.93	\$36.06	\$32.23	\$1.29	\$33.51
Oct-16	71,211	2,370,765	\$109,736	\$2,480,502	1.000	\$2,370,765	\$109,736	\$2,480,502	\$33.29	\$1.54	\$34.83	\$32.35	\$1.29	\$33.64
Nov-16	71,283	2,747,838	\$110,882	\$2,858,720	1.000	\$2,747,838	\$110,882	\$2,858,720	\$38.55	\$1.56	\$40.10	\$32.94	\$1.34	\$34.28
Dec-16	71,339	2,883,444	\$92,682	\$2,976,126	1.000	\$2,883,444	\$92,682	\$2,976,126	\$40.42	\$1.30	\$41.72	\$33.61	\$1.37	\$34.97
Jan-17	69,561	2,429,636	\$110,575	\$2,540,211	1.000	\$2,429,636	\$110,575	\$2,540,211	\$34.93	\$1.59	\$36.52	\$34.49	\$1.40	\$35.89
Feb-17	69,874	2,629,988	\$27,626	\$2,657,614	1.000	\$2,629,988	\$27,626	\$2,657,614	\$37.64	\$0.40	\$38.03	\$35.12	\$1.25	\$36.37
Mar-17	69,644	3,061,839	\$71,105	\$3,132,944	1.000	\$3,061,839	\$71,105	\$3,132,944	\$43.96	\$1.02	\$44.99	\$36.08	\$1.21	\$37.28
Apr-17	69,292	2,369,272	\$104,635	\$2,473,906	1.000	\$2,369,272	\$104,635	\$2,473,906	\$34.19	\$1.51	\$35.70	\$36.36	\$1.23	\$37.59
May-17	68,904	2,981,750	\$72,869	\$3,054,619	1.000	\$2,981,750	\$72,869	\$3,054,619	\$43.27	\$1.06	\$44.33	\$37.10	\$1.24	\$38.35
Jun-17	68,586	3,015,033	\$51,127	\$3,066,160	1.000	\$3,015,033	\$51,127	\$3,066,160	\$43.96	\$0.75	\$44.71	\$37.97	\$1.18	\$39.15
Jul-17	68,259	2,875,928	\$80,405	\$2,956,333	1.000	\$2,875,928	\$80,405	\$2,956,333	\$42.13	\$1.18	\$43.31	\$38.80	\$1.18	\$39.98
Aug-17	67,932	3,197,054	\$121,817	\$3,318,871	1.000	\$3,197,054	\$121,817	\$3,318,871	\$47.06	\$1.79	\$48.86	\$39.50	\$1.22	\$40.72
Sep-17	67,540	3,068,907	\$115,580	\$3,184,487	1.000	\$3,068,907	\$115,580	\$3,184,487	\$45.44	\$1.71	\$47.15	\$40.35	\$1.28	\$41.64
Oct-17	67,184	3,220,023	\$77,717	\$3,297,740	1.000	\$3,220,023	\$77,717	\$3,297,740	\$47.93	\$1.16	\$49.09	\$41.57	\$1.25	\$42.82
Nov-17	66,853	3,300,824	\$105,229	\$3,406,054	1.000	\$3,300,824	\$105,229	\$3,406,054	\$49.37	\$1.57	\$50.95	\$42.47	\$1.25	\$43.72
Dec-17	66,195	2,969,837	\$117,167	\$3,087,005	1.000	\$2,969,837	\$117,167	\$3,087,005	\$44.86	\$1.77	\$46.64	\$42.84	\$1.29	\$44.13

CY2016 / CY 2015 Annual Increase
CY2017 / CY 2016 Annual Increase

6.6% 169.4% 9.2%
27.5% -5.7% 26.2%

PHARMACY TREND DEVELOPMENT
SPECIALTY TREND CALCULATIONS

Month	Adjustment for Aging on All Onther Specialty PMPM				Month	Regression on All Other Specialty PMPM Adjusted for Contract	
	Average Age/Gender Factor	Normalized Age/Gender Factor	Monthly	Rolling 12		24 Months on Monthly	24 Months on Rolling 12
Jan-15	1.245	1.020	\$32.63		Jan-15	\$22.58	\$24.56
Feb-15	1.245	1.020	\$31.28		Feb-15	\$23.09	\$24.94
Mar-15	1.245	1.020	\$33.72		Mar-15	\$23.57	\$25.30
Apr-15	1.247	1.018	\$31.95		Apr-15	\$24.10	\$25.69
May-15	1.249	1.016	\$32.79		May-15	\$24.63	\$26.08
Jun-15	1.251	1.014	\$30.76		Jun-15	\$25.19	\$26.49
Jul-15	1.252	1.013	\$31.30		Jul-15	\$25.74	\$26.89
Aug-15	1.253	1.013	\$31.06		Aug-15	\$26.33	\$27.31
Sep-15	1.256	1.011	\$31.59		Sep-15	\$26.92	\$27.74
Oct-15	1.257	1.010	\$32.09		Oct-15	\$27.51	\$28.16
Nov-15	1.257	1.009	\$31.81		Nov-15	\$28.14	\$28.60
Dec-15	1.259	1.008	\$32.79	31.98	Dec-15	\$28.76	\$29.03
Jan-16	1.253	1.013	\$24.40	31.29	Jan-16	\$29.41	\$29.49
Feb-16	1.253	1.013	\$30.43	31.22	Feb-16	\$30.08	\$29.95
Mar-16	1.252	1.013	\$32.81	31.14	Mar-16	\$30.71	\$30.39
Apr-16	1.253	1.013	\$31.24	31.08	Apr-16	\$31.41	\$30.86
May-16	1.254	1.012	\$34.59	31.24	May-16	\$32.10	\$31.33
Jun-16	1.257	1.010	\$33.72	31.49	Jun-16	\$32.83	\$31.82
Jul-16	1.259	1.008	\$32.40	31.58	Jul-16	\$33.55	\$32.30
Aug-16	1.259	1.008	\$38.81	32.24	Aug-16	\$34.31	\$32.81
Sep-16	1.261	1.007	\$35.36	32.56	Sep-16	\$35.09	\$33.32
Oct-16	1.262	1.006	\$33.49	32.67	Oct-16	\$35.86	\$33.83
Nov-16	1.262	1.005	\$38.75	33.25	Nov-16	\$36.67	\$34.36
Dec-16	1.265	1.003	\$40.55	33.91	Dec-16	\$37.48	\$34.88
Jan-17	1.265	1.004	\$35.05	34.78	Jan-17	\$38.33	\$35.42
Feb-17	1.264	1.004	\$37.78	35.38	Feb-17	\$39.20	\$35.98
Mar-17	1.265	1.003	\$44.11	36.32	Mar-17	\$40.00	\$36.49
Apr-17	1.265	1.003	\$34.30	36.57	Apr-17	\$40.91	\$37.06
May-17	1.267	1.002	\$43.36	37.29	May-17	\$41.81	\$37.62
Jun-17	1.268	1.001	\$44.01	38.14	Jun-17	\$42.75	\$38.21
Jul-17	1.267	1.001	\$42.19	38.95	Jul-17	\$43.69	\$38.79
Aug-17	1.267	1.002	\$47.14	39.63	Aug-17	\$44.68	\$39.39
Sep-17	1.267	1.002	\$45.51	40.47	Sep-17	\$45.70	\$40.01
Oct-17	1.268	1.001	\$47.98	41.68	Oct-17	\$46.70	\$40.62
Nov-17	1.268	1.001	\$49.40	42.56	Nov-17	\$47.76	\$41.25
Dec-17	1.269	1.000	\$44.86	42.92	Dec-17	\$48.81	\$41.88

CY2016 / CY 2015 Annual Increase 6.0%
CY2017 / CY 2016 Annual Increase 26.6%

30.2% 20.1%

Regression on All Other Specialty		Regression on All	
1.001	0.000	1.001	0.000
0.000	3.316	0.000	1.035
0.798	0.080	0.951	0.025
86.961	22.000	427.348	22.000

PHARMACY TREND DEVELOPMENT
SPECIALTY TREND CALCULATIONS

Restated Specialty Drug Trend

Pharmacy Specialty Claims in the Experience	A	\$36,175,943
Claims Removed from the Experience (CY 2016)		
PCSK9 Inhibitors	B1	\$152,520
Orkambi	B2	\$801,930
Multiple Sclerosis	B3	\$889,515
Total	B = B1+B2+B3	\$1,843,965
Pharmacy Specialty Claims without Excluded Drug:	C = A - B	\$34,331,978
Projected Specialty Claims using a 20.1% trend for D = C x (1.201)^(24/12)		\$49,491,694
Adding Incremental Cost of Excluded Treatments for the Projection Period		
PCSK9 Inhibitors	E1	\$265,455
Orkambi	E2	\$1,519,447
Ocreavus	E3	\$1,092,000
Total	E = E1+E2+E3	\$2,876,902
Restated Projected Specialty Claims	G = D + E	\$52,368,596
Restated Specialty Trend	H = (G/A)^(12/24) - 1	20.3%

EXHIBIT 3G

		Generic	New Generics	Brands Going Generic	Brand	Vaccines	Over the Counter	Compounds	Non-Specialty Total	Specialty	Total Pharmacy
Experience Period Member Months	m										819,824
Experience Period Days Supply	a	15,338,239	6,888,722	451,377	1,963,829	13,677	608,903	28,358	25,293,105	162,338	25,455,443
Experience Period Allowed Charge per Supply	b	\$0.63	\$0.98	\$8.47	\$12.79	\$31.53	\$1.65	\$3.37		\$222.84	
Experience Period Total Allowed Charges	c = a x b	\$9,720,950	\$6,769,401	\$3,822,988	\$25,119,399	\$431,169	\$1,005,722	\$95,518	\$46,965,148	\$36,175,943	\$83,141,091
Experience Period PMPM	n = c / m	\$11.86	\$8.26	\$4.66	\$30.64	\$0.53	\$1.23	\$0.12	\$57.29	\$44.13	\$101.41
Additional Scripts from Cost Containment Strategy	a2	25,941	0	0	10,150	0	0	0	36,090		
Total Days Supply	d = a + a2	15,364,180	6,888,722	451,377	1,973,979	13,677	608,903	28,358	25,329,195		
Utilitization Trend	e	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%		
Projected Period Days Supply	f=d x (1+e) ²	16,016,251	7,181,086	470,534	2,057,756	14,257	634,745	29,562	26,404,192		
Calculated Annual Trend	g	3.5%	3.5%	3.5%	12.3%	12.3%	0.0%	12.3%			
Impact on Cost of Brands going Generic	h	1.0000	1.0000	0.2298	1.0000	1.0000	1.0000	1.0000			
Projected Allowed Charge per Supply	i=b x (1+g) ² x h	\$0.68	\$1.05	\$2.09	\$16.13	\$39.76	\$1.65	\$4.25			
Projected Total Allowed Charges before Contract Changes	j = f x i	\$10,883,501	\$7,566,173	\$982,031	\$33,195,226	\$566,859	\$1,048,406	\$125,578	\$54,367,774	\$52,368,596	\$106,736,370
Projection Period PMPM	k = j / m	\$13.28	\$9.23	\$1.20	\$40.49	\$0.69	\$1.28	\$0.15	\$66.32	\$63.88	\$130.19
Annual Trend before Contract Changes	l = (k/n) ¹²⁻¹	5.8%	5.7%	-49.3%	15.0%	14.7%	2.1%	14.7%	7.6%	20.3%	13.3%
Reduction of Projected Claims due to Contract Changes	o	0.8357	0.8357	0.8357	0.9973	1.0000	1.0000	1.0000		0.9396	
Projected Total Allowed Charges after Contract Changes	p = j x o	\$9,095,346	\$6,323,054	\$820,684	\$33,106,435	\$566,859	\$1,048,406	\$125,578	\$51,086,361	\$49,207,017	\$100,293,379
Projected PMPM adter Contract Changes	q = p / m	\$11.09	\$7.71	\$1.00	\$40.38	\$0.69	\$1.28	\$0.15	\$62.31	\$60.02	\$122.34
Impact of Contract Changes on Projected Pharmacy PMPM											0.9396

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

EXHIBIT 3H

TREND DEVELOPMENT
PROJECTION FACTOR FOR INDEX RATE CALCULATION

TREND FACTORS - FROM 2017 to 2018			
Claim Type	Cost	Utilization	Total
Medical	2.6%	2.0%	4.6%
Pharmacy	11.0%	2.1%	13.3%
Dental	3.5%	3.5%	7.2%
Vision	0.0%	0.0%	0.0%

TREND FACTORS - FROM 2018 to 2019			
Claim Type	Cost	Utilization	Total
Medical	2.7%	0.9%	3.6%
Pharmacy	11.0%	2.1%	13.3%
Dental	3.5%	3.5%	7.2%
Vision	0.0%	0.0%	0.0%

Claim Type	CY 2017 Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2018 Allowed PMPM
Medical Claims	\$460.25	1.0258	\$472.13	1.0200	\$481.58
Pharmacy Claims	\$101.78	1.1100	\$112.98	1.0210	\$115.35
Dental Claims	\$1.94	1.0355	\$2.01	1.0355	\$2.08
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$564.06	1.0410	\$587.22	1.0202	\$599.10

Claim Type	CY 2018 Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2019 Allowed PMPM	Impact of Pharmacy Contract	CY 2019 Allowed PMPM - After Pharmacy Contract Change
Medical Claims	\$481.58	1.0273	\$494.71	1.0090	\$499.14	1.0000	\$499.14
Pharmacy Claims	\$115.35	1.1100	\$128.04	1.0210	\$130.73	0.9396	\$122.84
Dental Claims	\$2.08	1.0355	\$2.15	1.0355	\$2.23	1.0000	\$2.23
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$599.10	1.0432	\$625.00	1.0115	\$632.20		\$624.31

Cost Trend Factor	1+d ₁	1.0860
Utilization Trend Factor	1+d ₂	1.0320
Impact of Pharmacy Contract Changes factor	1+c ₅	0.9875

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 4

EXPECTED RISK ADJUSTMENT TRANSFERS

Issuer Average Plan Liability Risk Score	BCBSVT	MVP
Interim 2017	1.400	1.139
<i>Impact of Projected Member Movement</i>	1.016	1.064
<i>Supplemental Diagnoses</i>	1.005	1.000
<i>Impact of Claims Runout</i>	1.024	1.061
Adjusted 2018	1.463	1.286
<i>Impact of Projected Member Movement</i>	1.000	1.000
<i>Supplemental Diagnoses</i>	1.000	1.000
Projected Final Report 2019	1.463	1.286

Transfer Amounts	Combined Market	Catastrophic Market
Estimated 2017 - Final	-\$5,913,785	\$14,287
Adjusted 2018	-\$8,263,363	\$90,615
Estimated 2019	-\$8,709,752	\$91,159

* receivable are expressed as negative numbers

Projected Risk Adjustment Transfer	-\$8,618,593
Projected Risk Adjustment Fee (\$1.80 per enrollee per year)	\$94,664
Net Projected Risk Adjustment	-\$8,523,929
Member Months	631,092
Net Projected Risk Adjustment PMPM	-\$13.51
Paid to Allowed Ratio (from Exh 6C)	81.14%
Market Wide Adjustment for the Risk Adjustment Program	-\$16.65

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 5

INDEX RATE CALCULATION

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$564.06
<u>Adjustments from Experience Period to Projection Period</u>		
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	1.0231
Other		
Impact of different benefit plans (in experience vs projection)	1+c ₁	1.0075
Changes in provider networks	1+c ₂	1.0000
Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0101
Changes in pharmacy rebates	1+c ₄	1.0000
Changes in pharmacy contract	1+c ₅	0.9875
Impact of Selection	1+c ₆	1.0132
		<hr/>
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$599.70
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
		<hr/>
<u>Projected Period Allowed Claims for Experience EHB</u>	D	\$672.14
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
<u>Projected Index Rate</u>	F = D + e₁ + e₂ + e₃ + e₄ + e₅	\$662.94
<u>Market Wide Adjustments</u>		
Risk Adjustment Payments and Fees	g ₁	-\$16.65
Transitional Reinsurance Payments and Recoveries	g ₂	\$0.00
Vermont Exchange Fees	g ₃	\$0.00
		<hr/>
<u>Market Adjusted Index Rate</u>	H = E + g₁ + g₂ + g₃	\$646.29

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 6A

PLAN LEVEL ADJUSTMENT SUMMARY

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS				STANDARD PLANS							Catastrophic Blue Rewards	SILVER Blue Rewards	REFLECTIVE PLANS			SILVER CDHP	Weighted Average
			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			SILVER Blue Rewards CDHP	SILVER Deductible			
Market Adjusted Index Rate	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29
Benefit Richness Adjustment	1.0132	0.9976	0.9628	0.9610	0.9350	0.9343	1.0959	1.0249	0.9684	0.9744	0.9343	0.9374	0.9413	0.9350	0.9626	0.9604	0.9682	0.9743		
Paid to Allowed Ratio	82.00%	78.84%	83.85%	82.53%	65.59%	66.31%	93.01%	84.35%	83.57%	84.10%	66.32%	67.72%	68.08%	65.59%	73.57%	73.44%	74.38%	76.24%		
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0001	1.0001	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	\$537.08	\$508.37	\$521.82	\$512.68	\$396.45	\$400.50	\$658.90	\$558.78	\$523.13	\$529.68	\$400.51	\$410.37	\$414.22	\$195.77	\$457.77	\$455.96	\$465.50	\$480.10		\$524.07
Administrative Charges Plan Level Adjustment	1.0839	1.0891	1.0860	1.0878	1.1132	1.1124	1.0579	1.0682	1.0728	1.0721	1.0952	1.0929	1.0919	1.2291	1.0980	1.0988	1.0818	1.0793		
Taxes and Fees Plan Level Adjustment	1.0126	1.0128	1.0127	1.0128	1.0135	1.0135	1.0123	1.0127	1.0129	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	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50		\$580.86
Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	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

Exhibit 6B

PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE 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
Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	485	264	814	1,691	5,645	2,950	52,591
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	1.0800
Normalized Benefit Richness Adjustment for EHB	1.0127	0.9977	0.9643	0.9626	0.9383	0.9376	1.0925	1.0239	0.9696	0.9754	0.9376	0.9405	0.9442	0.9383	0.9643	0.9622	0.9696	0.9754	
Projected Period Paid Claims for Experience EHB	\$552.69	\$532.24	\$564.61	\$556.12	\$446.64	\$451.29	\$623.84	\$567.84	\$562.84	\$566.22	\$451.33	\$460.40	\$462.68	\$446.64	\$498.19	\$497.37	\$503.41	\$515.41	
Benefit Richness Adjustment for EHB	1.0127	0.9977	0.9643	0.9626	0.9383	0.9376	1.0925	1.0239	0.9696	0.9754	0.9376	0.9405	0.9442	0.9383	0.9643	0.9622	0.9696	0.9754	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)	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	
Total Paid Claims with Benefit Richness Adjustment	\$536.99	\$508.29	\$521.74	\$512.60	\$396.39	\$400.43	\$658.81	\$558.69	\$523.04	\$529.60	\$400.44	\$410.30	\$414.14	\$396.39	\$457.69	\$455.88	\$465.42	\$480.02	
Overall Benefit Richness Adjustment	1.0132	0.9976	0.9628	0.9610	0.9350	0.9343	1.0959	1.0249	0.9684	0.9744	0.9343	0.9374	0.9413	0.9350	0.9626	0.9604	0.9682	0.9743	

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

Exhibit 6C

PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		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	REFLECTIVE PLANS		SILVER CDHP	Total
			SILVER Blue Rewards	SILVER Blue Rewards CDHP												SILVER Blue Rewards CDHP	SILVER Deductible		
Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	485	264	814	1,691	5,645	2,950	52,591
Projected Period Allowed Claims for Experience EHB	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14	\$672.14
Paid to Allowed Ratio for EHB Portion	82.23%	79.19%	84.00%	82.74%	66.45%	67.14%	92.81%	84.48%	83.74%	84.24%	67.15%	68.50%	68.84%	66.45%	74.12%	74.00%	74.90%	76.68%	81.14%
Projected Period Paid Claims for Experience EHB	\$552.69	\$532.24	\$564.61	\$556.12	\$446.64	\$451.29	\$623.84	\$567.84	\$562.84	\$566.22	\$451.33	\$460.40	\$462.68	\$446.64	\$498.19	\$497.37	\$503.41	\$515.41	\$545.36
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)	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51	-\$13.51
Market Wide Adjustments (Allowed)	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65	-\$16.65
Market Adjusted Index Rate	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29
Total Paid Claims	\$529.98	\$509.53	\$541.89	\$533.41	\$423.92	\$428.58	\$601.13	\$545.13	\$540.13	\$543.51	\$428.62	\$437.69	\$439.97	\$423.92	\$475.48	\$474.66	\$480.70	\$492.70	\$522.65
Paid to Allowed Ratio	82.00%	78.84%	83.85%	82.53%	65.59%	66.31%	93.01%	84.35%	83.57%	84.10%	66.32%	67.72%	68.08%	65.59%	73.57%	73.44%	74.38%	76.24%	80.87%

For Section 3 of worksheet 1 of the URRT

Expected Claims Cost (from Exhibit 6A)	\$524.07
Non-EHB benefit claims cost	\$0.08
Market-wide adjustment	\$13.51
Projected Incurred Claims, before market-wide adjustments	\$537.66
Projected Index Rate	\$662.94
Projected Non-EHB Allowed Claims	\$0.10
Projected Allowed Experience Claims	\$663.04
Paid to Allowed Ratio = \$537.66/\$663.04	81.1%

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

Exhibit 6D

PLAN LEVEL ADJUSTMENTS
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN

	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
<i>Allowed Charges Adjustment</i>		<i>0.5656</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.9214</i>	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$672.14		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9383		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		<i>0.5212</i>		
Projected Period Paid Claims for Experience EHB		\$218.42		
Non-System Claims		-\$9.20		
Market Wide Adjustments		-\$13.51		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$195.77		
Market Adjusted Index Rate		\$646.29		
Paid to Allowed Ratio		65.6%		
Benefit Richness Adjustment		0.9350		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility		0.4938		
Expected Claims Cost		\$195.77		
Total Adjustment for Catastrophic Plan			0.4938	

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

Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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	\$2.09
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	\$40.26
Administrative Charges Plan Level Adjustment	1.0839	1.0891	1.0860	1.0878	1.1132	1.1124	1.0579	1.0682	1.0728	1.0721	1.0952	1.0929	1.0919	1.2291	1.0980	1.0988	1.0818	1.0793	1.0768
Administrative Charges as a percent of Premium	7.52%	7.95%	7.69%	7.84%	9.87%	9.81%	5.32%	6.20%	6.59%	6.53%	8.44%	8.25%	8.17%	18.05%	8.67%	8.73%	7.34%	7.14%	6.93%

Exhibit 7B

DETAILS OF CONTRIBUTION TO RESERVE

[illegible]

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

Exhibit 7C

DETAILS OF TAXES AND FEES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
State Assessment - HCCA	\$4.35	\$4.12	\$4.23	\$4.16	\$3.23	\$3.26	\$5.33	\$4.53	\$4.24	\$4.29	\$3.26	\$3.34	\$3.37	\$1.62	\$3.72	\$3.70	\$3.78	\$3.90	\$4.25
State Tax - VITL	\$1.08	\$1.03	\$1.05	\$1.03	\$0.80	\$0.81	\$1.33	\$1.13	\$1.06	\$1.07	\$0.81	\$0.83	\$0.84	\$0.40	\$0.93	\$0.92	\$0.94	\$0.97	\$1.06
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	\$7.36	\$7.07	\$7.21	\$7.12	\$5.95	\$5.99	\$8.58	\$7.58	\$7.22	\$7.29	\$5.99	\$6.09	\$6.13	\$3.95	\$6.57	\$6.55	\$6.64	\$6.79	\$7.23
Taxes and Fees Plan Level Adjustment	1.0126	1.0128	1.0127	1.0128	1.0135	1.0135	1.0123	1.0127	1.0129	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%	1.24%	1.24%	1.31%	1.31%	1.20%	1.23%	1.25%	1.25%	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

Exhibit 7D

AV PRICING VALUE

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE 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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP
Market Wide Adjusted Index Rate	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29
Plan Level Adjusted Index Rate	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50
AV Pricing Value	92.70%	88.18%	90.24%	88.82%	70.33%	71.00%	110.96%	95.05%	89.38%	90.44%	69.92%	71.48%	72.08%	38.46%	80.07%	79.81%	80.23%	82.55%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 8

**FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)**

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
Expected Direct Claims PMPM	\$551.53	\$522.60	\$536.16	\$526.95	\$409.79	\$413.87	\$674.34	\$573.41	\$537.48	\$544.08	\$413.87	\$423.82	\$427.69	\$207.50	\$471.59	\$469.76	\$479.38	\$494.10	\$538.42
Risk Adjustment Transfer Payments PMPM	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66	-\$13.66
Adjustments for Health Care Quality PMPM*	\$10.18	\$10.20	\$10.16	\$10.17	\$10.16	\$10.17	\$3.36	\$3.35	\$3.35	\$3.36	\$3.36	\$3.35	\$3.35	\$10.16	\$10.16	\$10.17	\$3.35	\$3.35	\$5.45
MLR Claims	\$548.05	\$519.14	\$532.66	\$523.46	\$406.29	\$410.38	\$664.04	\$563.11	\$527.17	\$533.79	\$403.57	\$413.52	\$417.38	\$204.00	\$468.10	\$466.28	\$469.08	\$483.79	\$530.22
Premium PMPM	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50	\$580.86
Licensing and regulatory fees	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15
Taxes & Fees PMPM	-\$3.01	-\$2.95	-\$2.98	-\$2.96	-\$2.73	-\$2.73	-\$3.25	-\$3.05	-\$2.98	-\$2.99	-\$2.73	-\$2.75	-\$2.76	-\$2.33	-\$2.85	-\$2.84	-\$2.86	-\$2.89	-\$2.98
MLR Premium	\$595.93	\$566.78	\$580.12	\$570.90	\$451.69	\$455.98	\$713.72	\$611.09	\$574.54	\$581.38	\$448.97	\$459.08	\$462.96	\$246.09	\$514.50	\$512.79	\$515.50	\$530.46	\$577.73
Expected Loss Ratio	92.0%	91.6%	91.8%	91.7%	89.9%	90.0%	93.0%	92.1%	91.8%	91.8%	89.9%	90.1%	90.2%	82.9%	91.0%	90.9%	91.0%	91.2%	91.8%
Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	485	264	814	1,691	5,645	2,950	52,591

*Approximately 8.8% of current BCBSVT Administrative Charges are for health care quality plus the Blue Rewards PMPM

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 9A

CONTRACT CONVERSION FACTOR

	NON-STANDARD PLANS						STANDARD PLANS							REFLECTIVE PLANS				Total	
	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
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	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50	\$580.39
Average Members per Subscribers	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 Subscribers 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	\$670.13	\$637.47	\$652.41	\$642.09	\$508.48	\$513.28	\$802.17	\$687.14	\$646.18	\$653.84	\$505.45	\$516.77	\$521.12	\$248.88	\$578.88	\$576.96	\$580.02	\$596.77	
Couple Rate	\$1,340.26	\$1,274.94	\$1,304.82	\$1,284.18	\$1,016.96	\$1,023.56	\$1,604.34	\$1,374.28	\$1,292.36	\$1,307.68	\$1,010.90	\$1,033.54	\$1,042.24	\$497.76	\$1,157.76	\$1,153.92	\$1,160.04	\$1,193.54	
Adult and Child(ren) Rate	\$1,293.35	\$1,230.32	\$1,259.15	\$1,239.23	\$981.37	\$990.63	\$1,548.19	\$1,326.18	\$1,247.13	\$1,261.91	\$975.52	\$997.37	\$1,005.76	\$480.34	\$1,117.24	\$1,113.53	\$1,119.44	\$1,151.77	
Family Rate	\$1,883.07	\$1,791.29	\$1,833.27	\$1,804.27	\$1,428.83	\$1,442.32	\$2,254.10	\$1,930.86	\$1,815.77	\$1,837.29	\$1,420.31	\$1,452.12	\$1,464.35	\$699.35	\$1,626.65	\$1,621.26	\$1,629.86	\$1,676.92	\$579.62
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 Contract Conversion Factor 100.1%
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	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 9B

CONSUMER ADJUSTED PREMIUM RATES

	GOLD		NON-STANDARD PLANS		BRONZE		BRONZE		STANDARD PLANS							REFLECTIVE PLANS				Total Annual Premium for Inforce Contracts
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	SILVER Blue Rewards CDHP	Blue Rewards	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		
Plan Level Adjusted Index Rate	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50		
PMPM to Single Contract Conversion Factor	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.1201	1.0026	1.1201	1.1201	1.1201	1.1201		
2019 Proposed Rates																				
Single Rate	\$671.02	\$638.31	\$653.27	\$642.94	\$509.15	\$513.96	\$803.23	\$688.05	\$647.04	\$654.71	\$506.12	\$517.45	\$521.81	\$249.21	\$579.64	\$577.72	\$580.78	\$597.56		
Couple Rate	\$1,342.04	\$1,276.62	\$1,306.54	\$1,285.88	\$1,018.30	\$1,027.92	\$1,606.46	\$1,376.10	\$1,294.08	\$1,309.42	\$1,012.24	\$1,034.90	\$1,043.62	\$498.42	\$1,159.28	\$1,155.44	\$1,161.56	\$1,195.12		
Adult and Child(ren) Rate	\$1,295.07	\$1,231.94	\$1,260.81	\$1,240.87	\$982.66	\$991.94	\$1,550.23	\$1,327.94	\$1,248.79	\$1,263.59	\$976.81	\$998.68	\$1,007.09	\$480.98	\$1,118.71	\$1,115.00	\$1,120.91	\$1,153.29		
Family Rate	\$1,885.57	\$1,793.65	\$1,835.69	\$1,806.66	\$1,430.71	\$1,444.23	\$2,257.08	\$1,933.42	\$1,818.18	\$1,839.74	\$1,422.20	\$1,454.03	\$1,466.29	\$700.28	\$1,628.79	\$1,623.39	\$1,631.99	\$1,679.14	\$373,751,090	
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	5.9%	5.1%	18.9%		5.0%	6.1%	6.8%	4.7%	15.3%	14.6%	3.7%	5.1%	4.5%	1.2%	5.5%	8.4%	3.5%	4.6%		
Couple Rate	5.9%	5.1%	18.9%		5.0%	6.1%	6.8%	4.7%	15.3%	14.6%	3.7%	5.1%	4.5%	1.2%	5.5%	8.4%	3.5%	4.6%		
Adult and Child(ren) Rate	5.9%	5.1%	18.9%		5.0%	6.1%	6.8%	4.7%	15.3%	14.6%	3.7%	5.1%	4.5%	1.2%	5.5%	8.4%	3.5%	4.6%		
Family Rate	5.9%	5.1%	18.9%		5.0%	6.1%	6.8%	4.7%	15.3%	14.6%	3.7%	5.1%	4.5%	1.2%	5.5%	8.4%	3.5%	4.6%	7.5%	
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	443	1,703	1,144	311	273	924	3,195	2,127	3,032	688	725	594	161	253	345	694	2,390	1,220		
Couple Rate	99	639	347	102	43	206	1,203	571	964	249	170	134	27	2	92	166	612	311		
Adult and Child(ren) Rate	32	173	43	15	13	45	314	140	138	38	32	26	8	2	18	38	125	65		
Family Rate	116	784	76	32	55	202	965	550	318	110	122	149	63	1	63	145	449	245		



February 7, 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:

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (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:

1. Platinum – the medical deductible, medical MOOP, and pharmacy MOOP were increased
2. Gold – the medical MOOP, pharmacy MOOP, and generic pharmacy copay were increased
3. 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
4. Bronze Deductible with Pharmacy Limit – the medical deductible, combined medical/pharmacy MOOP, and pharmacy only MOOP were all increased
5. Bronze Deductible without Pharmacy Limit – the combined medical/pharmacy deductible and combined medical/pharmacy MOOP were increased
6. Silver HDHP – the combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased
7. 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 MOOP limits are not yet released for 2019. The 2018 minimum deductible and MOOP are \$1,350 and \$6,650, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. Additionally, the 2019 Notice of Benefits and Payment Parameters (NBPP)² are still in draft form. Based on the draft regulations, the single annual limit is expected to be \$7,900, up from \$7,350 in 2018.

