
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Filing at a Glance

Company:	BCBSVT
Product Name:	2021 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:	05/08/2020
SERFF Tr Num:	BCVT-132371410
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jude Daye, Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich
Reviewer(s):	Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin Aborjaily, Michael Barber
Disposition Date:	08/14/2020
Disposition Status:	Approved
Implementation Date:	01/01/2021
State Filing Description:	

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 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: 08/24/2020
	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 01/01/2021.
Filing Description:	

State: VermontGMCB
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

May 8, 2020

Thomas Crompton
Health Systems Finance Associate Director
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295
2021 Vermont Individual and Small Group Rate Filing

Dear Mr. Crompton:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2021 Vermont Individual and Small Group Rate Filing.

The average increase is 6.3 percent.

Increases for specific plans range from -0.7 percent to 13.3 percent. Apart from the Catastrophic plan and the Vermont Select CDHP Gold, the increases range from 3.4 percent to 7.2 percent.

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

Sincerely,

Ruth Greene

cc:Michael Barber/GMCB
Amerin Aborjaily/GMCB
Paul Schultz/BCBSVT
Martine Lemieux/BCBSVT
Michael Donofrio/Stris&Maher
Bridget Asay/Stris&Maher

Company and Contact

Filing Contact Information

Jude Daye, Executive Assistant
445 Industrial Lane
Montpelier, VT 05601

dayej@bcbsvt.com
802-371-3244 [Phone]

Filing Company Information

BCBSVT
PO BOX 186
Montpelier, VT 05601
(802) 371-3450 ext. [Phone]

CoCode: 53295
Group Code:
Group Name:
FEIN Number: 03-0277307

State of Domicile: Vermont
Company Type: Hospital
Service Corp
State ID Number:

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	08/24/2020	08/24/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Thomas Crompton	07/28/2020	07/28/2020
Pending Response	Thomas Crompton	07/23/2020	07/23/2020
Pending Response	Jacqueline Lee	07/01/2020	07/01/2020
Pending Response	Jacqueline Lee	06/26/2020	06/26/2020
Pending Response	Jacqueline Lee	06/15/2020	06/15/2020
Pending Response	Jacqueline Lee	06/11/2020	06/11/2020
Pending Response	Jacqueline Lee	05/19/2020	05/19/2020

Response Letters

Responded By	Created On	Date Submitted
Martine Brisson-Lemieux	07/30/2020	07/30/2020
Martine Brisson-Lemieux	07/30/2020	07/30/2020
Martine Brisson-Lemieux	07/04/2020	07/04/2020
Martine Brisson-Lemieux	06/30/2020	06/30/2020
Martine Brisson-Lemieux	06/19/2020	06/19/2020
Martine Brisson-Lemieux	06/16/2020	06/16/2020
Martine Brisson-Lemieux	05/26/2020	05/26/2020

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	BCBSVT 2021 VISG Rate Filing - Amended per GMCB Order	Martine Brisson-Lemieux	08/21/2020	08/21/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
BCBSVT - COVID-19 Modeling Addendum - Revised	Note To Reviewer	Martine Brisson-Lemieux	07/22/2020	07/22/2020
BCBSVT - COVID-19 Modeling Addendum	Note To Reviewer	Matthew Goodrich	07/14/2020	07/14/2020
Revision to Attachments A and B	Note To Reviewer	Martine Brisson-Lemieux	07/13/2020	07/13/2020
Original RRS tab and RRD	Reviewer Note	Thomas Crompton	08/24/2020	

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Disposition

Disposition Date: 08/14/2020

Implementation Date: 01/01/2021

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: This filing has been approved per GMCB order GMCB-005-20rr on 08/14/20 effective on 01/01/2021.

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	4.158%	4.158%	\$12,170,952	23,810	\$292,726,577	10.958%	-2.635%

Percent Change Approved:

Minimum: -2.635%

Maximum: 10.958%

Weighted Average: 4.158%

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	Actuarial Memo Dataset		No
Supporting Document	Attachments		No
Supporting Document	Rate Tables		No
Supporting Document	Plain Language Summary		No

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Exhibits		No
Supporting Document	Cover Letter		No
Supporting Document	Response to BCBSVT 2021 VISG Inquiry 1 - 05.19.2020		No
Supporting Document	Response to BCBSVT 2021 VISG Inquiry 2 - 06.11.2020		No
Supporting Document	Response to BCBST 2021 VISG HCA Inquiry - 06.15.2020		No
Supporting Document	Response to BCBSVT 2021 VISG Inquiry 3 - 06.26.2020		No
Supporting Document	Response to BCBSVT 2021 VISG Inquiry 4 - 07.01.2020		No
Supporting Document	Responses to BCBSVT 2021 VISG Post Hearing Questions		No
Supporting Document	BCBSVT 2021 VISG 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: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/28/2020
Submitted Date	07/28/2020
Respond By Date	07/31/2020

Dear Jude Daye,

Introduction:

Please see attached letter.

Conclusion:

Sincerely,
Thomas Crompton

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, MHCD
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

July 28, 2020

Michael Donofrio
Bridget Asay
Stris & Maher LLP
28 Elm Street, 2d Floor
Montpelier, VT 05602

**RE: Blue Cross Blue Shield of Vermont (BCBSVT) 2021 Individual and Small Group Market Rate Filing;
GMCB-005-20rr (SERFF No. BCVT-132371410)**

Dear Mr. Donofrio and Ms. Asay,

Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6), the Board requests that BCBSVT provide the following information to assist with its review. This information is actuarial in nature and this letter will therefore be posted through SERFF.

15. In last year's filing, BCBSVT estimated that cost containment programs aimed at reducing inpatient admissions (by 4%) and emergency room visits (by 5%) would save approximately \$3.23 million and reduce medical claims by 1.1%. Actuarial Memo, 33. In this year's filing, BCBSVT states that these programs were delayed and that BCBSVT therefore did not meet its goals of reducing inpatient admissions and emergency room visits for the VISG population. BCBSVT further states that cost containment programming came to a halt in March 2020 due to COVID-19 and BCBSVT does not expect to focus on this programming in the time period covered by the filing. Actuarial Memo, 27. Mr. Schutz seemed to testify that the impact of these cost containment programs has already manifested itself in the claims experience used to develop the filing and, as a result, resuming these programs before 2021 would not have an impact on rates. Tr., 200. Please provide the actual impact of the cost containment programs for 2019 and clarify why resumption of this programming would not result in a rate decrease.

Please incorporate the answer to this question in BCBSVT's July 31 response.

Sincerely,

/s/ Michael Barber

Michael Barber, General Counsel
Green Mountain Care Board



State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/23/2020
Submitted Date	07/23/2020
Respond By Date	07/31/2020

Dear Jude Daye,

Introduction:

Please see attached letter regarding post hearing questions. Response due by 07/31/20.

Conclusion:

Sincerely,
Thomas Crompton

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

July 23, 2020

Michael Donofrio
Bridget Asay
Stris & Maher LLP
28 Elm Street, 2d Floor
Montpelier, VT 05602

RE: BCBSVT's 2021 Individual and Small Group Market Rate Filing; GMCB-005-20rr (SERFF No. BCVT-132371410)

Dear Mr. Donofrio and Ms. Asay,

I am writing to follow up on questions posed and issues raised by the Board during this week's hearing on the above-referenced filing. Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6), the Board requests that BCBSVT provide the following information to assist with its review. Some of this information is actuarial in nature and therefore this letter will also be posted through SERFF.

1. Provide a table that shows monthly paid claims and incurred claims by major service category for the period beginning January 2019 and ending June 2020, as well as the completion factor(s) used.
2. Please provide data showing any change in utilization of home infusion following the policy changes for home infusion during the COVID-19 response. Is there a cost savings associated with any expansion of home infusion? If not, wouldn't the 2019 educational effort suspended during the COVID-19 response be more successful than removing prior authorization? What was the savings associated with the 2019 education effort?
3. What, if any, savings have resulted from the opening of the ambulatory surgical center? Given that the center opened mid-way through 2019, please explain how any savings from its operation have been accounted for in the proposed rates.
4. Please provide more specific information regarding the financial impact of the decision to forgo raises for executives, including the expected duration and BCBSVT's position on pay-out of bonuses for both 2020 and 2021. Also provide the dollar amount and % of payroll (excluding bonus) the freeze impacts.
5. What percentage of total premium (not premium increase) is driven by Vermont hospitals? What percentage of total premium is driven by inpatient, outpatient, physician, or other services at Vermont hospitals?



6. Please provide a list of hospitals that received advance payments during COVID-19 response and amounts of payments and what percentage this represents of their annual projected payments.
7. Please provide a list of BCBSVT Board Members, committee composition, compensation, and the number of meetings of the board and of the finance committee in 2019 and 2020.
8. To the extent BCBSVT is assuming increased after-hours services/surgeries to make up for deferred utilization, please identify the sources for this assumption, including, if based on communications with providers, the types of Vermont providers that were contacted and the number of each type of provider contacted.
9. Given the DFR's withdrawal of Insurance Bulletin 211 effective August 3, 2020, we assume BCBSVT will restart routine provider audits and any other fraud, waste, and abuse (FWA) programs that were suspended in connection with COVID-19. Please provide the associated premium rate reduction and update the 2020-2021 RBC Outlook.
10. Please provide information about other value-based payment programs you have pursued, including the status of a program with Planned Parenthood.
11. What has been BCBSVT's loss of membership since the beginning of the COVID-19 pandemic and how does that compare to the same period last year?
12. What is the current balance of arrears and number of policyholders in arrears in the QHP book of business and how do these compare to last year at this time?
13. Please provide BCBSVT's administrative expenses inclusive of lines 8.3 and 10.5 from the SHCE's for 2015 to 2018.
14. What specific "right sizing" of staff has occurred since 2016 given BCBSVT's loss of members and what specifically will be done in 2021 to accommodate the reduction in membership?

Please submit the above information no later than July 31, 2020.

Sincerely,

/s/ Michael Barber

Michael Barber, General Counsel
Green Mountain Care Board



State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/01/2020
Submitted Date	07/01/2020
Respond By Date	07/03/2020

Dear Jude Daye,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,

Jacqueline Lee



July 1, 2020

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
2021 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-132371410

Dear Jude Daye:

Thank you for your responses. We request the following further information.

Questions:

1. Please provide revised URRT and filing exhibits representing the following updates:
 - a. Updated 2019 risk adjustment figures communicated by L&E.
 - b. Correction to weighted average medical trend calculation as noted in a prior objection response.
 - c. Correcting URRT taxes and fees as noted in a prior objection response. Please also confirm the Profit & Risk Load and the Administrative Expense line items of URRT worksheet 2.
 - d. Reduced credit card fees as noted in your prior response.
2. Please provide the currently expected 2020 claims, premiums, membership, Total Adjusted Capital (TAC), and Authorized Control Level (ACL), as of 6/30/2020 and 12/31/2020 in light of the impact of COVID19.

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 3, 2020. 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,

Kevin Ruggeberg, ASA, MAAA
Consulting Actuary
Lewis & Ellis, Inc.
KRuggeberg@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: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/26/2020
Submitted Date	06/26/2020
Respond By Date	06/30/2020

Dear Jude Daye,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,

Jacqueline Lee



June 26, 2020

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
2021 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-132371410

Dear Jude Daye:

Thank you for your responses. We request the following further information.

Questions:

1. According to the actuarial memorandum, BCBSVT is only required to pay claims for the members with past-due premiums during the 30-day grace period. Are there claims being paid past this required point? If so, why?
2. If claims are not being paid past the 30-day grace period, explain why the premiums that would be payable for those members are being treated as bad debt.
3. Does the reported base period enrollment and/or claims include members who had outstanding premiums past the 30-day grace period, who did not eventually return to premium-paying status?
4. The memorandum states that debit/credit card fees will amount to 2.3% of premiums paid by card. Given that the fee is projected to be 0.4715% of total premium, this would imply that 20% of members will pay using debit or credit cards. However, the URRT shows that 80% of members are projected to enroll through VHC. Please clarify whether this means BCBSVT anticipates paying credit card fees for on-exchange members, and demonstrate the calculation of the 0.4715% assumption
5. Explain the discrepancy between the taxes and fees shown in Exhibit 7C and those shown on WS2 of the URRT..

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 30, 2020. 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,

Kevin Ruggeberg, ASA, MAAA
Consulting Actuary
Lewis & Ellis, Inc.
KRuggeberg@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: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/15/2020
Submitted Date	06/15/2020
Respond By Date	06/19/2020

Dear Jude Daye,

Introduction:

Please see the attached letter from the HCA.

Conclusion:

Sincerely,

Jacqueline Lee

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Blue Cross Blue Shield of Vermont)	
VT Health Connect 2021 Filing)	GMCB-005-20rr
)	

HCA ACTUARIAL QUESTIONS FOR BLUE CROSS BLUE SHIELD OF VERMONT

The Office of the Health Care Advocate (HCA) submits to the Green Mountain Care Board the below-listed actuarial questions for Blue Cross Blue Shield of Vermont (BCBSVT) in the above-captioned matter.

1. Vermont Health Connect (VHC) has been responsible for billing consumers who purchased plans through VHC. The state had planned for carriers to take over billing these consumers starting in 2021. However, the planned switch was postponed. As in past years, VHC will bill these consumers in 2021.

BCBSVT specified that it added a 0.6% increase into the 2021 VHC rate filing related to the assumption that it would take over billing for VHC enrolled members. GMCB-005-20rr, Actuarial Mem. at 5. Given the timing of the announcement that VHC will continue to be responsible for VHC enrollee billing in 2021, it is understandable that BCBSVT did not incorporate this fact into its filing. Please list all changes to the filed rate that are now needed to reflect that VHC, and not BCBSVT, will be responsible for billing VHC enrolled members in 2021.

2. Do cost sharing reduction plans take more administrative time than other QHPs and therefore represent a larger portion of administrative costs? If yes, does BCBSVT silver stack these costs or spread it out among all plans?
3. Vermont implemented a special enrollment period (SEP) in response to the Covid-19 crisis which is still open. Please provide the following to date:
 - a. the number of Vermonters who have enrolled in a BCBSVT plan using this SEP, broken out by CSR plan and metal level, and
 - b. any impact this new member population had on age/demographic factors.

4. Please confirm the accuracy of the below-provided table that lists requested rates and rate components, allowed rates and rate components, and actual rate components. If the cell is blank or you believe the value listed is incorrect, please provide the value that you believe is correct.

Year Filed		2020 (PY 2021)	2019 (PY 2020)	2018* (PY 2019)	2017**** (PY 2018)
Docket #		GMCB-005-20rr	GMCB-006-19rr	GMCB-009-18rr	GMCB-008-17rr
Members		39,195	43,939	53,664	70,035
Average Rate Change	Proposed	6.3	15.6	9.6	12.7
	Approved	NA	12.4	5.8	9.2
Allowed Medical Trend	Proposed		5.9	4.7	4.7
	Approved	NA	5.2	4.7	3.6
	Actual***	NA	NA		7.0
Medical Unit Cost Trend	Proposed	3.6	2.6	2.7	2.6
	Approved	NA	2.6	2.7	2.6
	Actual***	NA	NA		2.1
Medical Utilization Trend	Proposed	3.6	3.2	2.0	2
	Approved	NA	2.5	2.0	1
	Actual***	NA	NA		4.8
Pharmacy Allowed Trend	Proposed	13.4	13.0	9.9	8.0
	Approved	NA	13.0	9.9	8.0
	Actual***	NA	NA		16.7
Total Administrative Charges PMPM	Proposed	48.85	46.54	40.26	36.06
	Approved	NA	46.54	40.29	36.06
	Actual***	NA	NA	45.87	47.05
CTR	Proposed	1.5	1.5	1.5	2
	Approved	NA	1.5	0.5	0.5

* Numbers reflect original filing and not amendments.

** Excludes the roughly 7,000 members from non-ACA compliant plans that were expected to enroll in ACA-compliant plans for the 2017 plan year.

*** Actual is for the year that the rates are effective for. For instance, for the column "2018", the actual field should be populated with the experience of 2019 (the year the rates are effective for).

**** Provided for reference only.

5. On page 6 of your Contribution to Policyholder Reserves Memorandum, you state (referring to Covid-19): "These costs and risks have are [*sic*] counterbalanced by the deferral of non-emergent care that has taken place during the declared state of emergency." Given you have some post COVID-19 data, can you provide an exhibit to show how the costs balance out?
6. Has BCBSVT implemented or planned to implement any risk optimization activities for years 2019, 2020, and or 2021?

Dated at Montpelier, Vermont this 8th day of June, 2020.

s/ Kaili Kuiper

Kaili Kuiper, Esq.
Office of the Health Care Advocate
kkuiper@vtlegalaid.org

s/ Eric Schultheis

Eric Schultheis, Ph.D., Esq.
Office of the Health Care Advocate
eschultheis@vtlegalaid.org

CERTIFICATE OF SERVICE

I, Eric Schultheis, hereby certify that I have served the above Actuarial Questions for Blue Cross Blue Shield of Vermont on Michael Barber, Green Mountain Care Board General Counsel; Amerin Aborjaily, Green Mountain Care Board Staff Attorney; and Mike Donofrio and Brigid Asay, representatives of BCBSVT in the above-captioned matter, by electronic mail, return receipt requested, this 8th day of June, 2020.

s/ Eric Schultheis

Eric Schultheis, Ph.D., Esq.
Office of the Health Care Advocate
Vermont Legal Aid
56 College Street
Montpelier, VT 05602

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/11/2020
Submitted Date	06/11/2020
Respond By Date	06/16/2020

Dear Jude Daye,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,

Jacqueline Lee



June 11, 2020

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
2021 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-132371410

Dear Jude Daye:

Thank you for your responses. We request the following further information.

Questions:

1. Provide total claims PMPM by incurral month for the most recent three years of experience, normalized for contract changes, for individual, small group, and combined.
2. Provide total claims PMPM by incurral month for the most recent three years of experience, normalized for contract changes and changes in PLRS, for individual, small group, and combined.
3. Reconcile the market-adjusted index rate in Exhibit 5 to the market-adjusted index rate in the URRT.
4. Demonstrate that the population changes to projected claims contained in factors b9 and c3 were developed in a manner consistent with the projection of CY2021 risk transfers.
5. Demonstrate how the trend factor developed in Exhibit 3E is reflected in the trend compilation of trend factors in Exhibit 3J.
6. How has COVID-19 affected non-benefit costs (expenses such as claims adjudication, overhead, travel, profit, etc)?
7. Describe how Vermont consumers were considered in light of the current savings due to the COVID-19 pandemic and this unprecedented time.

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 16, 2020. 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,

Kevin Ruggeberg, ASA, MAAA
Consulting Actuary
Lewis & Ellis, Inc.
KRuggeberg@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: 2021 Vermont Individual and Small Group Rate Filing
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/19/2020
Submitted Date	05/19/2020
Respond By Date	05/27/2020

Dear Jude Daye,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,

Jacqueline Lee



May 19, 2020

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
2020 Vermont Individual and Small Group Rate Filing
SERFF Tracking #: BCVT-131936226

Dear Jude Daye:

We have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced group products filing submitted on 5/10/2019. 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. Exhibit 9B shows the VT standard plans, as well as plans denoted "Vermont Preferred" and "Vermont Select." This appears to agree with the actuarial memorandum which describes the "Rewards" plans as replaced by these. The URRT shows projected enrollment for all of these plans, as well as projected renewals for "Rewards". Please clarify whether there will be renewals for "Rewards" plans and if so which premiums from Exhibit 9B are applicable.
2. Please provide the RATEE report from CMS.
3. Please clarify the statement in section 3.3 of the memorandum which states that the allowed charges are \$703.28 PMPM in the experience period. Both sections 3.1 and 3.3 appear to describe this value as \$665.15.
4. Please reconcile the c1 factor as described in the memorandum (0.9961) to the value shown in Exhibit 5 (0.9963).
5. The description of the GMCB billback amount appears to assume that the portion of the BCBSVT invoice attributable to VISG enrollment is unchanged between FY2019

and FY2020. In light of the substantial enrollment changes that have occurred during that period, please clarify if that is the intention.

