



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South  
Suite 550  
Allen, TX 75013

972-850-0850  
lewisellis.com

July 16, 2018

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

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

Dear Mr. Bachner:

The following additional information is required for this filing.

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

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

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

Sincerely,

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

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



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

July 17, 2018

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

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

Dear Mr. Rugeberg:

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

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

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

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

MVP would like to note two items:

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



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

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

Sincerely,

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

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



**MVP Health Care -- 2019 Exchange Rate Filing**

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

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

Exhibit 1 -- Summary of Medical Coplans Offered

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

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

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

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

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

Services subject to deductible (DD) unless otherwise stated.

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

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

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

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

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

**Exhibit 1a -- Comparison of 2018 to 2019 Benefits by Plan**  
 MVP Health Plan, Inc. 2019 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2019 - December 31, 2019

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits													Pharmacy				
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single		Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMC-F-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$2,600	\$5,200	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMC-F-001-S (2019)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$2,600	\$5,200	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMC-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMC-G-001-S (2019)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMC-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 60%, \$250 / \$500 Brand Ded, VBD = \$1 #
FRVT-HMC-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 60%, \$250 / \$500 Brand Ded, VBD = \$1 #
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMC-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,500	\$13,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMC-S-003-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$6,650	\$13,300	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600	Aggregate	0%	Aggregate	Aggregate	\$4,800	\$9,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMC-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$800 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 #
FRVT-HMC-S-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$800 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$600 / \$800 Ded, VBD = \$1 #
FRVT-HMC-B-002-S (2018)	HMO	Bronze	Standard	\$38	\$90	50%	\$50	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded	
FRVT-HMC-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	\$50	\$100	\$6,900	\$13,800	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded	
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Aggregate	Aggregate	\$6,550	\$13,100	\$1,350	\$2,700	Integrated	\$12 / 40% / 60%, Subject to Med Deductible	
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Aggregate	Aggregate	\$6,650	\$13,300	\$1,350	\$2,700	Integrated	\$12 / 40% / 60%, Subject to Med Deductible	
FRVT-HMC-B-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / 30, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMC-B-004-S (2019)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / 30, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMC-B-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$14,000	\$28,000	Embedded	0%	Embedded	Embedded	\$14,000	\$28,000	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 #
FRVT-HMC-B-005-N (2019)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 #
FRVT-HMC-B-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 #	
FRVT-HMC-B-001-N (2019)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 #	
FRVT-HMC-C-001-N (2018)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	\$0	\$0	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMC-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	\$0	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

  

Subsidized Cost-Sharing Benefits (Non AIAN)				In-Network Benefits													Pharmacy				
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single		Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMC-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMC-S3-001-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMC-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMC-S3-002-S (2019)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMC-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMC-S3-003-S (2019)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMC-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMC-S3-004-S (2019)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,800	\$9,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S2-001-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$3,700	\$7,400	Embedded	0%	Embedded	Aggregate	\$3,700	\$7,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-S (2019)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2018)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,100	\$2,200	Embedded	0%	Embedded	Embedded	\$1,100	\$2,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2018)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$400	\$800	Embedded	0%	Embedded	Embedded	\$400	\$800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded	Embedded	\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$2,600	\$5,200	Embedded	0%	Embedded	Aggregate	\$2,600	\$5,200	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2																					

<b>Exhibit 2 -- Pricing Trend Assumptions</b>
---

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

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

<b>Months of Trend</b>	<b>2018</b>	<b>2019</b>	<b>Total</b>
	12	12	<b>24</b>

<b>Medical Trend Summary</b>
------------------------------

<b>2018 Annual Trend</b>				
--------------------------	--	--	--	--

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

<b>2019 Annual Trend</b>				
--------------------------	--	--	--	--

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

<b>Annual Allowed Medical Trend</b>	<b>3.5%</b>
-------------------------------------	-------------

<b>Leveraging Impact - Fee-For-Service Medical Claims</b>					
---	--	--	--	--	--