The plan designs presented are compliant with the 2018 HDHP limits and the 2019 draft NBPP. Should the plan designs need to change once the 2019 HDHP limits are released (typically in early April) or if there are changes from the draft to the final 2019 NBPP, the Department of Vermont Health Access (DVHA) will present the updated designs to Green Mountain Care Board (GMCB) for their information and approval, if needed.

Bill S.19 proposes 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. As of the date of this report, this bill has passed both the house and senate, but has not yet been signed into law by the governor.

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

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

² <https://www.gpo.gov/fdsys/pkg/FR-2017-11-02/pdf/2017-23599.pdf>

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:

1. ASOP No. 23 Data Quality;
2. ASOP No. 25 Credibility Procedures;
3. ASOP No. 41 Actuarial Communications; and
4. 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:

1. Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate³.

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

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 (proposed for 2019), 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.

2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,350 and \$2,700 for individual and family coverage in 2018, 2019 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,350 and \$2,700 for individual and family coverage in 2018) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,350 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.

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.

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.

3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However, the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
4. If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix F contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these 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
Deductible Plans	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
	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%
	Bronze - Embedded MOOP	56.0%-64.0%
Cost Sharing Reduction Plan Designs - Deductible Plans	250-300% FPL (73% AV)	72.0%-74.0%
	200-250% FPL (77% AV)	76.0%-78.0%
	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	72.0%-73.0%
	200-250% FPL (77% AV)	76.0%-77.0%
	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 dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

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).

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.

Options	Deductible	Costs that Accumulate		Deductible / MOOP Type
		Maximum Out-of-Pocket (MOOP) 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:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The HDHP model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
 - b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.

- c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and 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:

1. The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2019. The 2018 minimum deductible and MOOP are \$1,350 and \$6,650, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. The plan designs presented are compliant with the 2018 HDHP limits and may need to change once the 2019 HDHP limits are released, primarily if the minimum deductible is increased.
2. The 2019 Notice of Benefits and Payment Parameters (NBPP) are still in draft form. Based on the draft regulations, the single annual limit is expected to be \$7,900, up from \$7,350 in 2018. The plan designs presented are compliant with the 2019 draft NBPP and may need to change if the final NBPP lowers the annual limit from the draft notice.
3. Other 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. Peper, FSA, MAAA
Principal and Senior Consulting Actuary



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;
2. 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;
3. The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
4. 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.

A handwritten signature in black ink that reads "Julie A. Peper".

Julie A. Peper, FSA, MAAA
February 7, 2018

Appendix B – Summary of Plan Design Changes from 2018 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical deductible from \$300 to \$350	Increase medical MOOP from \$4,500 to \$4,700
	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
Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical deductible from \$2,600 to \$2,800	Increase medical deductible from \$5,000 to \$5,500
	Increase combined medical/Rx MOOP from \$6,800 to \$7,500	Increase combined medical/Rx MOOP from \$7,350 to \$7,900
	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 \$30	
Deductible Plans		
Plan	Bronze w/o Rx Limit	
Changes	Increase combined medical/Rx deductible from \$7,350 to \$7,600	
	Increase combined medical/Rx MOOP from \$7,350 to \$7,600	
HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase combined medical/Rx MOOP from \$6,400 to \$6,650	Increase combined medical/Rx MOOP from \$6,550 to \$6,650
	Increase embedded single combined medical/Rx MOOP from \$7,350 to \$7,900	Increase embedded single combined medical/Rx MOOP from \$7,350 to \$7,900

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

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

2019 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,550	\$1,550
\$1,350	\$1,350
Yes	Yes
\$6,650	\$6,650
\$1,350	\$1,350
Rx -No, Medical - Yes	Rx -No, Medical - Yes
Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual
Preventive	Preventive
Wellness scripts	Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
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;
2. ASOP No. 25, Credibility Procedures;
3. ASOP No. 41, Actuarial Communications; and
4. ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

ASOP 23: Data Quality

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current. 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.

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

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

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

ASOP 41: Actuarial Communications

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

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

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

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

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

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

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

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

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

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

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

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

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

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

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

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

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

3.1 Use of AVC or MVC – The federal AVC was used.

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

3.3 Exceptions to the MVC – Not applicable.

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

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

3.6 Unreasonable Results – 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 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	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / 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 / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / 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%

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
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
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%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2019 Federal AVC, Adjusted if Necessary	70.3%	60.7%

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 bicuspid*
- 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 \$7,900 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.8%	70.3%
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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,550.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,650.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

72.81%

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

0.0391 seconds

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,550	1,550			
Family Deductible		3,100	3,100			
Individual Out-of-Pocket		6,650	6,650			
Family Out-of-Pocket		13,300	13,300			
Coinsurance (50% or Less)		27%	29%			
Individual Embedded Moop:		7,900				
Costs that Accumulate						
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		6,650	1,350		
Family Out-of-Pocket		13,300	2,700		
Coinsurance (50% or Less)		27%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate MOOP for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,250.00
Coinurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$6,650.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2019 Bronze HDHP Plan
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.97%

Bronze

Additional Notes:

Calculation Time:

0.0391 seconds

Final 2019 AV Calculator

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	5,250		
Family Deductible		10,500	10,500		
Individual Out-of-Pocket		6,650	6,650		
Family Out-of-Pocket		13,300	13,300		
Coinsurance (50% or Less)		48%	47%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div>Calculate</div>			
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	1,350		
Family Deductible		10,500	2,700		
Individual Out-of-Pocket		6,650	1,350		
Family Out-of-Pocket		13,300	2,700		
Coinsurance (50% or Less)		48%	47%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		<div>Calculate</div>			
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 = $66.65\%/66.04\% = 1.009 \times .7125 = 71.9\%$

Adjusted AV = 71.9%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$2,800.00	\$300.00
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$7,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:
Name: 2019 Silver Deductible Plan
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Final 2019 AV Calculator

Calculation Successful.
71.25%
Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.043 seconds

3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,800	300		
Family Deductible		5,600	600		
Individual Out-of-Pocket		7,500	7,500		
Family Out-of-Pocket		15,000	15,000		
Coinsurance (50% or Less)		36%	34%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$289.21	\$45.07	\$334.29	
	Plan PMPM	\$190.05	\$30.71	\$220.76	
	Actuarial Value	65.7%	68.1%	66.04%	

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,800	300		
Family Deductible		5,600	600		
Individual Out-of-Pocket		7,500	1,350		
Family Out-of-Pocket		15,000	2,700		
Coinsurance (50% or Less)		36%	34%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $61.5\%/60.7\% = 1.013 \times .605 = 61.3\%$

Adjusted AV = 61.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$900.00			
Coinurance (% Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$7,900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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/Coinurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: 2019 Bronze Deductible Plan - with Rx Limit

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 60.47%

Metal Tier: Bronze

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

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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,500	900		
Family Deductible		11,000	1,800		
Individual Out-of-Pocket		7,900	7,900		
Family Out-of-Pocket		15,800	15,800		
Coinsurance (50% or Less)		47%	45%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		Calculate			
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,500	900		
Family Deductible		11,000	1,800		
Individual Out-of-Pocket		7,900	1,350		
Family Out-of-Pocket		15,800	2,700		
Coinsurance (50% or Less)		47%	45%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
		Calculate			
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%	

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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,550.00			
Coinsurance (% Insurer's Cost Share)		75.00%			
MOOP (\$)		\$4,800.00			
MOOP if Separate (\$)					

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

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): _____

Plan Description:

2019 HDHP
 Plan CSR
 Variations - 250-
 300% FPL
 (73% AV)
Name: _____
Plan HIOS ID: _____
Issuer HIOS ID: _____

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
75.50%

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

0.0391 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,550	1,550			
Family Deductible		3,100	3,100			
Individual Out-of-Pocket		4,800	4,800			
Family Out-of-Pocket		9,600	9,600			
Coinsurance (50% or Less)		23%	29%			
Individual Embedded Moop:		7,900				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		4,800	1,350		
Family Out-of-Pocket		9,600	2,700		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculate			
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

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)		\$1,350.00	
Coinurance (%; Insurer's Cost Share)		75.00%	
MOOP (\$)		\$3,300.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

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

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/Coinurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:

2019 HDHP
 Plan CSR
 Variations - 200-
 250% FPL
 (77% AV)

Name:
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

79.10%

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

0.043 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,350	1,350			
Family Deductible		2,700	2,700			
Individual Out-of-Pocket		3,300	3,300			
Family Out-of-Pocket		6,600	6,600			
Coinsurance (50% or Less)		23%	27%			
Individual Embedded Moop:		7,900				
Costs that Accumulate						
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,300	1,350		
Family Out-of-Pocket		6,600	2,700		
Coinsurance (50% or Less)		23%	27%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.4%

Adjusted AV = 86.9%

AVC Screen Shot:

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

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):

Plan Description:

2019 HDHP
 Plan CSR
 Variations - 150-
 200% FPL
 (87% AV)

Name:
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.40%

Gold

Additional Notes:

Calculation Time:

0.0312 seconds

Final 2019 AV Calculator

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,200	1,200			
Family Deductible		2,400	2,400			
Individual Out-of-Pocket		1,200	1,200			
Family Out-of-Pocket		2,400	2,400			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		7,350				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculate				
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

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.7%

Adjusted AV = 93.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$550.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$550.00			
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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

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):

Plan Description:
2019 HDHP
Plan CSR
Variations - 133-
150% FPL
(94% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Final 2019 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.66%
Platinum
0.0352 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		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 /	
		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	\$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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		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 /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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 = $68.86\%/68.30\% = 1.008 \times 73.37\% = 74.0\%$

Adjusted AV = 74.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug		Medical	Drug
Deductible (\$)	\$2,700.00	\$300.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:
 2019
 Deductible
 Plan CSR
 Variations - 250-
 300% FPL
 (73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:
 Additional Notes:
 Calculation Time:
 Final 2019 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.
 73.37%
 Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 0.0391 seconds

9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,700	300		
Family Deductible		5,400	600		
Individual Out-of-Pocket		6,300	6,300		
Family Out-of-Pocket		12,600	12,600		
Coinsurance (50% or Less)		36%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,700	300		
Family Deductible		5,400	600		
Individual Out-of-Pocket		6,300	1,200		
Family Out-of-Pocket		12,600	2,400		
Coinsurance (50% or Less)		36%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $73.3\%/72.8\% = 1.007 \times .773 = 77.8\%$

Adjusted AV = 77.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,200.00	\$200.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$4,900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 200-
250% FPL
(77% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 77.26%

Metal Tier:

Additional Notes:

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

Calculation Time: 0.043 seconds

Final 2019 AV Calculator

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,200	200		
Family Deductible		4,400	400		
Individual Out-of-Pocket		4,900	4,900		
Family Out-of-Pocket		9,800	9,800		
Coinsurance (50% or Less)		34%	33%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
		Calculate			
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,200	200		
Family Deductible		4,400	400		
Individual Out-of-Pocket		4,900	1,000		
Family Out-of-Pocket		9,800	2,000		
Coinsurance (50% or Less)		34%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
<div>Calculate</div>					
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 = $85.7\%/85.5\% = 1.002 \times .874 = 87.6\%$

Adjusted AV = 87.6%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$150.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$1,800.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 150-
200% FPL
(87% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actual Value: 87.43%

Metal Tier: Gold

Additional Notes:

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

Calculation Time: 0.0391 seconds

Final 2019 AV Calculator

11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,800	1,800		
Family Out-of-Pocket		3,600	3,600		
Coinsurance (50% or Less)		33%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,800	400		
Family Out-of-Pocket		3,600	800		
Coinsurance (50% or Less)		33%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $95.1\%/94.9\% = 1.002 \times .946 = 94.9\%$

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$150.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 133-
150% FPL
(94% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value: 94.66%

Metal Tier: Platinum

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

Calculation Time: 0.0391 seconds

Final 2019 AV Calculator

12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		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			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>					
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		150	0		
Family Deductible		300	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		9%	15%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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%	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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.

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.

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

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
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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 pharmacy-specific 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 <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2019-AV-Calculator-Methodology.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT
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Actuarial Opinion

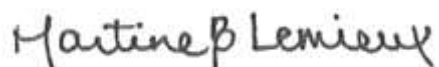
The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These 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 States 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 Lemieux, A.S.A., M.A.A.A.
Associate Actuary
Blue Cross and Blue Shield of Vermont

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$3,000	
	Coinsurance	0%	
	OOPM	\$3,000	
AVC Output for items supported by the AVC		(a)	76.1%
BCBSVT Model Output for items supported by the AVC		(b)	79.7%
BCBSVT Model Output for complete benefit design		(c)	80.3%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	76.7%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Gold CDHP

Plan HIOS ID: 13627VT0390001 and 13627VT0370001

Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 76.12%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1719 seconds

Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,100.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

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):

Plan Description:

Name: Blue Rewards Silver CDHP
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.80%

Silver

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

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

☐ Tiered Network Option
☐ Tiered Network Plan?
 1st Tier Utilization:
 2nd Tier Utilization:

Desired Metal Tier

	Medical	Drug	Combined
Deductible (\$)			\$3,550.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$3,550.00
MOOP if Separate (\$)			

	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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

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):

Plan Description:

Name: Blue Rewards Silver CDHP - 73%
Plan HIOS ID: 13627V T0390002 and 13627V T0370002
Issuer HIOS ID: 13627

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.11%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.125 seconds
Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

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

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Value

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

\$2,800.00

100.00%

\$2,800.00

Tier 2 Plan Benefit Design

Medical

Drug

Combined

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

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/Coinurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

Blue Rewards Silver CDHP - 77%

Plan HIOS ID:

13627VT0390002 and 13627VT0370002

Issuer HIOS ID:

13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

76.69%

0.125 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$1,300	
AVC Output for items supported by the AVC		(a)	86.6%
BCBSVT Model Output for items supported by the AVC		(b)	88.4%
BCBSVT Model Output for complete 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.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$1,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDPH - 87%

Plan HIOS ID: 13627VT0390002 and 13627VT0370002

Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 86.61%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1719 seconds

Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR			
Items supported by the AV Calculator	Deductible	\$550	
	Coinsurance	0%	
	OOPM	\$550	
AVC Output for items supported by the AVC	(a)	93.7%	
BCBSVT Model Output for items supported by the AVC	(b)	94.1%	
BCBSVT Model Output for complete 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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$550.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP - 94%
Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
Issuer HIOS ID: 13627

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 93.66%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.0781 seconds
 Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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

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

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,650.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$6,650.00			
MOOP if Separate (\$)					

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

Options for Additional Benefit Design Limits:

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

Plan Description:
Name: Blue Rewards Bronze
Plan HIOS ID: 13627VT0390003 and 13627VT0370003
Issuer HIOS ID: 13627

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Final 2019 AV Calculator

Calculation Successful.
61.44%
Bronze
0.125 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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

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

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐ Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design
Medical	Medical
Drug	Drug
Combined	Combined
Deductible (\$)	
Coinsurance (% Insurer's Cost Share)	
MOOP (\$)	
MOOP if Separate (\$)	

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

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):

Plan Description:

Name: Blue Rewards Silver CDHP Reflective
Plan HIOS ID: 13627V/T0390004 and 13627V/T0370004
Issuer HIOS ID: 13627

Output

Calculate
 Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.70%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 seconds
Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

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

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.

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,550
	Coinsurance	0%
	OOPM	\$5,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 75.0%
BCBSVT Model Output for items supported by the AVC		(b) 81.6%
BCBSVT Model Output for complete benefit design		(c) 82.7%
Estimated AVC value		(d)=(c)/(b)*(a) 76.1%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
☐ Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,550.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
MOOP (\$)		\$5,150.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Gold
 Plan HIOS ID: 13627VT0380001 and 13627VT0360001
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

75.03%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,850
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items 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) 75.5%
Estimated AVC value		(d)=(c)/(b)*(a) 68.5%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$2,850.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$7,900.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

66.74%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 71.8%
BCBSVT Model Output for items supported by the AVC		(b) 77.5%
BCBSVT Model Output for complete benefit design		(c) 78.8%
Estimated AVC value		(d)=(c)/(b)*(a) 73.0%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$2,100.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$5,700.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 73%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

71.83%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%		
Items supported by the AV Calculator	Deductible	\$1,000
	Coinsurance	0%
	OOPM	\$5,200
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 76.1%
BCBSVT Model Output for items supported by the AVC		(b) 82.0%
BCBSVT Model Output for complete benefit design		(c) 82.9%
Estimated AVC value		(d)=(c)/(b)*(a) 76.9%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,000.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$5,200.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 73%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

76.05%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%			
Items supported by the AV Calculator	Deductible		\$200
	Coinsurance		0%
	OOPM		\$2,000
	Copayments after the deductible		See print below
	PCP visits at no cost share before the deductible		3
AVC Output for items supported by the AVC		(a)	87.2%
BCBSVT Model Output for items supported by the AVC		(b)	91.1%
BCBSVT Model Output for complete benefit design		(c)	91.2%
Estimated AVC value		(d)=(c)/(b)*(a)	87.2%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$200.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$2,000.00			
MOOP if Separate (\$)						

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	Tier 1				Tier 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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 87%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.20%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

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 and the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care is also immaterial; therefore we are using the AVC directly for this plan.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$0.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$950.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical										
Emergency Room Services	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		\$250.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs										
Generics	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		\$5.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 94%

Plan HIOS ID: 13627V/T0380002 and 13627V/T0360002

Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.39%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

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.

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Bronze		
Items supported by the AV Calculator	Deductible	\$7,900
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 61.1%
BCBSVT Model Output for items supported by the AVC		(b) 66.7%
BCBSVT Model Output for complete benefit design		(c) 66.7%
Estimated AVC value		(d)=(c)/(b)*(a) 61.2%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)		\$7,900.00				
Coinsurance (%; Insurer's Cost Share)		100.00%				
MOOP (\$)		\$7,900.00				
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Bronze
 Plan HIOS ID: 13627VT0380003 and 13627VT0360003
 Issuer HIOS ID: 13627

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.13%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds
 Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver Reflective		
Items supported by the AV Calculator	Deductible	\$2,850
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items 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) 75.5%
Estimated AVC value		(d)=(c)/(b)*(a) 68.5%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$2,850.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$7,900.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver Reflective
 Plan HIOS ID: 13627VT0380004 and 13627VT0360004
 Issuer HIOS ID: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

66.74%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

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	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, 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 no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$0 copay
MH/SA Office Visit				
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%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	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 no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit				
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%	87.2%	93.4%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	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%
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%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	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%
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%



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

MEMORANDUM

To: Paul Schultz, Chief Actuary

From: Don George, President and CEO
Ruth Greene, VP and CFO

Date: May 11, 2018

Subject: Contribution to Reserves for 2019 Vermont Individual and Small Group filing

Upon consideration of the points documented in this memorandum, we are requesting that you file a contribution to reserves (CTR) of 1.5 percent for the 2019 Vermont Individual and Small Group rate filing.

BCBSVT CTR Philosophy

Prior to the Tax Cuts and Job Act of 2017, we held that a long-term CTR of two percent represents an adequate, yet not excessive, contribution to reserves. CTR at this level within a typical trend and growth environment allows us to manage short-term fluctuations in order to maintain surplus levels that are within our established, modest target range.

Should BCBSVT's surplus level fall outside our target range, we would adjust our filed CTR accordingly. That is, in the event that surplus exceeds our targeted range, we would reduce our filed CTR from the long-term rate, all else being equal. Similarly, we would need to file a CTR that exceeds the long-term rate should surplus fall below our target range.

BCBSVT believes that CTR should be managed to an adequate long-term level, rather than fluctuating significantly from year to year with changes in membership and health care cost trend. For this reason, we file a CTR equal to our long-term target. It is our expectation that our future filings will also include contribution to reserves equal to this target. While the long-term CTR target may exceed or fall below that required to maintain our surplus position in any given year, maintaining an adequate long-term assumption will allow us to avoid rate shocks in years of high growth in projected claims costs.

BCBSVT also chooses to file consistent CTR across product lines. Many insurers file higher CTR for products with more inherent risk. For instance, the dynamic regulatory environment means that the individual and small group market is considered to be riskier

than many other market segments. However, BCBSVT considers it to be more equitable to all Vermonters to use the same CTR target across filings.

An adequate long-term contribution to reserves should exceed the minimum required to keep pace with increases in total claims costs. While best estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to threaten a company's solvency.

Apart from modest income from investments and subsidiaries, CTR is the only source of surplus for BCBSVT. While any rate filing is by definition an estimate of future costs and is therefore subject to gains or losses, BCBSVT files no additional margin beyond the required CTR. Any rate shortfall will first be paid out of CTR, while any shortfall beyond the approved CTR for a particular filing will be funded from existing reserves.

Maintaining an adequate surplus level is critical for any insurer. Consequences of low surplus include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, and a reduced ability to attract or retain business or to handle membership growth. Stability is particularly important in times of unprecedented change, such as the continuing evolution at both the federal and Vermont levels of the individual and small group market, as well as the health care reform environment in Vermont.

BCBSVT must remain financially strong in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management.

Tax Cuts and Jobs Act

The Tax Cuts and Jobs Act enacted in late 2017 is anticipated to have two specific impacts on BCBSVT's financials. First, beginning with the 2018 tax year, the BCBSVT legal entity will no longer be subject to federal income taxes (note that BCBSVT subsidiaries will continue to be taxable). The savings resulting from the elimination of BCBSVT's annual federal tax obligation are being passed on directly to our customers via premium rates, and that is what has led us to reduce our long-term CTR requirement from 2.0 percent to 1.5 percent.

The second expected impact results from the repeal of the corporate alternative minimum tax (AMT) in the new law. As a low to moderately capitalized Blue Plan, BCBSVT has been subject to federal income taxes at an AMT rate since 1987. AMT credits accumulated by BCBSVT since 1987 have become refundable under the law, and the total AMT credit balance is scheduled to be paid to BCBSVT over a four year period from 2019 through 2022, based on filed federal tax returns from 2018 through 2021. Assuming the credits are refunded to BCBSVT in accordance with the provisions set out in the Tax Cuts and Jobs Act, these funds will also be used for the direct benefit of our customers as they are received from the IRS. The method(s) for returning the AMT credits to customers will be determined

at that time, and may include lower premium rates than would otherwise have been necessary, replenishment of member surplus shortfalls, or other appropriate measures designed to protect and minimize the costs incurred by our members.

Market Considerations

In selecting a filed CTR for any given filing, BCBSVT must consider competitive and marketplace conditions while maintaining the framework of our overarching CTR philosophy.

BCBSVT's surplus position as of December 31, 2017 and March 31, 2018 falls within our established, modest target range. Therefore, an adjustment from the long-term assumption after tax reform of 1.5 percent is unnecessary for surplus reasons.

BCBSVT worked closely with the Department of Vermont Health Access (DVHA) throughout 2017 and into 2018 in an effort to understand the amount due to BCBSVT from DVHA for the QHP 2016 plan year enrollment reconciliation. The end result of the reconciliation required DVHA to pay BCBSVT \$4.5 million. The payment will be made to BCBSVT on or before June 30, 2018. BCBSVT has recorded the expected recovery in its 2017 financial results, which were filed on March 1, 2018. Going forward, we expect there to be much lower outstanding amounts due from DVHA to BCBSVT as a result of process improvements made in early 2017. Any amount payable from DVHA as part of a 2017 reconciliation would keep us well within our target surplus range. Accordingly, there is no need to adjust our CTR from the 1.5 percent long-term assumption due to the enrollment reconciliation process.

On October 12, 2017, the federal government stopped funding plans for the claims incurred within the Cost Share Reductions (CSR) program. Vermont carriers were not permitted to resubmit rates to recoup the CSR benefits expected to be utilized by members for 2018. BCBSVT expects to realize losses of nearly \$7 million due to the defunding of CSR and subsequent decision of the GMCB to not revisit 2018 rates. BCBSVT has a long history of not recouping past losses from current policyholders. Despite these extraordinary circumstances, we elect to continue the tradition of keeping our rates more affordable for Vermonters by refusing to increase our requested CTR to offset past losses.

BCBSVT experienced a significant loss of QHP membership from 2017 to 2018. BCBSVT is committed to the health of all Vermonters through outstanding member experiences and responsible cost management; however, we can only accomplish this mission from a position of financial stability. BCBSVT has experienced losses of \$15 million from 2014 through 2017 in the Vermont individual and small group line of business. While we will continue to strive to maintain or grow our market share of the single risk pool, we cannot do so by intentionally underfunding premiums or by filing a CTR that does not adequately protect us from short-term fluctuations or unforeseen events. While it would be reasonable to decrease CTR to counteract membership losses, it would also be reasonable to increase CTR to counteract financial losses.

Conclusion

In consideration of all the above, we choose to file a 1.5 percent CTR for the 2019 Vermont Individual and Small Group rate filing.



Don George, President and CEO



Ruth Greene, VP and CFO

2019 Rates Table Template v8.1		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>									
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>									
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>									
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>									
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>									
HIOS Issuer ID*	13627										
Federal TIN*	03-0277307										
Rate Effective Date*	1/1/2019										
Rate Expiration Date*	12/31/2019										
Rating Method*	Family-Tier Rates										
Family Tier											
Plan ID*	Rating Area ID*	Individual Rate*	Couple*	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*		
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents		
13627VT0320001	Rating Area 1	803.23	1606.46	1550.23	1550.23	1550.23	2257.08	2257.08	2257.08		
13627VT0320002	Rating Area 1	688.05	1376.10	1327.94	1327.94	1327.94	1933.42	1933.42	1933.42		
13627VT0320003	Rating Area 1	647.04	1294.08	1248.79	1248.79	1248.79	1818.18	1818.18	1818.18		
13627VT0320006	Rating Area 1	580.77	1161.54	1120.89	1120.89	1120.89	1631.96	1631.96	1631.96		
13627VT0320004	Rating Area 1	506.12	1012.24	976.81	976.81	976.81	1422.20	1422.20	1422.20		
13627VT0320005	Rating Area 1	521.81	1043.62	1007.09	1007.09	1007.09	1466.29	1466.29	1466.29		
13627VT0330001	Rating Area 1	654.71	1309.42	1263.59	1263.59	1263.59	1839.74	1839.74	1839.74		
13627VT0330003	Rating Area 1	597.56	1195.12	1153.29	1153.29	1153.29	1679.14	1679.14	1679.14		
13627VT0330002	Rating Area 1	517.45	1034.90	998.68	998.68	998.68	1454.03	1454.03	1454.03		
13627VT0340001	Rating Area 1	249.21	498.42	480.98	480.98	480.98	700.28	700.28	700.28		
13627VT0340002	Rating Area 1	803.23	1606.46	1550.23	1550.23	1550.23	2257.08	2257.08	2257.08		
13627VT0340003	Rating Area 1	688.05	1376.10	1327.94	1327.94	1327.94	1933.42	1933.42	1933.42		
13627VT0340004	Rating Area 1	647.04	1294.08	1248.79	1248.79	1248.79	1818.18	1818.18	1818.18		
13627VT0340007	Rating Area 1	580.77	1161.54	1120.89	1120.89	1120.89	1631.96	1631.96	1631.96		
13627VT0340005	Rating Area 1	506.12	1012.24	976.81	976.81	976.81	1422.20	1422.20	1422.20		
13627VT0340006	Rating Area 1	521.81	1043.62	1007.09	1007.09	1007.09	1466.29	1466.29	1466.29		
13627VT0350001	Rating Area 1	654.71	1309.42	1263.59	1263.59	1263.59	1839.74	1839.74	1839.74		
13627VT0350003	Rating Area 1	597.56	1195.12	1153.29	1153.29	1153.29	1679.14	1679.14	1679.14		
13627VT0350002	Rating Area 1	517.45	1034.90	998.68	998.68	998.68	1454.03	1454.03	1454.03		
13627VT0360001	Rating Area 1	671.02	1342.04	1295.07	1295.07	1295.07	1885.57	1885.57	1885.57		
13627VT0360002	Rating Area 1	653.27	1306.54	1260.81	1260.81	1260.81	1835.69	1835.69	1835.69		
13627VT0360004	Rating Area 1	579.64	1159.28	1118.71	1118.71	1118.71	1628.79	1628.79	1628.79		
13627VT0360003	Rating Area 1	509.15	1018.30	982.66	982.66	982.66	1430.71	1430.71	1430.71		
13627VT0370001	Rating Area 1	638.31	1276.62	1231.94	1231.94	1231.94	1793.65	1793.65	1793.65		
13627VT0370002	Rating Area 1	642.94	1285.88	1240.87	1240.87	1240.87	1806.66	1806.66	1806.66		
13627VT0370004	Rating Area 1	577.72	1155.44	1115.00	1115.00	1115.00	1623.39	1623.39	1623.39		
13627VT0370003	Rating Area 1	513.96	1027.92	991.94	991.94	991.94	1444.23	1444.23	1444.23		
13627VT0380001	Rating Area 1	671.02	1342.04	1295.07	1295.07	1295.07	1885.57	1885.57	1885.57		
13627VT0380002	Rating Area 1	653.27	1306.54	1260.81	1260.81	1260.81	1835.69	1835.69	1835.69		
13627VT0380004	Rating Area 1	579.64	1159.28	1118.71	1118.71	1118.71	1628.79	1628.79	1628.79		
13627VT0380003	Rating Area 1	509.15	1018.30	982.66	982.66	982.66	1430.71	1430.71	1430.71		
13627VT0390001	Rating Area 1	638.31	1276.62	1231.94	1231.94	1231.94	1793.65	1793.65	1793.65		
13627VT0390002	Rating Area 1	642.94	1285.88	1240.87	1240.87	1240.87	1806.66	1806.66	1806.66		
13627VT0390004	Rating Area 1	577.72	1155.44	1115.00	1115.00	1115.00	1623.39	1623.39	1623.39		
13627VT0390003	Rating Area 1	513.96	1027.92	991.94	991.94	991.94	1444.23	1444.23	1444.23		

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Blue Cross and Blue Shield of Vermont		
HIOS ID	19827		
SERFF Filing Number	N/A		
Date of Submission	5/11/2019		
Proposed Effective Date	1/1/2019		
Average Annual Premium			
Before Rate Change	\$15,481		
After Rate Change	\$14,489		
Amount in SERFF's Rate Review Detail Section Explanation for differences			
Proposed Overall Rate Change	7.48%	7.48%	N/A
Proposed Minimum Rate Change	1.25%	1.25%	N/A
Proposed Maximum Rate Change	1.85%	19.87%	N/A

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum.