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 27, 2020. 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,

Kevin Ruggeberg, ASA, MAAA
Consulting Actuary
Lewis & Ellis, Inc.
KRuggeberg@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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2020
Submitted Date	07/30/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

We included the response to this additional question in our responses to the July 23, 2020 objection.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2020
Submitted Date	07/30/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing post hearing questions dated July 23, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Responses to BCBSVT 2021 VISG Post Hearing Questions
Comments:	
Attachment(s):	2020 07 03 BCBSVT Responses to Post Hearing Questions.pdf BCBSVT Responses to Post-Hearing GMCB Questions - EXCEL.pdf BCBSVT RBC Outlook_Updated.pdf BCBSVT Responses to Post-Hearing GMCB Questions.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Martine Brisson-Lemieux*

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/04/2020
Submitted Date	07/04/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing Inquiries dated July 1, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 4 - 07.01.2020
Comments:	
Attachment(s):	BCBSVT Actuarial Report_COVID-19 Modeling.pdf BCBSVT RBC Outlook.pdf Responses to BCBSVT 2021 VISG Inquiry 4.pdf REVISED 2021 VISG Exhibits 3J to 9B - CONFIDENTIAL_Redacted.pdf Revised 2021 VISG BCBSVT URRT.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2020
Submitted Date	06/30/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing Inquiries dated June 26, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 3 - 06.26.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 3.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2020
Submitted Date	06/19/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing Inquiries dated June 15, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to BCBST 2021 VISG HCA Inquiry - 06.15.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG HCA Actuarial Inquiry.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/16/2020
Submitted Date	06/16/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing Inquiries dated June 11, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 2 - 06.11.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 2.pdf Responses to BCBSVT 2021 VISG Inquiry 2 - EXCEL.pdf Responses to BCBSVT 2021 VISG Inquiry 2.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/26/2020
Submitted Date	05/26/2020

Dear Thomas Crompton,

Introduction:

Response 1

Comments:

Please find attached our responses to the BCBSVT 2021 VISG rate filing Inquiries dated May 19, 2020

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 1 - 05.19.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 1.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Martine Brisson-Lemieux

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 08/21/2020

Comments:

Per the GMCB order, please find attached the amended BCBSVT 2021 VISG rate filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	BCBSVT 2021 VISG Rate Filing - Amended per GMCB Order
Comments:	
Attachment(s):	BCBSVT 2021 VISG Rate Filing - Amended Cover Letter per GMCB Order.pdf BCBSVT - 2021 VISG Rate Filing Exhibits - Amended per GMCB Order.pdf Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021_AmendedPerGMCBOrder.xlsm UnifiedRateReviewSubmission_2021_BCBSVT_VISG_AmendedPerGMCBOrder_20200821113739.xml Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021_AmendedPerGMCBOrder.pdf PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.xls PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.xml PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.pdf

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Reviewer

Created By:

Martine Brisson-Lemieux on 07/22/2020 02:29 PM

Last Edited By:

Martine Brisson-Lemieux

Submitted On:

07/22/2020 02:29 PM

Subject:

BCBSVT - COVID-19 Modeling Addendum - Revised

Comments:

We are posting a revised version of the Addendum to our Supplemental Actuarial Memorandum on the COVID-19 modeling. The only change to the document is a correction of the labeling issues within Appendix A that caused some confusion at the hearing on Monday. As noted on Monday, the modeling itself reflected the correct information.

**Blue Cross and Blue Shield of Vermont
COVID-19 Modeling Addendum**

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Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

Purpose

BCBSVT published an actuarial report on July 4, 2020 in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis in the Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410) docket. The report quantified the impact various COVID-19 scenarios have on claims costs and BCBSVT's risk based capital (RBC) using information known as of July 1, 2020, including claims data incurred through May 2020.

The scale of the social and economic reaction to the pandemic has no precedent within the last century. Therefore, the only data upon which we can rely in attempting to quantify the significant uncertainties related to the pandemic is the data that is emerging as the event unfolds. At this early stage in the overall trajectory of the pandemic, one additional month of data represents an enormous amount of new information given that the event being studied has been underway for less than four months.

On July 7, BCBSVT's actuarial team completed the monthly incurred claims estimates that incorporated claims paid through June 30, 2020. Because of the wealth of new information that can be gleaned now that June data is available for analysis, we have chosen to publish this addendum to our July 4 report. The addendum integrates the additional month of data, reflects our current understanding of recent and expected changes to the legal and regulatory environment, and incorporates enhancements to the projections.

Oliver Wyman has published a letter to Department of Financial Regulation (DFR) Commissioner Pieciak¹ (hereafter "Oliver Wyman letter") wherein they opine that there is "some conservatism" in our modeling. Data that have emerged since the publication of our initial report clearly demonstrate otherwise, as do other actuarial studies. But while we disagree with the specific instances of conservatism that Oliver Wyman identified, we take their opinion very seriously, as it is contrary to our intention to present findings that include any element of conservatism. To that end, as we have continued to develop and enhance our model since publication of our initial findings, our selections of methodology and assumptions have been made with the goal of eliminating any potential or perceived conservatism in our approach. We are confident that the results presented in this addendum represent not a conservative range of outcomes but the most plausible range of outcomes specific to Vermont and to BCBSVT that can be modeled at this time given the breadth of unknowns with which we are dealing.

Except for the specific changes in data, assumptions and methodology described herein, we incorporate by reference the *Purpose*, *Data* and *Methodology* sections of the July 4 report. This addendum elaborates upon but does not replace those sections of the July 4 report.

Data

We have not altered our projections of 2020 and 2021 claims. They continue to rely upon estimates from the rate filings and internal membership reporting, as referenced in the July 4

¹ DFR's July 7, 2020 solvency opinion explicitly incorporates the Oliver Wyman letter by reference. Both are available as part of the BCBSVT Vermont Individual and Small Group Rate Filing docket: <https://ratereview.vermont.gov/sites/dfv/files/PDF/BCBSVT%20Solvency%20Opinion%20and%20Oliver%20Wyman%20letter.pdf>

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

report. We now include costs directly related to COVID-19 incurred in March through June 2020 and completed using best estimates from BCBSVT's financial reporting models.

To calculate the level of deferred care, we use claims incurred from January 2019 through June 2020 for all BCBSVT members. We apply completion factors developed from the monthly financial reporting process (best estimates before margin). The slowdown period was quantified by comparing the PMPM of the slowdown period relative to a benchmark PMPM. The slowdown period begins in March 2020, when shelter in place restrictions were first implemented. Completed June incurred claims exceed the benchmark; the slowdown period is therefore defined as having ended in May 2020. For more detail, please refer to the *Deferred Care* section.

Methodology

Except as noted below, the methodology mirrors that described in the July 4 actuarial report. Specifically, we made no changes regarding vaccine development, treatment costs, baseline claims, nor the deferred care morbidity impact.

Diagnostic Testing

To estimate the cost of diagnostic testing, we calculate a weekly average of testing costs incurred by VISG and insured large group members. The assumed testing cost uses a 4-3-2-1 weighted average of incurred claims, wherein the week ending June 26, 2020 is weighted the most heavily and preceding three weeks weighted in descending order.

The Tri-Agencies issued guidance on June 23, 2020² that indicated health plans are only responsible for diagnostic testing ordered by a provider and within the context of a plan of care. We understand that the Vermont Department of Financial Regulation (DFR) intends to publish guidance clarifying that their interpretation of the Tri-Agencies guidance is that health insurance issuers are financially responsible for COVID-19 testing that follows Vermont Department of Health (VDH) guidelines promulgated on June 30, 2020³. The VDH guidance directs individuals to contact their health care provider to schedule a test if they have symptoms of COVID-19, if they wish to end a quarantine period early, or if they need a test to prepare for a medical procedure. If the guidance is followed precisely, utilization could be somewhat reduced from our previous assumption, but an office visit charge will also be part of the cost of testing for each scenario.

Due to the VDH guidance, we have updated our range for the frequency of testing to 0.20 to 0.40 tests per year except for months during which we are experiencing a second wave, wherein we double the range to 0.40 to 0.60 tests per year. The full range of 0.20 to 0.60 tests per year is taken from a study jointly published by Wakely and America's Health

² <https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf>

³ <https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

Insurance Plans (AHIP)⁴ and corroborated with BCBSVT experience⁵. Due to the underlying uncertainty, we allow the model to choose with equal probability any figure within each range.

We have also added the cost of an office visit to the cost of testing. While perfect adherence to the VDH guidance would result in one office visit per test, BCBSVT data shows that the ratio of office visits per test has varied from 0.65 to 0.77 in recent months. We allow the model to select an office visit ratio according to a uniform distribution within the range of 0.65 to 0.90. The bottom of the range reflects the low end of the range of recent BCBSVT experience, while the top of the range is a point between the high end of recent experience and perfect adherence to VDH guidance. The cost of the office visit is calculated as the average office visit cost, exclusive of emergency room charges, for May and June⁶.

Antibody Testing

Current VDH guidance does not recommend the use of antibody testing for use in the general population nor for places of employment. Emerging studies of the efficacy of antibody testing indicate that there may be little to no benefit to conducting this type of testing. We assume that antibody testing will not occur at significant levels in Vermont, and therefore include no future projected antibody testing costs in our modeling.

Treatment Costs

We changed our treatment cost projections primarily by updating assumptions for the ongoing incidence of cases to reflect the latest information from the Vermont Department of Health and to better smooth potential increases in infection rate. We also made two enhancements that had little impact on results: we corrected a misalignment between the input and modeling regarding the duration of a second wave and, based on emerging data, we incorporated a one-month lag between the onset of a second wave and an increase in treatment costs.

In the absence of additional waves, we assume the ongoing incidence of cases will be similar to the incidence in the state of Vermont over the period of the SOA report⁷. We dampen the incidence rate by 50 percent in July and August of 2020 and 50 to 75 percent for the remainder of 2020 to reflect that ongoing severity will likely be less than the eight-week period from which the incidence rates are derived, but may escalate should students return

⁴ <https://www.ahip.org/wp-content/uploads/AHIP-Wakely-COVID-19-Testing-Report.pdf>

⁵ The BCBSVT testing rate was about 0.20 PMPY in June. The Vermont testing rate is about 0.36 PPPY since the onset of the pandemic.

⁶ While it is unlikely that there will be literally zero ER utilization in the future, we assume that Vermonters will, by and large, adhere to the VDH guidance. Assuming any ER utilization would increase the cost per visit, perhaps substantially.

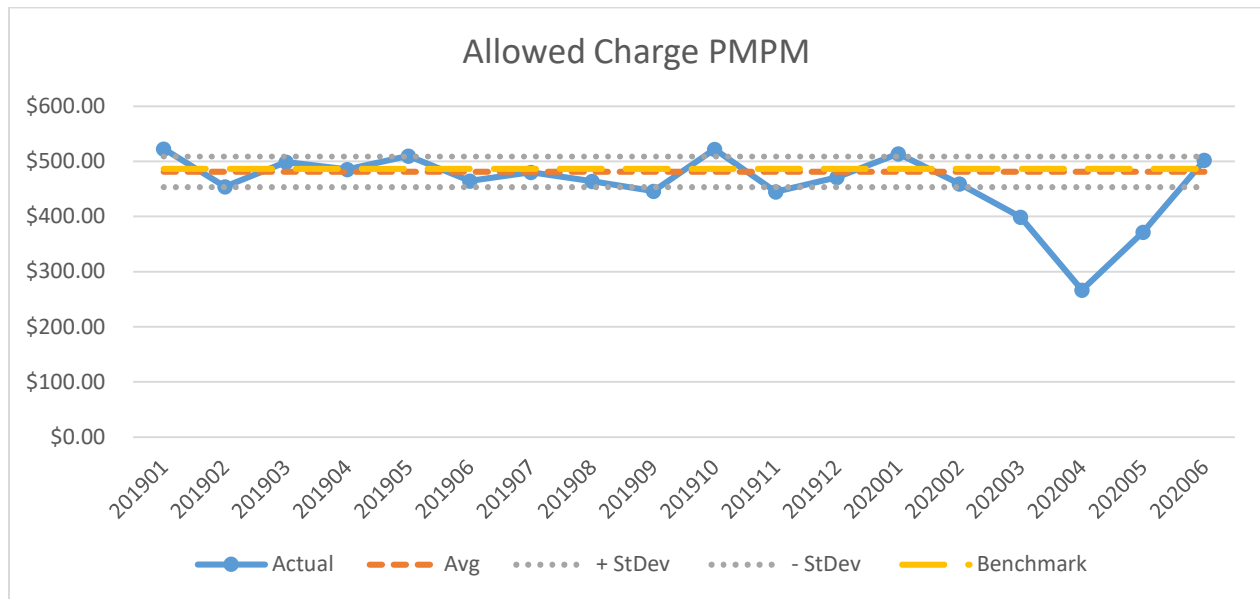
⁷ The calculated state incidence is analogous to the Burlington, VT Hospital Referral Region (HRR). The SOA report is available here: <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

to school in the fall. Specifically, we used Vermont Department of Health data⁸ to compare the number of new cases arising in Vermont during the period studied in the SOA report to the number of new cases emerging since the further relaxation of social distancing measures as of June 1, observing that the incidence of new cases in June was approximately 50 percent of the incidence of cases in the report period. New cases through the first nine days of July have been identified at a rate nearly identical to that reported in June. Similarly, we dampen the incidence rate in 2021 by a factor within a range from a minimum of the late 2020 dampening factor to a maximum of 25 percent higher than the late 2020 dampening factor. The 2021 incidence rate may be dampened to a lesser degree due to the anticipated continued lessening of social distancing measures and ongoing spread of the virus until the earlier of vaccine availability or the commencement of a second wave.

Deferred Care

Using the period identified in the *Data* section, we created the graph below showing the total monthly PMPMs spanning over the benchmark, slowdown, and post-slowdown periods. We calculate the benchmark PMPM as the monthly average PMPM less the monthly standard deviation PMPM divided by the square root⁹ of three in order to ensure that we are isolating the deferred services from normal fluctuations. This difference is trended forward to the slowdown period using filed trends from the most recent rate filings for each line of business.



We updated our breakout of total claims by service category to reflect the magnitude of the slowdown period as measured with runout through June. We did not change for any category our assumption of the percentage of services expected to return. A table displaying the

⁸<https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont>, accessed July 10, 2020

⁹ This was inaccurately documented in the July 4 report as the cubic root of three.

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

assumptions for each of the 33 categories can be found in Appendix A. Because of the refreshed data and change in the benchmark calculation, the weighted average across all service categories yields a different result.

Overall, we now estimate that 51.7 percent of the services that were deferred during the slowdown period will be made up. This can be calculated by taking the weighted average of the ‘percent rescheduled services’ and ‘slowdown PMPM’ from the table by type of service provided in Appendix A. We note the independent BCBSVT analysis remains closely aligned with industry sources^{10,11}, which lends additional credence to our assumption.¹²

In any month where services are less than 100 percent of our non-COVID expectation, it is assumed that a mean of 51.7 percent of the claims will return at a later date, split into 100 percent of surgeries and 22.4 percent of all other care. This includes any months during a second wave where non-emergent care is deferred such that claims are less than expected. In the stochastic model, we assume the level of deferred care is normally distributed with a mean of 51.7 percent and a standard deviation of one-tenth the mean. This standard deviation allows for a reasonable range of results around our best estimate, roughly equivalent to the “high” and “low” estimates within the above-referenced Milliman study and the Society of Actuaries report. Using a statistically generated range rather than a point estimate further ensures that there is no conservatism built into our modeling or results.

Changes in Demand

The ‘Stay Home, Stay Safe’ order changed the way many Vermonters access care. BCBSVT actuarial staff worked with medical directors to make assumptions about persistent changes in utilization resulting from the pandemic and economic crisis.

June incurred data allows a first look at post-slowdown utilization. Completed incurred claims for all mental health services are very close to our future demand estimates (projected 12.3 percent increase above historical norms versus an observed 13.0 percent increase). Unexpectedly, emergency room and urgent care utilization returned to just above historical norms, in contrast to the ongoing 14 percent drop we expected. We will continue to closely monitor ER and urgent care utilization, but at this time we choose not to adjust our assumptions for changes in demand.

¹⁰ <https://milliman-cdn.azureedge.net/-/media/milliman/pdfs/articles/estimating-the-financial-impact-covid19.ashx>

¹¹ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

¹² While the Oliver Wyman letter expresses skepticism about certain of our 33 distinct assumptions, it is the *aggregate* percentage of returning care that directly impacts the modeling results. Because our aggregate percentage is well-aligned with best estimate ranges published by other respected actuarial sources, we are comfortable stating that our aggregate assumption does not include any conservatism.

**Blue Cross and Blue Shield of Vermont
COVID-19 Modeling Addendum**

Returning Care

We have changed our capacity assumptions only insofar as we now have a first look into actual June claims. We continue to assume a maximum capacity of 108 percent for surgical procedures and 115 percent for non-surgical procedures. These assumptions are equivalent to a plausible total maximum capacity range of 106 to 112 percent.

To model the return of care, we randomly generate capacity factors to apply for each month from June 2020 through December 2021. Completed incurred and paid June experience is running at 105 percent of benchmark. That is to say that emerging evidence demonstrates that the return of deferred care appears to have begun in June¹³. To reflect the uncertainty in completed claims estimates, we allow the June capacity to randomly fluctuate between 95 percent and 105 percent of benchmark.

The capacity in any given month is not allowed to exceed the maximum noted above. For months during a second wave, the factors are dampened to reflect the deferral of care. In the two months following a wave, we apply the additive factors to account for the return of services. We also apply dampening factors that revert care to 100 percent, based on the extent to which care exceeds normal volume, to reflect that the health care system likely cannot operate at maximum capacity for an extended duration. We include an additive term that helps prevent the dampening factors from returning the maximum capacity to 100 percent before returning care reaches the percentage randomly selected for the simulation. Lastly, we end any excess capacity upon reaching the modeled percent of care returning. We assume any modeled returning care not incurred by the end of 2021 will be performed in 2022. At the mean, 5 percent of returning care is modeled to not be performed by the end of 2021.

Capacity Factors	Provider Max	June 2020	Wave (1 Month from Start/End)	Wave (2 Months from Start/End)	Post Wave Additive Factor (2 Months)
Low	106%	95%	85%	75%	+15%
High	112%	105%	95%	85%	+30%

See Appendix B for a sample of capacity distributions randomly generated by these mechanics.

¹³ We observe that this emerging data directly refutes the second and third instances noted by Oliver Wyman of specific “conservatism” in our modeling. See Oliver Wyman letter, page 8.

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

Summary of Modeling Changes

As described in the preceding sections, we have made the following changes to the COVID model since the initial publication of results on July 4:

- Applied trend to the calculation of the benchmark in the determination of deferred care (*favorable impact to projected BCBSVT solvency position*);
- Corrected misalignment within the duration of a second wave (*neutral to favorable impact*);
- Adjusted the infection rate dampening for future months that are not part of a second wave of illness and deferred care (*favorable impact*);
- Reflected the observed one-month lag between wave emergence and treatment costs (*neutral impact*);
- Changed our testing incidence assumptions to better reflect emerging baseline experience and specified a separate range during a second wave (*favorable impact*);
- Updated testing incidence and cost assumptions to reflect June 30 Vermont Department of Health guidance and the anticipated DFR bulletin (*unfavorable impact*); and
- Refreshed data to incorporate claims information through June (*unfavorable impact, due primarily to June recovering more swiftly than anticipated and March through May incurred claims estimates restating higher than expected*).

New information emerges daily relative to the pandemic. We have worked swiftly to incorporate new information and the latest data, while also implementing model enhancements that further eradicate any potential conservatism in results.

Analysis & Results

The presence and severity of a second wave remains the most impactful assumption. Below, we examine the cumulative RBC impact of each of the five second wave severity scenarios described in the *Treatment Costs* section of the July 4 Supplemental Actuarial Memorandum. For each of these five scenarios, we have run 10,000 simulations using the inputs noted in the *Methodology* section. Appendix C provides the summary statistics of the stochastic modeling, with the geographic distribution noted in the *Methodology* section. Note that while the modeling does not consider the minimum or maximum to be likely, and in certain instances the values are more than three standard deviations from the mean, we believe it is important to consider their possibility in the modeling without giving them an inordinate amount of weight.