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

<b>Rx Trend Summary</b>
-------------------------

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



**Exhibit 2b -- Rx Trend Development**

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

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

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

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

<u>Rx Claim Information</u>	<u>Generic</u>	<u>Brand</u>	<u>Specialty</u>	<u>Total</u>
Experience Period Scripts / 1000	10,497	855	112	11,463
Experience Period Allowed Cost per Script	\$18.77	\$298.95	\$5,007.16	\$88.24
Experience Period Deductible Per Script	\$4.14	\$30.05	\$69.26	\$6.71
Experience Period Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Experience Period Coinsurance Per Script	\$1.13	\$14.92	\$50.94	\$2.64
Experience Period Paid Cost Per Script	\$10.63	\$238.90	\$4,867.88	\$74.96
Experience Period Allowed PMPM	\$16.42	\$21.29	\$46.59	\$84.30
Experience Period Deductible PMPM	\$3.62	\$2.14	\$0.64	\$6.41
Experience Period Copay PMPM	\$2.51	\$1.07	\$0.18	\$3.76
Experience Period Coinsurance PMPM	\$0.98	\$1.06	\$0.47	\$2.52
Experience Period Paid PMPM	\$9.30	\$17.02	\$45.29	\$71.60
Experience Period Rx Rebates PMPM				(\$12.44)
Annual Util Trend	1.028	1.021	1.077	1.028
Annual Unit Cost Trend	1.021	1.132	1.068	1.102
Annual Allowed Trend	1.049	1.155	1.151	1.133
Annual Deductible Trend	1.013	1.013	1.013	1.013
Annual Paid Trend	1.058	1.178	1.152	1.146
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.137
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,099	890	130	12,119
Projected Allowed Cost per Script	\$19.55	\$383.05	\$5,715.00	\$107.12
Projected Deductible Per Script	\$4.25	\$30.85	\$71.11	\$6.92
Projected Copay Per Script	\$2.87	\$15.08	\$19.08	\$3.94
Projected Coinsurance Per Script	\$1.17	\$19.11	\$58.15	\$3.10
Projected Paid Cost Per Script	\$11.25	\$318.00	\$5,566.66	\$93.16
Projected Allowed PMPM	\$18.08	\$28.42	\$61.68	\$108.18
Projected Deductible PMPM	\$3.93	\$2.29	\$0.77	\$6.99
Projected Copay PMPM	\$2.66	\$1.12	\$0.21	\$3.98
Projected Coinsurance PMPM	\$1.08	\$1.42	\$0.63	\$3.13
Projected Paid PMPM	\$10.41	\$23.60	\$60.07	\$94.08
Projected Rx Rebates				(\$17.63)
Net Projected Paid PMPM				\$76.45