The range of rate increase includes increase for Silver Level Exchange Plans as part of Vermont's "Silver Solution." BCBSVT collaborated with stakeholders to propose, develop, and implement the Silver Solution, a plan to offset the federal defunding of the cost-sharing reduction (CSR).

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	538.30	554.38	1.048	e.g. previous filing experience period index rate compared to the current filing experience index rate if applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing. The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2) The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing. The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Base Period Utilization Factor	1.0035	1.0075	1.004	
Pricing Trend	1.0893	1.1488	1.025	
Morbidity Adjustment	0.9578	1.041	1.046	
Risk Adjustment Recoveries	0.9958	0.9749	0.975	
Pent Up Demand	1.0000	1.0000	1.000	
Reinsurance Recoveries	1.0000	1.0000	1.000	
Reinsurance Premium	1.0000	1.0000	1.000	
Average Age Impact	1.0100	1.0101	1.000	
Additional EHB	1.0000	1.0000	1.000	
Exchange Fee	1.0000	1.0000	1.000	
Fixed Cost Adjustment	1.0758	1.0768	1.001	
SG&A	1.0000	1.0000	1.000	
Margin	1.0070	0.0000	0.000	
Taxes and Fees	1.0396	1.0128	0.974	
Benefit Design Changes	0.7333	0.8108	1.022	
Geography	1.0000	1.0000	1.000	
Tobacco	1.0000	1.0000	1.000	
Provider Networks Changes	0.9999	1.0000	1.000	
New System Change	0.9938	0.9863	0.992	
Impact of Selection	1.0199	1.0132	0.993	
Pharmacy Contract	0.9967	0.9879	0.991	
Non-EHB	1.0002	1.0002	1.000	
xxxxxx	xxxx	xxxx	1.000	
Total Rate Change			0.000	1.075
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17				
The small difference between the calculated rate change and the average rate change is due to membership mix, contract mix, order of operations and methodology.				

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	11,347	18,740	2,474
Increase of 5.01% to 10.00%	13,224	23,688	2,598
Increase of 10.01% to 14.99%	1,206	1,784	0
Increase of 15.00% or more	6,691	8,254	0
Total	32,570	53,664	4,982

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2015	4.81%	7.70%
2016	6.40%	5.90%
2017	8.20%	7.30%
2018	12.86%	9.21%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	January 2017 - December 2017	January 2018 - December 2018	January 2019 - December 2019		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
ACA Insurer Fee	\$0.00	\$15.98	\$0.00		-100.00%
Taxes, Licenses & Fees	\$1.90	\$2.58	\$2.88	56.68%	16.30%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$35.20	\$35.08	\$36.17	8.46%	8.81%
Profit/Risk Margin	\$42.98	\$3.78	\$0.00	-100.00%	-100.00%

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
ACA Insurer Fee	0.00%	2.83%	0.00%		-100.00%
Taxes, Licenses & Fees	0.39%	0.52%	0.51%	31.28%	-1.16%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.54%	7.11%	6.58%	-9.14%	-7.52%
Profit/Risk Margin	-0.61%	-0.76%	-0.00%	-100.00%	-100.00%

The Department is requesting each carrier provide a detailed commission schedule. Include in the following text box or state where in the filing it is located.

BCBSVT does not pay commissions on plans impacted by this filing.

Trend & Projection Assumptions

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Normalized Annualized													Normalized Annualized
	Month	Member Months	Monthly Allowed Claims \$	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Allowed Claims \$	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend	
Last Month in Experience Period	Apr-2015	63,110	\$507.52				1.00	1.00		\$507.52				
	May-2015	63,534	\$490.79				1.00	1.00	1.00	\$490.79				
	Jun-2015	64,764	\$512.85				1.00	1.00	1.00	\$512.85				
	Jul-2015	64,918	\$509.91				1.00	1.00	1.00	\$509.91				
	Aug-2015	64,305	\$490.33				1.00	1.00	1.00	\$490.33				
	Sep-2015	64,314	\$522.65		14.73%		1.00	1.00	1.00	\$522.65			14.73%	
	Oct-2015	63,920	\$514.44		15.19%		1.00	1.00	1.00	\$514.44			15.19%	
	Nov-2015	63,447	\$470.50		-1.38%		1.00	1.00	1.00	\$470.50			-1.38%	
	Dec-2015	63,152	\$524.76		-3.43%		1.00	1.00	1.00	\$524.76			-3.43%	
	Jan-2016	63,688	\$524.06		-2.15%		1.00	1.00	1.00	\$524.06			-2.15%	
	Feb-2016	62,722	\$515.66		15.87%		1.00	1.00	1.00	\$515.66			15.87%	
	Mar-2016	62,640	\$536.35		19.68%	6.35%	1.00	1.00	1.00	\$536.35		6.35%	19.68%	
	Apr-2016	66,072	\$504.99		10.84%	5.17%	1.00	1.00	1.00	\$504.99		5.17%	10.84%	
	May-2016	66,550	\$517.93		-0.97%	7.00%	1.00	1.00	1.00	\$517.93		7.00%	-0.97%	
	Jun-2016	66,227	\$560.87		1.33%	8.81%	1.00	1.00	1.00	\$560.87		8.81%	1.33%	
	Jul-2016	66,186	\$494.39		3.76%	5.72%	1.00	1.00	1.00	\$494.39		5.72%	3.76%	
	Aug-2016	66,357	\$509.53		1.05%	3.51%	1.00	1.00	1.00	\$509.53		3.51%	1.05%	
	Sep-2016	69,509	\$542.29		-9.24%	2.74%	1.00	1.00	1.00	\$542.29		2.74%	-9.24%	
	Oct-2016	69,807	\$503.38		-4.47%	3.30%	1.00	1.00	1.00	\$503.38		3.30%	-4.47%	
	Nov-2016	69,938	\$549.35		8.01%	2.25%	1.00	1.00	1.00	\$549.35		2.25%	8.01%	
	Dec-2016	70,118	\$550.26		15.57%	0.86%	1.00	1.00	1.00	\$550.26		0.86%	15.57%	
	Jan-2017	70,311	\$534.15		21.73%	3.67%	1.00	1.00	1.00	\$534.15		3.67%	21.73%	
	Feb-2017	70,375	\$575.04		17.12%	8.45%	1.00	1.00	1.00	\$575.04		8.45%	17.12%	
	Mar-2017	70,977	\$591.42	5.82%	26.65%	11.44%	1.00	1.00	1.00	\$591.42	5.82%	11.44%	26.65%	
	Apr-2017	69,561	\$554.43	6.67%	23.22%	15.01%	1.00	1.00	1.00	\$554.43	6.67%	15.01%	23.22%	
	May-2017	69,674	\$508.51	5.35%	-1.08%	10.01%	1.00	1.00	1.00	\$508.51	5.35%	10.01%	-1.08%	
	Jun-2017	69,644	\$573.23	4.68%	-14.39%	12.25%	1.00	1.00	1.00	\$573.23	4.68%	12.25%	-14.39%	
	Jul-2017	69,262	\$499.39	5.04%	-28.79%	7.26%	1.00	1.00	1.00	\$499.39	5.04%	7.26%	-28.79%	
	Aug-2017	66,504	\$577.18	5.81%	-1.25%	3.09%	1.00	1.00	1.00	\$577.18	5.81%	3.09%	-1.25%	
	Sep-2017	66,568	\$558.07	5.70%	-0.42%	2.06%	1.00	1.00	1.00	\$558.07	5.70%	2.06%	-0.42%	
	Oct-2017	66,259	\$537.15	6.45%	25.20%	-5.99%	1.00	1.00	1.00	\$537.15	6.45%	-5.99%	25.20%	
	Nov-2017	67,232	\$566.95	5.41%	3.03%	-0.16%	1.00	1.00	1.00	\$566.95	5.41%	-0.16%	3.03%	
	Dec-2017	67,540	\$554.31	5.03%	6.01%	-2.67%	1.00	1.00	1.00	\$554.31	5.03%	-2.67%	6.01%	
	Jan-2018	67,184	\$629.13	6.33%	19.85%	7.33%	1.00	1.00	1.00	\$629.13	6.33%	7.33%	19.85%	
	Feb-2018	66,653	\$597.21	5.67%	31.66%	8.45%	1.00	1.00	1.00	\$597.21	5.67%	8.45%	31.66%	
	Mar-2018	66,195	\$593.45	4.78%	45.09%	13.03%	1.00	1.00	1.00	\$593.45	4.78%	13.03%	45.09%	

Solvency

Historical Experience (ACA Only):		Incurred or Allowed Basis ⁽¹⁾	Allowed	(1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").
Total Adjusted Capital Authorized Control Level RBC Ratio	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement		
	N/A	N/A		
	N/A	N/A		

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2013	12/31/2013	0	0	0	92.8%
Historical Year -3	1/1/2014	12/31/2014	636,482	231,441,129	249,495,313	92.8%
Historical Year -2	1/1/2015	12/31/2015	769,260	294,107,984	320,569,002	92.0%
Historical Year -1	1/1/2016	12/31/2016	835,541	396,402,896	377,434,172	94.9%
Historical Year 0	1/1/2017	12/31/2017	820,150	373,107,587	403,294,369	92.5%
Historical Totals			3,062,482	1,256,852,660	1,360,992,886	92.9%
Interim Time Period	1/1/2018	3/31/2018	162,597	74,728,175	87,614,100	85.3%
Future Year 1	1/1/2018	12/31/2018	631,082	341,203,232	371,776,055	91.8%

Expected Incurred Claims	A-to-E Claims Ratio
245,075,829	94.4%
272,117,666	108.1%
346,234,246	102.4%
413,852,382	92.2%
1,277,769,853	98.4%
71,411,276	104.6%
341,203,232	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	85.3%
1,942,478	6,962,200	87.0%
6,115,072	7,798,968	91.8%
2,367,968	7,981,499	97.5%
1,687,256	1,687,256	93.2%
8,040,737	28,321,912	94.8%
0	0	85.3%
3,507,663	1,976,036	93.2%

Anticipated Pricing Loss Ratio (no adjustments)
Anticipated LR using Federally-prescribed MLR methodology

90%
90%

Note:
The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.
The interim time period the time periods available in the current year.
The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Index Rate for Projected Period PMPM	\$662.94
Risk Adjustment PMPM	(\$16.65)
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$0.00
Market Adjusted Index Rate PMPM	\$646.29

Product	Standard Platinum	xxx	Standard Gold	Blue Rewards Gold CDHP	Standard Silver CDHP	Rewards Silver CDHP - Retiree	Standard Bronze Integrat	Blue Rewards Bronze	Catastrophic
Product ID	13627VT034 and 13627VT032	xxx	13627VT034 and 13627VT032	827VT037 and 13627VT034	827VT033 and 13627VT03	13627VT037 and 13627VT039	827VT034 and 13627VT1	13627VT036 and 13627VT038	13627VT034
Plan ID	13627VT10340003 and 13627VT10320001	xxx	13627VT10340003 and 13627VT10320001	1037VT031 and 13627VT03	10336001 and 13627VT03	13627VT034 and 13627VT039	10340003 and 13627VT1	827VT036003 and 13627VT038	13627VT0340001
	Platinum	Platinum	Gold	Gold	Silver	Silver	Bronze	Bronze	
Metal Tier	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	Catastrophic
Metal AV Value	0.901	0.000	0.820	0.761	0.705	0.718	0.630	0.612	0.378
Pricing AV Value	1.110	0.000	0.950	0.882	0.904	0.798	0.721	0.703	0.385
Projected Member Months	10,262	0	5,496	6,499	1,696	1,691	485	598	294
Market Adjusted Index Rate PMPM	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29	\$646.29
Plan Adjustments (in multiplicative format)									
Actuarial value and cost-sharing design of the plan	1.019	0.000	0.864	0.786	0.819	0.705	0.641	0.613	0.613
Provider network, delivery system characteristics and utilization management practices	1.000	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Plan benefits in addition to EHB	1.000	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	0.000	1.000	1.000	1.000	1.000	1.000	1.000	0.494
Plan Adjustments (in % format)									
Distribution and administration costs	8.1%	0.0%	9.0%	10.8%	9.4%	11.8%	11.1%	10.8%	31.2%
Plan Adjusted Index Rate	\$717.13	\$0.00	\$614.31	\$569.86	\$584.52	\$515.79	\$465.87	\$454.57	\$248.56
Age Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Tobacco Surcharge Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Aggregate Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Consumer Adjusted Premium Rate PMPM	\$717.13	\$0.00	\$614.31	\$569.86	\$584.52	\$515.79	\$465.87	\$454.57	\$248.56

Calculated Pricing AV	1.110	0.000	0.951	0.882	0.904	0.798	0.721	0.703	0.385
Pricing AV in URRY	1.110	0.000	0.950	0.882	0.904	0.798	0.721	0.703	0.385
Difference	0.0%		#DIV/0!	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Explanation for differences between implied Pricing AV and URRY	N/A								

Age 40 Factor	1.108
Tobacco Surcharge Factor	1.000
Geographic Rating Area #1	1.000
Geographic Rating Area #3	1.000
Geographic Rating Area #5	1.000

*Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below

Calculated Premium Rate (Age 40, Area 1, Tobacco User)	\$803.25	\$0.00	\$688.08	\$638.28	\$654.71	\$577.72	\$521.81	\$509.15	\$278.41
Calculated Premium Rate (Age 40, Area 3, Tobacco User)	\$803.25	\$0.00	\$688.08	\$638.28	\$654.71	\$577.72	\$521.81	\$509.15	\$278.41
Calculated Premium Rate (Age 40, Area 5, Tobacco User)	\$803.25	\$0.00	\$688.08	\$638.28	\$654.71	\$577.72	\$521.81	\$509.15	\$278.41

Proposed Premium Rate (Age 40, Area 1, Tobacco User)	\$803.23		\$688.05	\$638.31	\$654.71	\$577.72	\$521.81	\$509.15	\$280.21
Proposed Premium Rate (Age 40, Area 3, Tobacco User)	\$803.23		\$688.05	\$638.31	\$654.71	\$577.72	\$521.81	\$509.15	\$280.21
Proposed Premium Rate (Age 40, Area 5, Tobacco User)	\$803.23		\$688.05	\$638.31	\$654.71	\$577.72	\$521.81	\$509.15	\$280.21

Difference (Age 40, Area 1, Tobacco User)	0.0%	#DIV/0!	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-10.5%
Difference (Age 40, Area 3, Tobacco User)	0.0%	#DIV/0!	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-10.5%
Difference (Age 40, Area 5, Tobacco User)	0.0%	#DIV/0!	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-10.5%

Explanation for differences	We used a difference Contract Conversion factor for the catastrophic plan.								
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Actuarial value and cost-sharing design of the plan

Actuarial value and cost-sharing design of the plan	1.019	0.000	0.864	0.786	0.819	0.705	0.641	0.613	0.613
Paid/Allowed Ratio (Cost-Sharing only)	0.930		0.844	0.789	0.841	0.735	0.681	0.656	0.656
Used Induced utilization factors	1.000		1.000	1.000	1.000	1.000	1.000	1.000	1.000
Calculated	1.000	0.000	0.865	0.787	0.820	0.706	0.641	0.613	0.303

(Intentionally left blank. See below)

Risk Adjustment					
	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	1/1/2016 - 12/31/2016	1/1/2018 - 12/31/2018	1/1/2019 - 12/31/2019		
Total Risk adjustment (Dollar amount)	\$500,183	\$534,434	\$6,716,593		
Membership Member Months	635,541	640,420	631,095	-34.47%	-34.91%
PMPM	\$0.36	\$0.40	\$13.66	3701.62%	3331.86%
Premium	\$377,634,175	\$452,785,021	\$873,751,080	-1.03%	-17.45%
As a % of Premium	0%	0%	2%	2801.23%	3021.87%

If the actual risk adjustment payable/receivable was materially different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed the issue.
Please see section 3.7.1. of the actuarial memorandum

Please provide an exhibit in excel with working formulas, demonstrating the calculation of the rate increase assuming that the current membership in terminated plans are mapped to renewal/proposed plans closest to the member's current benefit structure or Pricing AV. Include a quantitative calculation of the differences in benefits and cost sharing, as well as the Pricing and Metal AVs for the current and renewal/proposed 2019 plans. In the following text box state where in the filing the requested exhibit is located.

BCBSVT is not terminating any plans in 2019

May 21, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 05/17/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-131497882)**

Dear Mr. Hammerquist:

In response to your request dated May 17, 2018, here are *your questions* and our answers:

1. Please provide the RATEE report from CMS.

This question involves confidential and proprietary information and has been provided under separate cover.

2. Provide quantitative support for the unit cost trends.

This question involves confidential and proprietary information and has been provided under separate cover.

Please let us know if you have any further questions, or if we can provide additional clarity on the items above.

Sincerely,



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

June 1, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 05/25/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-
131497882)**

Dear Mr. Hammerquist:

In response to your requests dated May 25, 2018, here are [your questions](#) and our answers:

- 1. Provide an estimate of the number of covered lives BCBSVT projects will be attributed to the ACO for the 2019 plan year, and explain how that estimate compares to the number of attributed lives for the 2018 plan year.*

BCBSVT used March 2018 ACO attribution to project that 37.4 percent of its membership in the Individual and Small Group markets would be attributed to the ACO in 2019. While it's possible that the ACO network will change in 2019, providers do not need to commit to the ACO until later this year. The best estimate for 2019 is therefore the current attribution of 37.4 percent, or 18,250 members.

- 2. Does the filing reflect any adjustments for ACO-attributed members, based on risk score, as compared to non-attributed members?*

This question was amended as per your May 30 email to read: "Please quantitatively and qualitatively describe the risk score and claims experience for ACO-attributed members compared to non-attributed members."

The table below splits out the calendar year 2017 experience period allowed claims based on the 2018 ACO attribution. We are using the 2018 ACO attribution instead of the 2017 ACO attribution due to the significant changes in the ACO network from 2017 to 2018. The risk score is based on the 2017 CMS-HCC model.

	Risk Score	Medical PMPM	Pharmacy PMPM	Dental and Vision PMPM	Total PMPM
ACO	1.368	\$470.32	\$112.30	\$2.64	\$585.27
Non-ACO	1.282	\$456.32	\$97.68	\$1.80	\$555.80
TOTAL	1.306	\$460.25	\$101.78	\$2.04	\$564.06

Members are attributed to the ACO based on two criteria: selecting a primary care provider that participates in the ACO or having services rendered by a provider participating in the ACO. Since claims drive nearly half of the attribution, it is not unexpected that ACO membership would have higher risk scores and higher claims than the unattributed population.

3. *Does the filing reflect any adjustments based on efficiencies that may be realized by using a fixed PMPM for ACO-attributed lives?*

BCBSVT and OneCare Vermont have not agreed to a fixed PMPM for 2018. BCBSVT's agreement with OneCare is an annual agreement with three additional one-year option years. While the 2019 contract is not yet finalized, it is our expectation that in the event a fixed payment is implemented there will continue to be a reconciliation to actual fee-for-service claims as part of the settlement.

The agreement between BCBSVT and OneCare aligns the ACO expected spend target with GMCB-approved premiums. If actual medical spend on a fee-for-service basis is higher or lower than medical component of the premium, the ACO will share in 50 percent of the savings or risk to a maximum of 6 percent. This 50/50 risk sharing is important to BCBSVT in the early years of the arrangement because it is the means by which savings make their way back to ratepayers and value can thereby be demonstrated to the commercial market. Any actual savings generated through this risk contract will be reflected through experience in future rate filings. It would be inappropriate to include in this filing an expectation of additional savings due to ACO operations, as this would undermine the alignment of target to premium.

In expectation of a 2019 program, BCBSVT is working closely with our network providers and OneCare to maximize our collaborative clinical reach focusing on reducing overall medical costs. Savings *across the entire single risk pool* for this initiative has been reflected in this filing (see section 3.4.7.1 of the Actuarial Memorandum).

4. *Calculate a breakdown similar to the URRT breakdown showing the impact of hospital budget rates/analysis on medical trend. If possible, provide the breakdown at the company pricing level; if not, provide the breakdown at the URRT level.*

Below are tables showing the components of medical trend and their impact on the total rate increase.

2017 to 2018 Trend Component	Approved 2018	Filed 2019	2019 Rate Impact
Medical Utilization for Vermont facilities and providers impacted by GMCB's Hospital Budget Review	1.0%	2.0%	0.4%
Medical Utilization for other facilities and providers	1.0%	2.0%	0.4%
Medical Cost Trend for Vermont facilities and providers impacted by GMCB's Hospital Budget Review	1.4%	2.3%	0.4%
Medical Cost Trend for other facilities and providers	4.1%	2.9%	-0.5%
Total Impact of the change in trend assumption from 2017 to 2018			0.6%

2018 to 2019 Trend Component	Filed 2019	2019 Rate Impact
Medical Utilization for Vermont facilities and providers impacted by GMCB's Hospital Budget Review	2.0%	0.8%
Medical Utilization for other facilities and providers	2.0%	0.7%
Medical Cost Trend for Vermont facilities and providers impacted by GMCB's Hospital Budget Review	2.1%	0.9%
Medical Cost Trend for other facilities and providers	3.5%	1.2%
Total Impact of the trend assumption from 2018 to 2019		3.6%

Summary of 2019 Rate Impact	GMCB	Other	Total
Utilization Trend	1.3%	1.0%	2.3%
Cost Trend	1.3%	0.7%	1.9%
Total	2.6%	1.7%	4.3%

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



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

June 4, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 05/25/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-131497882)**

Dear Mr. Hammerquist:

In response to your requests dated May 25, 2018, here are [your questions](#) and our answers:

1. Please provide quantitative support for the projected risk adjustment.

This response involves confidential and proprietary information and will be provided under separate cover.

2. Please provide additional support for the 1.4% impact on rates that is driven by an observed increase in average claims costs due to the loss of healthy members that is not expected to be fully offset by an increase in risk adjustment.

Claims costs are expected to be influenced by changes in the pool morbidity, health status of the newly insured, benefit mix changes and membership mix changes. These factors were calculated by estimating their respective impacts on the average allowed charge. These same categories were incorporated into the risk adjustment calculation (see response to Q1) using the expected risk scores of the various sub-groups of members instead of the allowed charges. The comparative result of these calculations is the claims impact on premiums exceeding the risk adjustment impact on premiums by 1.4 percent.

The impact on premium rates specifically for the change in pool morbidity (1+ b₉) was 2.2 percent (please see also our response to question 4 below). The premium impact of the risk adjustment transfer is -1.1 percent. All other adjustments such as the impact of new members, benefit and membership mix have a combined 0.3 percent premium impact.

If we used a different methodology for the change in pool morbidity (as described in our response to question 4b) the premium impact due to changes in pool morbidity would be 1.3 percent lower. This would imply the impact of demographic adjustments net of risk adjustment would be only 0.1 percent (0.9 percent impact for changes in pool morbidity, 0.3 percent for all other demographic adjustments and -1.1 percent due to the increase in expected risk adjustment transfer amount).

3. *Please provide support for the impact, if any, that each of the morbidity adjustments in this filing impact the projected risk adjustment, including the aging impact.*

The impact of aging will affect the risk scores for both BCBSVT and MVP. We assume both carriers will experience the same proportional impact due to aging and therefore will not change the projected risk adjustment transfer. Similarly, the loss of membership due to the individual mandate was assumed to have the same proportional impact to BCBSVT and MVP and any changes in the carriers' risk scores was assumed to offset.

The health status of new membership is projected to increase claims but is also projected to be partially offset by projected risk adjustment in that the risk adjustment calculation assumed that new members would have BCBSVT average plan level PLRS scores (see 'Adjusted 2018' tab within response to Q1). Since the average PLRS of BCBSVT's new members is assumed to be 1.443 and MVP's projected PLRS is 1.290 there is an offsetting impact of risk adjustment for this factor.

4. *The impact of benefit changes factor (1+c1) includes a 0.6% increase in claims due to membership changes from calendar year 2017 to March 2018.*

a. *Is this partially offset by projected changes to risk adjustment?*

b. *Please explain how this impact is not partially included in the change in pool morbidity factor (1+b9).*

a. Yes, the projected risk adjustment used the membership distribution as known in March 2018 and applied it to the plan ID level risk adjustment information. Therefore, the increase in claims due to members selecting richer plans is partially offset by projected risk adjustment transfer.

b. We agree that a more appropriate methodology would have been to adjust the morbidity calculation to normalize for the impact of induced utilization, thereby making the benefit changes and morbidity adjustments completely independent. This change would have a downward impact of 1.3 percent on the morbidity factor, which flows through to have the same average impact on rates. Please see below a modified table from Section 3.4.3 of the Actuarial Memorandum:

	Voluntary Cancellation in the Individual Market	Members in Groups that are no longer with BCBSVT	All Other Members	Total
Experience Period Allowed	\$37,911,937	\$39,657,452	\$384,863,755	\$462,433,145
Member Months	68,283	84,643	666,898	819,824
PMPM	\$555.22	\$468.53	\$577.10	\$564.06
Experience Period Average Induced Utilization	0.8820	0.9904	1.0129	1.0000
PMPM After Normalization for Induced Utilization	\$629.48	\$473.08	\$569.77	\$564.06

The factor (1+b9 on Exhibit 5) to adjust for the change in pool morbidity would become $\$569.77/\$564.06 = 1.0101$.

5. *Please support using different thresholds for removing high claims for the following:*
- a. *Changes in Benefits*
 - b. *Utilization Trend*

Please note that we did not use truncation to measure changes in benefits. As required by the rating rules, we use the entire single risk pool to measure the actuarial value of each plan.

We did use truncation for the purpose of calculating the $1+c_6$ factor related to the impact of selection in order to mitigate any skewness in actual allowed charge relativities among metal levels. This level was chosen because it produced results that were a closer fit to the relativities used in the previous year's filing. There is no actuarial reason why we should adjust this truncation point to match that used in the trend analysis. Doing so would have resulted in an immaterial -0.06 percent rate impact.

The \$250,000 threshold for removing high claims was set very deliberately for the utilization trend analysis. Calendar 2016 was an outlier in terms of number of high claimants and total cost of high claims, which seemed to be skewing regression and time series results for utilization trend. The \$250,000 threshold represented around 0.1 percent of claimants for each of the three years (slightly higher in 2016). Lower thresholds appeared to be less skewed while higher thresholds had so few claimants as to be less impactful in terms of removing the skewness from the statistical models. Note that we completely removed - rather than truncating - claimants above the threshold because of the difficulty in attempting to assign truncated claims to a specific month or months without causing additional skewness to the statistical analyses.

Again, we do not believe there is any actuarial reason why the same attachment point necessarily should apply to the two analyses: the calculations are not related in any way, and the methodology itself above the threshold was not the same (truncation vs. removal). The threshold and treatment of large claims was appropriate for each of the two independent analyses.

6. *Please provide additional support for the cost containment strategies and the impact in Exhibit 3C including a summary of how these goals were set.*

BCBSVT provides targeted care management to support our members. We seek to continuously evolve and improve our approach and in the coming year we will institute three new programs which will enhance our ability to help our members find the right care at the right place at the right time. These programs include a refined methodology to identify emerging risk among our members using proprietary CRG and severity scores in a proactive fashion; a new real time notification system which will provide admission, discharge and transfer information at the time at which clinical events occur; and a mobile care management platform initially targeted to support patients during transitions of care. When we analyze the historical claims experience of our VISG population we see several trends which routinely drive claims costs. These include inpatient utilization exceeding our book of business rates for conditions such as circulatory system, musculoskeletal disease and neoplasms and ER utilization with as much as 60 percent of the utilization driven by potentially avoidable low complexity visits. Targeting these high impact areas will be our first priority with our new capabilities.

Case management has historically used retrospective claims to identify complex cases that would benefit from case management services. At BCBSVT we provide best in class whole person care management through an integration of medical and mental health & substance use expertise through our partnership with the Brattleboro Retreat known as Vermont Collaborative Care. Members receive single point of contact care management for all diagnoses supported by

teams of nurses, social workers and licensed mental health professionals. One of the weaknesses of historical identification methods for case management is a dependence on submitted diagnoses and historical claims experience driving identifications which are typically separated from an acute event or diagnosis due to the claims cycle. New methodologies seek to leverage existing CRG and severity indices to identify emerging risk patients in need of support before they become high cost & complex cases. We are currently initiating work flows to identify these members earlier in their care journey and provide support to link them with appropriate outpatient care and self-management skills proactively. Our and industry experience suggest that care management is a cost effective intervention which controls costs and adverse utilization such as avoidable inpatient admissions and ER visits.

As mentioned above the claims system provides notification of events usually 60 days after an event has occurred. Leveraging new technology systems BCBSVT will be receiving real time data on admissions, discharges and transfers from an external vendor who is able to interface with state HIE and hospital systems throughout the country. The vendor is located in the Northeast and has connections with all VT hospitals as well as most hospitals in the Boston area, NH, NY, and Maine. These real time notifications also contain clinical information and algorithms such as the NYU classification system for avoidable ER visits allowing targeting of patients in need of care management support and education about alternative sites of care such as their primary care, urgent care and our new telehealth capabilities. In addition currently we receive notifications of admissions but not notifications of transfers or discharges and this capability will therefore inform more timely care management interventions to support our members.

The final new capability is the evolution of care management communications options for our members with the addition of a secure mobile care management platform. Currently the bulk of our communications with members in care management are telephonic and mail (and even some in-person care management). While we have found that one on one single point of contact human relationships are the most effective method to create engagement with our members and change their health behaviors and use of the health system this meets the communication needs of only a segment of our population. New communication channels including asynchronous communication such as texting and electronic messaging on secure platforms are increasingly being sought by members. We have engaged with a secure mobile health communication platform to extend the reach of our care management team. This platform significantly increases the channels of communication with our members and better meets their needs. We will be using this platform to extend rather than replace our single point of contact care management structure and allow asynchronous communications including disease specific health education to occur. One of the first programs we will be initiating is in transitions in care using this technology. We will focus on decreasing repeat admission and readmissions using this technology. Other health plans who have initiated this technology have seen substantial increases in engagement with their members and better experience with both ER and inpatient admission utilization as a result.

Our chief medical officer reviewed studies provided by the vendors for each tool and also interviewed other health plans who have implemented the processes described above. On the basis of those confidential studies, we concluded that a 4 percent decrease in inpatient admissions and a 5 percent reduction in ER utilization were reasonable estimates for the impact of the new programs.