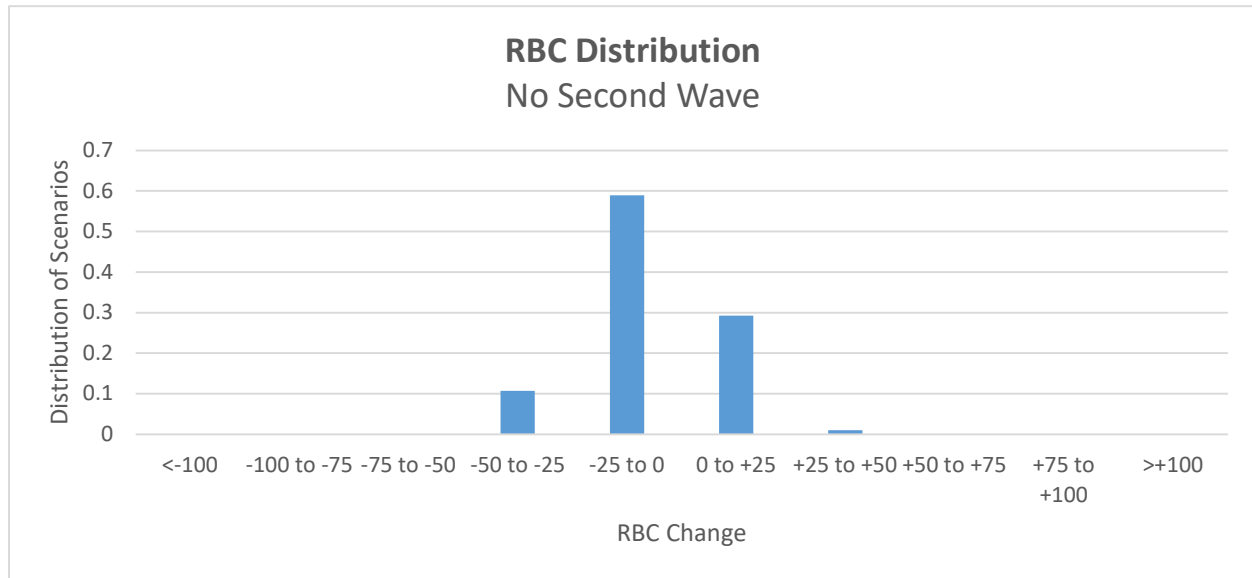
Results by Severity of Second Wave

No Second Wave

In scenarios where there is no second wave of illness necessitating an economic shutdown, the majority of scenarios fall between a -25 to +25 RBC change. In 2020, the deferral of care

Blue Cross and Blue Shield of Vermont COVID-19 Modeling Addendum

experienced in the spring of 2020 dampens claims, but the direct costs of COVID-19, vaccination costs, and the return of deferred services result in the RBC returning toward its beginning value in the vast majority of scenarios.

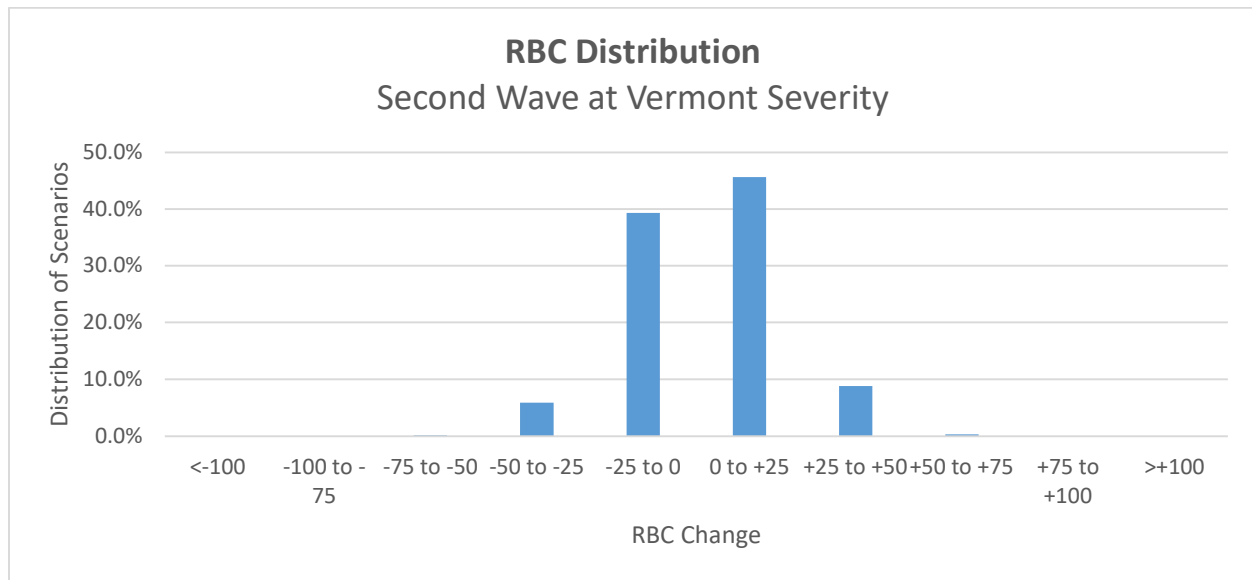


It seems unlikely, particularly in light of current events nationally, that Vermont will be able to avoid a second wave of increased incidence accompanied by stronger social distancing measures and the deferral of non-emergent services. Nonetheless, this scenario is useful to consider as it simulates a plausible range of outcomes in the instance that events to date represent the only significant wave of COVID infection or economic shutdown in Vermont. In the absence of more complete information, it may seem tempting to conclude that the tens of millions of dollars of deferred services to date are a “windfall” to BCBSVT. This simulation demonstrates that, to the contrary, even in the event that Vermont never sees another spike in COVID infection, the net claims impact of the pandemic is likely to be very close to breakeven.

Vermont Severity

In scenarios where the second wave is aligned with the severity experienced in Vermont’s first wave, the slight majority of scenarios produced by the stochastic model show a modest increase to RBC. As noted above, the concept of a second wave not only considers COVID-19 incidence, but a corresponding economic shutdown and the deferral of non-emergent care. As noted in the *Treatment Costs* section, we consider it likely that incidence would need to surpass the infection rate experienced during the first wave for the state to consider further periods of economic shutdown; nevertheless, we consider it important to model the impact of such a scenario on RBC. In this scenario, a second wave creates additional deferred care, but the limited direct costs drive the increase to RBC in most scenarios.

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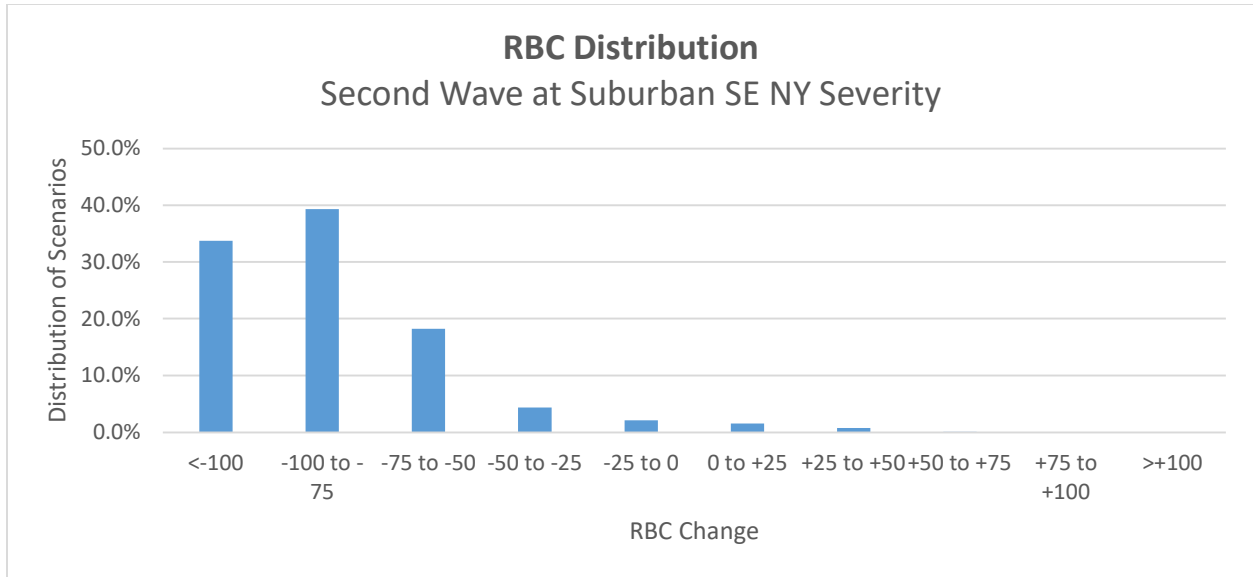


From the perspective of BCBSVT's financial position, this can be viewed as a best-case scenario, as this view maximizes the deferral of care while minimizing the realistic rate of infection that could provoke another round of severe social and economic restrictions. Even in this outlook, the improvement in claims costs has only a modestly favorable impact on BCBSVT RBC in most simulations—a vanishingly small number of simulations result in an increase in RBC of more than 50 percentage points.

Suburban Southeastern New York Severity

The New York City metropolitan area experienced some of the highest incidence of COVID-19 cases in the country during the spring of 2020. As we discuss in the *Methodology* section, we consider it important to model not the probability of a specific outcome occurring, but rather the extent to which various plausible scenarios affect BCBSVT's RBC. It is therefore critical to model the results of a severe second wave. In this set of simulations, the direct costs of COVID-19 are profound, vastly overshadowing the dampening of claims in the spring of 2020 and the deferral of care during the second wave.

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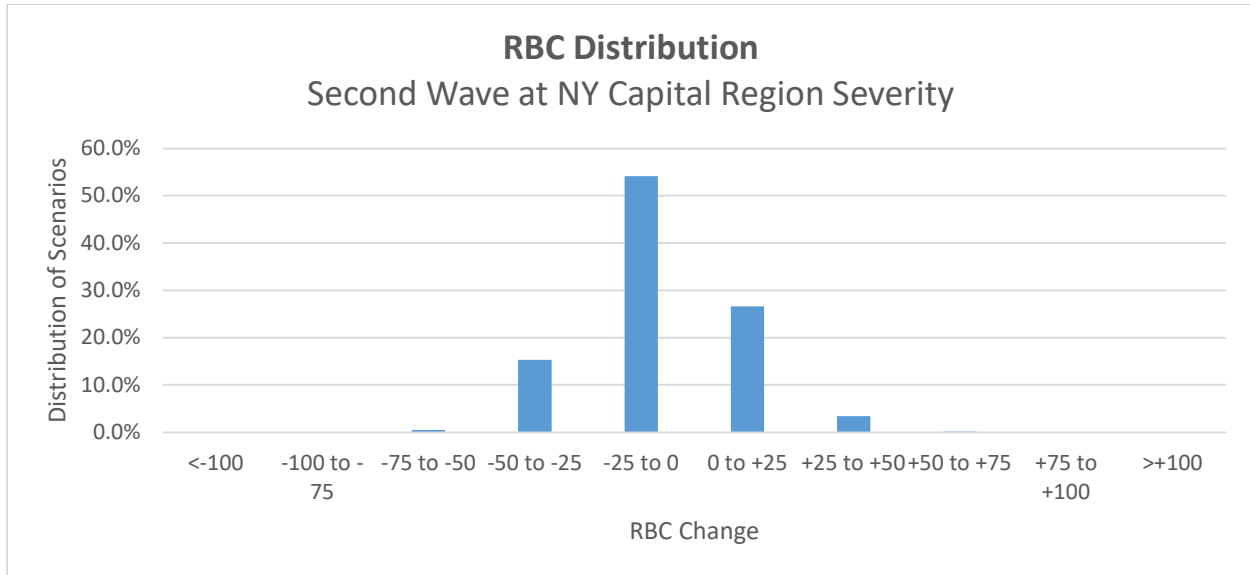


While we hope and believe that this is not the most likely path of COVID infection in Vermont, it is a plausible scenario that merits careful consideration. In almost all simulations, this level of disease burden would have a highly deleterious impact on BCBSVT's financial health.

NY Capital Region Severity

The last two scenarios examine incidence levels of geographic regions close to Vermont that exceeded Vermont's level of COVID-19 cases during the first wave. First, we consider the Capital Region of New York, which saw a case rate approximately 3.5 times that of Vermont but less than 20 percent of that experienced in suburban southeastern New York. The scenarios are largely centered around a modest decrease to RBC. The second wave of shutdown creates additional deferred care, but this is offset to some degree by higher direct costs than those experienced in the first wave. These results are strikingly similar to those produced using an assumption of no second wave at all.

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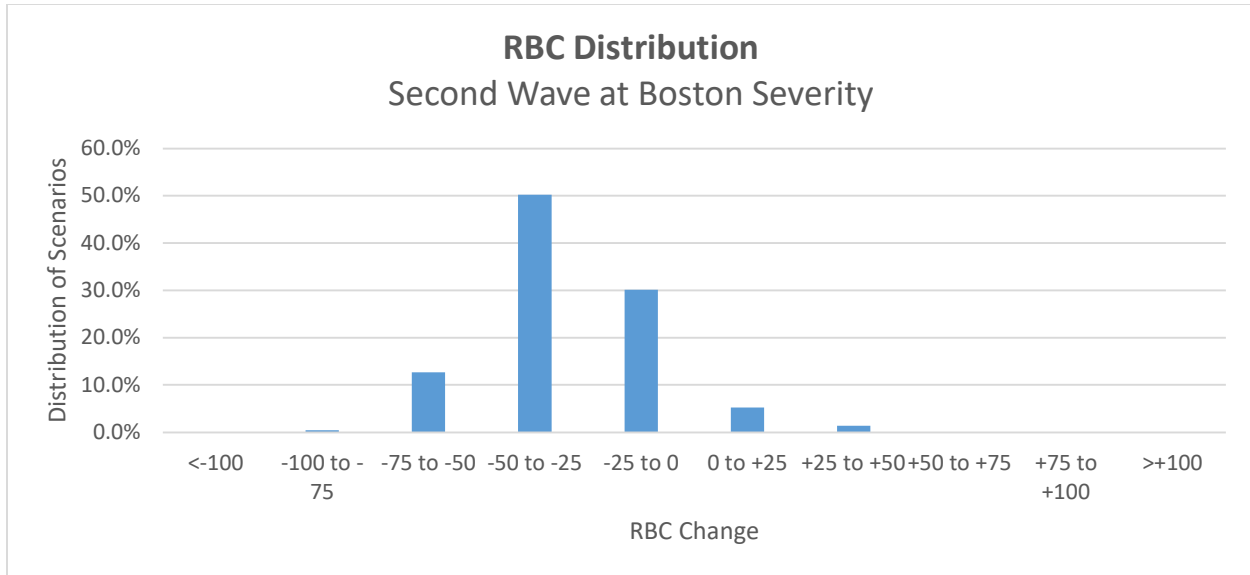


We consider this to be a reasonably plausible scenario in that an infection rate surpassing that experienced earlier this year in Vermont and tracking closer to that seen in a nearby region may very well lead to another partial shutdown of the Vermont economy and implementation of stringent social distancing measures. The impact to claims of such a scenario is neutral to slightly unfavorable—it is unlikely that BCBSVT would benefit from a windfall or that financials would be significantly pressured based on the level of paid claims.

Boston Severity

Lastly, we model the RBC impact of a second wave where the incidence is analogous to that of Boston's first wave. Boston experienced an infection rate nearly nine times that of Vermont, but less than half of the incidence recorded in suburban southeastern New York. The RBC impact is centered around a range of -50 to -25 percentage points, indicative of the higher direct costs exceeding the deferral of care in the second wave.

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This is a relatively severe scenario that models the outlook should the spread of the disease throughout rural New England simply be delayed relative to, but not ultimately different from, urban New England. This plausible, yet perhaps not most likely, sequence of events results in most simulations in a modest decline in RBC position due to an escalation of claims cost above the level anticipated in the 2021 VISG rate filing.

Appendix D provides summary statistics for the geographic scenarios noted above.

Summary of Results by Year

We provide in the table below the modeled RBC impact by year for the above geographic scenarios. The 2022 impact includes only the completion of returning care from waves in 2020 and 2021, along with any vaccine costs incurred in 2022 (see *Purpose* section for a more thorough description).

Wave 2 Severity	Average RBC Impact as of December 31,			
	2020	2021	2022	Total
No Second Wave	+35	-37	-5	-7
Vermont	+60	-52	-6	+2
NY Capital Region	+56	-58	-6	-8
Boston	+50	-73	-7	-30
Suburban SE New York	+27	-107	-7	-87

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These results demonstrate rather dramatically the peril in considering only the 2020 impact of the pandemic on BCBSVT's financial position. To an even greater extent, BCBSVT's financial strength cannot be assessed using its RBC position as of May 31, 2020 or June 30, 2020. This follows because the bulk of deferred care has yet to return, while ongoing COVID-related claims are likely to escalate. As BCBSVT has stressed throughout the rate review process, it has not added any COVID-related costs to its filed 2021 premiums and will instead pay any and all such costs through policyholder reserves. It is therefore necessary to consider the full projected impact of a reasonable range of scenarios projecting the future path of the pandemic through 2021. It is only through such an assessment that one can reasonably evaluate the financial outlook of the company.

These results demonstrate that, while 2020 operating results are likely to be favorable, the claims impact of the full pandemic is likely to be fairly close to neutral in most scenarios, with the plausible outcomes ranging from modestly favorable to significantly unfavorable.

Sensitivity to Assumptions other than Severity

The timing of a vaccine directly affects the modeling results. Direct costs of COVID escalate with a later vaccine availability date, which drives the scenarios toward a decline in RBC as vaccine availability stretches later into 2021. In other words, BCBSVT's financial position will tend to deteriorate the longer it takes an effective vaccine to reach the market, all else being equal.

RBC Impact by Vaccine Availability						
Vaccine Availability	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	After 2021
RBC Points	+13	-3	-14	-23	-31	-31

Lastly, we also consider the effects of returning care on RBC. As noted in the *Methodology* section, we consider 51.7 percent of deferred care returning to be our best estimate and set that as the mean in the stochastic model. Below, we provide the cumulative RBC impact under various ranges of returning care. Here, we find that, as expected, the deterioration of BCBSVT's financial position is directly correlated with the amount of care that ultimately returns.

RBC Impact by Deferred Care Returning Range						
Range	Above 60%	55%-60%	50%-55%	45%-50%	40%-45%	Below 40%
RBC Points	-37	-26	-22	-16	-10	0

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Conclusions

The COVID-19 pandemic has created unprecedented uncertainty in the level of paid claims BCBSVT will incur in the next 18 months. There is significant uncertainty beyond 2021 as well, related to waves of infection, vaccine availability, and vaccine efficacy, all of which may present profound impacts to BCBSVT's members, employer groups, and risk-based capital position. This analysis exclusively considers direct costs in 2020 and 2021—the costs presented beyond 2021 only represent the tail of the claims impact of the 2020 and 2021 course of the pandemic. This is the most useful and appropriate information to consider in assessing BCBSVT's financial position for purposes of the 2021 VISG filing.

BCBSVT has implemented several programs in recent months to help our members, employer groups, providers, and community. While this analysis considers a number of scenarios over the next 18 months, it does not take into account all of the COVID-19 costs or risks faced by BCBSVT in the coming months and years. The additional operating costs that have a material impact on BCBSVT's financial position are displayed in separate documentation delivered in response to Inquiry Letter 4.

As explained below, we disagree with Oliver Wyman's opinion regarding the "conservatism" they perceived in our initial modeling. Oliver Wyman cited four specific elements that supported their overall opinion. We combine their closely related second and third points as we address their arguments.

First, they address our assumptions for returning care by category, noting that it "seems unlikely" that 100 percent of care would return for any type of service. For three reasons, we respectfully disagree with the opinion that there is conservatism embedded in our returning care assumptions. First, while we concede that those service categories for which we assume 100 percent returning care can only potentially be wrong on the "conservative" side (it is not possible for more than 100 percent of deferred care to return), we observe that the opposite is true for certain services (e.g. laboratory, radiology and evaluation and management services identified as other than chronic) for which we used an assumption of zero percent returning care. Second, there is little material difference between assuming 100 percent for a certain category and, say, 95 percent¹⁴. Third, and by far most importantly, the aggregate answer of 51.7 percent is well-aligned with estimates published by both Milliman and the Society of Actuaries—in fact, our recalculated figure is lower than (that is, less conservative than) the midpoint of the range constructed by Milliman clinicians and actuaries. It is also less conservative than the estimate used by the Society of Actuaries in their scenario that analyzes a relatively short period of "strong social distancing."