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

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

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

**Development of Index PMPM Claim Rate**

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

Completed Through: 3/31/18

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

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
---

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

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

**Single Conversion Factor** 1.092

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

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

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

<b>PMPM Retention Components</b>	
General Administrative Load	\$39.80

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

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

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

<b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b>
--

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

<b>Derivation of Rating Period CSR Load for Silver On Exchange Plans</b>
--

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

Exhibit 6 – 2019 Exchange Premium Rates

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

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

Coplan	Product Type	Metal Level	Standard / Non-Standard	On / Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Prem)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over Originally Proposed Single Rate	Increase over Originally Proposed Double Rate	Increase over Originally Proposed Single Rate	Increase over Originally Proposed Family Rate
																				Rate	Rate	Rate	Rate
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.896	1.149	\$628.38	\$17.86	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$687.10	\$750.31	\$1,500.62	\$1,448.10	\$2,108.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.798	1.082	\$527.17	\$15.16	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$583.20	\$636.85	\$1,273.70	\$1,223.12	\$1,789.55	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.814	1.090	\$541.38	\$15.54	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$597.85	\$652.85	\$1,305.70	\$1,260.00	\$1,834.51	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.773	1.069	\$504.09	\$14.55	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$559.57	\$611.05	\$1,222.10	\$1,179.33	\$1,717.05	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
VT-HMO-S-003-S II (2019)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$512.10	\$559.21	\$1,118.42	\$1,079.28	\$1,571.38	0.5%	0.5%	0.5%	0.5%
VT-HMOH-S-004-S II (2019)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.030	\$441.95	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$495.70	\$541.30	\$1,082.60	\$1,044.71	\$1,521.05	0.5%	0.5%	0.5%	0.5%
VT-HMOH-S-002-N II (2019)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.031	\$443.72	\$15.85	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$497.59	\$543.37	\$1,086.74	\$1,048.70	\$1,526.87	0.5%	0.5%	0.5%	0.5%
VT-HMO-S-001-N II (2019)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.674	1.020	\$419.46	\$12.29	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$472.68	\$516.17	\$1,032.34	\$996.21	\$1,450.44	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S-003-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.594	1.000	\$357.11	\$10.61	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$408.08	\$445.62	\$891.24	\$860.05	\$1,252.19	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-B-003-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.600	1.000	\$366.18	\$10.87	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$417.91	\$456.36	\$912.72	\$880.77	\$1,282.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.663	1.018	\$412.06	\$12.09	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$465.01	\$507.79	\$1,015.58	\$980.03	\$1,426.89	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.001	\$370.63	\$10.99	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$422.55	\$461.42	\$922.84	\$890.54	\$1,296.59	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.587	1.000	\$358.45	\$10.66	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$410.04	\$447.76	\$895.52	\$864.18	\$1,258.21	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-C-001-N (2019)	HyHMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.617	0.632	\$237.94	\$7.44	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$266.24	\$312.57	\$625.14	\$603.26	\$878.32	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-001-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-002-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-001-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-S2-004-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-002-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-003-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-S1-004-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-PA2-001-S (2019)	HyHMO	Platinum	Standard	On Exchange	A/AN	0.896	1.149	\$628.38	\$17.86	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$687.10	\$750.31	\$1,500.62	\$1,448.10	\$2,108.37	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-GA2-001-S (2019)	HyHMO	Gold	Standard	On Exchange	A/AN	0.798	1.082	\$527.17	\$15.16	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$583.20	\$636.85	\$1,273.70	\$1,223.12	\$1,789.55	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-GA2-002-N (2019)	HyHMO	Gold	Non-Standard	On Exchange	A/AN	0.814	1.090	\$541.38	\$15.54	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$597.85	\$652.85	\$1,305.70	\$1,260.00	\$1,834.51	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-GA2-003-N (2019)	HDHMO	Gold	Non-Standard	On Exchange	A/AN	0.773	1.069	\$504.09	\$14.55	\$39.80	\$0.00	\$1.06	\$0.07	\$0.00	\$559.57	\$611.05	\$1,222.10	\$1,179.33	\$1,717.05	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-003-S (2019)	HyHMO	Silver	Standard	On Exchange	A/AN	0.721	1.040	\$457.93	\$15.85	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$609.46	\$665.53	\$1,331.06	\$1,284.47	\$1,870.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-004-S (2019)	HDHMO	Silver	Standard	On Exchange	A/AN	0.703	1.030	\$441.95	\$15.42	\$39.80	\$0.00	\$1.06	\$0.00	\$94.82	\$593.05	\$647.61	\$1,295.22	\$1,249.89	\$1,819.78	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-SA2-002-N (2019)	HDHMO	Silver	Non-Standard	On Exchange	A/AN	0.706	1.030	\$443.72	\$15.47	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$594.95	\$649.69	\$1,299.38	\$1,253.90	\$1,825.63	0.5%	0.5%	0.5%	0.5%
FRVT-HMO-SA2-001-N (2019)	HyHMO	Silver	Non-Standard	On Exchange	A/AN	0.674	1.020	\$419.46	\$14.82	\$39.80	\$0.00	\$1.06	\$0.07	\$94.82	\$570.03	\$622.47	\$1,244.94	\$1,201.37	\$1,749.14	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-BA2-002-S (2019)	HyHMO	Bronze	Standard	On Exchange	A/AN	0.584	1.000	\$356.61	\$10.61	\$39.80	\$0.00	\$1.06	\$0.00	\$0.00	\$408.08	\$445.62	\$891.24	\$860.05	\$1,252.19	0.5%	0.5%	0.5%	0.5%
FRVT-HMOH-BA2-0																							