7. Please clarify if the paid through date for the data in the table on page 10 of the Actuarial Memorandum is paid through March 31, 2018.

Yes, the first row in the table on page 10 should have been labeled “claims incurred January 1, 2017 through December 31, 2017 and paid through March 31, 2018.”

8. Please provide an outline of the reinsurance arrangement that was used to calculate the cost of reinsurance.

BCBSVT purchases a reinsurance policy from Swiss Re with an \$800,000 retention level and a 10 percent co-participation provision. The policy is unlimited on a per member per contract basis. We assess the retention level annually to ensure that we are retaining an appropriate level of risk and are receiving the best value for our premium. We also do a full market check every three years.

The premium for our policy is a flat PMPM rate without a refund provision. We believe we have achieved the greatest value by negotiating a low fixed premium rather than tying potential savings to the performance of the policy.

9. Please provide support for the assumption that the 2019 assessment for the Vermont Vaccine Purchasing Program will be 60% of the original 2018 rates.

To estimate the 2019 rates for the Vermont Vaccine Purchasing program (VVPP), we started with Assessment Calculation Worksheet from the October 31, 2017 meeting¹. Based on data in that workbook, we calculated an average quarterly cost per covered life of \$6.20, for a total quarterly cost of the program of \$2.3 million.

VVPP has accumulated a surplus of \$13,654,036² over the past 4 years. Based on CDC policy, the program must have reserves “greater than or equal to the amount of the program’s quarterly vaccine purchase.” This means that the program must have at least \$2.3 million in reserves at all times.

Using a constant total program lives of 379,225 (based on 2018 worksheet), a beginning balance of \$13.7 million and the known reduction in rates for 2018, we calculated that with a 2019 rate of 60% of the original 2018 rates, the program would be able to reduce its reserves to an amount higher than the minimum reserve by a reasonable margin of error by the end of 2019.

10. When normalizing claims to analyze utilization and intensity, what percentage of the remaining allowed claims, mentioned in the last paragraph on page 19 of the Actuarial Memorandum, are not for out-of-area services?

Before normalization, 84.3 percent of the calendar year 2017 allowed charges are not for out-of-area services. After normalization, 84.2 percent of the calendar year 2017 allowed charges are not for out-of-area services.

11. In the utilization analysis, an adjustment was made for losing young members, but not for losing healthy members. Please discuss the adequacy of the age-gender factors for this adjustment and the availability of another quantitative source for morbidity.

It is certainly possible but would be a significant undertaking to use the CMS risk adjustment model or other risk adjustment model as a means of estimating morbidity changes. Given that our VISG population decreased by only 2 percent at 2017 open enrollment, we expect that demographic and induced utilization adjustments are more than sufficient as a means of normalizing trend for population changes. It is unclear whether using risk adjustment instead

¹ <http://www.vtvaccine.org/vtvaccine.nsf/WebEvents/71E8875583526E888525816F00471054>

² [http://www.vtvaccine.org/vtvaccine.nsf/documents/2018AssessmentRateChangeNoticeAndLetterFromTheCommissioner.html/\\$File/2018%20VVPP%20Committee%20Recommendation%20letter%20and%20Notice%20of%20Assessment.pdf](http://www.vtvaccine.org/vtvaccine.nsf/documents/2018AssessmentRateChangeNoticeAndLetterFromTheCommissioner.html/$File/2018%20VVPP%20Committee%20Recommendation%20letter%20and%20Notice%20of%20Assessment.pdf)

would yield a materially different or more accurate result, particularly given the small magnitude of the change in population.

Given the material change in membership from 2017 to 2018, it is likely that we will explore alternate methods of trend normalization and/or development for the 2020 filing.

12. Clarify what is meant on the top of page 20 in the Actuarial Memorandum, by “The derived trend for other claims are assumed to be continuous.”

For providers that BCBSVT directly contracts with, we know when new contracts take effect. For other providers, we do not know exactly when contracts are updated and have therefore assumed that changes happen uniformly each month rather than once a year.

13. Provide qualitative support for blending the dental trends from 2016 and 2017. The dental benefits have been available since 2014 and it is unclear why the dental trends would not level out at more standard dental trends going forward. What were the 2017 dental claims per pediatric member?

We decided to blend the dental trends from 2016 and 2017 to both account for the lower trend in 2017 but also reflect the historical higher trends. Below are the historical per pediatric member per month results.

Calendar Year	PPMPM	Trend
2014	\$8.81	
2015	\$10.09	14.5%
2016	\$11.33	12.3%
2017	\$11.89	4.9%

We are unaware of any national studies that are specific to pediatric dental as part of QHP plans. National studies indicate that dental trends for standalone adult plans range from approximately 4.0 percent to 6.5 percent. Given historical results and national trends for imperfectly analogous products, our selected dental trend of 7.2 percent seems to be clearly within the range of actuarial reasonableness.

It bears mentioning that reducing dental trend to the lowest observed figure in the history of the product would have an immaterial rate impact of -0.01 percent.

14. Are the administrative costs different for individuals who enroll directly through BCBSVT versus the Vermont Health Connect? Is the addition of the Reflective Silver Plans off-exchange expected to have an impact on the administrative costs?

BCBSVT does not allocate administrative expenses separately for individuals who enroll directly with BCBSVT and those enrolled through Vermont Health Connect (VHC). Direct enroll individual is similar to traditional individual business and very different from small group in that it requires more operational support for billing, dunning, follow up call support, etc. We have therefore not included an impact to our administrative costs PMPM - either upward or downward - for the addition of Reflective Silver Plans off-exchange.

15. Please describe any efforts being made to reduce administrative costs as the Company's overall membership has declined. Has a more detailed analysis been done to estimate the impact of declining membership on overall administrative costs?

At BCBSVT, one of our highest priorities is managing our administrative functions and costs as efficiently as possible. Our annual budgeting process is thoughtful and disciplined, with our administrative cost targets set specifically to ensure that we compare favorably to industry benchmarks despite our small scale, and more importantly, that we are keeping the cost of our services as low as possible on behalf of our fellow Vermonters. Our employees are highly engaged in our corporate efficiency program known as Blue IDEAs, which continually generates process improvements and administrative cost savings. In most years, we are able to manage our actual administrative expenses even lower than our aggressive budget targets.

Our budget and administrative expense management processes require that we factor in a number of variables, including both actual and projected membership levels. As groups and other types of membership tend to move among insurers frequently, causing our membership to fluctuate in both directions, it is important that we manage our staffing levels and the associated costs based on a total view of membership expectations over a period of several months. Due to the complexity of our business and the extensive training required in our operational areas, it is ultimately more costly for us to reduce staffing immediately upon each modest membership decline only to have to ramp our staffing back up when the membership returns. It is important to maintain staffing levels at an efficient competitive level through the inevitable membership fluctuations.

As a percentage of the total population that BCBSVT serves, the loss of VISG membership in 2018 is not highly significant. In this type of circumstance, our approach is to monitor our variable cost areas closely, and where appropriate based on current and projected membership expectations, manage staffing below the budgeted level by holding open positions vacant for a longer period of time.

16. Please provide the percentage of individuals in the on-exchange silver plans that receive:
a. federal cost sharing reductions;
b. only Vermont cost sharing reductions; and
c. federal premium subsidies, with no cost sharing reductions.

Of the 11,048 projected on-exchange silver plans members,

- a. 48.5 percent receive federal cost sharing reductions (CSR 87%, CSR 94% and CSR 100%)
- b. 37.3 percent only receive Vermont cost sharing reductions (CSR 73% and CSR 77%)
- c. 14.3 percent receive federal premium subsidies without cost sharing reductions

17. Please provide an estimate of the impact of the refundable AMT credits on the Company's RBC level.

The accumulated AMT credits are scheduled to be refunded over a four year period beginning, at the earliest, in late 2019 based on BCBSVT's 2018 filed federal tax return. The ultimate impact of the total AMT credit refunds on BCBSVT's RBC level is dependent upon a number of factors that are difficult to predict so many years ahead of time. These factors include, but are not limited to, the following:

- The continued existence of the Tax Cuts and Jobs Act, specifically the provisions related to the corporate AMT repeal and the refunding of accumulated AMT credits;
- The impact, if any, of sequestration on the amount of the AMT credits actually refunded by the IRS; and
- BCBSVT's risk profile, most significantly the volume of membership and insured premium and claims, at the time the final AMT credit refunds are received.

Based on BCBSVT's year-end 2017 Authorized Control Level Risk-Based Capital (ACL), and inclusive of assumptions about sequestration and other factors, the AMT credits projected to be refunded to BCBSVT are \$16.6 million in 2019; \$7.9 million in 2020; \$3.6 million in 2021 and \$2.8 million in 2022. At today's ACL, these amounts are approximately 65, 32, 16 and 14 RBC percentage points respectively. However, this projection will likely change significantly by late 2022 or early 2023 when the final AMT credit amount has been refunded due to changes in ACL changes in the normal course of business. For example, in the absence of material changes in other factors, claims trend alone could be expected to greatly reduce this estimate as BCBSVT's ACL will almost certainly continue to increase.

Assuming the AMT credits are refunded to BCBSVT in accordance with the provisions set out in the Tax Cuts and Jobs Act, these funds will be used to the direct benefit of our customers as they are received from the IRS. The method(s) for returning the AMT credits to customers will be determined at that time and may include lower premium rates than would otherwise have been necessary, replenishment of member surplus shortfalls (e.g. not charging the market for the 2018 CSR funding shortfall), or other appropriate measures designed to improve access and/or minimize the costs of health care for Vermonters.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



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

June 21, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/15/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-131497882)**

Dear Mr. Hammerquist:

In response to your requests dated June 15, 2018, here are *your questions* and our answers:

1. *Please provide support for each of the proposed unit cost trends that differ from historical trends on the inpatient, outpatient and professional tabs of the unit cost support.*

This response involves confidential and proprietary information and will be provided under separate cover.

2. *Please provide the calculation for the 0.3% impact for all other adjustments that is referenced in response #2 in the letter dated June 4, 2018.*

All of the reasons for rate increase are calculated by starting with the approved 2018 rates and changing one item at a time in the pricing model. Many similar and related changes are combined into reasons for rate increase for simplicity. The 0.3 percent impact for “all other adjustments” in our previous response includes the impact of aging , the impact of the change in benefit mix, the impact of membership mix on the induced utilization factor, and the impact of change in contract mix on the contract conversion factor . Finally, a small covariance factor arises because of the disparity between modeling each change individually and the actual rate development, which of course is an analysis independent of the previous year’s rates.

Reason for Rate Increase	Rate Impact
Impact of aging of the population	0.5%
Impact of the change in benefit mix	0.4%
Impact of membership mix on induced utilization factor	-0.8%
Impact of change in contract mix on the contract conversion factor	0.1%
Covariance Factor	0.1%
Total All Other Population Adjustments	0.3%

3. *Please provide revised rate increases from section 1.4 of the Actuarial Memorandum due to the impact referenced in response #4 in the letter dated June 4, 2018.*

In our previous response, we agree that a more appropriated methodology to calculate the morbidity adjustment would have resulted in a 1+b₉ factor on Exhibit 5 of 1.0101 rather than the filed 1.0231.

Reflecting this change, the average increase for plans other than Silver Level Exchange plans - that is, the average increase that would actually be experienced by Vermont individuals and

small businesses - would be 4.0 percent. Increases for specific plans would range from 2.3 percent to 5.5 percent, except for the Catastrophic plan, which would increase by 0.1 percent. Silver Level Exchange plans would increase an average of 14.6 percent, with increases for specific plans ranging from 13.2 percent to 17.4 percent. Across all plans, the average increase would be 6.2 percent.

While researching the reasons between the differences in Silver Loading filed by both carriers, we found an issue with the way we calculated the selection factor (1+b6). We should have recognized the actual experience difference between members on reflective plans and members on loaded plans. Exhibit 2D shows that all silver plans (reflective and loaded) have 0.8646 benefit richness adjustment when using BCBSVT actual utilization factors. Using the same methodology but more appropriately separating the members expected to move to a reflective plan from the members expected to enroll in a loaded plan, we would have used 0.7216 for reflective plans and 1.0416 for the loaded plans. This would change the 1+c6 factor on Exhibit 5 from the filed 1.0132 to 1.0178.

After making both of these adjustments, the average 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 - would be 4.4 percent. Increases for specific plans would range from 2.7 percent to 6.0 percent, except for the Catastrophic plan, which would increase by 0.5 percent. Silver Level Exchange plans would increase an average of 15.1 percent, with increases for specific plans ranging from 13.6 percent to 17.9 percent. Across all plans, the average increase would be 6.6 percent.

4. Please provide an estimate of the administrative costs associated with the cost containment strategies referenced in response #6 in the letter dated June 4, 2018. When were costs first incurred to set up this capability?

The VISG share of estimated administrative costs associated with these new tools are approximately \$150,000. Costs incurred in 2018 as part of set-up will be absorbed in existing BCBSVT operating unit budgets. These 2018 costs were not explicitly added to the 2019 VISG rates. The \$150,000 in annual expense for the tools will first be incurred in 2019. Similarly, these 2019 costs were not explicitly added to VISG rates because they are expected to be absorbed into our 2019 budget, which as part of normal operations routinely absorbs the costs of new programs offset by the elimination of less effective programs. BCBSVT has a rigorous budget development process that examines the return on investment for any proposed new initiatives.

5. Please reconcile the 2018 membership on the Rate/Rule Schedule tab and the Rate Review Details in SERFF with the membership provided in the Actuarial Memorandum.

In the Plain Language Summary, we wrote: "There are 32,570 contracts (53,664 members) currently enrolled in a BCBSVT Individual or Small Group plan impacted by this filing." This reflects actual enrollment as of March 31, 2018.

For the Rate/Rule Schedule and Rate Review sections of SERFF, we included the projected 2019 enrollment of 52,591 members and 31,869 contracts.

6. *Please discuss the impact that the individual mandate for 2020 enacted by H.696 impacts the company's original estimate of an increase in 2019 claims of 2%. This discussion should at least include the following:*
- a. *The act requires the Department of Vermont Health Access and others to engage in outreach and education efforts before and during the open enrollment periods for health insurance coverage for the 2019 and 2020 plan years regarding the importance of health insurance coverage and Vermonters' responsibilities under the individual mandate.*
 - b. *The impact that the individual mandate in 2020 will have on carriers deciding whether or not to file for approval and market Association Health Plans in Vermont due to the limited time that these plans would be a viable alternative to the ACA market.*

We do not believe that the enactment of a 2020 Vermont individual mandate will have any effect on our original estimate of the impact on 2019 rates of the dissolution of the penalty associated with the federal individual mandate.

Outreach and education efforts have been a staple for both DVHA and BCBSVT since the advent of the QHP market. Previously, that outreach included statements about the penalty as an incentive, but that information will no longer be a part of the message. Furthermore, the outreach required of DVHA is unfunded in both the Act and the budget. It is difficult to imagine that these outreach efforts, in the absence of a meaningful penalty or incentive, will have any impact on the financial decision of very healthy individuals to "self-insure" for a year.

Our interpretation of the second part of your question is that you are implying that AHPs will not offer minimum essential coverage, and therefore would become obsolete once the Vermont mandate is in effect. There has been no indication through our early conversations with Vermont associations that they intend to file plans that do not meet the standards of minimum essential coverage. The associations have, however, given every indication that they intend to re-enter the Vermont small group market as soon as practicable.

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.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



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

June 22, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/15/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-
131497882)**

Dear Mr. Hammerquist:

In response to your requests on behalf of the Office of the Health Care Advocate dated June 15, 2018, here are [your questions](#) and our answers:

1. Please provide support for BCBSVT's membership assumptions, to the extent it exists, as to:

a. Projected membership by plan as detailed in Exhibit 2A;

As described in section 3.4.2 of the memo, projected membership started with in force membership as of March 2018 by plan. We estimated that total membership would decrease by 2 percent overall (or 1,073 members) due to the elimination of the individual mandate penalty. We assumed that the 1,073 members choosing not to renew their coverage would be healthy individuals who do not receive a premium subsidy. Based on historical observations of individual members who use no benefits or preventive care only benefits we found that approximately 37.5 percent of these healthy individuals were in a bronze plan, 37.5 percent are in a silver plan, 15 percent were in a gold plan and 10 percent were in the platinum plan. From these high level assumptions we used the in-force plan distribution of individuals not receiving a subsidy to create plan level assumptions for the 1,073 disenrolling members.

We assumed that members in the new reflective silver plans would be those who are currently on a silver plan and not receiving a premium subsidy. This represents all small group members and the individuals not receiving a premium subsidy after the adjustment for individual mandate loss described above.

Based on assumptions from our Marketing department, we assumed that 10 percent of members enrolled in the Blue Rewards Silver plan would choose the new Blue Rewards Silver CDHP in 2019. We also assumed that 5 percent of the members enrolled in the Blue Rewards Gold CDHP would choose the new Blue Rewards Silver CDHP. We further assumed that 5 percent of individual members and 15 percent of small group members enrolled in a standard silver plan would choose the new Blue Rewards Silver CDHP. Finally, we assumed that 15 percent of individuals and 30 percent of small group members enrolled in either the Standard Bronze plan or the Standard Bronze CDHP would move in equal proportions to the Blue Rewards Bronze plan, Blue Rewards Bronze CDHP and the Standard Bronze Integrated plan. The combined effect of all of these assumed membership changes was a reduction to rates of approximately 0.1 percent.

b. Projected new membership by coverage category as detailed in Exhibit 2B.

The breakdown of new members by coverage category is based on the observed in force membership as of March 2018 for those members who were not enrolled during the 2017 experience period.

2. *Please set forth BCBSVT's assumption as to the impact of population changes on rates before considering risk adjustment receivables, and to the extent it exists, provide support for that assumption.*

There are a number of factors contributing to the impact of population changes. The following table describes the factors, indicates the impact of the factor, and provides a reference to the actuarial memorandum where each is described in detail.

Factor Description	Impact	Reference
Impact of cancelled members	2.2%	Section 3.4.3.
Impact of new members	0.0%	Section 3.4.3
Impact of aging of the population	0.5%	Section 3.4.5
Change in benefit mix	0.4%	Section 3.4.4
Impact of changes in membership mix	-0.2%	*

*This factor includes changes in the contract conversion factor (section 3.9) and impact that members choosing different plans has on the normalization of induced utilization described in section 3.8.1.1 of the actuarial memorandum.

3. *Please provide support, to the extent it exists, for BCBSVT's assumed 0.5 percent increase due to the ongoing aging of the single risk pool.*

As described in section 3.4.5 of the actuarial memorandum, we used the three-year average increase in age-gender factor for the period from 2014 to 2017 as our projected annual increase due to changes in demographics.

4. *Please set forth BCBSVT's assumptions as to the effect of benefit changes made by the Department of Vermont Health Access (DVHA) for standard plans and by BCBSVT for non-standard plans before considering benefit leveraging and, to the extent it exists, provide support for those assumptions.*

The effect of benefit changes made by DVHA and BCBSVT was calculated using the same re-adjudication model that underlies the plan level adjustments described in section 3.8.1.2. The model consists of claims from the experience period, calendar year 2017. To estimate the impact of 2019 plan changes the experience period claims were trended to 2018 and all 2018 benefit designs were re-adjudicated across the entire single risk pool. Then 2019 plans were inserted into the model and re-run against the same population. The results of these two runs were compared to estimate the pre-leveraged impact of 2019 benefit changes.

The table below represents the claims impact of 2019 plan designs prior to leveraging (2018 dollars):

Plans in force in 2018	Effect on expected claims due to 2019 benefit changes
Blue Rewards Gold	-1.2%
Blue Rewards Gold CDHP	-1.5%
Blue Rewards Silver	-1.1%
Blue Rewards Bronze	-1.8%
Blue Rewards Bronze CDHP	-0.6%
Standard Platinum	-0.4%
Standard Gold	-0.7%
Standard Silver	-1.6%
Standard Silver CDHP	-0.4%
Standard Bronze	-1.7%
Standard Bronze CDHP	-0.7%
Standard Bronze Integrated	-0.8%
Catastrophic	-1.8%

5. *Please provide BCBSVT's best estimate of the net effect, whether savings or losses, resulting from BCBSVT's shared-risk/shared-savings ACO program with OneCare, and, to the extent it exists, provide support for that estimate.*

The target for the shared risk/shared savings program with OCV is calculated based on the approved VISG rate filing. Therefore, if all filing assumptions prove to be exactly correct, claims will come in at exactly the target and the settlement between OCV and BCBSVT will be zero. It follows that our best estimate of the net effect of the risk sharing arrangement with OCV is necessarily zero.

6. For each of the last four years, 2014-2017, please provide the number and percentage of BCBSVT individual members, who do not receive a premium subsidy,
- Who used their insurance for other than preventive services and who in the prior year either did not use their insurance or used it only for preventive services.
 - Who did not use their insurance or used it only for preventive services and who did not share a couple, single adult and child(ren), or family plan with at least one individual who used services other than preventative in that same plan year.

	Total	(A)	(B)
CY	# of unique individual members not receiving a premium subsidy	# of members using services other than preventive that used preventive only or no services in prior year	# of members using preventive only or no services and not sharing a couple, adult + kid(s), family with someone using services other than preventive
2014	11,903	#N/A	911
2015	11,983	771	853
2016	12,002	610	906
2017	12,138	627	965

	Percentages	
CY	(A) / Total	(B) / Total
2014	#N/A	7.7%
2015	6.4%	7.2%
2016	5.1%	7.6%
2017	5.2%	8.1%

7. Please provide support, to the extent it exists, for the assumption that members new to the single risk pool in 2018 would have claims levels similar to members enrolled in the same line of business in 2017.

As we do not have claims experience for new members, we instead use all information available to us at the time of filing to estimate their claims. Specifically, we know whether the member is a subsidized individual, non-subsidized individual or small group member. We can also observe their age and gender. The latter becomes part of the change in demographics described in section 3.4.5 of the actuarial memorandum. The former is described in section 3.4.3 of the actuarial memorandum as the impact of the newly insured.

8. *Please provide support, to the extent it exists, for the proposition that professional mental health services and colonoscopy screenings, as discussed on pages 21 and 22 of the rate filing, will not reduce costs in the short run.*

The actuarial memorandum states that “we see [these] as positive developments toward moving care to the most appropriate clinical setting and providing clinically appropriate preventive care that will reduce health care spend in the long term.” We do not state that these services would not reduce costs in the short run. In fact, we have already realized significant savings due to moving mental health services into a more appropriate setting. These savings are reflected in our base experience and also serve to dampen medical trend for facility services. Colonoscopies, on the other hand, have been shown in studies to increase the average cost of care but with the benefit of saving lives.

BCBSVT entered into an innovative provider-payer partnership with The Brattleboro Retreat in late 2013. This partnership, called Vermont Collaborative Care, provides fully integrated Mental Health and Substance Abuse care management services in coordination with our existing medical care management programs. One of the first changes that were made as part of this initiative was to eliminate older processes of utilization management for outpatient MH professional visits used by a previous outsourced MHSA provider in order to eliminate any barriers to access to appropriate care for our members. In addition, we educated and engaged strongly with our provider network and instituted additional innovative value based programs in partnership with our providers. While some inpatient and emergency room utilization is appropriate, much of the care provided in these settings could be better provided in the outpatient community setting. As a result of this work, we saw a significant decrease in both inpatient and emergency room utilization in MHSA and a corresponding decrease in costs. From Q3 2013 to Q4 2017 we saw a 25 percent decrease in our inpatient admission rate, which has remained stable and low since then. We have also seen a 60 percent decrease in the MH emergency room rate and a 50 percent decrease in substance abuse emergency room rate in the same time frame, which has also been stable and low since that time. Both of these impacts are reflected in our claims experience and medical trend.

The literature¹ suggests that screening colonoscopy has about a 75 percent prevention rate for colorectal cancer (CRC). The per person net cost of screening less the cost of care for CRC was \$2,227 per person without screening and \$2,890 with screening but the cost per Quality Adjusted Life Year was within the willingness to pay threshold of \$50,000. Colonoscopy does not necessarily save money in health care by these parameters, although it has been proven to ultimately save on care related to CRC (the long-term return we discussed in the actuarial memo). It does, however, save lives at a cost which is generally accepted as consistent with society’s willingness to pay. In other words, colonoscopies are an instance in which we are willing to compromise short-term affordability in the interest of quality care.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406901/table/table2-2050640614565199/>

9. *Please provide a recast of the of 2016 experience exhibit (like the 2017 experience exhibit on pg. 18 SERFF) which demonstrates IBNR applied in 2016 was reasonable - please include the assumed IBNR at the time of the filing and the actual run out since that exhibit.*

Calendar Year 2016 Allowed Claims (as defined in the URRT instructions)	As of February 28, 2017	As of March 31, 2018
Claims incurred through December 31, 2016 and paid	\$450,321,122	\$446,032,082
Estimate of IBNR for Claims	\$2,008,413	\$141,092
Estimate of IBNR for Pharmacy Rebates	(\$5,462,888)	\$0
Total Claims	\$446,865,647	\$446,173,174
Member Months	835,621	835,470
Total Per Member Per Month (PMPM)	\$534.77	\$534.04
Percentage difference		-0.14%

The impact of runout on claims excluding rebates was positive 0.02 percent.

10. *Please elaborate on the financial risks involved with “silver loading” including:*

- a. *Please provide a table with membership, premium, claims, risk transfer estimate, administrative costs, and anticipated profitability by product scenario;*

Please see the attached document *Responses to 2019 VISG Inquiry Letter 5 - 06.15.2018.xlsx*.

- b.

- i. *The percentage of Vermonters eligible for cost sharing reductions that BCBSVT assumes will purchase silver exchange plans from BCBSVT?*

We assumed that all members in the projection period that are eligible for Cost Share Reductions will purchase a silver exchange plan from BCBSVT.

- ii. *What is the potential for member adverse selection?*

There is a risk that members who were assumed to remain in a loaded silver plan will instead select a non-loaded plan, either a non-silver VHC plan or a reflective silver plan. In that event, the silver load would generate insufficient premium to cover the payment of CSR claims.

- iii. *Please identify the financial best case and worst-case membership subsidized product mix scenarios for BCBSVT;*

BCBSVT assumed that only members receiving no subsidies would move to silver reflective plans, and that all other VHC membership would remain in their current plan. As with any assumption, the risk to BCBSVT is that experience comes in differently than assumed.

The best case scenario, highly unlikely due to the member outreach initiatives described in part c of this response, would be that all individual members currently enrolled in a silver plan through VHC and not receiving any subsidy would continue to buy a VHC silver plan despite the Silver Load. This implausible scenario would create a financial gain for BCBSVT of \$1.7M.

A worst case scenario would be for all members receiving premium subsidies who are currently enrolled in a base silver plan, a CSR 73% plan or a CSR 77% through VHC to buy up or buy down to a non-loaded VHC plan. This scenario would create a financial loss of \$3.6M for BCBSVT, as shown in the below table.

Financial loss if APTC members elect to move to a non-loaded plan

Cohort	Members	Financial Loss
70% (i.e. non-CSR) Silver plans	1,576	\$1,118,852
73% CSR plans	1,572	\$1,116,121
77% CSR plans	2,547	\$1,379,012
Total	5,695	\$3,613,985

In researching this response, it became apparent that we implicitly assumed that members receiving premium subsidies but no CSR subsidies (i.e. members in the first row of the above table) 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. We believe that it would be more appropriate to assume that all non-CSR members receiving premium tax credits would instead choose to enroll in a non-silver VHC plan. We estimate that making this change would have a negligible effect on plans that are not silver loaded, but would increase the silver load by approximately 1.5 to 2.0 percent.

Furthermore, we note that it may have been reasonable to assume that some portion of members in the 73 percent and 77 percent CSR plans would also elect to forgo the CSR benefit in the interest of avoiding the silver load, and instead use their premium credits to buy up to a gold plan or down to a bronze plan. Such an assumption would similarly have a negligible impact on non-loaded plans, but would increase the silver load itself.

- c. *Given the complexity, how will BCBSVT's customers be guided to select what is within their best interest? Are there any conflicts of interest where BCBSVT benefits from members making less than optimal choices?*

BCBSVT has a comprehensive plan in place to reach out to members who do not receive subsidies but are currently enrolled in silver plans through Vermont Health Connect (VHC) to educate them regarding the changes that are coming for 2019. Our goal is to ensure that consumers purchase the most appropriate plans for themselves and their families. Some members whose income fluctuates throughout the year will choose to continue to purchase through VHC so that they may be eligible to receive tax credits at the time that they file their 2019 federal taxes. In these cases it may be better for them to move to a gold or bronze plan through VHC. In other cases, it will be in the consumer's best interest to enroll directly with BCBSVT in a reflective plan to reduce the cost of their premiums. Our Consumer Support Services representatives have been trained to take into consideration the needs of each member and help them to develop a plan of action to ensure the choice they make best meets their personal needs. We are already working closely with the Department of Vermont Health Access

(DVHA) and other stakeholders to align our messaging and reach out to these members so that we are consistently helping consumers purchase plans that benefit them financially and meet their health coverage needs. It is our understanding that DVHA will update their plan comparison tool to include the new product options in 2019.

There is no conflict of interest for BCBSVT staff who are helping consumers to make optimal choices. Our mission is to create outstanding member experiences and responsibly manage costs for the members we serve. All of our training materials, operating policies and goals are developed in keeping with this mission. Our policies are designed to encourage members to make choices that are in their best interest, both from a household budget perspective and from a coverage perspective. Encouraging members to make choices that work best for them is not only consistent with our mission, but it also makes good business sense. Operating with consumers' best interests in mind helps us to keep our administrative costs as low as possible because we are able to respond to consumers' inquiries quickly, resolve those inquiries on first contact and in a way that is highly satisfactory to them.

11. Please provide evidence that it is not necessary to normalize utilization trend by risk score.

Please refer to our response to question 11 of the letter dated May 25, 2018.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Schultz", with a stylized flourish at the end.

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

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 15, 2018

[illegible]

July 6, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your July 3, 2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-131497882)**

Dear Mr. Hammerquist:

In response to your request dated July 2, 2018, here are [*your questions*](#) and our answers:

- 1. Please elaborate on the process to estimate the impact on administrative costs PMPM due to the decrease in membership. As the individual and small group membership decreases, are some of the fixed costs spread out over other lines of business through a reduced allocation by line of business?*

As described in the actuarial memorandum, the administrative charges are impacted by membership changes at the enterprise level. This is consistent with previous calculations of membership impacts (see the 2017 QHP rate filing for example). The total enterprise projected member months include the total in-force March 2018 members plus the projected losses for VISG due to the elimination of the individual mandate penalty. Using total enterprise membership and total enterprise administrative expenses, we calculated a PMPM with experience membership and with projected membership. Since approximately 50 percent of administrative charges are variable, we included half of the increase in PMPM due to membership losses in calculating the increase of 3.4 percent.