Second, Oliver Wyman anticipates that "risk aversion" is likely to yield a period of "dampened utilization" while COVID-19 infections continue to occur in Vermont, and that utilization net of deferred and returning care is unlikely to increase above benchmark levels

¹⁴ The assumption for returning surgeries would need to be reduced to approximately 56 percent—a figure significantly below any reasonable assumption—to produce an overall RBC impact that is as much as 25 percentage points higher than the results presented within this addendum.

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by July. With the benefit of an additional month of data, we can observe that June claims costs have already exceeded normal levels. Several key providers in Vermont have been actively promoting and marketing a return to normal use of health care¹⁵, and the data makes it clear that Vermonters are not allowing the ongoing incidence of the virus to prevent them from seeking the care they need. Given that June claims exceeded pre-COVID levels, we do not consider it likely that utilization will be dampened by concerns about the virus. Furthermore, it seems extremely likely given the current trajectory that July claims will also exceed pre-COVID levels. June data have demonstrated that our previous assumptions were, in fact, not conservative enough. We have updated our modeling to incorporate the emerging data.

Third, Oliver Wyman observes that “[g]enerally, carriers are showing some overall favorable COVID-19 financial impact¹⁶.” We have reviewed studies suggesting that the 2020 impact is likely to be favorable¹⁷ and we note that our modeling has reached the same conclusion. Yet, it is inappropriate to consider only 2020 results when assessing the anticipated impact of the pandemic on solvency or on 2021 rates. We have reviewed information from proprietary Blue Cross Blue Shield Association surveys that yield similar conclusions to those we have modeled regarding the outcome of the entirety of the pandemic: specifically, an unfavorable 2021 impact that offsets or modestly surpasses the favorable 2020 result. Furthermore, we observe that publicly available 2021 ACA filings that include an adjustment for COVID-19 anticipate with near unanimity an increase to 2021 claims experience due to the pandemic. Finally, we point out that the studies to which Oliver Wyman alludes almost certainly do not exclusively use Vermont experience data nor form conclusions specific to Vermont or Vermont issuers.

In both our original modeling and the modeling described within this addendum, we have used a stochastic approach, rather than modeling deterministic point estimates for all assumptions, precisely so that the users of this report and addendum can understand the impact of the pandemic under a broad range of plausible assumptions. Oliver Wyman suggests that the “more likely” range of results comprises a range of +21 to +105 percentage points of RBC¹⁸. To the contrary, our modeling shows that it is difficult to construct *any* scenario specific to Vermont that results in a favorable impact of greater than 75 percentage points of RBC¹⁹.

Finally, we observe that this modeling includes many assumptions that may be not “conservative” but “aggressive.” That is to say, there is every possibility that actual results will be more unfavorable to BCBSVT’s RBC position than the ranges posed within this addendum. For instance: we have assumed a persistent reduction in claims due to changing

¹⁵ <https://www.uvmhealth.org/medcenter/pages/coronavirus-covid-19/coronavirus-covid-19.aspx>
<https://www.dartmouth-hitchcock.org/patient-education/covid-19-recovery.html>
<https://www.cvmc.org/covid-19-information/community-updates>

¹⁶ See Oliver Wyman letter to DFR, page 8.

¹⁷ See, for instance, <https://us.milliman.com/en/insight/Estimating-the-impact-of-COVID19-on-healthcare-costs-in-2020>

¹⁸ See Oliver Wyman letter to DFR, page 9.

¹⁹ Zero simulations of the sixty thousand generated for this analysis yielded a favorable RBC impact of greater than 75 basis points through December 31, 2021.

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patterns of care that have yet to manifest in the data; we select a testing incidence range on the low end of actual Vermont experience and published actuarial studies; we assume no emergency room utilization for testing moving forward; we model no ongoing cost for antibody testing; we choose to ignore the unit cost impact of deferring services to the following fiscal year; we do not model the significantly elevated costs that would arise should a vaccine require annual administration²⁰; we do not model the potential for significantly higher hospital unit costs pursuant to Green Mountain Care Board budget guidance allowing hospitals to request a temporary adjustment related to COVID-19²¹. We have made a number of modeling enhancements for this release, each of which further reduces the possibility of conservatism in our results. At the same time, we have continued to incorporate new data and regulatory developments as swiftly as possible in order to present the users of our report with the most plausible range of outcomes specific to Vermont and to BCBSVT that can be modeled at the present time.

The modeling outlined in this addendum presents several scenarios under varying assumptions that produce disparate results. New information regarding the factors outlined in this report and addendum continues to emerge and will directly affect BCBSVT's financial position. Based on the best information known at the time this modeling was performed, the COVID-19 pandemic is likely to have an impact on claims costs ranging from modestly favorable to substantially unfavorable, with the majority of simulated results being fairly neutral. The modeling also shows that, over the full course of the pandemic, the likelihood of a significantly favorable impact on claims costs resulting in a "windfall" to BCBSVT is vanishingly small. While a significant deterioration of BCBSVT's financial position due solely to escalated COVID-related claims costs may not be the most likely outcome, it would be imprudent to ignore the very real potential for such a scenario in considering possible rate actions. For this reason, and in light of the more complete RBC development provided within the response to L&E Inquiry Letter 4, BCBSVT cannot responsibly reduce its 2021 VISG rate request below actuarially sound levels.

²⁰ See Prefiled Testimony of Dr. Kate McIntosh dated July 7, 2020, page 8.

²¹ <https://gmcboard.vermont.gov/sites/gmcb/files/Hospital-Budgets/FY21%20Hospital%20Budget%20Guidance-%20Final.pdf>

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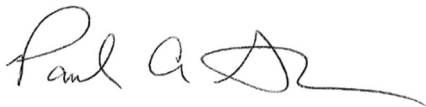
Actuarial Certification

This document is an addendum to the full actuarial report issued on July 4, 2020 in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis in the Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410) docket. This addendum is not a standalone document; rather, it incorporates by reference the *Purpose*, *Data* and *Methodology* sections of the July 4 actuarial report. This addendum can only be considered complete when reviewed in conjunction with the full actuarial report.

The purpose of this addendum is to model possible scenarios related to the COVID-19 pandemic on paid claims for Blue Cross and Blue Shield of Vermont and The Vermont Health Plan insured individual, small group, and large group plans. The model and results are intended to quantify the impact varying scenarios have on BCBSVT's risk based capital ratio as a means of additional support for its Vermont Individual and Small Group Rate Filing. This report is not intended to be used for other purposes.

Appendix E lists applicable limitations and disclosures.

It is my opinion that the modeling presented in this report is reasonable and has been prepared in accordance with applicable Actuarial Standards of Practice. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.



Paul A Schultz, F.S.A., M.A.A.A.

July 14, 2020

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Appendix A: Derivation of the Estimated Percentage of Returning Deferred Services

Type of Service	Benchmark PMPM	Slowdown PMPM	Percent Rescheduled Services
Mental Health (Inpatient)	\$4.92	\$1.63	0%
Mental Health (Other)	\$14.79	\$0.00	0%
Pregnancy/Newborn	\$22.50	\$0.82	0%
Influenza/Pneumonia	\$1.53	\$0.68	0%
Surgery (knee/hip/shoulder + other bones)	\$38.18	\$16.76	100%
Surgery - GI	\$29.11	\$14.94	100%
Surgery - Respiratory (non Influenza/Pneumonia)	\$4.64	\$2.44	100%
Surgery - Renal/Pancreas/Integumentary	\$14.79	\$4.82	100%
Surgery - Reproductive System/Genital	\$9.74	\$4.15	100%
Surgery - Neuro	\$8.70	\$3.35	100%
Surgery - Eye	\$2.88	\$1.14	100%
Surgery - Other	\$11.88	\$1.39	100%
Surgery - Cardiac	\$12.92	\$3.49	100%
Cardiology/EKG/ECG/EEG	\$9.57	\$4.34	30%
Oncology Treatment	\$8.26	\$0.00	100%
Medical - Rx	\$44.40	\$0.00	0%
Emergency and Urgent Care	\$37.74	\$10.22	0%
Ophthalmology Services	\$2.36	\$1.35	75%
Immunizations	\$1.06	\$0.42	100%
Ambulance	\$2.59	\$0.99	0%
PT & Chiropractic	\$18.04	\$9.18	40%
Laboratory - Chronic	\$9.93	\$3.26	100%
Laboratory - Other	\$15.63	\$6.88	0%
Radiology - Chronic	\$13.23	\$3.91	100%
Radiology - Other	\$31.93	\$15.27	0%
Evaluation and Management - Chronic	\$13.83	\$2.44	100%
Evaluation and Management - Other	\$24.87	\$9.20	0%
DME	\$2.07	\$0.21	0%
Home Health & Hospice	\$9.32	\$0.59	0%
IP - Diseases and Disorders	\$11.47	\$1.48	5%
Other Inpatient	\$10.98	\$3.07	5%
Other Outpatient	\$22.14	\$8.39	30%
Other Professional	\$5.12	\$2.21	30%
Total			51.7%

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Appendix B: Sample Deferred and Returning Care Factors

Sample Deferred and Returning Care Factors															
	<i>Example 1</i>	<i>Example 2</i>	<i>Example 3</i>	<i>Example 4</i>	<i>Example 5</i>	<i>Example 6</i>	<i>Example 7</i>	<i>Example 8</i>	<i>Example 9</i>	<i>Example 10</i>	<i>Example 11</i>	<i>Example 12</i>	<i>Example 13</i>	<i>Example 14</i>	<i>Example 15</i>
202006	95.0%	98.0%	104.0%	102.0%	101.0%	98.0%	105.0%	99.0%	96.0%	105.0%	95.0%	99.0%	95.0%	96.0%	101.0%
202007	107.0%	109.0%	110.0%	107.0%	109.0%	111.0%	110.0%	110.0%	107.0%	109.0%	111.0%	109.0%	109.0%	106.0%	112.0%
202008	106.6%	105.5%	109.8%	105.1%	106.9%	110.1%	109.2%	108.0%	106.5%	106.8%	107.0%	107.0%	108.5%	105.1%	109.8%
202009	105.6%	103.6%	106.6%	104.4%	105.6%	106.5%	106.4%	108.2%	104.9%	104.8%	104.5%	105.0%	107.6%	103.3%	107.9%
202010	104.4%	93.0%	88.0%	87.0%	105.5%	105.2%	105.4%	107.1%	92.0%	104.1%	104.4%	104.0%	107.4%	103.2%	106.4%
202011	86.0%	89.0%	85.0%	85.0%	105.2%	95.0%	87.0%	92.0%	94.0%	91.0%	102.9%	103.2%	106.7%	102.8%	104.3%
202012	85.0%	109.0%	94.0%	80.0%	101.1%	75.0%	82.0%	76.0%	107.0%	76.0%	102.6%	86.0%	103.0%	102.0%	103.1%
202101	90.0%	109.0%	110.0%	85.0%	100.0%	87.0%	88.0%	90.0%	107.0%	86.0%	102.3%	93.0%	100.0%	95.0%	91.0%
202102	107.0%	106.2%	110.0%	102.0%	100.0%	102.0%	110.0%	110.0%	105.4%	109.0%	100.4%	109.0%	100.0%	86.0%	82.0%
202103	107.0%	104.7%	109.1%	107.0%	92.0%	111.0%	110.0%	110.0%	104.0%	109.0%	100.0%	109.0%	100.0%	106.0%	91.0%
202104	104.9%	103.9%	103.0%	106.3%	80.0%	110.1%	106.3%	108.5%	103.0%	108.4%	100.0%	109.0%	100.0%	106.0%	109.0%
202105	104.7%	102.7%	100.0%	105.1%	81.0%	105.3%	100.0%	100.0%	102.8%	106.3%	100.0%	108.4%	100.0%	105.7%	108.2%
202106	103.9%	101.7%	100.0%	104.0%	94.0%	100.0%	100.0%	100.0%	101.9%	103.2%	100.0%	101.0%	100.0%	103.9%	100.0%
202107	103.0%	101.8%	100.0%	102.6%	109.0%	100.0%	100.0%	100.0%	101.3%	100.0%	100.0%	100.0%	100.0%	101.9%	100.0%
202108	102.1%	101.3%	100.0%	102.3%	109.0%	100.0%	100.0%	100.0%	101.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202109	101.6%	101.3%	100.0%	101.9%	103.6%	100.0%	100.0%	100.0%	101.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202110	101.6%	101.3%	100.0%	101.7%	100.0%	100.0%	100.0%	100.0%	100.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202111	101.4%	100.4%	100.0%	101.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202112	101.1%	100.0%	100.0%	101.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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Appendix C: Stochastic Modeling Summary Statistics

Stochastic Modeling Summary Statistics ²²				
Component	Year	Mean	Min	Max
Diagnostic Testing	2020	\$2,210,722	\$1,203,390	\$3,539,322
	2021	\$2,225,102	\$23,432	\$5,143,965
	Total	\$4,435,823	\$1,226,822	\$8,334,478
Vaccine	2020	\$92,267	\$0	\$4,639,124
	2021	\$2,304,527	\$0	\$6,958,686
	2022+	\$671,641	\$0	\$6,958,686
	Total	\$3,068,434	\$1,268,658	\$6,958,686
Morbidity Impact Deferred Care	2020	\$493,601	\$0	\$1,615,343
	2021	\$1,631,359	\$0	\$3,799,819
	Total	\$2,124,961	\$0	\$5,247,470
Treatment	2020	\$4,551,760	\$1,972,442	\$30,075,251
	2021	\$5,097,947	\$32,312	\$33,170,961
	Total	\$9,649,707	\$2,007,289	\$35,774,539
Delayed Care	2020	-\$23,977,801	-\$38,452,235	-\$19,428,655
	2021	-\$2,605,150	-\$17,503,073	\$0
	Total	-\$26,582,951	-\$38,452,235	-\$19,428,655
Returning Care	2020	\$7,128,997	\$2,184,120	\$13,136,887
	2021	\$5,950,840	\$0	\$15,535,563
	2022+	\$685,258	\$0	\$12,391,332
	Total	\$13,765,095	\$6,774,586	\$23,756,886

²² We do not provide summary statistics for 'Changes in Demand' since its value is assumed to be constant across all scenarios. As noted in the *Deferred Care* section, we updated our breakout of total claims by service category with runout through June. This update lowers our cumulative 'Changes in Demand' estimate from -\$1,870,900 to -\$2,037,214.

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Appendix D: Breakout of Claims by Year

Projected Paid Claims			
2020	2021	Subtotal	2022
\$339,991,579	\$370,168,089	\$710,159,668	\$403,022,964 ²³

Claims by Year - No Second Wave				
	2020	2021	2022	Total
Direct Costs	\$4,269,616	\$4,372,415		\$8,642,031
Vaccination Costs	\$103,604	\$2,282,907	\$664,760	\$3,051,272
Delayed Claims	(\$19,731,895)	\$0		(\$19,731,895)
Returning Claims	\$7,997,255	\$1,709,784	\$503,430	\$10,210,469
Changes in Demand and Deferred Care Morbidity Impact	(\$207,953)	(\$422,728)		(\$630,681)
Net Impact by Year	(\$7,569,373)	\$7,942,378	\$1,168,191	\$1,541,196

Claims by Year - Vermont				
	2020	2021	2022	Total
Direct Costs	\$4,788,855	\$4,679,039		\$9,467,895
Vaccination Costs	\$76,892	\$2,373,262	\$650,117	\$3,100,271
Delayed Claims	(\$24,612,528)	(\$2,938,157)		(\$27,550,685)
Returning Claims	\$7,026,648	\$6,617,198	\$616,912	\$14,260,759
Changes in Demand and Deferred Care Morbidity Impact	(\$175,564)	\$451,170		\$275,606
Net Impact by Year	(\$12,895,696)	\$11,182,512	\$1,267,029	(\$446,155)

Claims by Year - Suburban Southeastern New York				
	2020	2021	2022	Total
Direct Costs	\$13,472,349	\$16,288,387		\$29,760,735
Vaccination Costs	\$78,921	\$2,342,451	\$681,404	\$3,102,777
Delayed Claims	(\$25,808,375)	(\$4,103,453)		(\$29,911,828)
Returning Claims	\$6,652,319	\$7,882,324	\$907,392	\$15,442,035
Changes in Demand and Deferred Care Morbidity Impact	(\$201,054)	\$421,824		\$220,770
Net Impact by Year	(\$5,805,840)	\$22,831,534	\$1,588,796	\$18,614,489

²³ Straightforwardly estimated by applying the 2021-over-2020 increase to 2021 claims; useful simply for comparison to the magnitude of the 2022 tail of returning services and vaccinations.

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Claims by Year - NY Capital Region				
	2020	2021	2022	Total
Direct Costs	\$5,850,500	\$6,010,079		\$11,860,580
Vaccination Costs	\$76,954	\$2,322,672	\$699,782	\$3,099,409
Delayed Claims	(\$24,779,775)	(\$3,159,177)		(\$27,938,952)
Returning Claims	\$6,971,351	\$6,860,459	\$627,744	\$14,459,554
Changes in Demand and Deferred Care Morbidity Impact	(\$185,926)	\$429,144		\$243,218
Net Impact by Year	(\$12,066,896)	\$12,463,177	\$1,327,526	\$1,723,808

Claims by Year - Boston				
	2020	2021	2022	Total
Direct Costs	\$8,216,107	\$8,872,776		\$17,088,883
Vaccination Costs	\$80,479	\$2,331,544	\$663,132	\$3,075,154
Delayed Claims	(\$25,435,746)	(\$3,574,383)		(\$29,010,129)
Returning Claims	\$6,742,569	\$7,474,823	\$775,943	\$14,993,335
Changes in Demand and Deferred Care Morbidity Impact	(\$198,014)	\$418,611		\$220,597
Net Impact by Year	(\$10,594,604)	\$15,523,371	\$1,439,074	\$6,367,840

Claims by Year - All				
	2020	2021	2022	Total
Direct Costs	\$6,776,712	\$7,323,049		\$14,099,761
Vaccination Costs	\$92,267	\$2,304,527	\$671,641	\$3,068,434
Delayed Claims	(\$23,977,801)	(\$2,605,150)		(\$26,582,951)
Returning Claims	\$7,128,997	\$5,950,840	\$685,258	\$13,765,095
Changes in Demand and Deferred Care Morbidity Impact	(\$185,470)	\$273,217		\$87,746
Net Impact by Year	(\$10,165,295)	\$13,246,481	\$1,356,898	\$4,438,085

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Appendix E: Disclosures and Limitations

Information Date: The analysis provided in the report is based on information as known on July 10, 2020.

Scope: This result is intended to communicate the effect of possible scenarios related to the COVID-19 pandemic in 2020 and 2021 on BCBSVT's risk-based capital position. This modeling is not intended to predict the likelihood of any specific scenario or set of scenarios.

Uncertainty or Risk: Future events will affect the results presented in the addendum. The level of testing, treatment, infection, vaccine availability, vaccine efficacy, presence and severity of subsequent waves, future federal and state legislation, and additional factors related to the COVID-19 pandemic are unknown. Actual results may vary from the results presented herein, potentially to a significant degree.

Reliance on Other Sources for Data and Other Information: This addendum relies upon data from the BCBSVT data warehouse. I have reviewed the data for reasonableness, but no audit was performed. We also rely on expertise provided by BCBSVT medical directors to develop assumptions related to the deferred care anticipated to return and longer-lasting changes to the care delivery system that will result from the pandemic. Lastly, this addendum and its accompanying report rely upon several sources of information that are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the results presented herein. The degree to which future events may materially change the results is unknown.