BCBSVT allocates fixed costs on the basis of capital requirements. With the loss of membership in 2018, the VISG line of business will have a lower capital requirement and therefore a lower allocation of fixed costs in 2018. However, since capital requirements for fully insured lines are closely proportional to claims costs, which are in turn largely driven by membership, the PMPM projection for any particular line of business is not significantly influenced by the absolute level of membership.

- 2. Please discuss the key drivers of the increase in the projected pharmacy trends compared to the prior filing for:*

- a. non-specialty drugs; and*

The increase in non-specialty drug trend compared to the previous filing is mostly due to the increase in utilization trend:

Component	2018 Filing	2019 Filing
Utilization Trend	0.5%	2.1%
Generic Cost Trend	4.6%	3.5%
Brand Cost Trend	12.4%	12.3%
Projected Generic Dispensing Rate	89.9%	89.6%

In 2017, we experienced an uptick in the non-specialty utilization as compared to previous years.

Year	Days Supply PMPM	Increase
2015	29.2	1.8%
2016	29.8	1.9%
2017	30.9	3.5%

The increase in days supply PMPM for non-specialty drugs is mostly due to an increase in antidepressants, anti-hyperlipidemics and anti-hypertensives.

b. specialty drugs.

The specialty drug trend increased from 14.0 percent in the 2018 filing to 20.3 percent in the current filing. This is mostly driven by the increase in the base specialty trend (without exclusions) and the change to the methodology for the inclusion of the cost of Ocrevus. At the time of the 2018 filing, it was our understanding that Ocrevus would be included in the medical benefit, and the cost of the drug was therefore added to the medical trend. We now know that Ocrevus is processed by ESI and applied to the retail pharmacy benefit, and we have included the cost in the specialty drug trend calculation. Had we known at the time of the 2018 filing that Ocrevus would be applied to the retail pharmacy benefit, the specialty drug trend would have been 15.7 percent instead of 14.0 percent.

The increase in the base specialty trend reflects the increase experienced in 2017. As shown on page 2 of Exhibit 3F, the calendar year 2016 increase over the calendar year 2015 was 6.0 percent while the increase of calendar year 2017 over calendar year 2016 was 26.6 percent. This was driven by continued large increases in anti-inflammatory drugs (e.g. Humira, Enbrel; increased allowed PMPM over 30 percent each year), an ongoing increase in dermatological agents (e.g. Stelara and Cosentyx) and an increase in antivirals such as Harvoni.

3. Please provide a comparison of 2018 specialty and non-specialty claims to the same time period for 2017.

The table below compares claims incurred from January through May and paid through June for 2017 and 2018 for the single risk pool.

	2017 Allowed	2018 Allowed	2017 PMPM	2018 PMPM	Δ
Non-specialty	\$18,811,923	\$16,044,555	\$54.17	\$59.86	10.5%
Specialty	<u>\$13,923,908</u>	<u>\$14,340,911</u>	<u>\$40.10</u>	<u>\$53.50</u>	<u>33.4%</u>
Total	\$32,735,831	\$30,385,466	\$94.27	\$113.36	20.3%

These enormous increases for the first five months of 2018 indicate that our pharmacy trends are likely understated.

4. We note that the historical non-specialty utilization claims were normalized for induced utilization changes. Please describe why a similar adjustment was not made to the historical specialty drugs.

Specialty drug utilization is not influenced by benefit design and therefore no adjustment for historical induced utilization is needed. These drugs have thorough prior authorization requirements, so we can confidently conclude that utilization is clinically required and unlikely to change due to benefit design. Even in the absence of tight clinical management protocols, the low Vermont mandated pharmacy out-of-pocket maximum would preclude the need for an induced utilization adjustment specific to specialty drugs.

5. *Provide additional support for the note in the Actuarial Memorandum that “We do not expect that the AWP for [new generic drugs] will significantly change from the experience period due to the lack of generic competition for the main drugs in this category.” Additionally, please support applying the 3.5% generic unit cost trend to these new drugs as they move from brand to generic.*

We receive the list of drugs expected to go generic and the expectation of the pricing of the new generic versions of these drugs from ESI. They informed us of the expectation that the AWP for the new generic drugs would not be very different from the brand version due to a lack of competition among generic manufacturers. Once these drugs go generic, we expect them to trend at the same rate as other generics.

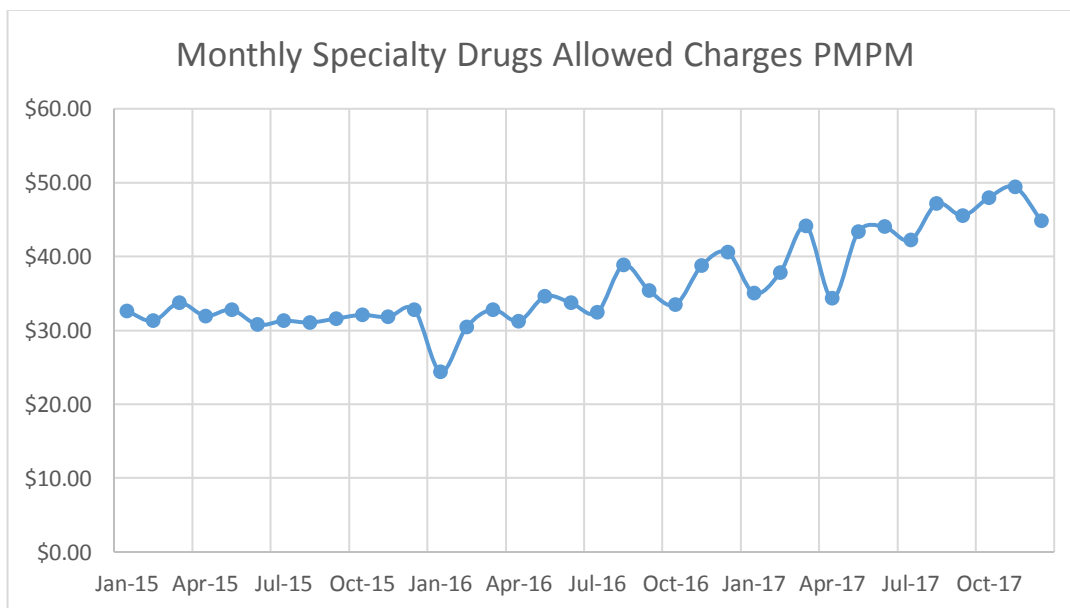
It is worth noting that even if we assumed no trend on these drugs - an assumption that is not supported in the data or by industry experts - the impact on pharmacy trend would be an immaterial decrease of 0.035 percent.

6. *Please provide additional support for choosing the 24-month regression result of 3.5% for the generic unit cost trend, given that this result is on the high side of the regression and year-over-year results.*

The twelve month average increases have been trending upwards from the year ended December 2016 to the year ended December 2017, from 0.3 percent to 3.2 percent. It is our reasonable expectation that this upward trend will continue, leading to our selection of a unit cost trend very modestly higher than the most recent year-over-year trend observation. Furthermore, the 24-month regression result contributed to a pharmacy trend that is reasonable in the aggregate.

7. *Please analyze the seasonality experienced with specialty drugs and summarize the results.*

The graph below shows the monthly PMPM for specialty drugs, excluding new treatments and adjusted for aging (column T from Exhibit 3F). Both observation and statistical analysis demonstrate that specialty drugs do not follow a seasonal pattern.



8. *Please reconcile the administrative costs in this filing with the Supplemental Health Care Exhibit.*

The Supplemental Health Care Exhibit (SHCE) is on a STAT accounting basis while the administrative charges in this filing were developed based on GAAP accounting.

In the SHCE, administrative charges are included in lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4. Line 1.5 also includes a portion of the income taxes that are not part of administrative expenses. Those need to be excluded to reconcile to STAT administrative expenses (note that BCBSVT had negative income taxes for 2017). STAT and GAAP accounting treat some expenses differently, mainly related to ITS fees and pensions. For the filing, we start with GAAP administrative expenses then exclude federal and state fees (Federal Insurer Fee, PCORI, HCCA and GMCB billbacks) and fees paid to outside vendors from the base administrative charges, as those are added back into the premium separately.

		Individual and Small Group
SCHE lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4.	A	\$28,386,745
Less taxes in SCHE 1.5 that are not admin	B	(4,812,235)
Total administrative charges - STAT basis	$C = A - B$	\$33,198,980
Differences in STAT and GAAP treatment	D	(2,429,226)
Total administrative charges - GAAP basis	$E = C + D$	\$30,769,754
Federal and State fees	F	1,657,256
Fees for outside vendors	G	403,656
Total base administrative charges	$H = E - F - G$	\$28,708,842
Member months	I	819,824
Experience base administrative charges PMPM	$J = H / I$	\$35.02

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,



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

July 10, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/28/2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-
131497882)**

Dear Mr. Hammerquist:

In response to your request dated June 28, 2018, here are *your questions* and our answers:

- 1. Describe how the company has worked to mitigate medical cost inflation through the contract negotiation process with providers, whether or not they are included in the GMCB hospital budget review process.*

BCBSVT reimburses all non-hospital Vermont professional and ancillary services through its various Community Fee Schedules (Community Schedules). The Community Schedules are reviewed regularly for continued relevance in the marketplace, and providers reimbursed under the Community Schedules only receive increases or decreases to rates if BCBSVT implements a change. While the most effective way to mitigate the effects of medical cost inflation would be to limit fee schedule increases to zero, this is not a practical approach. BCBSVT is committed to supporting independent primary care, professional and ancillary providers and to ensuring member access to care. Were increases eliminated, the provider community would react very negatively, putting our members in the middle of any dispute. This is not a desired outcome for anyone and is not indicative of how BCBSVT treats its partners.

Please see our June 20, 2017 confidential response to question 3 of the inquiry letter of June 15, 2017 for information regarding providers subject to the GMCB hospital budget review process. Hospitals have recently testified before the GMCB that they expect to receive the increases approved by the GMCB, and therefore limit negotiations accordingly¹.

BCBSVT is advantaged through participation in the Blue Card network, which offers best in class discounts throughout the country. BCBSVT achieves a similar advantage through our direct contracting with New Hampshire entities.

Additional detail would involve proprietary information regarding our provider contracting approaches with specific entities. It is unclear whether the question, as posed, requires this proprietary information. If such detail would be helpful, we would be happy to submit a confidential response upon request.

¹ GMCB Hearing February 28, 2018, testimony of UVMMC.

2.

- a. *Provide a spreadsheet showing the breakdown of administrative expenses by PMPM and by percentage of total administrative expenses for 2017 (actual), 2018 (projected) and 2019 (proposed) across each of the company's books of business. Categories may include, but not be limited to: payroll and benefits, taxes, licenses, fees (including billback, calculated consistent with 2018 legislation), marketing and advertising, auditing and consulting, utilization management, and cost containment. For each category not subject to a standardized definition, provide a brief narrative outlining what is included and a breakdown of the specific cost components. Note whether each component cost is fixed or variable.*
- b. *If allocated costs vary across such books of business, describe how the variance is justified.*

All segments within BCBSVT's book of business benefit from the scale of the enterprise in that fixed costs are shared by all segments and variable costs are allocated based on relevant volumes of transactions processed, e.g. membership volumes in the case of enrollment services or claims volume in the case of claims processing. Past studies have shown that approximately 50 percent of our costs are fixed in nature while the remaining 50 percent are generally more variable. Our operations model is managed functionally with all customer segments being supported by centralized functions, e.g. customer services. As a result, we allocate costs to segments based on an allocation methodology that is maintained and refreshed periodically to keep pace with organizational changes.

BCBSVT also participates periodically in in-depth benchmarking studies to understand how well we are managing costs relative to industry experience. Each segment typically has differing costs per member per month based on the requirements of that particular line of business, e.g. billing frequency, benefit complexity, regulatory requirements, etc.

BCBSVT administrative costs compare well to industry benchmarks as shown in the table below:

Segment	2017 Actual BCBSVT Costs PMPM	Latest Median Benchmark Costs PMPM
Large Group insured	\$38.00	\$41.02
Small Group & Individual insured	35.50	
ASO	19.64	23.58
Medicare Supplement	29.08	28.06
FEP	22.28	22.68
Medicare Part D	17.74	13.94
Overall Enterprise	\$27.27	\$31.00

Where possible, costs are allocated directly to lines of business. Certain categories of costs are allocated based on membership or claims, as appropriate. For instance, Customer Service is allocated based upon member months, while Claims Adjudication is allocated based on number of claims. Overhead costs are allocated on the basis of capital requirements.

BCBSVT total administrative costs by key function are as follows:

Function	2017 Cost PMPM	% of total costs
Rating & Underwriting	\$0.40	1.5%
Sales & Marketing	\$1.74	6.4%
Advertising & Promotion	\$0.68	2.5%
Enrollment & Billing	\$1.69	6.2%
Customer Service	\$1.66	6.1%
Provider Network Management	\$1.70	6.2%
Medical Management, Quality Assurance & Wellness	\$3.91	14.3%
Claims Adjudication	\$2.60	9.5%
Technology, Security & Infrastructure	\$8.19	30.0%
Finance & Accounting	\$1.38	5.1%
Corporate Services	\$2.56	9.4%
Corporate Executive & Governance	\$0.56	2.0%
License/ filing fees	<u>\$0.20</u>	<u>0.7%</u>
Total	\$27.27	100.0%

3. Provide the company's prior authorization policy and describe and quantify its impacts on administrative expenses and members' costs of care and quality of care.

According to the National Academy of Medicine, \$765 billion a year is lost in waste by the U.S. health care system. That is approximately 25 percent of the cost of health care per year. This is care and resources that does not improve the health of patients. Prior authorization is one of many tools to help to control this waste, and it helps to provide evidence based utilization for many procedures and services. These appropriate use criteria embodied in our medical and radiological policies provide criteria, rationale and evidence to support their recommendations. These programs affect a small percentage of total care and strive to influence and support the provision of high quality care backed by evidence. Not only is the provision of care which is not evidence based wasteful, it puts patients at significant risk of clinical complications and "medical misadventures" leading to further negative health impact and cost.

The prior authorization policy is publicly available². The 2017 costs of our prior authorization programs for the QHP population is \$785,385, which is 3 percent of total administrative costs. Avoided costs for the QHP population through these prior authorization programs are \$9,723,222. This does not include avoided costs from case management, disease management programs and other programs. This is over a 12:1 ratio of avoided costs to administrative cost of the programs, and represents a net premium savings of approximately 2.2 percent.

4. *Describe how the carrier incentivizes providers, and if applicable its PBM, to recommend generic or non-specialty drug alternatives to high cost specialty drugs, or to suggest behavioral changes instead of pharmaceuticals.*

BCBSVT drives the use of generic drugs in multiple ways. Members are incentivized via the copay structure of their benefits with lower copays for generic drugs. There are also utilization management programs such as step therapies and prior authorizations that increase the use of generic drugs. However, BCBSVT also tries to influence the prescribing behavior of the providers in a variety of ways. For example, BCBSVT has a pharmacist who travels the state each day meeting with doctors to discuss their prescribing with them. The pharmacist discusses new generics available in the market and programs BCBSVT has in place to encourage the use of those generic drugs. The pharmacist, through our program called medication therapy management, also provides voluntary workplace consultations to patients recommending changes to medications and/or behavioral interventions in coordination with their primary care provider and a case manager as necessary. This has been a very well received program. Additionally, the pharmacist sends each prescriber a Prescriber Medication Analysis which shows the prescriber their prescribing metrics (including the prescribing of generics) vs their peers. Lastly, the pharmacist provides doctors with a pocket-size formulary book which shows, by drug class, which drugs are available as generic drugs in that class.

Going forward, BCBSVT's pharmacy benefit manager, Express Scripts, is rolling out an electronic tool called Real Time Benefit Checks (RTBC). RTBC will be integrated into the prescriber's EMR such that when the prescriber starts to prescribe a patient a drug, the RTBC will populate the screen with the cost of the drug to that specific patient. If the drug they are prescribing is not covered or not on BCBSVT's formulary, the screen will show the therapeutic alternatives including the generic drugs that they could prescribe in place of the original drug. The patient's cost for the alternative generics will also be on the screen which will demonstrate to the doctors the savings to the patient by prescribing the generic version. This software has been shown to GMCB's Primary Care Advisory Group who felt it would be a valuable tool. RTBC is being rolled out on different timetables for each EMR vendor. RTBC will be available to users of Epic EMRs, including the largest hospital systems in Vermont, in October 2018.

"Generic drugs" for specialty drugs are called biosimilars. Biosimilars are just starting to enter the market. Unfortunately, the FDA has not finalized its guidance on how it will deem biosimilars to be interchangeable with the innovator brand version of the drug. Once the FDA issues those final guidelines, manufacturers will be able to seek and attain the "interchangeable" designation. Once that occurs and interchangeable

² <http://www.bcbsvt.com/provider/prior-approval-authorization/pa-requirements-and-forms>

biosimilars enter the market, BCBSVT will employ strategies similar to the ones mentioned above in order to maximize the use of those less expensive biosimilars. This year, the Vermont legislature updated the language in the mandatory generic substitution law to include interchangeable biosimilars. BCBSVT worked closely with the Senate, House and Legislative Council to craft and pass the language of the new bill.

5. Explain and quantify the impacts of the cost shift from Medicare, and from Medicaid, on the rates paid by purchasers of plans in this filing. Is the cost shift consistent across all books of business?

The concept of the “cost shift” is premised on the idea that Medicare and Medicaid don’t compensate a provider for the full cost that the provider incurs delivering the service. In turn, commercial payers have to cover those unfunded costs so that providers break even or have some margin. This theory isn’t without some debate³. Nonetheless, in Vermont, it is generally understood that the cost shift does occur and places additional pricing pressure on those insured through the commercial market. However, a payer such as BCBSVT does not have access to provider specific data that would allow it to quantify the exact impact of cost shift from public payers, since such an analysis requires an understanding of each individual provider’s actual costs for members served by each payer. When attempting such a quantification, BCBSVT relies on data typically produced by the government, which presumably has far more access to provider cost data, as well as government program payments for such services. For example, see the Green Mountain Care Board analysis of cost shift estimates from January 2018:

<http://gmcboard.vermont.gov/sites/gmcb/files/Summary%20of%20FY18%20Approved%20Budgets.pdf>, slide 16, accessed July 5, 2018.

With some minor exceptions, BCBSVT uses the same fee schedule for a given provider across the entire book of business. As such, the overall impact of the cost shift would be the same across the entire book.

6. Explain how the company reconciles risk adjustment payments when the final payment allocation becomes known. If a risk adjustment assumption proves incorrect, what was the effect on (a) the filing containing the incorrect assumption, and (b) future filings?

Final risk adjustment payments are known six months following the end of a given plan year. Any difference between the filing estimate and final result either contributes to or depletes surplus, in much the same way as any other actuarial assumption.

The previous year’s risk adjustment result is the basis of the following year’s filing assumption. For instance, the 2017 risk adjustment payment was the starting point for our 2019 filing assumption. The 2017 risk adjustment payment has been calculated by CMS to be significantly more favorable than our 2017 filing assumption. As a result of starting from this more favorable baseline, our 2019 filing assumption is also significantly more favorable than previous years’ filing assumptions.

³ See, for example: Contrary to Cost-Shift Theory, Lower Medicare Hospital Payments Rates for Inpatient Care Lead to Lower Private Payment Rates, C. White, Health Affairs 32, No. 5 (2013): 935-943 or Hospitals Respond to Medicare Payment Shortfalls By Both Shifting Costs and Cutting Them, Based on Market Concentration, J. Robinson, Health Affairs 30, No. 7 (2011).

7. *Last year, the company indicated that the CSR defunding in 2017 and 2018 would have a significant rate impact. Explain the rate impact in the 2019 filing.*

Please see the Q6 tab of the attached *Responses to VISG Inquiry Letter 6.xlsx*. The impact of silver loading on non-loaded plans is immaterial.

Note that BCBSVT has elected *not* to increase 2019 rates to recover losses expected to total some \$6.8 million due to the defunding of CSR in 2017 and 2018.

8. *Provide the number of enrollees by metal level and by CSR level (% of FPL), who are projected to migrate to the Reflective Silver plan or to another metal level (with a breakdown of the migration numbers), due to the elimination of CSRs. (This information can be submitted in a format comparable to that provided during the QHP plan review process and to the legislature.)*

Please see the Q8a tab of the attached *Responses to VISG Inquiry Letter 6.xlsx* for the enrollment matrix.

As noted in our response to question 10.b.iii to the HCA letter of June 15, 2018 (responses provided on June 22, 2018), in researching this response it became apparent 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. We believe that it would be 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

The resulting matrix of enrollees by metal level and CSR level can be found on the Q8b tab of the attached *Responses to VISG Inquiry Letter 6.xlsx*. Using these enrollment assumptions, the proposed rates for silver loaded plans would be 1.6 to 2.1 percent higher while the non-silver loaded plans would be increase by 0.09 percent (generally 50 to 60 cents).

9. *Describe the company's contingency plan for the possibility that the Cost Sharing Reduction program could be funded by Congress or the federal Administration during the 2019 plan year.*

At this date it appears unlikely that CSR funding will be restored. During a congressional hearing on June 6, 2018, HHS Secretary Alex Azar testified that HHS will *not* block "silver loading" for the loss of CSR funding. The Secretary said that there is no time to set limits on how states require insurers to load premiums to account for the loss of CSR funding and that rules cannot be written before insurers set the rates for 2019. Secretary Azar also noted that HHS may consider new rules regarding silver loading for future years, while acknowledging concerns that such a change could increase premiums for non-silver plans.

In Vermont, there is no vehicle for changing plans and rates off cycle, nor would this be operationally easy for Vermont Health Connect. BCBSVT's first course of action, if the federal government decides to start to make 2019 CSR payments going forward, would be to avoid accepting the funding at all since, if rates are approved as filed, CSR benefits will have already been funded. If refusing the payments is not an option or the rates are underfunded, BCBSVT would work with the GMCB, DVHA and other stakeholders to determine a universal solution in the best interest of members.

10. *Describe your outreach and customer service plans to educate Vermonters who may be affected by the loss of funding for cost-sharing reductions*

Please see question 10c of our response submitted through SERFF on June 22, 2018.

11. *Discuss the following relating to changes in federal and state law:*

- a. *Explain whether and how the Vermont legislature's passage of a state individual mandate, effective in 2020, coupled with an outreach effort in the interim to minimize the number of Vermonters who may drop coverage, alters the filing's proposed rate increase due to the elimination of the federal individual mandate. Provide copies of any testimony or information you provided to the legislature in 2018 on this subject.*

Please see question 6 of our response submitted through SERFF on June 21, 2018.

BCBSVT testified on the impact of the repeal of the individual mandate penalty before the GMCB and the House and Senate committees of jurisdiction, and also participated in the Federal Issues Working Group discussions. The dates of the testimony were January 3 before the GMCB, February 22 before the House Health Care Committee and March 27 before the Senate Finance Committee. While we did not distribute any materials, the main points of our verbal testimony are as follows:

The individual mandate is an important component of the Affordable Care Act and helps to ensure a stable public health insurance marketplace. While it is a key incentive to encourage the maintenance of health insurance coverage, it is part of a comprehensive health care system and should not be viewed in isolation. The impact of the individual mandate is anticipated to be more modest in Vermont than the estimates cited nationally. BCBSVT supported enacting a state-level individual mandate.

- b. *Describe your outreach and customer service plans to educate Vermonters on maintaining continuous coverage or enrolling in coverage.*

Please see question 6 of our response to Agatha Kessler dated July 5, 2018.

12. *Provide a calculation of what the RBC would be for the QHP business only. What is its effect on overall company-wide RBC?*

The RBC calculation does not lend itself to a precise calculation for specific product lines, but with a few baseline assumptions it is possible to create a reasonable approximation.

In order to create a VISG-specific RBC, we started with the December 31, 2013 Authorized Control Level Risk Based Capital (ACL). An ACL distribution by line of business can be created by breaking down the various components of the Health RBC calculation as of a particular point in time. The known line of business splits contained in the RBC calculation are the Underwriting Risk (H2) and Business Risk (H4), in which BCBSVT records activity for premiums, claims and administrative expenses. The other risks contained within the Health RBC calculation (H0 Affiliate Asset Risk, H1 Other Asset Risk, and H3 Credit Risk), represent a smaller portion of the Capital Requirements ratios. A significant portion of Affiliate Asset Risk is known, as it relates to BCBSVT's equity in subsidiaries. The remainder of Asset Risk, as well as all of Credit Risk, was allocated proportionally to the sum of Underwriting Risk and Business Risk.

This process resulted in an allocation of 43.05 percent of ACL to Vermont Individual and Small Group lines of business (BCBSVT Small Group, TVHP Small Group, Nongroup, Safety Net and Catamount). We therefore allocated an identical percentage of total BCBSVT surplus to VISG as well. Please see the Q12a tab of the attached *Responses to VISG Inquiry Letter 6.xlsx* for these calculations. The resulting December 31, 2013⁴ VISG RBC was 575 percent.

To determine a QHP RBC estimate for December 31, 2017, we calculated the increase in December 31, 2013 ACL due solely to the difference in claims from 2013 VISG products to 2017 QHPs, based on the Underwriting Risk formula within the RBC calculation that applies to BCBSVT major medical lines of business⁵. This increase in ACL was added to the base VISG ACL to calculate a December 31, 2017 QHP ACL. The QHP surplus as of December 31, 2017 is simply the sum of the baseline December 31, 2013 surplus and the cumulative QHP losses from 2014 through 2017 of \$16.3 million⁶. Dividing these two quantities results in a December 31, 2017 QHP RBC of 293 percent.

It is arguably appropriate to allocate investment income among lines of business based upon their aggregate contribution to surplus as of any given year. This approach allocates

⁴ Our original response to this question, submitted via email on July 6, 2018, identified this as the 2017 VISG RBC. We have amended our response to identify the correct date as 2013.

⁵ Additionally, the Underwriting Risk associated with TVHP Small Group business was reclassified as BCBSVT Underwriting Risk. This adjustment to reflect the aggregation of risk on BCBSVT books creates a lower ACL requirement due to the covariance adjustment that excludes only Affiliate Asset Risk.

⁶ Note we used restated GAAP results for this calculation. STAT results as recorded are different primarily due to timing, but would produce a substantially similar result as of December 31, 2017.

some \$5.9 million in after-tax investment income to QHPs from 2014 through 2017. Even using this more generous approach, the QHP-specific RBC as of December 31, 2017 is only 336 percent. This amount is significantly lower than BCBSVT's target RBC range, and in fact is well below the monitoring level established by the Blue Cross Blue Shield Association.

Please see the Q12b tab of the attached *Responses to VISG Inquiry Letter 6.xlsx* for the calculation of the December 31, 2017 QHP RBC of 336 percent.

	December 31, 2013	December 31, 2017
Approximate RBC for QHP business only	575%	336%

13. Provide the annual amounts of anticipated AMT credits for each of the four years 2019 to 2022, and the specific plan for allocating the credits among members and books of business in 2019.

Please see question 17 of our response submitted through SERFF on June 4, 2018.

14. According to the filing, the federal insurer fee cost \$12,130,000 in 2018 and is projected to cost \$14,435,000 in 2020. Provide the spread, in dollars and percentages, of this cost across BCBSVT's business lines in 2018, and the corresponding projected spread of this cost in 2020.

Enacted on January 22, 2018, Section 4003 of Division D of H.R. 195 temporarily suspended the Federal Insurer Fee for 2019 only. The reference in this question is to language within the BCBSVT 3rd Quarter Large Group formula and factor filing. Because that Large Group filing will be used to develop rates for groups with plan years starting in approximately October 2018, and will continue to be used for groups with plan years extending through approximately August 2020, the federal insurer fee collected in 2018 and 2020 is relevant for that particular filing.

The filing currently under consideration is for VISG plans offered exclusively during calendar year 2019. As such, the federal insurer fee is not relevant to the 2019 VISG filing.

The federal insurer fee is allocated across insured lines of business on the basis of gross written premium, consistent with how the fee is assessed.

15. BCBSVT indicates the recovery of claims due to its new waste, fraud and abuse programs for ACA-Compliant plans has grown from .09% of claims in 2014 to 1.1% in 2017. Describe the key elements leading to the success of this new program.

BCBSVT has continued to improve its FWA recoveries via relationship with an innovative and competent vendor partner that combines data analytics with industry knowledge to supplement our internal capabilities. Because FWA programs frequently have a “lifecycle”, beginning with high initial recoveries that tend to decline over time as providers adapt their billing and practice patterns, it is important to continually analyze and identify new areas of opportunity. Leveraging our vendor’s capabilities and supplemental resources has allowed us to continue to evolve and enhance our program accordingly.

16. Please provide quantitative support for the long-term target CTR of 1.5%. What CTR is necessary to offset the impact of trend?

At a typical long-term rate of claims increase of 7 percent, including trend, population changes and membership increases, a CTR of 1.5 percent is required to maintain RBC at the midpoint of our target range. Please see the Q16 tab of the attached *Responses to VISG Inquiry Letter 6.xlsx*.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul Schultz", with a stylized flourish at the end.

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

BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

From Exhibit 6A																			Total
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS 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	REFLECTIVE PLANS SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
Plan Level Adjusted Index Rate	\$599.08	\$569.88	\$583.24	\$574.01	\$454.57	\$458.86	\$717.12	\$614.29	\$577.67	\$584.52	\$451.86	\$461.98	\$465.87	\$248.56	\$517.50	\$515.79	\$518.52	\$533.50	\$580.86
Projected Membership	1,164	6,499	2,212	684	598	2,226	10,262	5,836	6,457	1,695	1,597	1,512	485	264	814	1,691	5,645	2,950	52,591
Excess of Loaded plans over Reflective plans:															12.7%	11.3%	11.4%	9.6%	

Using the membership movement assumption proposed on tab Q8b																			Total	
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS SILVER Blue Rewards 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	REFLECTIVE PLANS SILVER Blue Rewards CDHP Deductible		SILVER CDHP		
Plan Level Adjusted Index Rate	\$599.73	\$570.49	\$593.80	\$583.41	\$455.05	\$459.36	\$717.91	\$614.97	\$587.21	\$593.01	\$452.35	\$462.48	\$466.38	\$248.82	\$518.06	\$516.34	\$519.08	\$534.08	\$582.42	
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	
												Excess of Loaded plans over Reflective plans:				14.6%	13.0%	13.1%	11.0%	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

	PROJECTED for 2019																	Loss due to Individual Mandate	TOTAL
	Blue Rewards Gold	Blue Rewards Silver	Blue Rewards Silver OFF	Blue Rewards Bronze	Blue Rewards Gold CDHP	Blue Rewards Silver CDHP	Blue Rewards Silver CDHP OFF	Blue Rewards Bronze CDHP	Standard Platinum	Standard Gold	Standard Silver	Standard Silver OFF	Standard Bronze	Standard Silver CDHP	Standard Silver CDHP OFF	Standard Bronze CDHP	Standard Bronze Integrated	Catastrophic	
INFORCE AS OF MARCH 2018	Blue Rewards Gold	1,164																20	1,184
	Blue Rewards Silver		238	814		12	28	94										48	1,234
	Blue Rewards Silver - CSR 73%		242				26												268
	Blue Rewards Silver - CSR 77%		544				60												604
	Blue Rewards Silver - CSR 87%		841				93												934
	Blue Rewards Silver - CSR 94%		347				39												386
	Blue Rewards Bronze					252												37	289
	Blue Rewards Gold CDHP				6,499	10	331		1,892									66	6,906
	Blue Rewards Bronze CDHP									10,262								152	2,044
	Standard Platinum																	107	10,369
	Standard Gold									5,836								80	5,916
	Standard Silver						47	824			882	5,645						241	7,639
	Standard Silver - CSR 73%						52				999								1,051
	Standard Silver - CSR 77%						77				1,469								1,546
	Standard Silver - CSR 87%						120				2,288								2,408
	Standard Silver - CSR 94%						43				816								859
	Standard Silver - CSR 100%										3								3
	Standard Bronze					168							1,597				168	77	2,178
	Standard Silver CDHP						19	442						361	2,950			108	3,880
	Standard Silver CDHP - CSR 73%						12							240					252
	Standard Silver CDHP - CSR 77%						20							374					394
	Standard Silver CDHP - CSR 87%						29							556					585
	Standard Silver CDHP - CSR 94%						9							164					173
	Standard Bronze CDHP					166			166							1,512	166	114	2,124
	Standard Bronze Integrated																151	23	174
	Catastrophic																	264	264
	Total	1,164	2,212	814	598	6,499	684	1,691	2,226	10,262	5,836	6,457	5,645	1,597	1,695	2,950	1,512	485	264

BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

	PROJECTED for 2019																	Loss due to Individual Mandate	TOTAL
	Blue Rewards Gold	Blue Rewards Silver	Blue Rewards Silver OFF	Blue Rewards Bronze	Blue Rewards Gold CDHP	Blue Rewards Silver CDHP	Blue Rewards Silver CDHP OFF	Blue Rewards Bronze CDHP	Standard Platinum	Standard Gold	Standard Silver	Standard Silver OFF	Standard Bronze	Standard Silver CDHP	Standard Silver CDHP OFF	Standard Bronze CDHP	Standard Bronze Integrated		
INFORCE AS OF MARCH 2018	Blue Rewards Gold	1,164																20	1,184
	Blue Rewards Silver	185					94											48	1,232
	Blue Rewards Silver - CSR 73%		242	814		26													268
	Blue Rewards Silver - CSR 77%		544			60													604
	Blue Rewards Silver - CSR 87%		841			93													934
	Blue Rewards Silver - CSR 94%		347			39													386
	Blue Rewards Bronze																	37	289
	Blue Rewards Gold CDHP				6,499	10	331		1,892									66	6,906
	Blue Rewards Bronze CDHP			252														152	2,044
	Standard Platinum								10,262									107	10,369
	Standard Gold									5,836								80	5,916
	Standard Silver						824			652		5,645	279					241	7,641
	Standard Silver - CSR 73%					52					999								1,051
	Standard Silver - CSR 77%					77					1,469								1,546
	Standard Silver - CSR 87%					120					2,288								2,408
	Standard Silver - CSR 94%					43					816								859
	Standard Silver - CSR 100%										3								3
	Standard Bronze																		
	Standard Silver CDHP			168				168					1,597				168	77	2,178
	Standard Silver CDHP - CSR 73%				266		442								2,950	114		108	3,880
	Standard Silver CDHP - CSR 77%					12								240					252
	Standard Silver CDHP - CSR 87%					20								374					394
	Standard Silver CDHP - CSR 94%					29								556					585
	Standard Silver CDHP - CSR 100%					9								164					173
	Standard Bronze CDHP															1,512	166	114	2,124
	Standard Bronze Integrated																151	23	174
	Catastrophic																	264	264
	Total	1,349	1,974	814	677	6,765	590	1,691	2,226	10,262	6,488	5,575	5,645	1,876	1,334	2,950	1,626	485	264

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

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

Authorized Control Level RBC as of December 31, 2013- updated based on H2 & H4 ratio to LOBs

	Total	Nongroup	BCBSVT Small	BCBSVT Large	Cost Plus	ASO	Safety Net	Catamount Health	FEP	Med Supp	Med D	NEHP	ITS	TVHP Large	TVHP Small	TVHP Medigap	CBA
H0 - Asset Risk - Affiliates (1)	\$14,055,323	\$803	\$12,954	\$21,167	\$6,829	\$1,420	\$682	\$12,388	\$2,431	\$1,382	\$326	-\$33	\$180	\$5,007,819	\$8,748,845	\$238,130	\$1
H1 - Asset Risk - Other (2)	\$10,919,933	\$45,545	\$734,429	\$1,200,044	\$387,160	\$80,534	\$38,667	\$702,327	\$137,801	\$78,329	\$18,483	-\$1,861	\$10,228	\$208	\$342	\$27	\$7,487,672
H2 - Underwriting Risk	\$29,604,985	\$439,164	\$7,099,109	\$11,659,244	\$1,047,873	\$15,635	\$375,574	\$6,833,255	\$1,260,389	\$715,058	\$159,683	\$0	\$0	\$0	\$0	\$0	\$0
H3 - Credit Risk (3)	\$1,225,040	\$16,255	\$262,126	\$428,310	\$138,182	\$28,744	\$13,801	\$250,669	\$49,183	\$27,957	\$6,597	-\$664	\$3,651	\$74	\$122	\$10	\$25
H4 - Business Risk	\$4,903,487	\$18,739	\$284,799	\$405,938	\$2,844,609	\$794,049	\$13,178	\$227,900	\$125,056	\$72,456	\$26,142	-\$18,714	\$102,836	\$2,086	\$3,437	\$270	\$706
Subtotal - H0-H4	\$60,708,768	\$520,507	\$8,393,417	\$13,714,703	\$4,424,652	\$920,382	\$441,902	\$8,026,538	\$1,574,859	\$895,181	\$211,231	-\$21,272	\$116,895	\$5,010,187	\$8,752,746	\$238,436	\$7,488,405
H0 - Asset Risk - Affiliates	14,055,323																
Square Root (H1, H2, H3, H4)	31,956,924																
ACLRC After Covariance before BOR	46,012,247																
Basic operational risk (BOR)	-																
ACLRC After Covariance after BOR	46,012,247																
ACL (50% of ACLRC after covariance)	23,006,124	43.05%	9,904,131														
Total Adjusted Capital	132,369,496	43.05%	56,985,037														
H0-H3 totals (based on H2 & H4)																	
H0 - Asset Risk - Affiliates	14,055,323	803	12,954	21,167	6,829	1,420	682	12,388	2,431	1,382	326	(33)	180	5,007,819	8,748,845	238,130	1
H1 - Asset Risk - Other	10,919,933	45,545	734,429	1,200,044	387,160	80,534	38,667	702,327	137,801	78,329	18,483	(1,861)	10,228	208	342	27	7,487,672
H3 - Credit Risk	1,225,040	16,255	262,126	428,310	138,182	28,744	13,801	250,669	49,183	27,957	6,597	(664)	3,651	74	122	10	25
	26,200,296	62,603	1,009,509	1,649,521	532,170	110,698	53,149	965,383	189,414	107,667	25,406	(2,558)	14,059	5,008,100	8,749,309	238,166	7,487,698
H2 - Underwriting Risk	29,604,985	439,164	7,099,109	11,659,244	1,047,873	15,635	375,574	6,833,255	1,260,389	715,058	159,683	-	-	-	-	-	-
H4 - Business Risk	4,903,487	18,739	284,799	405,938	2,844,609	794,049	13,178	227,900	125,056	72,456	26,142	(18,714)	102,836	2,086	3,437	270	706
	34,508,472	457,904	7,383,908	12,065,182	3,892,482	809,684	388,753	7,061,155	1,385,444	787,514	185,825	(18,714)	102,836	2,086	3,437	270	706
Total allocated H0-H4	60,708,768	520,507	8,393,417	13,714,703	4,424,652	920,382	441,902	8,026,538	1,574,859	895,181	211,231	(21,272)	116,895	5,010,187	8,752,746	238,436	7,488,405
Share of Total	100.00%	0.86%	13.83%	22.591%	7.288%	1.516%	0.73%	13.22%	2.594%	1.475%	0.348%	-0.035%	0.193%	8.253%	14.42%	0.393%	12.335%

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

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

Calculation of December 31, 2017 QHP RBC

	Enterprise		VISG		VISG %	Tax Rate
	Investment Income	Surplus	Investment Income	Surplus		
2013		132,369,496		56,985,037	43.05%	20%
2014	4,626,709	138,363,389	1,593,438	61,097,770	44.16%	20%
2015	4,154,355	148,423,755	1,467,566	58,042,490	39.11%	20%
2016	4,212,181	135,263,874	1,317,770	47,203,488	34.90%	20%
2017	5,410,282	134,053,991	1,510,435	46,564,271	34.74%	20%

From Q12a

RBC Risk	December 31, 2017	With Claims Increase	VISG	
H0	14,055,323	5,306,478	2013 Claims	271,359,571
H1	10,919,933	10,919,933	2017 Claims	<u>373,101,581</u>
H2	29,604,985	47,125,110	Increase	101,742,011
H3	1,225,040	1,225,040		
H4	4,903,487	4,903,487		
ACL	23,006,123	26,971,781		

VISG	43.05%		December 31, 2013 VISG	RBC 575%
ACL	9,904,131	13,869,788	December 31, 2017 QHP	336%

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

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 28, 2018

<u>Minimum Required CTR Calculation</u>		2018 Forecast	Long-Term Typical	Restated to	
		Claims	Claims Increase	Reflect Typical	
				Increase in VISG	
				Claims	Claims Increase
Vermont Individual and Small Group	A	\$324,089,593	1.070	\$346,775,864	\$22,686,271
Estimated YE 2018 Authorized Control Level (ACL)	B		\$24,592,654		
Estimated ACL Reflecting VISG Claims Increases to 2019	C		\$25,489,866		
Increase in Capital Required to Maintain RBC at midpoint of target range	D = 600% x (C-B)		\$5,383,272		
Tax Rate for 2019 (FIT)	E		0%		
Additional Required Grossed Up for FIT	F = D/(1-E)		\$5,383,272		
Filed 2019 VISG Premium	G		\$366,572,694		
Required VISG CTR Factor to Maintain Target RBC	CTR = F/G		1.5%		

	Estimated YE	Estimated ACL
	2018 ACL	Reflecting VISG
		Claims Increases
		to 2019
H0	2,867,435	2,867,435
H1	16,335,645	16,335,645
H2	42,341,256	44,297,062
H3	1,248,004	1,248,004
H4	9,173,470	9,173,470
ACL	24,592,654	25,489,866

**BLUE CROSS BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
AMENDMENT
ACTUARIAL MEMORANDUM**

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.

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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+c₆ 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+c₆ 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.

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	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.

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

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

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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	Change ⁴
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.

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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.

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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.

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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	\$533.53
		Increase due to Membership changes			1.0113

The adjusted allowed PMPM for Small Group is $\$524.81 \times 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+c₄ 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 URR. 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

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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. Market Structural Defect

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."

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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,

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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.

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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.



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

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INDEX RATE CALCULATION

Exhibit 5 (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$564.06
<u>Adjustments from Experience Period to Projection Period</u>		
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
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$596.15
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
<u>Projected Period Allowed Claims for Experience EHB</u>	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
<u>Projected Index Rate</u>	F = D + e₁ + e₂ + e₃ + e₄ + e₅	\$658.96
<u>Market Wide Adjustments</u>		
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
<u>Market Adjusted Index Rate</u>	H = E + g₁ + g₂ + g₃	\$642.92

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PLAN LEVEL ADJUSTMENT SUMMARY - REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

Exhibit 6A (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS				STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Weighted Average
			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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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

Exhibit 6B (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE 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
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	82.21%	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	

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

Exhibit 6C (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		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	REFLECTIVE PLANS		SILVER CDHP	Total
			SILVER Blue Rewards	SILVER Blue Rewards CDHP												SILVER Blue Rewards CDHP	SILVER Deductible		
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
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%	84.34%	84.95%	85.30%	66.33%	67.73%	68.08%	65.60%	73.57%	73.45%	74.38%	76.24%	80.94%

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 adjustments	\$534.93
Projected Index Rate	\$658.96
Projected Non-EHB Allowed Claims	\$0.10
Projected Allowed Experience Claims	\$659.06
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

Exhibit 6D (1)

IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	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
<i>Allowed Charges Adjustment</i>		<i>0.5656</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.9214</i>	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$668.16		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9377		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		<i>0.5212</i>		
Projected Period Paid Claims for Experience 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		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

Exhibit 7A (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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 TAXES AND FEES

Exhibit 7C (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE PLANS				Total
	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	
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

Exhibit 7D (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE 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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP
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%

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

Exhibit 9A (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	NON-STANDARD PLANS						STANDARD PLANS							REFLECTIVE 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
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 Subscribers	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 Subscribers 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	5578.39
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 Contract Conversion Factor 100.1%
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	

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

Exhibit 9B (1)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS

	GOLD		NON-STANDARD PLANS		BRONZE		BRONZE		STANDARD PLANS						BRONZE		BRONZE		Catastrophic		REFLECTIVE PLANS				Total Annual Premium for Inforce Contracts
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	SILVER Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	Deductible	CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards CDHP	SILVER Deductible	SILVER CDHP						
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							
PHPM 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	\$667.14	\$634.66	\$660.55	\$649.00	\$506.39	\$511.17	\$798.39	\$684.01	\$653.17	\$659.61	\$503.32	\$514.58	\$518.91	\$248.15	\$576.39	\$574.49	\$577.47	\$594.13							
Couple Rate	\$1,334.28	\$1,269.32	\$1,321.10	\$1,298.00	\$1,012.78	\$1,022.34	\$1,596.78	\$1,368.02	\$1,306.34	\$1,319.22	\$1,006.64	\$1,029.16	\$1,037.82	\$496.30	\$1,152.78	\$1,148.98	\$1,154.94	\$1,188.26							
Adult and Child(ren) Rate	\$1,287.58	\$1,224.89	\$1,274.86	\$1,252.57	\$977.33	\$986.56	\$1,540.89	\$1,320.14	\$1,260.62	\$1,273.05	\$971.41	\$993.14	\$1,001.50	\$478.93	\$1,112.43	\$1,108.77	\$1,114.52	\$1,146.67							
Family Rate	\$1,874.66	\$1,783.39	\$1,856.15	\$1,823.69	\$1,422.96	\$1,436.39	\$2,243.48	\$1,922.07	\$1,835.41	\$1,853.50	\$1,414.33	\$1,445.97	\$1,458.14	\$697.30	\$1,619.66	\$1,614.32	\$1,622.69	\$1,669.51	\$372,859,365						
2018 Approved Rates																									
Single Rate	\$633.99	\$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	5.3%	4.5%	20.2%		4.5%	5.5%	6.2%	4.1%	16.4%	15.4%	3.1%	4.5%	3.9%	0.8%	4.9%	7.8%	2.9%	4.0%							
Couple Rate	5.3%	4.5%	20.2%		4.5%	5.5%	6.2%	4.1%	16.4%	15.4%	3.1%	4.5%	3.9%	0.8%	4.9%	7.8%	2.9%	4.0%							
Adult and Child(ren) Rate	5.3%	4.5%	20.2%		4.5%	5.5%	6.2%	4.1%	16.4%	15.4%	3.1%	4.5%	3.9%	0.8%	4.9%	7.8%	2.9%	4.0%							
Family Rate	5.3%	4.5%	20.2%		4.5%	5.5%	6.2%	4.1%	16.4%	15.4%	3.1%	4.5%	3.9%	0.8%	4.9%	7.8%	2.9%	4.0%	7.2%						
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							

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

Exhibit 5 (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$564.06
<u>Adjustments from Experience Period to Projection Period</u>		
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
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$596.12
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
<u>Projected Period Allowed Claims for Experience EHB</u>	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
<u>Projected Index Rate</u>	F = D + e₁ + e₂ + e₃ + e₄ + e₅	\$658.93
<u>Market Wide Adjustments</u>		
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
<u>Market Adjusted Index Rate</u>	H = E + g₁ + g₂ + g₃	\$642.90

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

Exhibit 6A (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE 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	Weighted Average
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
Benefit Richness Adjustment	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	
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%	
Plan Benefits in addition to EHB	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	
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	\$528.82	\$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
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	
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	\$595.79	\$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
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

Exhibit 6B (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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
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	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	

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

Exhibit 6C (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		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	REFLECTIVE PLANS		SILVER CDHP	Total
			SILVER Blue Rewards	SILVER Blue Rewards CDHP												SILVER Blue Rewards CDHP	SILVER Deductible		
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%

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	\$535.29
Projected Index Rate	\$658.93
Projected Non-EHB Allowed Claims	\$0.10
Projected Allowed Experience Claims	\$659.03
Paid to Allowed Ratio = \$535.29/\$659.03	81.2%

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

Exhibit 6D (2)

IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES 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
<i>Allowed Charges Adjustment</i>		<i>0.5656</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.9214</i>	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$668.13		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9374		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		<i>0.5212</i>		
Projected Period Paid Claims for Experience 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

Exhibit 7A (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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 TAXES AND FEES

Exhibit 7C (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE PLANS				Total
	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	
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

Exhibit 7D (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE 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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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

Exhibit 9A (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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 Subscribers	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 Subscribers 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 Contract Conversion Factor 100.1%
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	

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

Exhibit 9B (2)

REFLECTING LEWIS AND ELLIS RECOMMENDATIONS AND VERMONT LAW CHANGES

	GOLD		NON-STANDARD PLANS		BRONZE		BRONZE		STANDARD PLANS							REFLECTIVE PLANS				Total Annual Premium for Inforce Contracts
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	SILVER Blue Rewards CDHP	Blue Rewards	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		
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		
PHPM 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	\$667.13	\$634.65	\$661.11	\$649.03	\$506.57	\$511.36	\$798.27	\$684.00	\$654.68	\$659.64	\$503.55	\$514.77	\$519.97	\$248.07	\$576.83	\$574.62	\$579.21	\$594.28		
Couple Rate	\$1,334.26	\$1,269.30	\$1,322.22	\$1,298.06	\$1,013.14	\$1,022.72	\$1,596.54	\$1,368.00	\$1,309.36	\$1,319.28	\$1,007.10	\$1,029.54	\$1,039.94	\$496.14	\$1,153.66	\$1,149.24	\$1,158.42	\$1,188.56		
Adult and Child(ren) Rate	\$1,287.56	\$1,224.87	\$1,275.94	\$1,252.63	\$977.68	\$986.92	\$1,540.66	\$1,320.12	\$1,263.53	\$1,273.11	\$971.85	\$993.51	\$1,003.54	\$478.78	\$1,113.28	\$1,109.02	\$1,117.88	\$1,146.96		
Family Rate	\$1,874.64	\$1,783.37	\$1,857.72	\$1,823.77	\$1,423.46	\$1,436.92	\$2,243.14	\$1,922.04	\$1,839.65	\$1,853.59	\$1,414.98	\$1,446.50	\$1,461.12	\$697.08	\$1,620.89	\$1,614.68	\$1,627.58	\$1,669.93	\$373,131,989	
2018 Approved Rates																				
Single Rate	\$633.99	\$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	5.3%	4.5%	20.3%		4.5%	5.5%	6.2%	4.1%	16.7%	15.4%	3.1%	4.6%	4.2%	0.8%	5.0%	7.8%	3.2%	4.0%		
Couple Rate	5.3%	4.5%	20.3%		4.5%	5.5%	6.2%	4.1%	16.7%	15.4%	3.1%	4.6%	4.2%	0.8%	5.0%	7.8%	3.2%	4.0%		
Adult and Child(ren) Rate	5.3%	4.5%	20.3%		4.5%	5.5%	6.2%	4.1%	16.7%	15.4%	3.1%	4.6%	4.2%	0.8%	5.0%	7.8%	3.2%	4.0%		
Family Rate	5.3%	4.5%	20.3%		4.5%	5.5%	6.2%	4.1%	16.7%	15.4%	3.1%	4.6%	4.2%	0.8%	5.0%	7.8%	3.2%	4.0%	7.3%	
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		

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

Exhibit 5 (3)

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

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$564.06
<u>Adjustments from Experience Period to Projection Period</u>		
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+c ₄	1.0185
Changes in pharmacy contract	1+c ₅	0.9875
Impact of Selection	1+c ₆	1.0194
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$609.01
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
<u>Projected Period Allowed Claims for Experience EHB</u>	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
<u>Projected Index Rate</u>	$F = D + e_1 + e_2 + e_3 + e_4 + e_5$	\$673.37
<u>Market Wide Adjustments</u>		
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
<u>Market Adjusted Index Rate</u>	$H = E + g_1 + g_2 + g_3$	\$656.40

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

Exhibit 6A (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Weighted Average
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
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
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	
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

Exhibit 6B (3)

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

	NON-STANDARD PLANS						STANDARD PLANS								REFLECTIVE 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
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%	1,0815
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	
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	\$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	1,0000
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	
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

Exhibit 6C (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic	REFLECTIVE PLANS				Total
	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	Blue Rewards	SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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 adjustments	\$549.35
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

Exhibit 6D (3)

IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES 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	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
<i>Allowed Charges Adjustment</i>		0.5656		
<i>Paid to Allowed Ratio Adjustment</i>			0.9214	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$682.57		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9371		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		0.5212		
Projected Period Paid Claims for Experience 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

Exhibit 7A (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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 TAXES AND FEES

Exhibit 7C (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
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

Exhibit 7D (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE 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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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

Exhibit 9A (3)

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

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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	\$3,664
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	\$591.77
Average Members per Subscribers	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 Subscribers 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	\$680.52	\$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 Child(ren) 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	\$591.17
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 Contract Conversion Factor 100.1%
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	

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

Exhibit 9B (3)

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

	GOLD		NON-STANDARD PLANS		BRONZE		BRONZE		STANDARD PLANS					BRONZE		BRONZE		Catastrophic		REFLECTIVE PLANS				Total Annual Premium for Inforce Contracts
	Blue Rewards	Blue Rewards CDHP	Blue Rewards	SILVER Blue Rewards CDHP	Blue Rewards	Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	Deductible	CDHP	Integrated	Blue Rewards	Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP						
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						
PHPM 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	\$633.99	\$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	27	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						



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, CCIO 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 non-grandfathered 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>

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

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
Deductible Plans	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
	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%
	Bronze - Embedded MOOP	56.0%-64.0%
Cost Sharing Reduction Plan Designs - Deductible Plans	250-300% FPL (73% AV)	72.0%-74.0%
	200-250% FPL (77% AV)	76.0%-78.0%
	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	72.0%-73.0%
	200-250% FPL (77% AV)	76.0%-77.0%
	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

dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

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).

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.

Options	Costs that Accumulate			Deductible / MOOP Type
	Deductible	Maximum Out-of-Pocket (MOOP) 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:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The HDHP model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
 - b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.

- c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and 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. Peper, FSA, MAAA
Principal and Senior Consulting Actuary



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.

A handwritten signature in black ink that reads "Julie A. Peper" followed by a horizontal line.

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

Appendix B – Summary of Plan Design Changes from 2018 Designs

	Deductible Plans	
Plan	Platinum	Gold
Changes	Increase medical deductible from \$300 to \$350	Increase medical MOOP from \$4,500 to \$4,700
	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
	Deductible Plans	
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical deductible from \$2,600 to \$2,800	Increase medical deductible from \$5,000 to \$5,500
	Increase combined medical/Rx MOOP from \$6,800 to \$7,500Increase combined medical/Rx MOOP from \$7,350 to \$7,900	
	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 \$30	
	Deductible Plans	
Plan	Bronze w/o Rx Limit	
Changes	Increase combined medical/Rx deductible from \$7,350 to \$7,600	
	Increase combined medical/Rx MOOP from \$7,350 to \$7,600	
	HDHPs	
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase combined medical/Rx MOOP from \$6,400 to \$6,650	Increase combined medical/Rx MOOP from \$6,550 to \$6,650
	Increase embedded single combined medical/Rx MOOP from \$7,350 to \$7,900	Increase embedded single combined medical/Rx MOOP from \$7,350 to \$7,900

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

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

2019 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,550	\$1,550
\$1,350	\$1,350
Yes	Yes
\$6,650	\$6,650
\$1,350	\$1,350
Rx -No, Medical - Yes	Rx -No, Medical - Yes
Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single MOOP; 2x Individual
Preventive	Preventive
Wellness scripts	Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
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

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current. 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.

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

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

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

ASOP 41: Actuarial Communications

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

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

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

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

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

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

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

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

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

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

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

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

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

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

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

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

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

3.1 Use of AVC or MVC – The federal AVC was used.

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

3.3 Exceptions to the MVC – Not applicable.

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

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

3.6 Unreasonable Results – 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 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	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / 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 / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / 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%

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
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
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%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2019 Federal AVC, Adjusted if Necessary	70.3%	60.7%

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 bicuspid*
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 \$7,900 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.8%	70.3%
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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
☐

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,550.00
		70.00%
		\$6,650.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

72.81%

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

0.0391 seconds

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,550		
Family Deductible		3,100	3,100		
Individual Out-of-Pocket		6,650	6,650		
Family Out-of-Pocket		13,300	13,300		
Coinsurance (50% or Less)		27%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx		Stacked
					5
<div>Calculate</div>					
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		6,650	1,350		
Family Out-of-Pocket		13,300	2,700		
Coinsurance (50% or Less)		27%	29%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$289.21	\$45.07	\$334.29	
	Plan PMPM	\$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? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount: \$0.00	1st Tier Utilization: 100%
	2nd Tier Utilization: 0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,250.00
Coinurance (%; Insurer's Cost Share)			50.00%
MOOP (\$)			\$6,650.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2019 Bronze HDHP Plan
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.97%

Bronze

Additional Notes:

Calculation Time:

0.0391 seconds

Final 2019 AV Calculator

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	5,250		
Family Deductible		10,500	10,500		
Individual Out-of-Pocket		6,650	6,650		
Family Out-of-Pocket		13,300	13,300		
Coinsurance (50% or Less)		48%	47%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div>Calculate</div>			
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	1,350		
Family Deductible		10,500	2,700		
Individual Out-of-Pocket		6,650	1,350		
Family Out-of-Pocket		13,300	2,700		
Coinsurance (50% or Less)		48%	47%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		<div>Calculate</div>			
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 = $66.65\%/66.04\% = 1.009 \times .7125 = 71.9\%$

Adjusted AV = 71.9%

AVC Screen Shot:

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$2,800.00	\$300.00
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$7,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Plan Description:
Name: 2019 Silver Deductible Plan
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Final 2019 AV Calculator

Calculation Successful.
71.25%
Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.043 seconds

3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		2,800	300			
Family Deductible		5,600	600			
Individual Out-of-Pocket		7,500	7,500			
Family Out-of-Pocket		15,000	15,000			
Coinsurance (50% or Less)		36%	34%			
Individual Embedded Moop:		7,900				
Costs that Accumulate						
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$190.05	\$30.71	\$220.76		
	Actuarial Value	65.7%	68.1%	66.04%		

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,800	300		
Family Deductible		5,600	600		
Individual Out-of-Pocket		7,500	1,350		
Family Out-of-Pocket		15,000	2,700		
Coinsurance (50% or Less)		36%	34%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $61.5\%/60.7\% = 1.013 \times .605 = 61.3\%$

Adjusted AV = 61.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$900.00			
Coinurance (% Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$7,900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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/Coinurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: 2019 Bronze Deductible Plan - with Rx Limit

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 60.47%

Metal Tier: Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office 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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,500	900		
Family Deductible		11,000	1,800		
Individual Out-of-Pocket		7,900	7,900		
Family Out-of-Pocket		15,800	15,800		
Coinsurance (50% or Less)		47%	45%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,500	900		
Family Deductible		11,000	1,800		
Individual Out-of-Pocket		7,900	1,350		
Family Out-of-Pocket		15,800	2,700		
Coinsurance (50% or Less)		47%	45%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculate			
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%	

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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,550.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
MOOP (\$)			\$4,800.00			
MOOP if Separate (\$)						

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

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):

Plan Description:

2019 HDHP
 Plan CSR
 Variations - 250-
 300% FPL
 (73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
75.50%

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

0.0391 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,550	1,550			
Family Deductible		3,100	3,100			
Individual Out-of-Pocket		4,800	4,800			
Family Out-of-Pocket		9,600	9,600			
Coinsurance (50% or Less)		23%	29%			
Individual Embedded Moop:		7,900				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		4,800	1,350		
Family Out-of-Pocket		9,600	2,700		
Coinsurance (50% or Less)		23%	29%		
Individual Embedded Moop:		7,900			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		<div>Calculate</div>			
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

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$1,350.00
Coinurance (%; Insurer's Cost Share)		75.00%
MOOP (\$)		\$3,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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

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/Coinurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
2019 HDHP
Plan CSR
Variations - 200-
250% FPL
(77% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
79.10%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.043 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,350	1,350			
Family Deductible		2,700	2,700			
Individual Out-of-Pocket		3,300	3,300			
Family Out-of-Pocket		6,600	6,600			
Coinsurance (50% or Less)		23%	27%			
Individual Embedded Moop:		7,900				
Costs that Accumulate						
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,300	1,350		
Family Out-of-Pocket		6,600	2,700		
Coinsurance (50% or Less)		23%	27%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.4%

Adjusted AV = 86.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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):

Plan Description:

2019 HDHP
Plan CSR
Variations - 150-
200% FPL
(87% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

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

Additional Notes:

Calculation Time:
Final 2019 AV Calculator

0.0312 seconds

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,200	1,200			
Family Deductible		2,400	2,400			
Individual Out-of-Pocket		1,200	1,200			
Family Out-of-Pocket		2,400	2,400			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		7,350				
Costs that Accumulate						
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
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

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.7%

Adjusted AV = 93.7%

AVC Screen Shot:

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$550.00
Coinurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

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/Coinurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:

2019 HDHP
 Plan CSR
 Variations - 133-
 150% FPL
 (94% AV)

Name:
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.66%

Platinum

Additional Notes:

Calculation Time:

0.0352 seconds

Final 2019 AV Calculator

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

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		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 /	
		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	\$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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		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 /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div>Calculate</div>					
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 = $68.86\%/68.30\% = 1.008 \times 73.37\% = 74.0\%$

Adjusted AV = 74.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,700.00	\$300.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:
 2019
 Deductible
 Plan CSR
 Variations - 250-
 300% FPL
 (73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:
 Additional Notes:

CSR Level of 73% (200-250% FPL), Calculation Successful.
 73.37%
 Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:
 Final 2019 AV Calculator

0.0391 seconds

9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,700	300		
Family Deductible		5,400	600		
Individual Out-of-Pocket		6,300	6,300		
Family Out-of-Pocket		12,600	12,600		
Coinsurance (50% or Less)		36%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,700	300		
Family Deductible		5,400	600		
Individual Out-of-Pocket		6,300	1,200		
Family Out-of-Pocket		12,600	2,400		
Coinsurance (50% or Less)		36%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $73.3\%/72.8\% = 1.007 \times .773 = 77.8\%$

Adjusted AV = 77.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,200.00	\$200.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$4,900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 200-
250% FPL
(77% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 77.26%

Metal Tier:

Additional Notes:

Calculation Time: 0.043 seconds

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

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

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,200	200		
Family Deductible		4,400	400		
Individual Out-of-Pocket		4,900	4,900		
Family Out-of-Pocket		9,800	9,800		
Coinsurance (50% or Less)		34%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings		Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
<div>Calculate</div>					
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,200	200		
Family Deductible		4,400	400		
Individual Out-of-Pocket		4,900	1,000		
Family Out-of-Pocket		9,800	2,000		
Coinsurance (50% or Less)		34%	33%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $85.7\%/85.5\% = 1.002 \times .874 = 87.6\%$

Adjusted AV = 87.6%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$150.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$1,800.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 150-
200% FPL
(87% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 87.43%

Metal Tier: Gold

Additional Notes:

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

Calculation Time: 0.0391 seconds

Final 2019 AV Calculator

11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,800	1,800		
Family Out-of-Pocket		3,600	3,600		
Coinsurance (50% or Less)		33%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings		Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
<div>Calculate</div>					
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 values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,800	400		
Family Out-of-Pocket		3,600	800		
Coinsurance (50% or Less)		33%	29%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
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 = $95.1\%/94.9\% = 1.002 \times .946 = 94.9\%$

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$150.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$900.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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):

Plan Description:

2019
Deductible
Plan CSR
Variations - 133-
150% FPL
(94% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value: 94.66%

Metal Tier: Platinum

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

Calculation Time: 0.0391 seconds

Final 2019 AV Calculator

12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		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			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>					
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					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		150	0		
Family Deductible		300	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		9%	15%		
Individual Embedded Moop:		7,900			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked
					2
<div>Calculate</div>					
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%	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
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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 pharmacy-specific 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 <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2019-AV-Calculator-Methodology.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT
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Actuarial Opinion

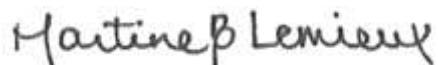
The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These 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 States 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 Lemieux, A.S.A., M.A.A.A.
Associate Actuary
Blue Cross and Blue Shield of Vermont
July 18, 2018

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$3,000	
	Coinsurance	0%	
	OOPM	\$3,000	
AVC Output for items supported by the AVC	(a)	76.1%	
BCBSVT Model Output for items supported by the AVC	(b)	79.7%	
BCBSVT Model Output for complete benefit design	(c)	80.3%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	76.7%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: **Gold**

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$3,000.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
MOOP (\$)		\$3,000.00			
MOOP if Separate (\$)					

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Gold CDHP

Plan HIOS ID: 13627VT0390001 and 13627VT0370001

Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 76.12%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1719 seconds

Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
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Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible	\$4,100	
	Coinsurance	0%	
	OOPM	\$4,100	
AVC Output for items supported by the AVC	(a)	70.8%	
BCBSVT Model Output for items supported by the AVC	(b)	75.4%	
BCBSVT Model Output for complete benefit design	(c)	76.5%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.8%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier:

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,100.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$4,100.00			
MOOP if Separate (\$)						

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

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):

Plan Description:

Name: Blue Rewards Silver CDHP

Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002

Issuer HIOS ID: 13627

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.80%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate MOOP for Medical and Drug Spending? ☒
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
- Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$3,550.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$3,550.00			
MOOP if Separate (\$)					

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP - 73%
Plan HIOS ID: 13627V0390002 and 13627V0370002
Issuer HIOS ID: 13627

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 73.11%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.125 seconds

Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			\$2,800.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$2,800.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP - 77%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 76.69%

Additional Notes:

Calculation Time:

0.125 seconds

Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$1,300	
AVC Output for items supported by the AVC	(a)	86.6%	
BCBSVT Model Output for items supported by the AVC	(b)	88.4%	
BCBSVT Model Output for complete 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.