Intended Users: This material has been prepared for consideration by DFR and the GMCB, and their respective actuaries, relative to the BCBSVT 2021 Vermont Individual and Small Group rate filing (SERFF #BCVT-132371410). BCBSVT understands that the addendum will be made public. Distribution of this addendum to any third party should be made in its entirety; specifically, any such distribution must also include the original July 4 report ("*BCBSVT Actuarial Report_COVID-19 Modeling.pdf*"). The addendum and report should be evaluated only by qualified users. The parties receiving this addendum should retain actuarial expertise in interpreting results.

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
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Note To Reviewer

Created By:

Matthew Goodrich on 07/14/2020 11:32 AM

Last Edited By:

Matthew Goodrich

Submitted On:

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Subject:

BCBSVT - COVID-19 Modeling Addendum

Comments:

Please find attached the "BCBSVT - COVID-19 Modeling Addendum". This addendum supplements the actuarial report provided July 4, 2020 in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis.

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Purpose

BCBSVT published an actuarial report on July 4, 2020 in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis in the Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410) docket. The report quantified the impact various COVID-19 scenarios have on claims costs and BCBSVT's risk based capital (RBC) using information known as of July 1, 2020, including claims data incurred through May 2020.

The scale of the social and economic reaction to the pandemic has no precedent within the last century. Therefore, the only data upon which we can rely in attempting to quantify the significant uncertainties related to the pandemic is the data that is emerging as the event unfolds. At this early stage in the overall trajectory of the pandemic, one additional month of data represents an enormous amount of new information given that the event being studied has been underway for less than four months.

On July 7, BCBSVT's actuarial team completed the monthly incurred claims estimates that incorporated claims paid through June 30, 2020. Because of the wealth of new information that can be gleaned now that June data is available for analysis, we have chosen to publish this addendum to our July 4 report. The addendum integrates the additional month of data, reflects our current understanding of recent and expected changes to the legal and regulatory environment, and incorporates enhancements to the projections.

Oliver Wyman has published a letter to Department of Financial Regulation (DFR) Commissioner Pieciak¹ (hereafter "Oliver Wyman letter") wherein they opine that there is "some conservatism" in our modeling. Data that have emerged since the publication of our initial report clearly demonstrate otherwise, as do other actuarial studies. But while we disagree with the specific instances of conservatism that Oliver Wyman identified, we take their opinion very seriously, as it is contrary to our intention to present findings that include any element of conservatism. To that end, as we have continued to develop and enhance our model since publication of our initial findings, our selections of methodology and assumptions have been made with the goal of eliminating any potential or perceived conservatism in our approach. We are confident that the results presented in this addendum represent not a conservative range of outcomes but the most plausible range of outcomes specific to Vermont and to BCBSVT that can be modeled at this time given the breadth of unknowns with which we are dealing.

Except for the specific changes in data, assumptions and methodology described herein, we incorporate by reference the *Purpose*, *Data* and *Methodology* sections of the July 4 report. This addendum elaborates upon but does not replace those sections of the July 4 report.

Data

We have not altered our projections of 2020 and 2021 claims. They continue to rely upon estimates from the rate filings and internal membership reporting, as referenced in the July 4

¹ DFR's July 7, 2020 solvency opinion explicitly incorporates the Oliver Wyman letter by reference. Both are available as part of the BCBSVT Vermont Individual and Small Group Rate Filing docket: <https://ratereview.vermont.gov/sites/dfv/files/PDF/BCBSVT%20Solvency%20Opinion%20and%20Oliver%20Wyman%20letter.pdf>

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report. We now include costs directly related to COVID-19 incurred in March through June 2020 and completed using best estimates from BCBSVT's financial reporting models.

To calculate the level of deferred care, we use claims incurred from January 2019 through June 2020 for all BCBSVT members. We apply completion factors developed from the monthly financial reporting process (best estimates before margin). The slowdown period was quantified by comparing the PMPM of the slowdown period relative to a benchmark PMPM. The slowdown period begins in March 2020, when shelter in place restrictions were first implemented. Completed June incurred claims exceed the benchmark; the slowdown period is therefore defined as having ended in May 2020. For more detail, please refer to the *Deferred Care* section.

Methodology

Except as noted below, the methodology mirrors that described in the July 4 actuarial report. Specifically, we made no changes regarding vaccine development, treatment costs, baseline claims, nor the deferred care morbidity impact.

Diagnostic Testing

To estimate the cost of diagnostic testing, we calculate a weekly average of testing costs incurred by VISG and insured large group members. The assumed testing cost uses a 4-3-2-1 weighted average of incurred claims, wherein the week ending June 26, 2020 is weighted the most heavily and preceding three weeks weighted in descending order.

The Tri-Agencies issued guidance on June 23, 2020² that indicated health plans are only responsible for diagnostic testing ordered by a provider and within the context of a plan of care. We understand that the Vermont Department of Financial Regulation (DFR) intends to publish guidance clarifying that their interpretation of the Tri-Agencies guidance is that health insurance issuers are financially responsible for COVID-19 testing that follows Vermont Department of Health (VDH) guidelines promulgated on June 30, 2020³. The VDH guidance directs individuals to contact their health care provider to schedule a test if they have symptoms of COVID-19, if they wish to end a quarantine period early, or if they need a test to prepare for a medical procedure. If the guidance is followed precisely, utilization could be somewhat reduced from our previous assumption, but an office visit charge will also be part of the cost of testing for each scenario.

Due to the VDH guidance, we have updated our range for the frequency of testing to 0.20 to 0.40 tests per year except for months during which we are experiencing a second wave, wherein we double the range to 0.40 to 0.60 tests per year. The full range of 0.20 to 0.60 tests per year is taken from a study jointly published by Wakely and America's Health

² <https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf>

³ <https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>

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Insurance Plans (AHIP)⁴ and corroborated with BCBSVT experience⁵. Due to the underlying uncertainty, we allow the model to choose with equal probability any figure within each range.

We have also added the cost of an office visit to the cost of testing. While perfect adherence to the VDH guidance would result in one office visit per test, BCBSVT data shows that the ratio of office visits per test has varied from 0.65 to 0.77 in recent months. We allow the model to select an office visit ratio according to a uniform distribution within the range of 0.65 to 0.90. The bottom of the range reflects the low end of the range of recent BCBSVT experience, while the top of the range is a point between the high end of recent experience and perfect adherence to VDH guidance. The cost of the office visit is calculated as the average office visit cost, exclusive of emergency room charges, for May and June⁶.

Antibody Testing

Current VDH guidance does not recommend the use of antibody testing for use in the general population nor for places of employment. Emerging studies of the efficacy of antibody testing indicate that there may be little to no benefit to conducting this type of testing. We assume that antibody testing will not occur at significant levels in Vermont, and therefore include no future projected antibody testing costs in our modeling.

Treatment Costs

We changed our treatment cost projections primarily by updating assumptions for the ongoing incidence of cases to reflect the latest information from the Vermont Department of Health and to better smooth potential increases in infection rate. We also made two enhancements that had little impact on results: we corrected a misalignment between the input and modeling regarding the duration of a second wave and, based on emerging data, we incorporated a one-month lag between the onset of a second wave and an increase in treatment costs.

In the absence of additional waves, we assume the ongoing incidence of cases will be similar to the incidence in the state of Vermont over the period of the SOA report⁷. We dampen the incidence rate by 50 percent in July and August of 2020 and 50 to 75 percent for the remainder of 2020 to reflect that ongoing severity will likely be less than the eight-week period from which the incidence rates are derived, but may escalate should students return

⁴ <https://www.ahip.org/wp-content/uploads/AHIP-Wakely-COVID-19-Testing-Report.pdf>

⁵ The BCBSVT testing rate was about 0.20 PMPY in June. The Vermont testing rate is about 0.36 PPPY since the onset of the pandemic.

⁶ While it is unlikely that there will be literally zero ER utilization in the future, we assume that Vermonters will, by and large, adhere to the VDH guidance. Assuming any ER utilization would increase the cost per visit, perhaps substantially.

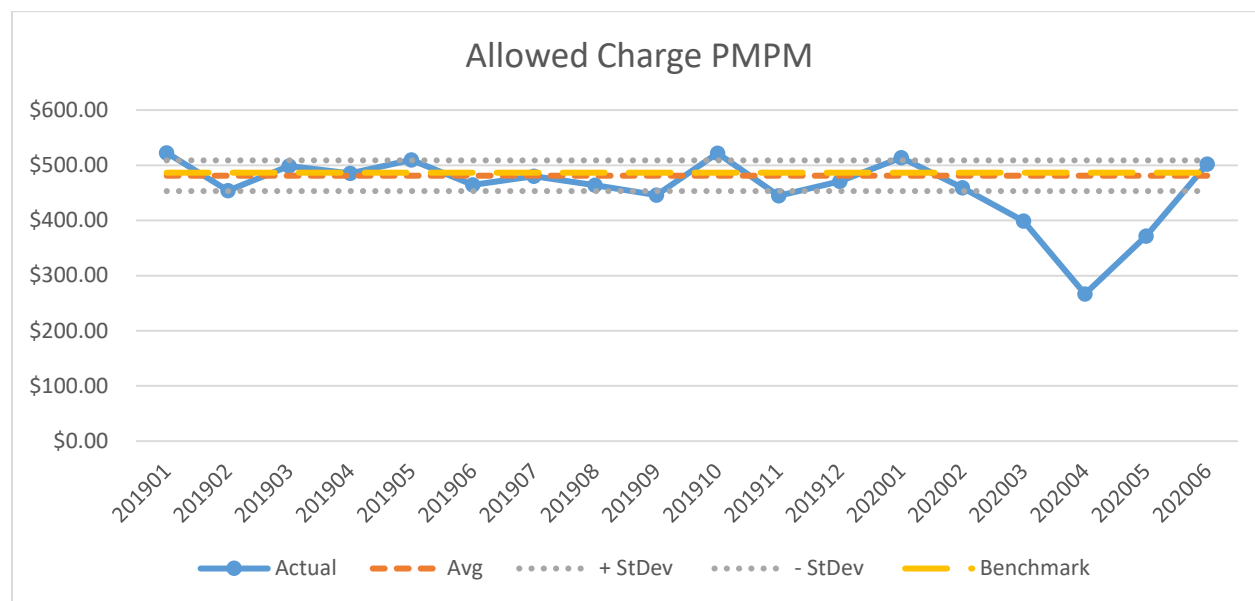
⁷ The calculated state incidence is analogous to the Burlington, VT Hospital Referral Region (HRR). The SOA report is available here: <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

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to school in the fall. Specifically, we used Vermont Department of Health data⁸ to compare the number of new cases arising in Vermont during the period studied in the SOA report to the number of new cases emerging since the further relaxation of social distancing measures as of June 1, observing that the incidence of new cases in June was approximately 50 percent of the incidence of cases in the report period. New cases through the first nine days of July have been identified at a rate nearly identical to that reported in June. Similarly, we dampen the incidence rate in 2021 by a factor within a range from a minimum of the late 2020 dampening factor to a maximum of 25 percent higher than the late 2020 dampening factor. The 2021 incidence rate may be dampened to a lesser degree due to the anticipated continued lessening of social distancing measures and ongoing spread of the virus until the earlier of vaccine availability or the commencement of a second wave.

Deferred Care

Using the period identified in the *Data* section, we created the graph below showing the total monthly PMPMs spanning over the benchmark, slowdown, and post-slowdown periods. We calculate the benchmark PMPM as the monthly average PMPM less the monthly standard deviation PMPM divided by the square root⁹ of three in order to ensure that we are isolating the deferred services from normal fluctuations. This difference is trended forward to the slowdown period using filed trends from the most recent rate filings for each line of business.



We updated our breakout of total claims by service category to reflect the magnitude of the slowdown period as measured with runout through June. We did not change for any category our assumption of the percentage of services expected to return. A table displaying the

⁸<https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont>, accessed July 10, 2020

⁹ This was inaccurately documented in the July 4 report as the cubic root of three.

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assumptions for each of the 33 categories can be found in Appendix A. Because of the refreshed data and change in the benchmark calculation, the weighted average across all service categories yields a different result.

Overall, we now estimate that 51.7 percent of the services that were deferred during the slowdown period will be made up. This can be calculated by taking the weighted average of the 'percent rescheduled services' and 'slowdown PMPM' from the table by type of service provided in Appendix A. We note the independent BCBSVT analysis remains closely aligned with industry sources^{10,11}, which lends additional credence to our assumption.¹²

In any month where services are less than 100 percent of our non-COVID expectation, it is assumed that a mean of 51.7 percent of the claims will return at a later date, split into 100 percent of surgeries and 22.4 percent of all other care. This includes any months during a second wave where non-emergent care is deferred such that claims are less than expected. In the stochastic model, we assume the level of deferred care is normally distributed with a mean of 51.7 percent and a standard deviation of one-tenth the mean. This standard deviation allows for a reasonable range of results around our best estimate, roughly equivalent to the "high" and "low" estimates within the above-referenced Milliman study and the Society of Actuaries report. Using a statistically generated range rather than a point estimate further ensures that there is no conservatism built into our modeling or results.

Changes in Demand

The 'Stay Home, Stay Safe' order changed the way many Vermonters access care. BCBSVT actuarial staff worked with medical directors to make assumptions about persistent changes in utilization resulting from the pandemic and economic crisis.

June incurred data allows a first look at post-slowdown utilization. Completed incurred claims for all mental health services are very close to our future demand estimates (projected 12.3 percent increase above historical norms versus an observed 13.0 percent increase). Unexpectedly, emergency room and urgent care utilization returned to just above historical norms, in contrast to the ongoing 14 percent drop we expected. We will continue to closely monitor ER and urgent care utilization, but at this time we choose not to adjust our assumptions for changes in demand.

¹⁰ <https://milliman-cdn.azureedge.net/-/media/milliman/pdfs/articles/estimating-the-financial-impact-covid19.ashx>

¹¹ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

¹² While the Oliver Wyman letter expresses skepticism about certain of our 33 distinct assumptions, it is the *aggregate* percentage of returning care that directly impacts the modeling results. Because our aggregate percentage is well-aligned with best estimate ranges published by other respected actuarial sources, we are comfortable stating that our aggregate assumption does not include any conservatism.

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Returning Care

We have changed our capacity assumptions only insofar as we now have a first look into actual June claims. We continue to assume a maximum capacity of 108 percent for surgical procedures and 115 percent for non-surgical procedures. These assumptions are equivalent to a plausible total maximum capacity range of 106 to 112 percent.

To model the return of care, we randomly generate capacity factors to apply for each month from June 2020 through December 2021. Completed incurred and paid June experience is running at 105 percent of benchmark. That is to say that emerging evidence demonstrates that the return of deferred care appears to have begun in June¹³. To reflect the uncertainty in completed claims estimates, we allow the June capacity to randomly fluctuate between 95 percent and 105 percent of benchmark.

The capacity in any given month is not allowed to exceed the maximum noted above. For months during a second wave, the factors are dampened to reflect the deferral of care. In the two months following a wave, we apply the additive factors to account for the return of services. We also apply dampening factors that revert care to 100 percent, based on the extent to which care exceeds normal volume, to reflect that the health care system likely cannot operate at maximum capacity for an extended duration. We include an additive term that helps prevent the dampening factors from returning the maximum capacity to 100 percent before returning care reaches the percentage randomly selected for the simulation. Lastly, we end any excess capacity upon reaching the modeled percent of care returning. We assume any modeled returning care not incurred by the end of 2021 will be performed in 2022. At the mean, 5 percent of returning care is modeled to not be performed by the end of 2021.

Capacity Factors	Provider Max	June 2020	Wave (1 Month from Start/End)	Wave (2 Months from Start/End)	Post Wave Additive Factor (2 Months)
Low	106%	95%	85%	75%	+15%
High	112%	105%	95%	85%	+30%

See Appendix B for a sample of capacity distributions randomly generated by these mechanics.

¹³ We observe that this emerging data directly refutes the second and third instances noted by Oliver Wyman of specific “conservatism” in our modeling. See Oliver Wyman letter, page 8.

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Summary of Modeling Changes

As described in the preceding sections, we have made the following changes to the COVID model since the initial publication of results on July 4:

- Applied trend to the calculation of the benchmark in the determination of deferred care (*favorable impact to projected BCBSVT solvency position*);
- Corrected misalignment within the duration of a second wave (*neutral to favorable impact*);
- Adjusted the infection rate dampening for future months that are not part of a second wave of illness and deferred care (*favorable impact*);
- Reflected the observed one-month lag between wave emergence and treatment costs (*neutral impact*);
- Changed our testing incidence assumptions to better reflect emerging baseline experience and specified a separate range during a second wave (*favorable impact*);
- Updated testing incidence and cost assumptions to reflect June 30 Vermont Department of Health guidance and the anticipated DFR bulletin (*unfavorable impact*); and
- Refreshed data to incorporate claims information through June (*unfavorable impact, due primarily to June recovering more swiftly than anticipated and March through May incurred claims estimates restating higher than expected*).

New information emerges daily relative to the pandemic. We have worked swiftly to incorporate new information and the latest data, while also implementing model enhancements that further eradicate any potential conservatism in results.

Analysis & Results

The presence and severity of a second wave remains the most impactful assumption. Below, we examine the cumulative RBC impact of each of the five second wave severity scenarios described in the *Treatment Costs* section of the July 4 Supplemental Actuarial Memorandum. For each of these five scenarios, we have run 10,000 simulations using the inputs noted in the *Methodology* section. Appendix C provides the summary statistics of the stochastic modeling, with the geographic distribution noted in the *Methodology* section. Note that while the modeling does not consider the minimum or maximum to be likely, and in certain instances the values are more than three standard deviations from the mean, we believe it is important to consider their possibility in the modeling without giving them an inordinate amount of weight.

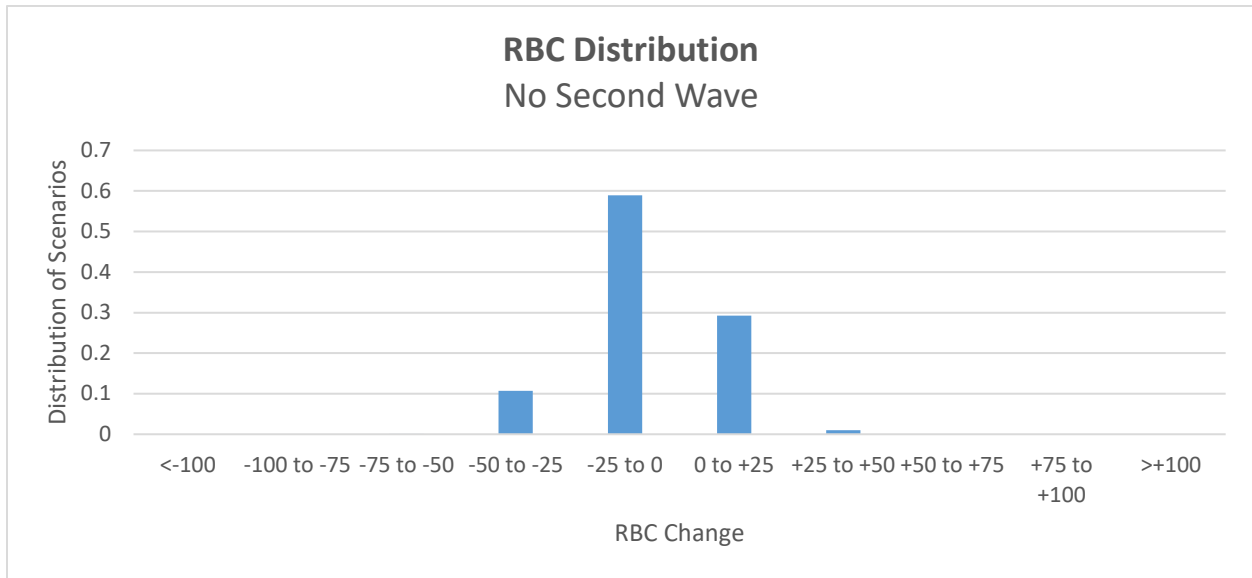
Results by Severity of Second Wave

No Second Wave

In scenarios where there is no second wave of illness necessitating an economic shutdown, the majority of scenarios fall between a -25 to +25 RBC change. In 2020, the deferral of care

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experienced in the spring of 2020 dampens claims, but the direct costs of COVID-19, vaccination costs, and the return of deferred services result in the RBC returning toward its beginning value in the vast majority of scenarios.