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)		\$1,300.00	
Coinsurance (% Insurer's Cost Share)		100.00%	
MOOP (\$)		\$1,300.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP - 87%
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627

Output

Status/Error Messages:
 Actuarial Value: 86.61%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1719 seconds
Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR			
Items supported by the AV Calculator	Deductible	\$550	
	Coinsurance	0%	
	OOPM	\$550	
AVC Output for items supported by the AVC	(a)	93.7%	
BCBSVT Model Output for items supported by the AVC	(b)	94.1%	
BCBSVT Model Output for complete 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?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier:

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design			
Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)		\$550.00					
Coinsurance (%; Insurer's Cost Share)		100.00%					
MOOP (\$)		\$550.00					
MOOP if Separate (\$)							

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP - 94%
Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
Issuer HIOS ID: 13627

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 93.66%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.0781 seconds
Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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

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

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate MOOP for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: BRONZE

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,650.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$6,650.00			
MOOP if Separate (\$)					

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

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):

Plan Description:

Name: Blue Rewards Bronze

Plan HIOS ID: 13627VT0390003 and 13627VT0370003

Issuer HIOS ID: 13627

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.44%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds

Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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

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

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$4,125.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$4,125.00			
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Blue Rewards Silver CDHP Reflective
Plan HIOS ID: 13627V/T0390004 and 13627V/T0370004
Issuer HIOS ID: 13627

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.70%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 seconds
Final 2019 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,550
	Coinsurance	0%
	OOPM	\$5,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 75.0%
BCBSVT Model Output for items supported by the AVC		(b) 81.6%
BCBSVT Model Output for complete benefit design		(c) 82.7%
Estimated AVC value		(d)=(c)/(b)*(a) 76.1%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,550.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Gold
 Plan HIOS ID: 13627VT0380001 and 13627VT0360001
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

75.03%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,850
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items 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) 75.5%
Estimated AVC value		(d)=(c)/(b)*(a) 68.5%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 MOOP (\$)
 MOOP if Separate (\$)

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,850.00
		100.00%
		\$7,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Calculation Successful.

66.74%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION - REVISED

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 71.8%
BCBSVT Model Output for items supported by the AVC		(b) 77.5%
BCBSVT Model Output for complete benefit design		(c) 78.8%
Estimated AVC value		(d)=(c)/(b)*(a) 73.0%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,100.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,700.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 73%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

71.83%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION - REVISED

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%		
Items supported by the AV Calculator	Deductible	\$1,000
	Coinsurance	0%
	OOPM	\$5,200
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 76.1%
BCBSVT Model Output for items supported by the AVC		(b) 82.0%
BCBSVT Model Output for complete benefit design		(c) 82.9%
Estimated AVC value		(d)=(c)/(b)*(a) 76.9%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 73%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

76.05%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION - REVISED

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%		
Items supported by the AV Calculator	Deductible	\$200
	Coinsurance	0%
	OOPM	\$2,000
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 87.2%
BCBSVT Model Output for items supported by the AVC		(b) 91.1%
BCBSVT Model Output for complete benefit design		(c) 91.3%
Estimated AVC value		(d)=(c)/(b)*(a) 87.3%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$200.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver - 87%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

87.20%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1094 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: **Platinum**

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		100.00%			
		\$950.00			

Deductible (\$)
Coinsurance (% Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Copay applies only after deductible?	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
Name: Blue Rewards Silver - 94%
Plan HIOS ID: 13627V/T0380002 and 13627V/T0360002
Issuer HIOS ID: 13627

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.39%
Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds
Final 2019 AV Calculator

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.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Bronze		
Items supported by the AV Calculator	Deductible	\$7,900
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 61.1%
BCBSVT Model Output for items supported by the AVC		(b) 66.7%
BCBSVT Model Output for complete benefit design		(c) 66.7%
Estimated AVC value		(d)=(c)/(b)*(a) 61.2%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 MOOP (\$)
 MOOP if Separate (\$)

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,900.00
		100.00%
		\$7,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Bronze
 Plan HIOS ID: 13627VT0380003 and 13627VT0360003
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.13%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds
 Final 2019 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION - REVISED

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver Reflective		
Items supported by the AV Calculator	Deductible	\$2,850
	Coinsurance	0%
	OOPM	\$7,900
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items 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) 75.5%
Estimated AVC value		(d)=(c)/(b)*(a) 68.5%

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,850.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver Reflective
 Plan HIOS ID: 13627V T0380004 and 13627V T0360004
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

66.74%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

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	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, 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 no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$0 copay
MH/SA Office Visit				
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%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

	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 no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit				
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%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

	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%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION - REVISED**

	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%

July 24, 2018

Mr. Josh Hammerquist, F.S.A., M.A.A.A.
Vice President & Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your July 22, 2018 Questions re: Blue Cross and Blue Shield of Vermont
2019 Vermont Individual and Small Group Rate Filing (SERFF Tracking #: BCVT-131497882)**

Dear Mr. Hammerquist:

In response to your request dated July 22, 2018, here are *your questions* and our answers:

1. Please elaborate on the how the estimated 8,000 members that are expected to move to Association Health Plans (AHPs) was determined.

Associations that have actively approached BCBSVT to express interest in offering AHPs formerly had health benefit membership of over 30,000 members. In total, virtually all of the small group market was enrolled through one of various association plans through 2013. AHPs are likely to have a significant pricing advantage over the single risk pool, largely because small groups will not be required to subsidize the individual market, which has significantly higher claim costs. The associations are confident that they can rebuild to their prior membership levels over time, and that they will experience a significant influx of membership on January 1, 2019.

Please note that we assume that proportional number of MVP small group members will also move to AHPs. This assumption drove the increase in our projected risk adjustment transfer per member per month. In total, we expect that AHPs will attract over 12,000 members in 2019.

2. Are some of the estimated 8,000 members moving to AHPs expected to come from self-funded groups?

The 8,000 members reflect the expected total moving from BCBSVT QHPs to AHPs, not the total projected AHP membership. We expect that a proportional number of small group members will migrate from MVP QHPs to AHPs, and that AHPs will also draw business from groups that are currently self-funded. It is not currently clear that AHPs will include large groups, or if they do that large groups and small groups will be rated together. Our current expectation is that the migration will be limited to the small group market.

3. Does the company expect AHPs to be able to rate by age in Vermont?

Although the Vermont Department of Financial Regulation (DFR) has not yet issued its emergency rule on AHPs nor its final rule on the same, we do not expect that AHPs will be allowed to rate by age in Vermont.

4. Does the company expect AHPs to market to self-employed individuals?

We assume by this question that you are referring to sole proprietors (or “working owners” as used in the federal rule). We also expect this to be addressed in DFR’s forthcoming rules. It is possible

that DFR will permit AHPs to not accept working owners as members in the association. Our current assumption is that working owners will remain on-Exchange, primarily due to premium subsidies. Additionally, we have no means of identifying working owners because a group of one could also be an employer with several employees but only one enrolled subscriber. We therefore have no means to accurately price the impact of their departure from the single risk pool. We recognize that there is some risk that the morbidity of the single risk pool will further deteriorate due to a migration of sole proprietors to AHPs. However, we elect to not reflect this additional risk in our rates at this time, both because of the lack of clarity as to whether working owners will be allowed to enroll in AHPs and the imprecision of any estimate we could provide due to the absence of useful data.

5. Please provide support for the changes to (1+c1) and (1+c6) due to the members moving to AHPs.

Please see attached Responses to 2019 VISG Letter 8 - 07.22.2018.xlsx, tabs Q5a and Q5b for details.

6. Please provide quantitative and qualitative support for the impact of the cost sharing changes required by S.1 and H.693. This should at least include the utilization of these services in the experience period and the change in copay by plan.

The impact of S.1 (2018 Special Session, Act No. 7, § 1) was measured through our re-adjudication actuarial value (AV) model. Chiropractic office visit cost-sharing was lowered from the “specialist office visit” level to the “PCP office visit” level. The impacted silver and bronze plans have integrated out-of-pocket maximums which means that all benefits are impacted based on the changes made to chiropractic benefits. The AV model captures the impact on all integrated benefits as a result of changing the chiropractic benefit assumptions. The experience period utilization of chiropractic office visit benefits was 635 visits per 1,000 members per year. The expected cost within the AV model per chiropractic office visit in 2019 dollars is \$68.90 and the median cost is \$63.02. Overall, chiropractic office visit services make up approximately 0.6 percent of total allowed charges. The chiropractic office visit benefit within the Blue Rewards Silver plan and Standard Bronze Deductible plans are subject to deductible prior to the office visit copay, which is why the AV impact is relatively small. The Standard Silver and Standard Bronze Integrated plans waive their deductibles for all office visits and therefore are more sensitive to the chiropractic office visit benefit changes.

The allowed charges impacted by H.693 (2017 (Adj. Sess.), Act No. 141) are approximately 0.05 percent of total allowed charges. Due to the low volume of claims and complexity of adjusting our model to accommodate this new benefit, we used a simplified approach to adjust our plan level actuarial values. From our experience period data we observed that 0.023 percent of total allowed charges were paid from the member’s deductible, coinsurance or copay for services to which H.693 applies. Therefore, by removing all cost sharing from these services, the average paid to allowed ratio increases additively by approximately 0.023 percent. Richer plans will be impacted less than the average while leaner plans will be impacted more than the average. The following table was added to the actuarial value of each respective metallic plan:

	AV
Metal	Increase
Platinum	0.012%
Gold	0.020%
Silver	0.036%
Bronze	0.043%
Average	0.023%

Tabs *Q6 - Standard* and *Q6 - Blue Rewards* of the attached spreadsheet shows the change in total plan AV and benefit design before and after the impacts of S.1 and H.693.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Schultz", with a stylized flourish at the end.

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

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

RESPONSE TO ACTUARIAL INQUIRY DATED JULY 22, 2018

Impact of the different benefit plans (1+c1)

Metal	Allowed Charge Relativity	Calendar Year 2017 Member Months	Original 2019 Projected Membership	2019 Projected Membership - After membership migration to AHP
Platinum	1.4870	152,734	10,262	9,202
Gold	1.0498	211,065	14,602	11,303
Silver	0.8664	342,337	20,573	18,016
Bronze	0.6268	110,984	6,890	5,806
Catastrophic	0.2296	2,704	264	264
Total		819,824	52,591	44,591
Weighted Average Allowed Charge Relativity		0.9947	1.0038	1.0060
Benefit Adjustment (1+c1 on Exhibit 5 (1) of Amendment) = $1.0038/0.9947 =$				1.0092
Benefit Adjustment (1+c1 on Exhibit 5 (3) of Amendment) = $1.006/0.9947 =$				1.0114

BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
RESPONSE TO ACTUARIAL INQUIRY DATED JULY 22, 2018

Impact of the different benefit plans (1+c6)

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS				PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	SILVER Blue Rewards	REFLECTIVE PLANS				Weighted Average
			SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP										SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP		
Projected Paid Claims																				
Using HHS Induced Utilization Factors																				
Projected FFS Allowed Charges - Without Selection	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	
Benefit Richness Adjustment (from Exhibit 6C (3) - row 13)	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		
Pricing Actuarial Value (from Exhibit 6B (3) - row 12)	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%		
For Catastrophic Plan only - Impact of the specific 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	0.5212	1.0000	1.0000	1.0000	1.0000		
Projected Paid Claims	\$557.04	\$528.47	\$551.97	\$541.29	\$417.28	\$421.30	\$678.18	\$578.64	\$553.11	\$557.32	\$421.34	\$431.13	\$435.71	\$217.30	\$478.51	\$476.44	\$487.34	\$500.47	\$547.77	
Projected Paid Claims																				
Using BCBSVT Actual Utilization Factors																				
Projected FFS Allowed Charges - Without Selection	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	\$669.60	
Benefit Richness Adjustment	1.0338	1.0338	1.0257	1.0257	0.6172	0.6172	1.4644	1.0338	1.0257	1.0257	0.6172	0.6172	0.6172	0.2261	0.7106	0.7106	0.7106	0.7106		
Pricing Actuarial Value	82.23%	79.60%	85.17%	83.40%	65.36%	65.10%	93.59%	84.06%	84.87%	84.75%	65.08%	66.10%	67.37%	65.31%	70.69%	69.81%	72.44%	73.54%		
Projected Paid Claims	\$569.22	\$551.05	\$584.99	\$572.79	\$270.12	\$269.06	\$917.67	\$581.86	\$582.89	\$582.06	\$268.98	\$273.20	\$278.45	\$98.87	\$336.38	\$332.15	\$344.70	\$349.90	\$558.38	
Selection Impact																			line 1+c6 on Exhibit 5 (3)	1.0194
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

RESPONSE TO ACTUARIAL INQUIRY DATED JULY 22, 2018

	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE
	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Deductible	CDHP
Medical Ded	\$350	\$850	\$2,800	\$1,550	\$5,500	\$5,250	\$7,600	\$2,800	\$1,550
Rx Ded	\$0	\$100	\$300	Combined	\$900	Combined	Combined	\$300	Combined
Integrated Ded	No	No	No	Yes	No	Yes	Yes	No	Yes
Medical OOPM	\$1,350	\$4,700	\$7,500	\$6,650	\$7,900	\$6,650	\$7,600	\$7,500	\$6,650
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	Combined	\$1,350	\$1,350
Integrated OOPM	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care	Preventive Care, Pediatric Dental Class I	Preventive Care	Preventive Care, Office Visits, Pediatric Dental Class I	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	N/A	Wellness Scripts	Generic Scripts	Generic Scripts	Wellness Scripts
Service Category									
Preventive (Includes H.693 services)	\$0	\$0	\$0	0%	\$0	0%	0%	\$0	0%
PCP Office Visit	\$10	\$15	\$30	10%	\$35	50%	\$40	\$30	10%
MH/SA Office Visit	\$10	\$15	\$30	10%	\$35	50%	\$40	\$30	10%
Specialist Office Visit	\$30	\$30	\$75	30%	\$90	50%	\$100	\$75	30%
Chiropractic Office Visit	\$30	\$30	\$75 \$30	30%	\$90 \$35	50%	\$100 \$40	\$75 \$30	30%
Urgent Care	\$40	\$40	\$85	30%	\$100	50%	0%	\$85	30%
Ambulance	\$50	\$50	\$100	30%	\$100	50%	0%	\$105	35%
DME	10%	30%	40%	30%	50%	50%	0%	40%	30%
ER	\$100	\$150	\$250	30%	50%	50%	0%	\$250	30%
Radiology (MRI, CT, PET)	10%	30%	40%	30%	50%	50%	0%	40%	30%
Outpatient	10%	30%	40%	30%	50%	50%	0%	40%	30%
Inpatient	10%	30%	40%	30%	50%	50%	0%	40%	30%
Rx Generic	\$5	\$10	\$15	\$10	\$20	\$12	\$25	\$15	\$10
Rx Preferred Brand	\$50	\$50	\$60	\$40	\$85	40%	0%	\$60	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%
Pediatric Vision (Exam and Materials)	\$30	\$30	\$75	30%	\$90	50%	\$100	\$75	30%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%	30%	30%	30%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%	50%	50%	50%
Exhibit 6b prior to S.1, H.693	93.58%	84.04%	73.93%	75.20%	65.03%	66.06%	67.25%	73.93%	75.19%
Exhibit 6b after S.1, H.693	93.59%	84.06%	74.14%	75.23%	65.08%	66.10%	67.37%	74.14%	75.23%
Change in AV	0.01%	0.02%	0.21%	0.04%	0.05%	0.04%	0.13%	0.21%	0.04%

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

RESPONSE TO ACTUARIAL INQUIRY DATED JULY 22, 2018

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	CATASTROPHIC	SILVER REFLECTIVE	SILVER REFLECTIVE
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards
Deductible/OOP Max	3-6-9	CDHP	3-6-9	CDHP	3-6-9	CDHP	Deductible	3-6-9	CDHP
Medical Ded	\$1,550	\$3,000	\$2,850	\$4,100	\$7,900	\$6,650	\$7,900	\$2,850	\$4,125
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$3,000	\$7,900	\$4,100	\$7,900	\$6,650	\$7,900	\$7,900	\$4,125
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	Combined	Combined	\$1,350	\$1,350	\$1,350
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,900	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	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	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	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care
Drug Deductible waived for:	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A	N/A	Wellness Scripts
Service Category									
Preventive (Includes H.693 services)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%
MH/SA Office Visit		0%		0%		0%			0%
Specialist Office Visit	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Chiropractic Office Visit	\$30	0%	\$50 \$30	0%	\$0	0%	0%	\$50 \$30	0%
Urgent Care	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Ambulance	\$30	0%	\$50	0%	\$0	0%	0%	\$55	0%
DME	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
ER	\$250	0%	\$450	0%	\$0	0%	0%	\$450	0%
Radiology (MRI, CT, PET)	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Outpatient	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Inpatient	\$750	0%	\$1,750	0%	\$0	0%	0%	\$1,750	0%
Rx Generic	\$5	\$5	\$5	\$15	\$0	\$25	0%	\$5	\$15
Rx Preferred Brand	40%	40%	40%	40%	0%	40%	0%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	0%	60%	0%	60%	60%
Pediatric Vision (Exam and Materials)	\$30	0%	\$50	0%	\$0	0%	0%	\$50	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	30%	0%	0%	30%	0%
Pediatric Dental Class III	50%	0%	50%	0%	50%	0%	0%	50%	0%

Exhibit 6b prior to S.1, H.693	82.21%	79.58%	72.69%	72.28%	65.31%	65.06%	65.31%	72.69%	72.19%
Exhibit 6b after S.1, H.693	82.23%	79.60%	72.75%	72.31%	65.36%	65.10%	65.31%	72.75%	72.23%
Change in AV	0.02%	0.02%	0.06%	0.04%	0.04%	0.04%	0.00%	0.06%	0.04%

August 21, 2018

Agatha Kessler
Director of Health Policy
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2019 Vermont Individual and Small Group Rate Filing - Amended per GMCB Order
(SERFF #BCVT-131497882, GMCB-009-18-rr)**

Dear Ms. Kessler:

Enclosed are amended exhibits for the Blue Cross and Blue Shield 2019 Vermont Individual and Small Group Rate Filing. These rates have been developed in response to the Green Mountain Care Board Order dated August 14, 2018. The rates were modified as ordered, resulting in a reduction of the total projected average rate increase to 5.8 percent.

To help with your review, we step through each component of the order below:

1. Reduce the rate by 0.4% to account for elimination of the individual mandate penalty, and by an additional 0.1% for bad debt

We modified the impact of the removal of the penalty for the individual mandate (1+b7 factor on Exhibit 5) to reflect 1.6 percent increase in projected allowed charges, which is a 0.4 percent reduction from the 2.0 percent increase included in our original filing.

BCBSVT did not increase its bad debt component for the removal of the individual penalty, and has in fact reduced the risk margin for bad debt from 0.2 percent in 2018 to 0.1 percent in 2019. To comply with the order, we removed the risk margin for bad debt of 0.1 percent, as shown on amended exhibit 7B.

2. Reduce the rate by 2.3% attributed to the migration of small groups to the AHP market

The GMCB is disallowing BCBSVT's projected rate increase for the projected migration to the Association Health Plan (AHP) market. To reflect this, we changed the following factors back to the pre-AHP values included in our filing amendment (Exhibit 5 (2) to 7C (2) - pages 24 to 31 of Exhibit 17 of the hearing binder).

Factor	With impact of the migration to AHP	Without impact of the migration to AHP
Impact of different benefit plans (1+c ₁ on Exhibit 5)	1.0114	1.0092
Impact of selection (1+c ₆ on Exhibit 5)	1.0194	1.0184
Impact of AHP on projected claims (1+c ₄ on Exhibit 5)	1.0185	1.0000
Impact of membership migration on market wide adjustment for Risk Adjustment (g ₁ on Exhibit 5)	\$16.67	\$16.03
Impact on base administrative charges (Exhibit 7A)	\$38.60	\$37.72
Impact on GMCB billbacks (Exhibit 7B)	\$2.31	\$1.92

3. *Reduce the overall average annual rate increase by 1.0% to make rates more affordable for Vermonters*

We adjusted the Plan Level Adjusted Index Rate (from amended Exhibit 6A) by a factor of 0.9907 to reduce the overall average annual rate increase by 1.0 percent, as shown on Exhibit 9C.

Note that for the Unified Rate Review Template (URRT) this adjustment was included in the Profit and Risk Load in section III of worksheet 1.

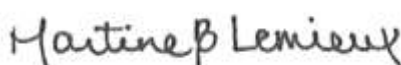
Enclosed are amended Exhibits 5 through 9B, additional Exhibit 9C, the amended Unified Rate Review Template and the amended Rate Data template.

The purpose of this amended filing is to provide the rates and a description of the modifications ordered by the Green Mountain Care Board to the rate development for the Vermont Individual and Small Group plans that Blue Cross and Blue Shield of Vermont proposes to offer for the 2019 benefit year. These calculations are not intended to be used for any other purpose.

This amendment was prepared in accordance with the provisions of the Green Mountain Care Board order dated August 14, 2018. Specifically, the impact of the elimination of the individual mandate penalty, the bad debt component, the impact of the Association Health Plans and the overall reduction of rates for affordability were prescribed by the aforementioned GMCB order.

Please let us know if you have any questions, or if we can provide additional clarity on any of the items above.

Sincerely,



Martine Lemieux, A.S.A., M.A.A.A.
Associate Actuary

INDEX RATE CALCULATION

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$564.06
<u>Adjustments from Experience Period to Projection Period</u>		
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	1.0160
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
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$593.79
Trend Factors		
Cost Trend	1+d ₁	1.0860
Utilization Trend	1+d ₂	1.0320
<u>Projected Period Allowed Claims for Experience EHB</u>	D	\$665.51
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
<u>Projected Index Rate</u>	F = D + e ₁ + e ₂ + e ₃ + e ₄ + e ₅	\$656.31
<u>Market Wide Adjustments</u>		
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
<u>Market Adjusted Index Rate</u>	H = E + g ₁ + g ₂ + g ₃	\$640.27

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

Exhibit 6A
AMENDED PER GMCB ORDER

PLAN LEVEL ADJUSTMENT SUMMARY

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS				STANDARD PLANS							Catastrophic Blue Rewards	SILVER Blue Rewards	REFLECTIVE PLANS			SILVER CDHP	Weighted Average
			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			SILVER Blue Rewards CDHP	SILVER Deductible			
Market Adjusted Index Rate	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27
Benefit Richness Adjustment	1.0123	0.9967	0.9621	0.9602	0.9342	0.9335	1.0949	1.0240	0.9684	0.9736	0.9335	0.9366	0.9408	0.9341	0.9619	0.9596	0.9682	0.9734		
Paid to Allowed Ratio	82.02%	78.86%	85.48%	83.92%	65.64%	66.36%	93.01%	84.36%	85.11%	85.32%	66.37%	67.77%	68.23%	65.60%	73.64%	73.48%	74.58%	76.27%		
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	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	0.4941	1.0000	1.0000	1.0000	1.0000	1.0000	
Expected Claims Cost	\$531.69	\$503.29	\$526.66	\$516.04	\$392.72	\$396.72	\$652.14	\$553.17	\$527.79	\$531.97	\$396.76	\$406.49	\$411.04	\$193.89	\$453.60	\$451.55	\$462.39	\$475.45	\$520.05	
Administrative Charges Plan Level Adjustment	1.0848	1.0900	1.0852	1.0873	1.1143	1.1135	1.0585	1.0689	1.0721	1.0718	1.0961	1.0938	1.0926	1.2314	1.0989	1.0997	1.0823	1.0801		
Taxes and Fees Plan Level Adjustment	1.0127	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	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	1.0151	
Plan Level Adjusted Index Rate - Before Reduction per GMCB Order	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11	\$576.08	
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

Exhibit 68
AMENDED PER GMCB ORDER

PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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%	1.0811
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	
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	\$547.37	\$527.12	\$569.52	\$559.57	\$442.52	\$447.13	\$617.77	\$562.37	\$567.16	\$568.54	\$447.20	\$456.15	\$459.07	\$442.23	\$493.72	\$492.71	\$499.72	\$510.56	1.0000
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	
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	\$531.61	\$503.20	\$526.57	\$515.95	\$392.65	\$396.65	\$652.05	\$553.08	\$527.70	\$531.88	\$396.69	\$406.42	\$410.97	\$392.32	\$453.52	\$451.47	\$462.31	\$475.36	
Overall Benefit Richness Adjustment	1.0123	0.9967	0.9621	0.9602	0.9342	0.9335	1.0949	1.0240	0.9684	0.9736	0.9335	0.9366	0.9408	0.9341	0.9619	0.9596	0.9682	0.9734	

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

Exhibit 6C
AMENDED PER GMCB ORDER

PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51	\$665.51
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	\$547.37	\$527.12	\$569.52	\$559.57	\$442.52	\$447.13	\$617.77	\$562.37	\$567.16	\$568.54	\$447.20	\$456.15	\$459.07	\$442.23	\$493.72	\$492.71	\$499.72	\$510.56	\$540.86
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	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27
Total Paid Claims	\$525.14	\$504.89	\$547.29	\$537.34	\$420.29	\$424.90	\$595.54	\$540.14	\$544.93	\$546.31	\$424.97	\$433.92	\$436.84	\$420.00	\$471.49	\$470.48	\$477.49	\$488.33	\$518.63
Paid to Allowed Ratio	82.02%	78.86%	85.48%	83.92%	65.64%	66.36%	93.01%	84.36%	85.11%	85.32%	66.37%	67.77%	68.23%	65.60%	73.64%	73.48%	74.58%	76.27%	81.00%

For Section 3 of worksheet 1 of the URRT	
Expected Claims Cost (from Exhibit 6A)	\$520.05
Non-EHB benefit claims cost	\$0.09
Market-wide adjustment	\$13.03
Projected Incurred Claims, before market-wide adjustments	\$533.16
Projected Index Rate	\$656.31
Projected Non-EHB Allowed Claims	\$0.10
Projected Allowed Experience Claims	\$656.41
Paid to Allowed Ratio = \$533.16/\$656.41	81.2%

PLAN LEVEL ADJUSTMENTS
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN

	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
<i>Allowed Charges Adjustment</i>		0.5656		
<i>Paid to Allowed Ratio Adjustment</i>			0.9214	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$665.51		
Paid to Allowed Ratio for EHB Portion		66.4%		
Benefit Richness Adjustment for EHB		0.9374		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		0.5212		
Projected Period Paid Claims for Experience EHB		\$216.05		
Non-System Claims		-\$9.20		
Market Wide Adjustments		-\$13.03		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$193.89		
Market Adjusted Index Rate		\$640.27		
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		0.4941		
Expected Claims Cost		\$193.89		
Total Adjustment for Catastrophic Plan			0.4941	

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

Exhibit 7A
AMENDED PER GMCB ORDER

DETAILS OF ADMINISTRATIVE CHARGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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	1.0848	1.0900	1.0852	1.0873	1.1143	1.1135	1.0585	1.0689	1.0721	1.0718	1.0961	1.0938	1.0926	1.2314	1.0989	1.0997	1.0823	1.0801	1.0775
Administrative Charges as a percent of Premium	7.60%	8.04%	7.64%	7.81%	9.97%	9.91%	5.38%	6.27%	6.54%	6.52%	8.52%	8.33%	8.24%	18.21%	8.75%	8.82%	7.40%	7.21%	6.99%