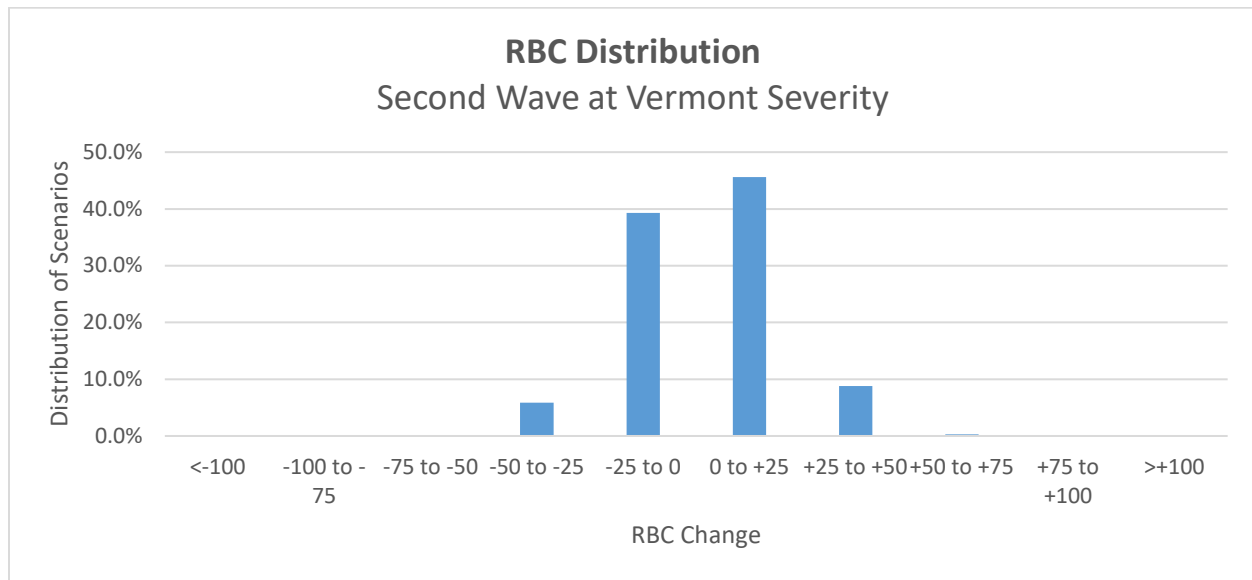


It seems unlikely, particularly in light of current events nationally, that Vermont will be able to avoid a second wave of increased incidence accompanied by stronger social distancing measures and the deferral of non-emergent services. Nonetheless, this scenario is useful to consider as it simulates a plausible range of outcomes in the instance that events to date represent the only significant wave of COVID infection or economic shutdown in Vermont. In the absence of more complete information, it may seem tempting to conclude that the tens of millions of dollars of deferred services to date are a “windfall” to BCBSVT. This simulation demonstrates that, to the contrary, even in the event that Vermont never sees another spike in COVID infection, the net claims impact of the pandemic is likely to be very close to breakeven.

Vermont Severity

In scenarios where the second wave is aligned with the severity experienced in Vermont’s first wave, the slight majority of scenarios produced by the stochastic model show a modest increase to RBC. As noted above, the concept of a second wave not only considers COVID-19 incidence, but a corresponding economic shutdown and the deferral of non-emergent care. As noted in the *Treatment Costs* section, we consider it likely that incidence would need to surpass the infection rate experienced during the first wave for the state to consider further periods of economic shutdown; nevertheless, we consider it important to model the impact of such a scenario on RBC. In this scenario, a second wave creates additional deferred care, but the limited direct costs drive the increase to RBC in most scenarios.

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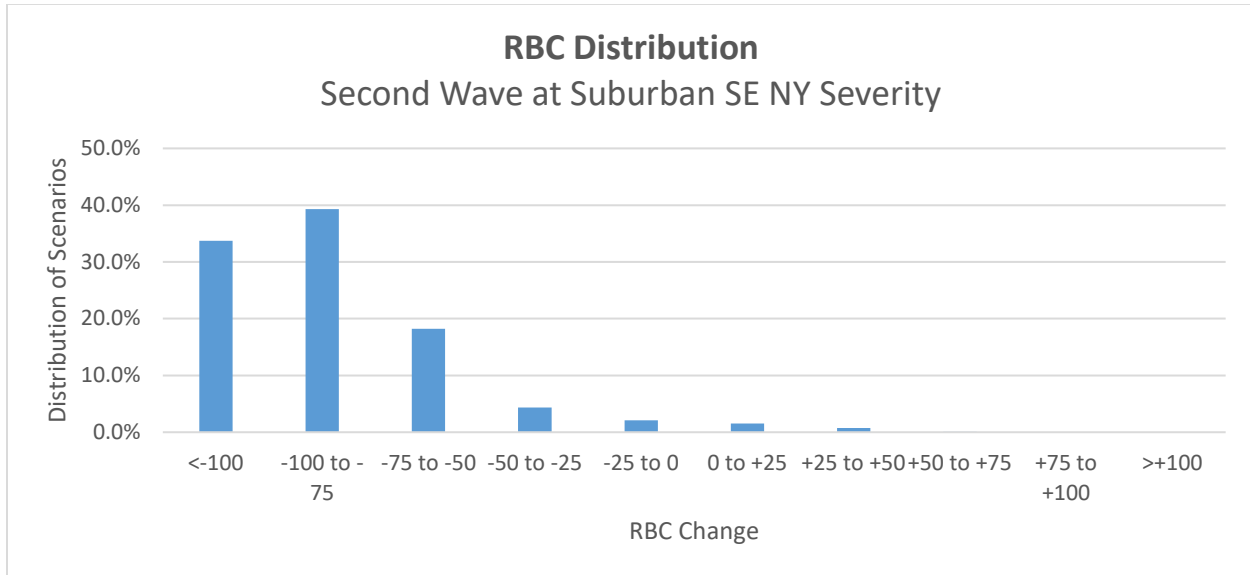


From the perspective of BCBSVT's financial position, this can be viewed as a best-case scenario, as this view maximizes the deferral of care while minimizing the realistic rate of infection that could provoke another round of severe social and economic restrictions. Even in this outlook, the improvement in claims costs has only a modestly favorable impact on BCBSVT RBC in most simulations—a vanishingly small number of simulations result in an increase in RBC of more than 50 percentage points.

Suburban Southeastern New York Severity

The New York City metropolitan area experienced some of the highest incidence of COVID-19 cases in the country during the spring of 2020. As we discuss in the *Methodology* section, we consider it important to model not the probability of a specific outcome occurring, but rather the extent to which various plausible scenarios affect BCBSVT's RBC. It is therefore critical to model the results of a severe second wave. In this set of simulations, the direct costs of COVID-19 are profound, vastly overshadowing the dampening of claims in the spring of 2020 and the deferral of care during the second wave.

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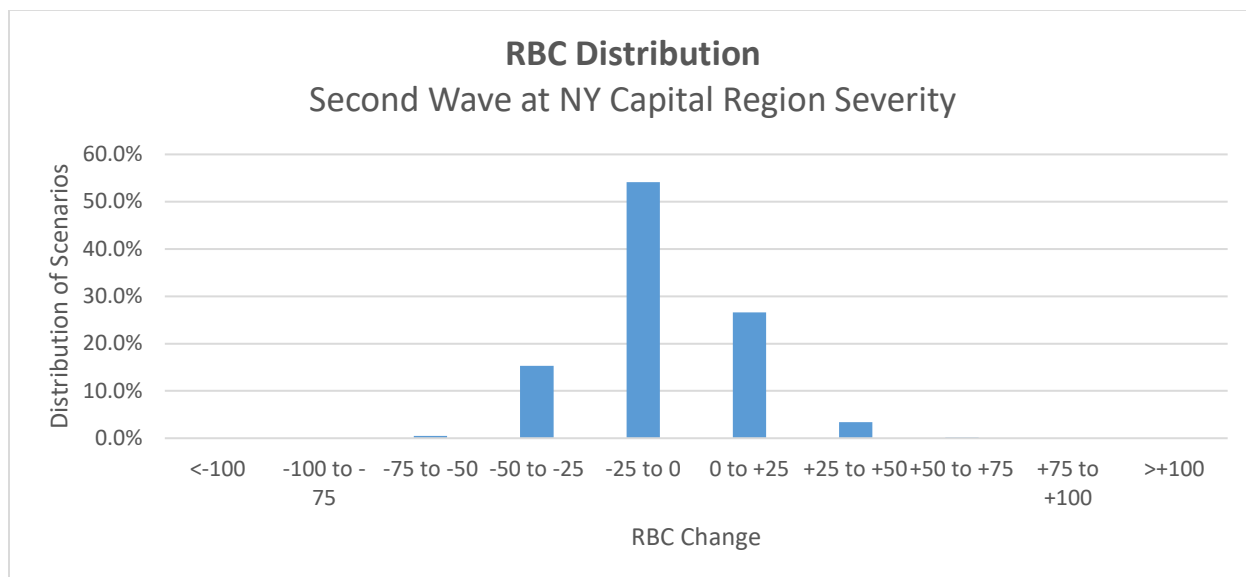


While we hope and believe that this is not the most likely path of COVID infection in Vermont, it is a plausible scenario that merits careful consideration. In almost all simulations, this level of disease burden would have a highly deleterious impact on BCBSVT's financial health.

NY Capital Region Severity

The last two scenarios examine incidence levels of geographic regions close to Vermont that exceeded Vermont's level of COVID-19 cases during the first wave. First, we consider the Capital Region of New York, which saw a case rate approximately 3.5 times that of Vermont but less than 20 percent of that experienced in suburban southeastern New York. The scenarios are largely centered around a modest decrease to RBC. The second wave of shutdown creates additional deferred care, but this is offset to some degree by higher direct costs than those experienced in the first wave. These results are strikingly similar to those produced using an assumption of no second wave at all.

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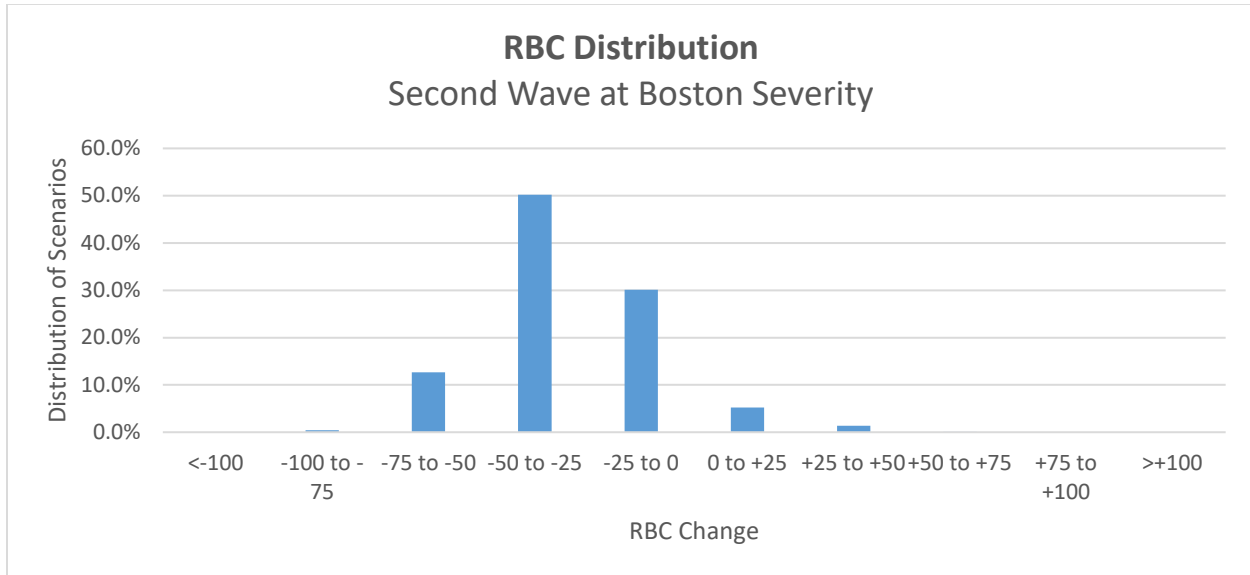


We consider this to be a reasonably plausible scenario in that an infection rate surpassing that experienced earlier this year in Vermont and tracking closer to that seen in a nearby region may very well lead to another partial shutdown of the Vermont economy and implementation of stringent social distancing measures. The impact to claims of such a scenario is neutral to slightly unfavorable—it is unlikely that BCBSVT would benefit from a windfall or that financials would be significantly pressured based on the level of paid claims.

Boston Severity

Lastly, we model the RBC impact of a second wave where the incidence is analogous to that of Boston's first wave. Boston experienced an infection rate nearly nine times that of Vermont, but less than half of the incidence recorded in suburban southeastern New York. The RBC impact is centered around a range of -50 to -25 percentage points, indicative of the higher direct costs exceeding the deferral of care in the second wave.

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This is a relatively severe scenario that models the outlook should the spread of the disease throughout rural New England simply be delayed relative to, but not ultimately different from, urban New England. This plausible, yet perhaps not most likely, sequence of events results in most simulations in a modest decline in RBC position due to an escalation of claims cost above the level anticipated in the 2021 VISG rate filing.

Appendix D provides summary statistics for the geographic scenarios noted above.

Summary of Results by Year

We provide in the table below the modeled RBC impact by year for the above geographic scenarios. The 2022 impact includes only the completion of returning care from waves in 2020 and 2021, along with any vaccine costs incurred in 2022 (see *Purpose* section for a more thorough description).

Wave 2 Severity	Average RBC Impact as of December 31,			
	2020	2021	2022	Total
No Second Wave	+35	-37	-5	-7
Vermont	+60	-52	-6	+2
NY Capital Region	+56	-58	-6	-8
Boston	+50	-73	-7	-30
Suburban SE New York	+27	-107	-7	-87

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These results demonstrate rather dramatically the peril in considering only the 2020 impact of the pandemic on BCBSVT's financial position. To an even greater extent, BCBSVT's financial strength cannot be assessed using its RBC position as of May 31, 2020 or June 30, 2020. This follows because the bulk of deferred care has yet to return, while ongoing COVID-related claims are likely to escalate. As BCBSVT has stressed throughout the rate review process, it has not added any COVID-related costs to its filed 2021 premiums and will instead pay any and all such costs through policyholder reserves. It is therefore necessary to consider the full projected impact of a reasonable range of scenarios projecting the future path of the pandemic through 2021. It is only through such an assessment that one can reasonably evaluate the financial outlook of the company.

These results demonstrate that, while 2020 operating results are likely to be favorable, the claims impact of the full pandemic is likely to be fairly close to neutral in most scenarios, with the plausible outcomes ranging from modestly favorable to significantly unfavorable.

Sensitivity to Assumptions other than Severity

The timing of a vaccine directly affects the modeling results. Direct costs of COVID escalate with a later vaccine availability date, which drives the scenarios toward a decline in RBC as vaccine availability stretches later into 2021. In other words, BCBSVT's financial position will tend to deteriorate the longer it takes an effective vaccine to reach the market, all else being equal.

RBC Impact by Vaccine Availability						
Vaccine Availability	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	After 2021
RBC Points	+13	-3	-14	-23	-31	-31

Lastly, we also consider the effects of returning care on RBC. As noted in the *Methodology* section, we consider 51.7 percent of deferred care returning to be our best estimate and set that as the mean in the stochastic model. Below, we provide the cumulative RBC impact under various ranges of returning care. Here, we find that, as expected, the deterioration of BCBSVT's financial position is directly correlated with the amount of care that ultimately returns.

RBC Impact by Deferred Care Returning Range						
Range	Above 60%	55%-60%	50%-55%	45%-50%	40%-45%	Below 40%
RBC Points	-37	-26	-22	-16	-10	0

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Conclusions

The COVID-19 pandemic has created unprecedented uncertainty in the level of paid claims BCBSVT will incur in the next 18 months. There is significant uncertainty beyond 2021 as well, related to waves of infection, vaccine availability, and vaccine efficacy, all of which may present profound impacts to BCBSVT's members, employer groups, and risk-based capital position. This analysis exclusively considers direct costs in 2020 and 2021—the costs presented beyond 2021 only represent the tail of the claims impact of the 2020 and 2021 course of the pandemic. This is the most useful and appropriate information to consider in assessing BCBSVT's financial position for purposes of the 2021 VISG filing.

BCBSVT has implemented several programs in recent months to help our members, employer groups, providers, and community. While this analysis considers a number of scenarios over the next 18 months, it does not take into account all of the COVID-19 costs or risks faced by BCBSVT in the coming months and years. The additional operating costs that have a material impact on BCBSVT's financial position are displayed in separate documentation delivered in response to Inquiry Letter 4.

As explained below, we disagree with Oliver Wyman's opinion regarding the "conservatism" they perceived in our initial modeling. Oliver Wyman cited four specific elements that supported their overall opinion. We combine their closely related second and third points as we address their arguments.

First, they address our assumptions for returning care by category, noting that it "seems unlikely" that 100 percent of care would return for any type of service. For three reasons, we respectfully disagree with the opinion that there is conservatism embedded in our returning care assumptions. First, while we concede that those service categories for which we assume 100 percent returning care can only potentially be wrong on the "conservative" side (it is not possible for more than 100 percent of deferred care to return), we observe that the opposite is true for certain services (e.g. laboratory, radiology and evaluation and management services identified as other than chronic) for which we used an assumption of zero percent returning care. Second, there is little material difference between assuming 100 percent for a certain category and, say, 95 percent¹⁴. Third, and by far most importantly, the aggregate answer of 51.7 percent is well-aligned with estimates published by both Milliman and the Society of Actuaries—in fact, our recalculated figure is lower than (that is, less conservative than) the midpoint of the range constructed by Milliman clinicians and actuaries. It is also less conservative than the estimate used by the Society of Actuaries in their scenario that analyzes a relatively short period of "strong social distancing."

Second, Oliver Wyman anticipates that "risk aversion" is likely to yield a period of "dampened utilization" while COVID-19 infections continue to occur in Vermont, and that utilization net of deferred and returning care is unlikely to increase above benchmark levels

¹⁴ The assumption for returning surgeries would need to be reduced to approximately 56 percent—a figure significantly below any reasonable assumption—to produce an overall RBC impact that is as much as 25 percentage points higher than the results presented within this addendum.

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by July. With the benefit of an additional month of data, we can observe that June claims costs have already exceeded normal levels. Several key providers in Vermont have been actively promoting and marketing a return to normal use of health care¹⁵, and the data makes it clear that Vermonters are not allowing the ongoing incidence of the virus to prevent them from seeking the care they need. Given that June claims exceeded pre-COVID levels, we do not consider it likely that utilization will be dampened by concerns about the virus. Furthermore, it seems extremely likely given the current trajectory that July claims will also exceed pre-COVID levels. June data have demonstrated that our previous assumptions were, in fact, not conservative enough. We have updated our modeling to incorporate the emerging data.

Third, Oliver Wyman observes that “[g]enerally, carriers are showing some overall favorable COVID-19 financial impact¹⁶.” We have reviewed studies suggesting that the 2020 impact is likely to be favorable¹⁷ and we note that our modeling has reached the same conclusion. Yet, it is inappropriate to consider only 2020 results when assessing the anticipated impact of the pandemic on solvency or on 2021 rates. We have reviewed information from proprietary Blue Cross Blue Shield Association surveys that yield similar conclusions to those we have modeled regarding the outcome of the entirety of the pandemic: specifically, an unfavorable 2021 impact that offsets or modestly surpasses the favorable 2020 result. Furthermore, we observe that publicly available 2021 ACA filings that include an adjustment for COVID-19 anticipate with near unanimity an increase to 2021 claims experience due to the pandemic. Finally, we point out that the studies to which Oliver Wyman alludes almost certainly do not exclusively use Vermont experience data nor form conclusions specific to Vermont or Vermont issuers.

In both our original modeling and the modeling described within this addendum, we have used a stochastic approach, rather than modeling deterministic point estimates for all assumptions, precisely so that the users of this report and addendum can understand the impact of the pandemic under a broad range of plausible assumptions. Oliver Wyman suggests that the “more likely” range of results comprises a range of +21 to +105 percentage points of RBC¹⁸. To the contrary, our modeling shows that it is difficult to construct *any* scenario specific to Vermont that results in a favorable impact of greater than 75 percentage points of RBC¹⁹.