Exhibit 7B
AMENDED PER GMCB ORDER

DETAILS OF CONTRIBUTION TO RESERVE

[illegible]

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

Exhibit 7C
AMENDED PER GMCB ORDER

DETAILS OF TAXES AND FEES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
State Assessment - HCCA	\$4.31	\$4.08	\$4.27	\$4.18	\$3.20	\$3.23	\$5.27	\$4.48	\$4.28	\$4.31	\$3.23	\$3.31	\$3.34	\$1.60	\$3.68	\$3.67	\$3.75	\$3.86	\$4.21
State Tax - VITL	\$1.07	\$1.01	\$1.06	\$1.04	\$0.79	\$0.80	\$1.31	\$1.11	\$1.06	\$1.07	\$0.80	\$0.82	\$0.83	\$0.40	\$0.92	\$0.91	\$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	\$7.30	\$7.02	\$7.25	\$7.14	\$5.91	\$5.95	\$8.50	\$7.52	\$7.26	\$7.30	\$5.95	\$6.05	\$6.10	\$3.93	\$6.52	\$6.50	\$6.61	\$6.74	\$7.18
Taxes and Fees Plan Level Adjustment	1.0127	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%	1.24%	1.25%	1.25%	1.33%	1.32%	1.32%	1.59%	1.27%	1.27%	1.28%	1.28%	1.25%

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

Exhibit 7D
AMENDED PER GMCB ORDER

AV PRICING VALUE

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE 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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP
Market Wide Adjusted Index Rate	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27	\$640.27
Plan Level Adjusted Index Rate	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11
AV Pricing Value	92.60%	88.09%	91.76%	90.08%	70.31%	70.98%	110.79%	94.93%	90.86%	91.55%	69.89%	71.45%	72.17%	38.47%	80.06%	79.76%	80.39%	82.48%

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

Exhibit 8
AMENDED PER GMCB ORDER

FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				TOTAL
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	
Expected Direct Claims PMPM	\$545.62	\$516.99	\$540.55	\$529.84	\$405.53	\$409.57	\$667.04	\$567.27	\$541.69	\$545.90	\$409.61	\$419.42	\$424.01	\$205.12	\$466.91	\$464.84	\$475.76	\$488.92	\$533.88
Risk Adjustment Transfer Payments PMPM	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18	-\$13.18
Adjustments for Health Care Quality PMPM*	\$10.18	\$10.20	\$10.16	\$10.17	\$10.16	\$10.17	\$3.36	\$3.35	\$3.35	\$3.36	\$3.36	\$3.35	\$3.35	\$10.16	\$10.16	\$10.17	\$3.35	\$3.35	\$5.48
MLR Claims	\$542.62	\$514.01	\$537.53	\$526.83	\$402.52	\$406.56	\$657.22	\$557.44	\$531.86	\$536.09	\$399.79	\$409.59	\$414.18	\$202.10	\$463.89	\$461.83	\$465.93	\$479.09	\$526.18
Premium PMPM	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11	\$576.08
Licensing and regulatory fees	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15	-\$0.15
Taxes & Fees PMPM	-\$2.99	-\$2.94	-\$2.98	-\$2.96	-\$2.72	-\$2.73	-\$3.23	-\$3.04	-\$2.99	-\$2.99	-\$2.73	-\$2.74	-\$2.75	-\$2.32	-\$2.84	-\$2.83	-\$2.86	-\$2.88	-\$2.97
MLR Premium	\$589.72	\$560.91	\$584.38	\$573.67	\$447.34	\$451.57	\$705.97	\$604.63	\$578.64	\$583.04	\$444.61	\$454.56	\$459.17	\$243.86	\$509.63	\$507.68	\$511.71	\$525.07	\$572.96
Expected Loss Ratio	92.0%	91.6%	92.0%	91.8%	90.0%	90.0%	93.1%	92.2%	91.9%	91.9%	89.9%	90.1%	90.2%	82.9%	91.0%	91.0%	91.1%	91.2%	91.8%
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

*Approximately 8.8% of current BCBSVT Administrative Charges are for health care quality plus the Blue Rewards PMPM

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

**Exhibit 9A
AMENDED PER GACB ORDER**

CONTRACT CONVERSION FACTOR

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	REFLECTIVE PLANS				Total
	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		SILVER Blue Rewards	SILVER Blue Rewards CDHP	SILVER Deductible	SILVER 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	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11	\$576.56
Average Members per Subscribers	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 Subscribers 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	\$663.18	\$630.89	\$657.20	\$645.19	\$503.59	\$508.35	\$793.48	\$679.91	\$650.77	\$655.70	\$500.56	\$511.71	\$516.87	\$246.66	\$573.42	\$571.24	\$575.77	\$590.74	
Couple Rate	\$1,326.36	\$1,261.78	\$1,314.40	\$1,290.38	\$1,007.18	\$1,016.70	\$1,586.96	\$1,359.82	\$1,301.54	\$1,311.40	\$1,001.12	\$1,023.42	\$1,033.74	\$493.32	\$1,146.84	\$1,142.48	\$1,151.54	\$1,181.48	
Adult and Child(ren) Rate	\$1,279.94	\$1,217.62	\$1,268.40	\$1,245.22	\$971.93	\$981.12	\$1,531.42	\$1,312.23	\$1,255.99	\$1,265.50	\$966.08	\$987.60	\$997.56	\$476.05	\$1,106.70	\$1,102.49	\$1,111.24	\$1,140.13	
Family Rate	\$1,863.54	\$1,772.80	\$1,846.73	\$1,812.98	\$1,415.09	\$1,428.46	\$2,229.68	\$1,910.55	\$1,828.66	\$1,842.52	\$1,406.57	\$1,437.91	\$1,452.40	\$693.11	\$1,611.31	\$1,605.18	\$1,617.91	\$1,659.98	\$575.97
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 Contract Conversion Factor 100.1%
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	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2019 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

**Exhibit 9B
AMENDED PER GACB ORDER**

CONSUMER ADJUSTED PREMIUM RATES

BEFORE 1 PERCENT ADDITIONAL REDUCTION PER GACB ORDER

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	STANDARD PLANS SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	SILVER Blue Rewards	REFLECTIVE PLANS SILVER Blue Rewards CDHP	SILVER Deductible	SILVER CDHP	Total Annual Premium for Inforce Contracts
Plan Level Adjusted Index Rate	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11	
PWMP 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	\$663.86	\$631.54	\$657.87	\$645.85	\$504.11	\$508.87	\$794.29	\$680.60	\$651.43	\$656.37	\$501.07	\$512.24	\$517.40	\$246.91	\$574.00	\$571.82	\$576.36	\$591.35	
Couple Rate	\$1,327.72	\$1,263.08	\$1,315.74	\$1,291.70	\$1,008.22	\$1,017.74	\$1,588.58	\$1,361.20	\$1,302.86	\$1,312.74	\$1,002.14	\$1,024.48	\$1,034.80	\$493.82	\$1,148.00	\$1,143.64	\$1,152.72	\$1,182.70	
Adult and Child(ren) Rate	\$1,281.25	\$1,218.87	\$1,269.69	\$1,246.49	\$972.93	\$982.12	\$1,532.98	\$1,313.56	\$1,257.26	\$1,266.79	\$967.07	\$988.62	\$998.58	\$476.54	\$1,107.82	\$1,103.61	\$1,112.37	\$1,141.31	
Family Rate	\$1,865.45	\$1,774.63	\$1,848.61	\$1,814.84	\$1,416.55	\$1,429.92	\$2,231.95	\$1,912.49	\$1,830.52	\$1,844.40	\$1,408.01	\$1,439.39	\$1,453.89	\$693.82	\$1,612.94	\$1,606.81	\$1,619.57	\$1,661.69	\$371,287,547
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	4.8%	4.0%	19.7%		4.0%	5.0%	5.6%	3.6%	16.1%	14.9%	2.6%	4.1%	3.6%	0.3%	4.4%	7.3%	2.7%	3.5%	
Couple Rate	4.8%	4.0%	19.7%		4.0%	5.0%	5.6%	3.6%	16.1%	14.9%	2.6%	4.1%	3.6%	0.3%	4.4%	7.3%	2.7%	3.5%	
Adult and Child(ren) Rate	4.8%	4.0%	19.7%		4.0%	5.0%	5.6%	3.6%	16.1%	14.9%	2.6%	4.1%	3.6%	0.3%	4.4%	7.3%	2.7%	3.5%	
Family Rate	4.8%	4.0%	19.7%		4.0%	5.0%	5.6%	3.6%	16.1%	14.9%	2.6%	4.1%	3.6%	0.3%	4.4%	7.3%	2.7%	3.5%	6.8%
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	

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

Exhibit 9C
AMENDED PER GMCB ORDER

CONSUMER ADJUSTED PREMIUM RATES

AFTER 1 PERCENT ADDITIONAL REDUCTION PER GMCB ORDER

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		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 Annual Premium for Inforce Contracts
Plan Level Adjusted Index Rate - Before Reduction per GMCB Order	\$592.87	\$564.00	\$587.52	\$576.78	\$450.20	\$454.45	\$709.35	\$607.82	\$581.77	\$586.18	\$447.49	\$457.46	\$462.07	\$246.34	\$512.62	\$510.67	\$514.72	\$528.11	
Reduction per GMCB Order	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	0.9907	
Plan Level Adjusted Index Rate - After Reduction per GMCB Order	\$587.34	\$558.74	\$582.04	\$571.40	\$446.01	\$450.21	\$702.74	\$602.15	\$576.35	\$580.72	\$443.32	\$453.19	\$457.77	\$244.04	\$507.84	\$505.91	\$509.92	\$523.18	
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	\$657.64	\$625.62	\$651.71	\$639.80	\$499.40	\$504.10	\$786.86	\$674.23	\$645.34	\$650.23	\$496.39	\$507.44	\$512.57	\$244.60	\$568.63	\$566.47	\$570.96	\$585.80	
Couple Rate	\$1,315.28	\$1,251.24	\$1,303.42	\$1,279.60	\$998.80	\$1,008.20	\$1,573.72	\$1,348.46	\$1,290.68	\$1,300.46	\$992.78	\$1,014.88	\$1,025.14	\$489.20	\$1,137.26	\$1,132.94	\$1,141.92	\$1,171.60	
Adult and Child(ren) Rate	\$1,269.25	\$1,207.45	\$1,257.80	\$1,234.81	\$963.84	\$972.91	\$1,518.64	\$1,301.26	\$1,245.51	\$1,254.94	\$958.03	\$979.36	\$989.26	\$472.08	\$1,097.46	\$1,093.29	\$1,101.95	\$1,130.59	
Family Rate	\$1,847.97	\$1,757.99	\$1,831.31	\$1,797.84	\$1,403.31	\$1,416.52	\$2,211.08	\$1,894.59	\$1,813.41	\$1,827.15	\$1,394.86	\$1,425.91	\$1,440.32	\$687.33	\$1,597.85	\$1,591.78	\$1,604.40	\$1,646.10	\$367,811,974
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	3.8%	3.0%	18.6%		3.0%	4.0%	4.6%	2.6%	15.0%	13.8%	1.7%	3.1%	2.7%	-0.6%	3.5%	6.3%	1.8%	2.5%	
Couple Rate	3.8%	3.0%	18.6%		3.0%	4.0%	4.6%	2.6%	15.0%	13.8%	1.7%	3.1%	2.7%	-0.6%	3.5%	6.3%	1.8%	2.5%	
Adult and Child(ren) Rate	3.8%	3.0%	18.6%		3.0%	4.0%	4.6%	2.6%	15.0%	13.8%	1.7%	3.1%	2.7%	-0.6%	3.5%	6.3%	1.8%	2.5%	
Family Rate	3.8%	3.0%	18.6%		3.0%	4.0%	4.6%	2.6%	15.0%	13.8%	1.7%	3.1%	2.7%	-0.6%	3.5%	6.3%	1.8%	2.5%	5.8%
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	

Check for Ordered 1% Reduction
Exhibit 9B Increase 6.775%
Exhibit 9C Increase 5.775%
Difference 1.000%

2019 Rates Table Template v8.1	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.								
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.								
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.								
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.								
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.								
HIOS Issuer ID*	13627								
Federal TIN*	03-0277307								
Rate Effective Date*	1/1/2019								
Rate Expiration Date*	12/31/2019								
Rating Method*	Family-Tier Rates								
			Family Tier						
Plan ID*	Rating Area ID*	Individual Rate*	Couple*	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents
13627VT0320001	Rating Area 1	786.86	1573.72	1518.64	1518.64	1518.64	2211.08	2211.08	2211.08
13627VT0320002	Rating Area 1	674.23	1348.46	1301.26	1301.26	1301.26	1894.59	1894.59	1894.59
13627VT0320003	Rating Area 1	645.34	1290.68	1245.51	1245.51	1245.51	1813.41	1813.41	1813.41
13627VT0320006	Rating Area 1	570.96	1141.92	1101.95	1101.95	1101.95	1604.40	1604.40	1604.40
13627VT0320004	Rating Area 1	496.39	992.78	958.03	958.03	958.03	1394.86	1394.86	1394.86
13627VT0320005	Rating Area 1	512.57	1025.14	989.26	989.26	989.26	1440.32	1440.32	1440.32
13627VT0330001	Rating Area 1	650.23	1300.46	1254.94	1254.94	1254.94	1827.15	1827.15	1827.15
13627VT0330003	Rating Area 1	585.80	1171.60	1130.59	1130.59	1130.59	1646.10	1646.10	1646.10
13627VT0330002	Rating Area 1	507.44	1014.88	979.36	979.36	979.36	1425.91	1425.91	1425.91
13627VT0340001	Rating Area 1	244.60	489.20	472.08	472.08	472.08	687.33	687.33	687.33
13627VT0340002	Rating Area 1	786.86	1573.72	1518.64	1518.64	1518.64	2211.08	2211.08	2211.08
13627VT0340003	Rating Area 1	674.23	1348.46	1301.26	1301.26	1301.26	1894.59	1894.59	1894.59
13627VT0340004	Rating Area 1	645.34	1290.68	1245.51	1245.51	1245.51	1813.41	1813.41	1813.41
13627VT0340007	Rating Area 1	570.96	1141.92	1101.95	1101.95	1101.95	1604.40	1604.40	1604.40
13627VT0340005	Rating Area 1	496.39	992.78	958.03	958.03	958.03	1394.86	1394.86	1394.86
13627VT0340006	Rating Area 1	512.57	1025.14	989.26	989.26	989.26	1440.32	1440.32	1440.32
13627VT0350001	Rating Area 1	650.23	1300.46	1254.94	1254.94	1254.94	1827.15	1827.15	1827.15
13627VT0350003	Rating Area 1	585.80	1171.60	1130.59	1130.59	1130.59	1646.10	1646.10	1646.10
13627VT0350002	Rating Area 1	507.44	1014.88	979.36	979.36	979.36	1425.91	1425.91	1425.91
13627VT0360001	Rating Area 1	657.64	1315.28	1269.25	1269.25	1269.25	1847.97	1847.97	1847.97
13627VT0360002	Rating Area 1	651.71	1303.42	1257.80	1257.80	1257.80	1831.31	1831.31	1831.31
13627VT0360004	Rating Area 1	568.63	1137.26	1097.46	1097.46	1097.46	1597.85	1597.85	1597.85
13627VT0360003	Rating Area 1	499.40	998.80	963.84	963.84	963.84	1403.31	1403.31	1403.31
13627VT0370001	Rating Area 1	625.62	1251.24	1207.45	1207.45	1207.45	1757.99	1757.99	1757.99
13627VT0370002	Rating Area 1	639.80	1279.60	1234.81	1234.81	1234.81	1797.84	1797.84	1797.84
13627VT0370004	Rating Area 1	566.47	1132.94	1093.29	1093.29	1093.29	1591.78	1591.78	1591.78
13627VT0370003	Rating Area 1	504.10	1008.20	972.91	972.91	972.91	1416.52	1416.52	1416.52
13627VT0380001	Rating Area 1	657.64	1315.28	1269.25	1269.25	1269.25	1847.97	1847.97	1847.97
13627VT0380002	Rating Area 1	651.71	1303.42	1257.80	1257.80	1257.80	1831.31	1831.31	1831.31
13627VT0380004	Rating Area 1	568.63	1137.26	1097.46	1097.46	1097.46	1597.85	1597.85	1597.85
13627VT0380003	Rating Area 1	499.40	998.80	963.84	963.84	963.84	1403.31	1403.31	1403.31
13627VT0390001	Rating Area 1	625.62	1251.24	1207.45	1207.45	1207.45	1757.99	1757.99	1757.99
13627VT0390002	Rating Area 1	639.80	1279.60	1234.81	1234.81	1234.81	1797.84	1797.84	1797.84
13627VT0390004	Rating Area 1	566.47	1132.94	1093.29	1093.29	1093.29	1591.78	1591.78	1591.78
13627VT0390003	Rating Area 1	504.10	1008.20	972.91	972.91	972.91	1416.52	1416.52	1416.52

1	Unified Rate Review v4.3																													
2																														
3	Company Legal Name:		Blue Cross and Blue Shield of V										State: VT																	
4	HIOS Issuer ID:		13627										Market: Combined																	
5	Effective Date of Rate Change(s):		1/1/2019																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2017		to		12/31/2017																							
13							Experience Period																							
14							Aggregate Amount		PMPM		% of Prem																			
15	Premiums (net of MLR Rebate) in Experience Period:						\$408,055,901		\$497.74		100.00%																			
16	Incurred Claims in Experience Period						\$372,089,227		453.86		91.19%																			
17	Allowed Claims:						\$456,109,835		556.35		111.78%																			
18	Index Rate of Experience Period								\$556.27																					
19	Experience Period Member Months						819,824																							
20																														
21	Section II: Allowed Claims, PMPM basis																													
22																														
23																														
24	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
25	Inpatient Hospital		Admits		52.72		\$21,793.61		\$95.74		1.020		0.996		1.027		1.024		56.35		\$22,875.30		\$107.42		0.00		\$0.00		\$0.00	
26	Outpatient Hospital		Services		3,755.32		698.05		218.45		1.020		0.996		1.027		1.024		4,014.36		732.86		245.16		0.00		0.00		0.00	
27	Professional		Visits		9,877.97		149.29		122.89		1.020		0.993		1.027		1.024		10,559.36		156.22		137.47		0.00		0.00		0.00	
28	Other Medical		Visits		1,548.33		171.25		22.10		1.020		0.996		1.027		1.026		1,661.11		179.93		24.91		0.00		0.00		0.00	
29	Capitation		Benefit Period		17,803.04		5.50		8.15		1.020		0.623		1.027		1.024		19,031.11		3.61		5.72		0.00		0.00		0.00	
30	Prescription Drug		Prescriptions		14,578.96		73.28		89.03		1.020		1.143		1.110		1.030		15,786.14		103.18		135.73		0.00		0.00		0.00	
31	Total								\$556.35														\$656.41						\$0.00	
32																														
33	Section III: Projected Experience:																													
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35																														
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

Product-Plan Data Collection

Company Legal Name:

Blue Cross and Blue Shield of Vermont

HIOS Issuer ID:

13627

Effective Date of Rate Change(s):

1/1/2019

Stat

VT

Market:

Combined

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID	BCSVT EPO Small Group										BCSVT EPO CDPH (Small Group)										BCSVT EPO (Individuals)										BCSVT EPO CDPH (Individuals)									
Plan	13627Y0103										13627Y0103										13627Y0103										13627Y0103									
Member	Platinum		Gold		Silver		Silver		Bronze		Bronze		Bronze		Catastrophic		Platinum		Gold		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Bronze		Bronze					
AV Medical Rate	0.901	0.820	0.719	0.719	0.613	0.630	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.703	0.703	0.607	0.570	0.901	0.820	0.719	0.719	0.613	0.703	0.703	0.607				
AV Pricing Value	1.110	0.984	0.896	0.896	0.802	0.711	0.695	0.712	0.695	1.110	0.984	0.896	0.896	0.802	0.711	0.695	0.712	0.695	1.110	0.984	0.896	0.896	0.802	0.711	0.695	0.712	0.695	1.110	0.984	0.896	0.896	0.802	0.711	0.695	0.712	0.695				
Plan	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing				
Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO				
Plan Name	BCSVT Platinum Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Bronze Plan		BCSVT Bronze Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Platinum Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Bronze Plan		BCSVT Bronze Plan		BCSVT Silver Plan		BCSVT Silver Plan		BCSVT Bronze Plan		BCSVT Bronze Plan		BCSVT Bronze Plan			
Plan ID (Standard Component ID)	13627Y01030001		13627Y01030002		13627Y01030003		13627Y01030004		13627Y01030005		13627Y01030006		13627Y01030007		13627Y01030008		13627Y01030009		13627Y01030010		13627Y01030011		13627Y01030012		13627Y01030013		13627Y01030014		13627Y01030015		13627Y01030016		13627Y01030017		13627Y01030018					
Historical Rate Increase - Calendar Year - 1	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes			
Historical Rate Increase - Calendar Year - 2	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes			
Historical Rate Increase - Calendar Year - 3	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes			
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019			
Rate Change % (over prior filing)	4.60%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	
Com Mod Rate Change % (over 12 mos prior)	4.60%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	-0.63%	4.65%	2.60%	15.03%	1.77%	1.67%	2.67%	13.78%	2.51%	3.09%	
Should Not Rate Change % (over Expir. Period)	13.61%	10.86%	22.88%	4.00%	11.70%	4.00%	25.05%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%	13.64%			
Plan Rate Increase %	1.84%										3.09%										9.83%										11.05%									

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

Unit (Standard Component ID)	Total	18627010000	18627010001	18627010002	18627010003	18627010004	18627010005	18627010006	18627010007	18627010008	18627010009	18627010010	18627010011	18627010012	18627010013	18627010014	18627010015	18627010016	18627010017	18627010018	18627010019	18627010020	18627010021	18627010022	18627010023	18627010024	18627010025	18627010026	18627010027	18627010028	18627010029	18627010030	18627010031	18627010032	18627010033	18627010034	18627010035	18627010036	18627010037	18627010038	18627010039	18627010040	18627010041	18627010042	18627010043	18627010044	18627010045	18627010046	18627010047	18627010048	18627010049	18627010050	18627010051	18627010052	18627010053	18627010054	18627010055	18627010056	18627010057	18627010058	18627010059	18627010060	18627010061	18627010062	18627010063	18627010064	18627010065	18627010066	18627010067	18627010068	18627010069	18627010070	18627010071	18627010072	18627010073	18627010074	18627010075	18627010076	18627010077	18627010078	18627010079	18627010080	18627010081	18627010082	18627010083	18627010084	18627010085	18627010086	18627010087	18627010088	18627010089	18627010090	18627010091	18627010092	18627010093	18627010094	18627010095	18627010096	18627010097	18627010098	18627010099	18627010100	18627010101	18627010102	18627010103	18627010104	18627010105	18627010106	18627010107	18627010108	18627010109	18627010110	18627010111	18627010112	18627010113	18627010114	18627010115	18627010116	18627010117	18627010118	18627010119	18627010120	18627010121	18627010122	18627010123	18627010124	18627010125	18627010126	18627010127	18627010128	18627010129	18627010130	18627010131	18627010132	18627010133	18627010134	18627010135	18627010136	18627010137	18627010138	18627010139	18627010140	18627010141	18627010142	18627010143	18627010144	18627010145	18627010146	18627010147	18627010148	18627010149	18627010150	18627010151	18627010152	18627010153	18627010154	18627010155	18627010156	18627010157	18627010158	18627010159	18627010160	18627010161	18627010162	18627010163	18627010164	18627010165	18627010166	18627010167	18627010168	18627010169	18627010170	18627010171	18627010172	18627010173	18627010174	18627010175	18627010176	18627010177	18627010178	18627010179	18627010180	18627010181	18627010182	18627010183	18627010184	18627010185	18627010186	18627010187	18627010188	18627010189	18627010190	18627010191	18627010192	18627010193	18627010194	18627010195	18627010196	18627010197	18627010198	18627010199	18627010200	18627010201	18627010202	18627010203	18627010204	18627010205	18627010206	18627010207	18627010208	18627010209	18627010210	18627010211	18627010212	18627010213	18627010214	18627010215	18627010216	18627010217	18627010218	18627010219	18627010220	18627010221	18627010222	18627010223	18627010224	18627010225	18627010226	18627010227	18627010228	18627010229	18627010230	18627010231	18627010232	18627010233	18627010234	18627010235	18627010236	18627010237	18627010238	18627010239	18627010240	18627010241	18627010242	18627010243	18627010244	18627010245	18627010246	18627010247	18627010248	18627010249	18627010250	18627010251	18627010252	18627010253	186
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Average Current Rate PMPM	\$434.72	\$671.15	\$586.56	\$500.75	\$0.00	\$435.81	\$445.59	\$510.09	\$0.00	\$439.34	\$244.08	\$671.15	\$586.56	\$500.75	\$0.00	\$435.81	\$445.59	\$510.09	\$0.00	\$439.34
Projected Member Months	631,092	91,116	50,640	0	51,072	10,116	3,972	0	28,176	10,044	3,168	32,028	19,392	77,484	16,668	9,048	1,848	20,340	7,224	8,100

Section III: Experience Period Information:

Waring Account	W01 T 3 Total	Plan ID (Standard Component ID)	Total	136277000000	136277000001	136277000002	136277000003	136277000004	136277000005	136277000006	136277000007	136277000008	136277000009	136277000010	136277000011	136277000012	136277000013	136277000014	136277000015	136277000016
		Plan Adjusted Index Rate	\$497.85	\$618.13	\$543.10	\$469.00	\$0.00	\$396.90	\$0.00	\$464.40	\$0.00	\$398.81	\$215.90	\$618.13	\$543.10	\$469.00	\$0.00	\$396.90	\$0.00	\$398.81
OK	818,824	Member Months	818,824	134,798	63,472	80,857	\$0	17,510	\$0	52,064	\$0	31,424	2,794	77,936	23,887	120,683	\$0	15,256	\$0	38,352
OK	\$438,015.91	Total Premium (TP)	\$438,150.10	\$70,980.70	\$34,045.42	\$37,936.62	\$0	\$24,178.52	\$0	\$24,178.52	\$0	\$12,524.22	\$983.79	\$23,456.28	\$12,944.83	\$56,660.69	\$0	\$6,055.08	\$0	\$17,810.69
		EWB Percent of TP, [See instructions]	99.97%	99.98%	99.98%	99.97%	0.00%	99.97%	0.00%	99.97%	0.00%	99.97%	99.94%	99.98%	99.98%	99.97%	0.00%	99.97%	0.00%	99.97%
		State mandated benefits portion of TP that are other than EWB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TP	0.03%	0.02%	0.02%	0.03%	100.00%	0.03%	100.00%	0.03%	100.00%	0.03%	0.06%	0.02%	0.02%	0.03%	100.00%	0.03%	100.00%	0.03%
OK	\$456,109.815	Total Allowed Claims (TAC)	\$456,109.815	\$80,937.421	\$34,187.240	\$33,746.433	\$0	\$39,858.151	\$0	\$39,963.245	\$0	\$20,265.238	\$456,616.885	\$115,525.285	\$72,494.727	\$4,394.511	\$4,984.789	\$0	\$20,620.270	\$0
		EWB Percent of TAC, [See instructions]	99.97%	99.98%	99.98%	99.97%	0.00%	99.97%	0.00%	99.97%	0.00%	99.97%	99.94%	99.98%	99.98%	99.97%	0.00%	99.97%	0.00%	99.97%
		State mandated benefits portion of TAC that are other than EWB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.03%	0.02%	0.02%	0.03%	100.00%	0.03%	100.00%	0.03%	100.00%	0.03%	0.06%	0.02%	0.02%	0.03%	100.00%	0.03%	100.00%	0.03%
		Allowed Claims which are not the issuer's obligation	\$84,020.607	\$5,779.157	\$5,124.173	\$8,238.592	\$0	\$2,315.675	\$0	\$5,366.815	\$0	\$3,626.707	\$174,635	\$2,730.583	\$2,633.899	\$17,436.648	\$0	\$1,648.355	\$0	\$4,995.668
		Portion of above payable by HRS funds on behalf of insured persons, in dollars	\$6,747.843	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,943.784	\$0	\$0	\$0	\$1,179.104
		Portion of above payable by HRS on behalf of insured persons, as %	10.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	34.00%	0.00%	0.00%	0.00%	21.60%
OK	\$573,083.231	Total incurred claims, payable with issuer funds	\$573,083.231	\$75,158.134	\$29,056.046	\$23,318.841	\$0	\$15,542.876	\$0	\$15,542.876	\$0	\$5,839.338	\$169,264	\$42,865.302	\$13,013.831	\$55,058.069	\$0	\$3,138.121	\$0	\$15,610.621
		Net Act and Res	\$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
		Risk Adjustment Transfer Amount	\$5,700,399.815	\$154,546,982.811	\$573,721.801	\$8,587,238.791	\$0.00	\$467,251.000	\$0.00	\$660,659.627	\$0.00	\$4,670,403.611	\$11,724.131	\$23,609,126.621	\$973,684.521	\$2,037,369.541	\$0.00	\$1,784,845.481	\$0.00	\$7,753,331.301
OK	\$ 453.86	Incurred Claims PMPM	\$453.86	\$654.70	\$457.89	\$293.04	\$0.00	\$506.15	\$0.00	\$506.15	\$0.00	\$280.36	\$0.00	\$518.51	\$62.74	\$1,310.489	\$547.22	\$436.22	\$0.00	\$528.81
OK	\$ 7,756.56	Allowed Claims PMPM	\$556.35	\$705.04	\$518.61	\$312.90	\$0.00	\$518.61	\$0.00	\$518.61	\$0.00	\$169.26	\$0.00	\$1,310.47	\$1,310.47	\$2,643.80	\$0.00	\$518.61	\$0.00	\$518.61
		EWB portion of Allowed Claims, PMPM	\$556.21	\$704.89	\$518.49	\$292.69	\$0.00	\$518.61	\$0.00	\$518.61	\$0.00	\$169.26	\$0.00	\$1,310.47	\$1,310.47	\$2,643.80	\$0.00	\$518.61	\$0.00	\$518.61

Section IV: Projected (12 months following effective date)

[illegible]

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Section I: General Product and Plan Information

Section II: Components of Premium Increase (PMPM Dollar Amount at

Average Current Rate PMPM	\$434.72	\$565.53	\$490.52	\$0.00	\$432.70	\$542.12	\$475.62	\$0.00	\$432.51	\$565.53	\$490.52	\$0.00	\$432.70	\$542.12	\$475.62	\$0.00	\$432.51
Projected Member Months	631,092	8,904	0	6,312	4,440	66,492	0	18,204	14,148	5,064	26,544	3,456	2,736	11,496	8,208	2,088	12,564

Warning Alert Wsht 1 Total

Warning Alert Wsht 1 Total

OK	S	656.41
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