Finally, we observe that this modeling includes many assumptions that may be not “conservative” but “aggressive.” That is to say, there is every possibility that actual results will be more unfavorable to BCBSVT’s RBC position than the ranges posed within this addendum. For instance: we have assumed a persistent reduction in claims due to changing

¹⁵ <https://www.uvmhealth.org/medcenter/pages/coronavirus-covid-19/coronavirus-covid-19.aspx>
<https://www.dartmouth-hitchcock.org/patient-education/covid-19-recovery.html>
<https://www.cvmc.org/covid-19-information/community-updates>

¹⁶ See Oliver Wyman letter to DFR, page 8.

¹⁷ See, for instance, <https://us.milliman.com/en/insight/Estimating-the-impact-of-COVID19-on-healthcare-costs-in-2020>

¹⁸ See Oliver Wyman letter to DFR, page 9.

¹⁹ Zero simulations of the sixty thousand generated for this analysis yielded a favorable RBC impact of greater than 75 basis points through December 31, 2021.

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patterns of care that have yet to manifest in the data; we select a testing incidence range on the low end of actual Vermont experience and published actuarial studies; we assume no emergency room utilization for testing moving forward; we model no ongoing cost for antibody testing; we choose to ignore the unit cost impact of deferring services to the following fiscal year; we do not model the significantly elevated costs that would arise should a vaccine require annual administration²⁰; we do not model the potential for significantly higher hospital unit costs pursuant to Green Mountain Care Board budget guidance allowing hospitals to request a temporary adjustment related to COVID-19²¹. We have made a number of modeling enhancements for this release, each of which further reduces the possibility of conservatism in our results. At the same time, we have continued to incorporate new data and regulatory developments as swiftly as possible in order to present the users of our report with the most plausible range of outcomes specific to Vermont and to BCBSVT that can be modeled at the present time.

The modeling outlined in this addendum presents several scenarios under varying assumptions that produce disparate results. New information regarding the factors outlined in this report and addendum continues to emerge and will directly affect BCBSVT's financial position. Based on the best information known at the time this modeling was performed, the COVID-19 pandemic is likely to have an impact on claims costs ranging from modestly favorable to substantially unfavorable, with the majority of simulated results being fairly neutral. The modeling also shows that, over the full course of the pandemic, the likelihood of a significantly favorable impact on claims costs resulting in a "windfall" to BCBSVT is vanishingly small. While a significant deterioration of BCBSVT's financial position due solely to escalated COVID-related claims costs may not be the most likely outcome, it would be imprudent to ignore the very real potential for such a scenario in considering possible rate actions. For this reason, and in light of the more complete RBC development provided within the response to L&E Inquiry Letter 4, BCBSVT cannot responsibly reduce its 2021 VISG rate request below actuarially sound levels.

²⁰ See Prefiled Testimony of Dr. Kate McIntosh dated July 7, 2020, page 8.

²¹ <https://gmcboard.vermont.gov/sites/gmcb/files/Hospital-Budgets/FY21%20Hospital%20Budget%20Guidance-%20Final.pdf>

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Actuarial Certification

This document is an addendum to the full actuarial report issued on July 4, 2020 in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis in the Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410) docket. This addendum is not a standalone document; rather, it incorporates by reference the *Purpose*, *Data* and *Methodology* sections of the July 4 actuarial report. This addendum can only be considered complete when reviewed in conjunction with the full actuarial report.

The purpose of this addendum is to model possible scenarios related to the COVID-19 pandemic on paid claims for Blue Cross and Blue Shield of Vermont and The Vermont Health Plan insured individual, small group, and large group plans. The model and results are intended to quantify the impact varying scenarios have on BCBSVT's risk based capital ratio as a means of additional support for its Vermont Individual and Small Group Rate Filing. This report is not intended to be used for other purposes.

Appendix E lists applicable limitations and disclosures.

It is my opinion that the modeling presented in this report is reasonable and has been prepared in accordance with applicable Actuarial Standards of Practice. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.



Paul A Schultz, F.S.A., M.A.A.A.

July 14, 2020

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Appendix A: Derivation of the Estimated Percentage of Returning Deferred Services

Type of Service	Benchmark PMPM	Slowdown PMPM	Percent Rescheduled Services
Mental Health (Inpatient)	\$4.92	\$1.63	0%
Mental Health (Other)	\$14.79	\$0.00	0%
Pregnancy/Newborn	\$22.50	\$0.82	0%
Influenza/Pneumonia	\$1.53	\$0.68	0%
Emergency and Urgent Care	\$38.18	\$16.76	100%
Medical - Rx	\$29.11	\$14.94	100%
Ambulance	\$4.64	\$2.44	100%
DME	\$14.79	\$4.82	100%
Home Health & Hospice	\$9.74	\$4.15	100%
Laboratory - Chronic	\$8.70	\$3.35	100%
Laboratory - Other	\$2.88	\$1.14	100%
Radiology - Chronic	\$11.88	\$1.39	100%
Radiology - Other	\$12.92	\$3.49	100%
Evaluation and Management - Chronic	\$9.57	\$4.34	30%
Evaluation and Management - Other	\$8.26	\$0.00	100%
Ophthalmology Services	\$44.40	\$0.00	0%
PT & Chiropractic	\$37.74	\$10.22	0%
Immunizations	\$2.36	\$1.35	75%
Cardiology/EKG/ECG/EEG	\$1.06	\$0.42	100%
Surgery (knee/hip/shoulder + other bones)	\$2.59	\$0.99	0%
Surgery - GI	\$18.04	\$9.18	40%
Surgery - Respiratory (non-Influenza/Pneumonia)	\$9.93	\$3.26	100%
Surgery - Renal/Pancreas/Integumentary	\$15.63	\$6.88	0%
Surgery - Reproductive System/Genital	\$13.23	\$3.91	100%
Surgery - Neuro	\$31.93	\$15.27	0%
Surgery - Eye	\$13.83	\$2.44	100%
Surgery - Other	\$24.87	\$9.20	0%
Surgery - Cardiac	\$2.07	\$0.21	0%
Oncology Treatment	\$9.32	\$0.59	0%
IP - Diseases and Disorders	\$11.47	\$1.48	5%
Other Inpatient	\$10.98	\$3.07	5%
Other Outpatient	\$22.14	\$8.39	30%
Other Professional	\$5.12	\$2.21	30%
Total			51.7%

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Appendix B: Sample Deferred and Returning Care Factors

Sample Deferred and Returning Care Factors															
	<i>Example 1</i>	<i>Example 2</i>	<i>Example 3</i>	<i>Example 4</i>	<i>Example 5</i>	<i>Example 6</i>	<i>Example 7</i>	<i>Example 8</i>	<i>Example 9</i>	<i>Example 10</i>	<i>Example 11</i>	<i>Example 12</i>	<i>Example 13</i>	<i>Example 14</i>	<i>Example 15</i>
202006	95.0%	98.0%	104.0%	102.0%	101.0%	98.0%	105.0%	99.0%	96.0%	105.0%	95.0%	99.0%	95.0%	96.0%	101.0%
202007	107.0%	109.0%	110.0%	107.0%	109.0%	111.0%	110.0%	110.0%	107.0%	109.0%	111.0%	109.0%	109.0%	106.0%	112.0%
202008	106.6%	105.5%	109.8%	105.1%	106.9%	110.1%	109.2%	108.0%	106.5%	106.8%	107.0%	107.0%	108.5%	105.1%	109.8%
202009	105.6%	103.6%	106.6%	104.4%	105.6%	106.5%	106.4%	108.2%	104.9%	104.8%	104.5%	105.0%	107.6%	103.3%	107.9%
202010	104.4%	93.0%	88.0%	87.0%	105.5%	105.2%	105.4%	107.1%	92.0%	104.1%	104.4%	104.0%	107.4%	103.2%	106.4%
202011	86.0%	89.0%	85.0%	85.0%	105.2%	95.0%	87.0%	92.0%	94.0%	91.0%	102.9%	103.2%	106.7%	102.8%	104.3%
202012	85.0%	109.0%	94.0%	80.0%	101.1%	75.0%	82.0%	76.0%	107.0%	76.0%	102.6%	86.0%	103.0%	102.0%	103.1%
202101	90.0%	109.0%	110.0%	85.0%	100.0%	87.0%	88.0%	90.0%	107.0%	86.0%	102.3%	93.0%	100.0%	95.0%	91.0%
202102	107.0%	106.2%	110.0%	102.0%	100.0%	102.0%	110.0%	110.0%	105.4%	109.0%	100.4%	109.0%	100.0%	86.0%	82.0%
202103	107.0%	104.7%	109.1%	107.0%	92.0%	111.0%	110.0%	110.0%	104.0%	109.0%	100.0%	109.0%	100.0%	106.0%	91.0%
202104	104.9%	103.9%	103.0%	106.3%	80.0%	110.1%	106.3%	108.5%	103.0%	108.4%	100.0%	109.0%	100.0%	106.0%	109.0%
202105	104.7%	102.7%	100.0%	105.1%	81.0%	105.3%	100.0%	100.0%	102.8%	106.3%	100.0%	108.4%	100.0%	105.7%	108.2%
202106	103.9%	101.7%	100.0%	104.0%	94.0%	100.0%	100.0%	100.0%	101.9%	103.2%	100.0%	101.0%	100.0%	103.9%	100.0%
202107	103.0%	101.8%	100.0%	102.6%	109.0%	100.0%	100.0%	100.0%	101.3%	100.0%	100.0%	100.0%	100.0%	101.9%	100.0%
202108	102.1%	101.3%	100.0%	102.3%	109.0%	100.0%	100.0%	100.0%	101.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202109	101.6%	101.3%	100.0%	101.9%	103.6%	100.0%	100.0%	100.0%	101.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202110	101.6%	101.3%	100.0%	101.7%	100.0%	100.0%	100.0%	100.0%	100.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202111	101.4%	100.4%	100.0%	101.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
202112	101.1%	100.0%	100.0%	101.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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Appendix C: Stochastic Modeling Summary Statistics

Stochastic Modeling Summary Statistics ²²				
Component	Year	Mean	Min	Max
Diagnostic Testing	2020	\$2,210,722	\$1,203,390	\$3,539,322
	2021	\$2,225,102	\$23,432	\$5,143,965
	Total	\$4,435,823	\$1,226,822	\$8,334,478
Vaccine	2020	\$92,267	\$0	\$4,639,124
	2021	\$2,304,527	\$0	\$6,958,686
	2022+	\$671,641	\$0	\$6,958,686
	Total	\$3,068,434	\$1,268,658	\$6,958,686
Morbidity Impact Deferred Care	2020	\$493,601	\$0	\$1,615,343
	2021	\$1,631,359	\$0	\$3,799,819
	Total	\$2,124,961	\$0	\$5,247,470
Treatment	2020	\$4,551,760	\$1,972,442	\$30,075,251
	2021	\$5,097,947	\$32,312	\$33,170,961
	Total	\$9,649,707	\$2,007,289	\$35,774,539
Delayed Care	2020	-\$23,977,801	-\$38,452,235	-\$19,428,655
	2021	-\$2,605,150	-\$17,503,073	\$0
	Total	-\$26,582,951	-\$38,452,235	-\$19,428,655
Returning Care	2020	\$7,128,997	\$2,184,120	\$13,136,887
	2021	\$5,950,840	\$0	\$15,535,563
	2022+	\$685,258	\$0	\$12,391,332
	Total	\$13,765,095	\$6,774,586	\$23,756,886

²² We do not provide summary statistics for 'Changes in Demand' since its value is assumed to be constant across all scenarios. As noted in the *Deferred Care* section, we updated our breakout of total claims by service category with runout through June. This update lowers our cumulative 'Changes in Demand' estimate from -\$1,870,900 to -\$2,037,214.

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Appendix D: Breakout of Claims by Year

Projected Paid Claims			
2020	2021	Subtotal	2022
\$339,991,579	\$370,168,089	\$710,159,668	\$403,022,964 ²³

Claims by Year - No Second Wave				
	2020	2021	2022	Total
Direct Costs	\$4,269,616	\$4,372,415		\$8,642,031
Vaccination Costs	\$103,604	\$2,282,907	\$664,760	\$3,051,272
Delayed Claims	(\$19,731,895)	\$0		(\$19,731,895)
Returning Claims	\$7,997,255	\$1,709,784	\$503,430	\$10,210,469
Changes in Demand and Deferred Care Morbidity Impact	(\$207,953)	(\$422,728)		(\$630,681)
Net Impact by Year	(\$7,569,373)	\$7,942,378	\$1,168,191	\$1,541,196

Claims by Year - Vermont				
	2020	2021	2022	Total
Direct Costs	\$4,788,855	\$4,679,039		\$9,467,895
Vaccination Costs	\$76,892	\$2,373,262	\$650,117	\$3,100,271
Delayed Claims	(\$24,612,528)	(\$2,938,157)		(\$27,550,685)
Returning Claims	\$7,026,648	\$6,617,198	\$616,912	\$14,260,759
Changes in Demand and Deferred Care Morbidity Impact	(\$175,564)	\$451,170		\$275,606
Net Impact by Year	(\$12,895,696)	\$11,182,512	\$1,267,029	(\$446,155)

Claims by Year - Suburban Southeastern New York				
	2020	2021	2022	Total
Direct Costs	\$13,472,349	\$16,288,387		\$29,760,735
Vaccination Costs	\$78,921	\$2,342,451	\$681,404	\$3,102,777
Delayed Claims	(\$25,808,375)	(\$4,103,453)		(\$29,911,828)
Returning Claims	\$6,652,319	\$7,882,324	\$907,392	\$15,442,035
Changes in Demand and Deferred Care Morbidity Impact	(\$201,054)	\$421,824		\$220,770
Net Impact by Year	(\$5,805,840)	\$22,831,534	\$1,588,796	\$18,614,489

²³ Straightforwardly estimated by applying the 2021-over-2020 increase to 2021 claims; useful simply for comparison to the magnitude of the 2022 tail of returning services and vaccinations.

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Claims by Year - NY Capital Region				
	2020	2021	2022	Total
Direct Costs	\$5,850,500	\$6,010,079		\$11,860,580
Vaccination Costs	\$76,954	\$2,322,672	\$699,782	\$3,099,409
Delayed Claims	(\$24,779,775)	(\$3,159,177)		(\$27,938,952)
Returning Claims	\$6,971,351	\$6,860,459	\$627,744	\$14,459,554
Changes in Demand and Deferred Care Morbidity Impact	(\$185,926)	\$429,144		\$243,218
Net Impact by Year	(\$12,066,896)	\$12,463,177	\$1,327,526	\$1,723,808

Claims by Year - Boston				
	2020	2021	2022	Total
Direct Costs	\$8,216,107	\$8,872,776		\$17,088,883
Vaccination Costs	\$80,479	\$2,331,544	\$663,132	\$3,075,154
Delayed Claims	(\$25,435,746)	(\$3,574,383)		(\$29,010,129)
Returning Claims	\$6,742,569	\$7,474,823	\$775,943	\$14,993,335
Changes in Demand and Deferred Care Morbidity Impact	(\$198,014)	\$418,611		\$220,597
Net Impact by Year	(\$10,594,604)	\$15,523,371	\$1,439,074	\$6,367,840

Claims by Year - All				
	2020	2021	2022	Total
Direct Costs	\$6,776,712	\$7,323,049		\$14,099,761
Vaccination Costs	\$92,267	\$2,304,527	\$671,641	\$3,068,434
Delayed Claims	(\$23,977,801)	(\$2,605,150)		(\$26,582,951)
Returning Claims	\$7,128,997	\$5,950,840	\$685,258	\$13,765,095
Changes in Demand and Deferred Care Morbidity Impact	(\$185,470)	\$273,217		\$87,746
Net Impact by Year	(\$10,165,295)	\$13,246,481	\$1,356,898	\$4,438,085

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Appendix E: Disclosures and Limitations

Information Date: The analysis provided in the report is based on information as known on July 10, 2020.

Scope: This result is intended to communicate the effect of possible scenarios related to the COVID-19 pandemic in 2020 and 2021 on BCBSVT's risk-based capital position. This modeling is not intended to predict the likelihood of any specific scenario or set of scenarios.

Uncertainty or Risk: Future events will affect the results presented in the addendum. The level of testing, treatment, infection, vaccine availability, vaccine efficacy, presence and severity of subsequent waves, future federal and state legislation, and additional factors related to the COVID-19 pandemic are unknown. Actual results may vary from the results presented herein, potentially to a significant degree.

Reliance on Other Sources for Data and Other Information: This addendum relies upon data from the BCBSVT data warehouse. I have reviewed the data for reasonableness, but no audit was performed. We also rely on expertise provided by BCBSVT medical directors to develop assumptions related to the deferred care anticipated to return and longer-lasting changes to the care delivery system that will result from the pandemic. Lastly, this addendum and its accompanying report rely upon several sources of information that are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the results presented herein. The degree to which future events may materially change the results is unknown.

Intended Users: This material has been prepared for consideration by DFR and the GMCB, and their respective actuaries, relative to the BCBSVT 2021 Vermont Individual and Small Group rate filing (SERFF #BCVT-132371410). BCBSVT understands that the addendum will be made public. Distribution of this addendum to any third party should be made in its entirety; specifically, any such distribution must also include the original July 4 report ("*BCBSVT Actuarial Report_COVID-19 Modeling.pdf*"). The addendum and report should be evaluated only by qualified users. The parties receiving this addendum should retain actuarial expertise in interpreting results.

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Note To Reviewer

Created By:

Martine Brisson-Lemieux on 07/13/2020 10:06 AM

Last Edited By:

Martine Brisson-Lemieux

Submitted On:

07/13/2020 10:06 AM

Subject:

Revision to Attachments A and B

Comments:

On June 30, 2020, BCBSVT received an objection from DFR regarding the 2021 plans designs. In response to DFR's objection, BCBSVT adjusted its Non-Standard Silver plans, with accompanying CSR, Native-American and Reflective plans, by increasing chiropractic and physical therapy copayments to levels allowable under current law.

Those adjustments are reflected in the revised attachments A and B.



July 6, 2020

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 2021 STANDARD PLAN DESIGNS

Dear Dana:

This memo replaces an earlier version provided on March 10, 2020 to accommodate changes to the chiropractic and physical therapy copays as the proposed legislation in S.202 limiting the chiropractic copays to no more than 125% of the Primary Care Provider (PCP) copay did not pass. Additionally, minor changes were made to the language in the memo to reflect the release of the final Notice of Benefit and Payment Parameters (NBPP) for the 2021 plan year and minimum deductible required for High Deductible Health Plans (HDHPs).

In the prior version of the certification, the chiropractic and physical therapy copayments were set equal to 125% of the PCP copay, rounded down to the nearest \$5 increment on the Silver and Bronze Deductible plans, in order to meet the requirements of S.202. As S.202 did not pass, the requirement is that the copays be between 125% and 150% of the PCP copay. Therefore, the chiropractic and physical therapy copayments are being increased \$5 to the same level as the 2020 benefit plans for the Silver and Bronze Deductible plans. The potential for this change was previously anticipated and was approved by the Green Mountain Care Board as part of the original approval. Similar changes are being made to the CSR designs tied to the Silver Deductible plan at all levels. The plans at other metal levels and the HDHPs were not impacted by these changes.

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 2020, 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 Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2020 standard plan designs are all continuing in 2021.

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 2021 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 2021 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The final Notice of Benefit and Payment Parameters (NBPP)¹ for the 2020 plan year was released on May 7, 2020. The NBPP finalized a single annual limit, or MOOP of \$8,550, the same as the draft proposed. Also, the requirements for 2021 for HDHPs was released by Internal Revenue Code per § 223(c)(2)(A)² on May 27, 2020. The individual minimum deductible for HDHPs remained the same as the 2020 minimum at \$1,400 and the maximum out of pocket (MOOP) will increase to \$7,000 from \$6,900 in 2020. No changes were required to the plan designs due to the requirements finalized.

A list of the changes from the 2020 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

1. Platinum – The medical deductible and medical Maximum Out of Pocket (MOOP) were increased.
2. Gold – The medical deductible, medical Maximum Out of Pocket (MOOP), pharmacy MOOP, generic pharmacy copay, and preferred brand pharmacy copay were all increased.
3. Silver Deductible – The combined medical/pharmacy MOOP and separate pharmacy MOOP were increased.
4. Bronze Deductible with Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and separate pharmacy MOOP were all increased. The generic pharmacy copay was decreased. The deductible was also waived for generic scripts.

¹ <https://www.federalregister.gov/documents/2020/05/14/2020-10045/patient-protection-and-affordable-care-act-benefit-and-payment-parameters-for-202-notice-requirement>

² <https://www.irs.gov/pub/irs-drop/rp-20-32.pdf>

5. Bronze Deductible without Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and generic pharmacy copays were increased.
6. Silver HDHP – The medical deductible, medical MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
7. Bronze HDHP – The medical MOOP and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, starting in 2016 the State of Vermont requests 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 and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, all three Bronze plans qualify for the expanded range. This is a change for 2021. In 2020 and prior, the Bronze Deductible plan with Pharmacy Limit did not qualify.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2021 Actuarial Value Calculator (AVC)³ 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.

³ <http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html>

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers 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. These plans will continue in 2021.

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 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 issuer 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.

Chiropractic and Physical Therapy Copays

Act No. 7 (Bill S.1), relating to copayment limits for chiropractic care and physical therapy, was signed into law June 25, 2018. Act No. 7 requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP) in 2020 and 2021.

The Federal actuarial value calculator 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 adjustments have been made to the actuarial value calculations and certification included in this memo for chiropractic services.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. 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.

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. 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 three 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 aggregate⁴. 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

⁴ 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.

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 if the family MOOP is more than the single limit of \$8,550, the MOOP must either be stacked or there must be an embedded individual MOOP of \$8,550. Wakely 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 (\$1,400 and \$2,800 for individual and family coverage in 2021). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,400 and \$2,800 for individual and family coverage in 2021) 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 \$1,400 for individual or \$2,800 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 \$1,400 or \$2,800, 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.

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. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. 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). Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, it is recommended that the appropriateness of this adjustment is analyzed for the 2022 plan designs.

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 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.

Table 1: Adjusted Acceptable Federal Actuarial Values

	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%-65.0% ⁵
	Bronze (without drug limit)	56.0%-65.0%
HDHPs	Silver - Embedded MOOP	66.0%-71.5%
	Bronze - Embedded MOOP	56.0%-64.5%
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%-73.5%
	200-250% FPL (77% AV)	76.0%-77.5%
	150-200% FPL (87% AV)	86.0%-87.5%
	133-150% FPL (94% AV)	93.0%-94.5%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a 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.

If a plan has 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

⁵ In 2020 and prior, the Bronze Deductible (with drug limit) plan was not eligible for the expanded de minimis range and would have had an upper AV limit of 62.0%. Due to changes in the 2021 plan design, this plan now qualifies for the expanded range.

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 model that Wakely developed and the process used to adjust the actuarial values from the AVC.

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

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 the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the 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 model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The 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 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 model was used to determine the revised AV.

- a. The same plan design input into the AVC was input into the model. The 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 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 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 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 \$8,550.
3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit⁶ 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 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.

⁶ 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.

2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The 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 model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
 - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the 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 and Brittney Phillips are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney is a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. They meet 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 or pricing AV used to determine premium rates. 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 2021 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. There are no known relevant events subsequent to the date of information received that would impact the results of 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 us.

Sincerely,

A handwritten signature in black ink that reads "Julie A. Peper" followed by a horizontal line.

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

A handwritten signature in black ink that reads "Brittney Phillips" in a cursive style.

Brittney Phillips, ASA, MAAA
Consulting Actuary

Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2021

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate 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, 2021 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 2021 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, 2021 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 "Brittney Phillips".

Brittney Phillips, ASA, MAAA
July 6, 2020

Appendix B – Summary of Plan Design Changes from 2020 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical OOPM from \$1,350 to \$1,400	Increase medical deductible from \$900 to \$1,100
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$5,000 to \$5,200
		Increase Rx OOPM from \$1,350 to \$1,400
		Increase generic Rx copay from \$10 to \$12
		Increase preferred brand Rx copay from \$50 to \$55
Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$7,900 to \$8,150	Increase medical deductible from \$6,000 to \$6,250
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$8,150 to \$8,400
		Increase Rx OOPM from \$1,350 to \$1,400
		Waive deductible for generic scripts
		Decrease generic Rx copay from \$20 to \$15
Deductible Plans		
Plan	Bronze w/o Rx Limit	
Changes	Increase medical deductible from \$7,900 to \$8,400	
	Increase medical OOPM from \$7,900 to \$8,400	
	Increase generic Rx copay from \$25 to \$30	
HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase medical deductible from \$1,700 to \$1,750	Increase medical OOPM from \$6,750 to \$6,900
	Increase medical OOPM from \$6,750 to \$6,900	Increase embedded single OOPM from \$8,150 to \$8,550
	Increase embedded single OOPM from \$8,150 to \$8,550	

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

Deductible/OOP Max	2021 Plan Designs - Silver Deductible Plans	
	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,200	\$3,200
Rx Ded	\$350	\$350
Integrated Ded	No	No
Medical MOOP	\$8,150	\$8,150
Rx MOOP	\$1,400	\$1,400
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	50%	50%
Outpatient	50%	50%
ER	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$35
MH/SA Office Visit	\$35	\$35
Specialist Office Visit	\$80	\$80
Chiropractic	\$45	\$45
Physical Therapy	\$45	\$45
Urgent Care	\$90	\$90
Ambulance	\$100	\$105
Rx Generic	\$15	\$15
Rx Preferred Brand	\$60	\$60
Rx Non-Preferred Brand	50%	50%
Rx Specialty	50%	50%
Actuarial Value		
2021 Federal AVC, Adjusted if Necessary	71.8%	71.8%

2021 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,750	\$1,750
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
71.2%	71.2%

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.
 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 lists 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

2021 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	\$1,100	\$3,200	\$6,250	\$8,400
Rx Ded	\$0	\$100	\$350	\$1,000	N/A
Integrated Ded	No	No	No	No	Yes
Medical MOOP	\$1,400	\$5,200	\$8,150	\$8,400	\$8,400
Rx MOOP	\$1,400	\$1,400	\$1,400	\$1,400	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	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$15	\$20	\$35	\$35	\$40
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100
Chiropractic	\$20	\$30	\$45	\$45	\$50
Physical Therapy	\$20	\$30	\$45	\$45	\$50
Urgent Care	\$50	\$60	\$90	\$100	0%
Ambulance	\$60	\$70	\$100	\$100	0%
Rx Generic	\$10	\$12	\$15	\$15	\$30
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2021 Federal AVC, Adjusted if Necessary	89.7%	81.9%	71.8%	64.1%	64.8%

Deductible Plan Designs – Cost Sharing Reduction Plans

2021 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	\$3,200	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$350	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$8,150	\$6,750	\$6,000	\$2,200	\$900
Rx MOOP	\$1,400	\$1,250	\$1,100	\$450	\$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	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$10	\$5
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15
Chiropractic	\$45	\$45	\$35	\$15	\$7
Physical Therapy	\$45	\$45	\$35	\$15	\$7
Urgent Care	\$90	\$80	\$60	\$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					
2021 Federal AVC, Adjusted if Necessary	71.8%	74.0%	77.9%	88.0%	94.8%

HDHP Plan Designs

2021 Plan Designs - HDHP Plans		
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,750	\$5,500
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$6,900
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded	Aggregate with Combined Medical/Rx embedded
	\$8,550 Single OOPM; 2x Individual	\$8,550 Single OOPM; 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%
Chiropractic	30%	50%
Physical Therapy	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		
2021 Federal AVC, Adjusted if Necessary	71.2%	63.8%

HDHP Plan Designs – Cost Sharing Reduction Plans

2021 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	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,750	\$1,750	\$1,600	\$1,400	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,400	\$550
Rx MOOP	\$1,400	\$1,400	\$1,400	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 \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	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					
2021 Federal AVC, Adjusted if Necessary	71.2%	73.5%	77.4%	87.5%	93.7%

Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$8,550	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$8,550 Individual MOOP	Yes	Yes	No	Yes	Yes	73.4%	71.2%
Bronze HDHP– Embedded \$8,550 Individual MOOP	Yes	Yes	No	Yes	Yes	65.2%	63.8%
Silver Deductible	No	No	No	Yes	No	70.8%	71.8%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	63.3%	64.1%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	75.7%	73.5%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	79.5%	77.4%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	88.0%	87.5%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	93.8%	93.7%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	73.1%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	77.3%	77.9%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	87.7%	88.0%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	94.7%	94.8%

Appendix G – 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 = 73.4%

Adjusted AV = 71.2%

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 (\$)
		70.00%
		MOOP (\$)
		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 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?
 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:

2021 Silver
 HDHP Plan
 Name: Option 2
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2021 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 73.37%

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

0.1445 seconds

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,750		
Family Deductible		3,500	3,500		
Individual Out-of-Pocket		6,900	6,900		
Family Out-of-Pocket		13,800	13,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		8,150			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$312.51	\$76.17	\$388.68	
Actuarial Value		73.1%	74.4%	73.38%	

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		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		8,550			
		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		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$295.84	\$81.03	\$376.87	
Actuarial Value		69.2%	79.1%	71.15%	

2. Bronze HDHP – Embedded MOOP

AV from AVC = 65.2%

Adjusted AV = 63.8%

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: 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			
Coinurance (%; Insurer's Cost Share)		50.00%			
MOOP (\$)		\$6,900.00			
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 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 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?
 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:

2021 Bronze
 HDHP Plan
 Name: Option 2
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.
65.16%

Additional Notes:

Calculation Time:

0.1797 seconds

Draft 2021 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		5,500	5,500			
Family Deductible		11,000	11,000			
Individual Out-of-Pocket		6,900	6,900			
Family Out-of-Pocket		13,800	13,800			
Coinsurance (50% or Less)		48%	48%			
Individual Embedded Moop:		8,150				
		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	\$513.61	\$123.15	\$636.77		
	Plan PMPM	\$331.13	\$83.82	\$414.95		
	Actuarial Value	64.5%	68.1%	65.17%		

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		5,500	1,400		
Family Deductible		11,000	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		8,550			
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		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$313.37	\$92.61	\$405.99	
Actuarial Value		61.0%	75.2%	63.76%	

3. Silver Deductible

AV from AVC = 70.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $65.96\%/65.04\% = 1.01 \times .708 = 71.8\%$

Adjusted AV = 71.8%

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: 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 (\$)	\$3,200.00	\$350.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$8,150.00				
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 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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$35.00	<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"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" 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?
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:
2021 Silver Deductible Plan Option 1
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

Calculation Successful.
70.81%
Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.082 seconds

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		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		8,150	8,150		
Family Out-of-Pocket		16,300	16,300		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,150			
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		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$265.35	\$79.17	\$344.52	
Actuarial Value		62.1%	77.3%	65.04%	

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		8,150	1,400		
Family Out-of-Pocket		16,300	2,800		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,150			
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		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$262.56	\$86.82	\$349.38	
Actuarial Value		61.5%	84.7%	65.96%	

4. Bronze Deductible (with drug limit)

AV from AVC = 63.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $63.62\%/62.82\% = 1.013 \times .633 = 64.1\%$

Adjusted AV = 64.1%

AVC Screen Shot:

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate 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 (\$)	\$6,250.00	\$1,000.00			
Coinurance (% , Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$8,400.00				
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?	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"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>		\$85.00	<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/Coinurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
2021 Bronze Deductible Plan - with Rx Limit - Option 5
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.
63.30%
Bronze
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.082 seconds

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		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	8,400		
Family Out-of-Pocket		16,800	16,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div>Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$308.05	\$91.95	\$400.01	
Actuarial Value		60.0%	74.7%	62.82%	

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		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	1,400		
Family Out-of-Pocket		16,800	2,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
		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		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$303.35	\$101.76	\$405.11	
Actuarial Value		59.1%	82.6%	63.62%	

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.5%

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 (\$)		\$1,750.00			
Coinsurance (%; Insurer's Cost Share)		75.00%			
MOOP (\$)		\$5,200.00			
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?			
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 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?
 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:
 2021 HDHP
 Plan CSR
 Variations - 250
 300% FPL (73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:
 Additional Notes:
 Calculation Time:
Draft 2021 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 75.69%
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 0.1172 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		1,750	1,750			
Family Deductible		3,500	3,500			
Individual Out-of-Pocket		5,200	5,200			
Family Out-of-Pocket		10,400	10,400			
Coinsurance (50% or Less)		23%	28%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 10px;">Calculate</div>						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$435.09	\$104.33	\$539.42		
	Plan PMPM	\$329.44	\$78.80	\$408.24		
	Actuarial Value	75.7%	75.5%	75.68%		

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		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		5,200	1,400		
Family Out-of-Pocket		10,400	2,800		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$435.09	\$104.33	\$539.42	
	Plan PMPM	\$313.60	\$82.73	\$396.33	
	Actuarial Value	72.1%	79.3%	73.47%	

6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate 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:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$1,600.00
Coinsurance (%; Insurer's Cost Share)		75.00%
MOOP (\$)		\$4,400.00
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 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?
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:
2021 HDHP
Plan CSR
Variations - 200
250% FPL
(77% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
79.48%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1055 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		1,600	1,600			
Family Deductible		3,200	3,200			
Individual Out-of-Pocket		4,400	4,400			
Family Out-of-Pocket		8,800	8,800			
Coinsurance (50% or Less)		23%	24%			
Individual Embedded Moop:		8,550				
		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		\$511.77	\$122.71	\$634.48		
Plan PMPM		\$406.05	\$98.31	\$504.36		
Actuarial Value		79.3%	80.1%	79.49%		

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		1,600	1,400		
Family Deductible		3,200	2,800		
Individual Out-of-Pocket		4,400	1,400		
Family Out-of-Pocket		8,800	2,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block; margin: 10px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$390.18	\$100.66	\$490.84	
Actuarial Value		76.2%	82.0%	77.36%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 88.0%

Adjusted AV = 87.5%

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 (\$)			\$1,400.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,400.00			
MOOP if Separate (\$)						

[Click Here for important instructions](#)

Click Here for Important Instructions	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 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:

2021 HDHP
 Plan CSR
 Variations - 150
 200% FPL
 (87% AV)
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.98%

Gold

Additional Notes:

Calculation Time:

0.1367 seconds

Draft 2021 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		1,400	1,400			
Family Deductible		2,800	2,800			
Individual Out-of-Pocket		1,400	1,400			
Family Out-of-Pocket		2,800	2,800			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		<div style="border: 1px solid black; background-color: #4f81bd; color: white; padding: 10px; display: inline-block;">Calculate</div>				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM	\$430.02	\$103.99	\$534.01		
	Actuarial Value	87.8%	88.6%	87.98%		

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		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
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		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$427.60	\$103.45	\$531.05	
Actuarial Value		87.3%	88.1%	87.49%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.8%

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

[Click Here for Important Instructions](#)

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 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:

2021 HDHP
Plan CSR
Variations - 133
150% FPL (94% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.76%

Platinum

Additional Notes:

Calculation Time:

0.1289 seconds

Draft 2021 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:		8,550			
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		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.34	\$93.36	\$482.70	
Actuarial Value		93.8%	93.8%	93.76%	

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:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block; margin: 10px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.18	\$93.26	\$482.45	
Actuarial Value		93.7%	93.7%	93.72%	

9. Silver Deductible CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $68.11\%/67.35\% = 1.011 \times 73.1\% = 74.0\%$

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

Medical	Drug	Combined
Deductible (\$)	\$3,100.00	\$350.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$6,750.00	
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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$35.00	<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"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<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 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 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:
2021
Deductible
Plan CSR
Variations - 250
300% FPL
(73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.13%
Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.4648 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		3,100	350			
Family Deductible		6,200	700			
Individual Out-of-Pocket		6,750	6,750			
Family Out-of-Pocket		13,500	13,500			
Coinsurance (50% or Less)		42%	31%			
Individual Embedded Moop:		8,550				
		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		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$280.83	\$82.48	\$363.31		
Actuarial Value		64.5%	79.1%	67.35%		

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		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	1,250		
Family Out-of-Pocket		13,500	2,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
		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		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$277.96	\$89.44	\$367.40	
Actuarial Value		63.9%	85.7%	68.11%	

10. Silver Deductible CSR – 77%

AV from AVC = 77.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $73.0\%/72.46\% = 1.007 \times .773 = 77.9\%$

Adjusted AV = 77.9%

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 (\$)	\$2,600.00	\$300.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$6,100.00	
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 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"/>		\$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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input 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 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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
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 checked="" 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:

2021
Deductible
Plan CSR
Variations - 200-
250% FPL (77%
AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2021_1j

Output

Status/Error Messages:
 Actuarial Value: 77.30%
 Metal Tier:
 Additional Notes:
 Calculation Time: 0.4805 seconds
 Draft 2021 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		2,600	300			
Family Deductible		5,200	600			
Individual Out-of-Pocket		6,100	6,100			
Family Out-of-Pocket		12,200	12,200			
Coinsurance (50% or Less)		41%	26%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
		OOP				
		Deductible	Medical	Rx	Deductible /	
					OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
Results						
		Medical	Rx	Total		
Allowed PMPM		\$511.77	\$122.71	\$634.48		
Plan PMPM		\$357.42	\$102.33	\$459.75		
Actuarial Value		69.8%	83.4%	72.46%		

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		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	1,100		
Family Out-of-Pocket		12,200	2,200		
Coinsurance (50% or Less)		41%	26%		
Individual Embedded Moop:		8,550			
		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	\$511.77	\$122.71	\$634.48	
	Plan PMPM	\$354.49	\$108.67	\$463.16	
	Actuarial Value	69.3%	88.6%	73.00%	

11. Silver Deductible CSR – 87%

AV from AVC = 87.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.15\%/84.92\% = 1.003 \times .877 = 88.0\%$

Adjusted AV = 88.0%

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: Gold

HSA/HRA Options

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

Tiered Network Option

☐ Tiered Network Plan?
1st Tier Utilization: 100%
2nd Tier Utilization: 0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$1,100.00	\$200.00
Coinsurance (%; Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$2,200.00	
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 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"/>		\$30.00	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" 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 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:

2021
Deductible
Plan CSR
Variations - 150-
200% FPL
(87% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.70%
Gold
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.4492 seconds

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		1,100	200			
Family Deductible		2,200	400			
Individual Out-of-Pocket		2,200	2,200			
Family Out-of-Pocket		4,400	4,400			
Coinsurance (50% or Less)		31%	25%			
Individual Embedded Moop:		8,550				
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		\$489.60	\$117.40	\$606.99		
Plan PMPM		\$410.23	\$105.22	\$515.45		
Actuarial Value		83.8%	89.6%	84.92%		

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		1,100	200		
Family Deductible		2,200	400		
Individual Out-of-Pocket		2,200	450		
Family Out-of-Pocket		4,400	900		
Coinsurance (50% or Less)		31%	25%		
Individual Embedded Moop:		8,550			
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		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$407.76	\$109.12	\$516.88	
Actuarial Value		83.3%	93.0%	85.15%	

12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.62%/94.47% = 1.002 x .947 = 94.8%

Adjusted AV = 94.8%

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

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

\$0.00

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

100%

2nd Tier Utilization:

0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$200.00	\$0.00
Coinurance (%; Insurer's Cost Share)	90.00%	70.00%
MOOP (\$)	\$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?	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 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"/>		\$7.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			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				\$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 checked="" 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:

2021

Deductible

Plan CSR

Variations - 133-

150% FPL

(94% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.68%

Platinum

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

Additional Notes:

Calculation Time:

Draft 2021 AV Calculator

0.4883 seconds

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		200	0			
Family Deductible		400	0			
Individual Out-of-Pocket		900	900			
Family Out-of-Pocket		1,800	1,800			
Coinsurance (50% or Less)		8%	15%			
Individual Embedded Moop:		8,550				
		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		\$415.23	\$99.56	\$514.80		
Plan PMPM		\$391.69	\$94.63	\$486.32		
Actuarial Value		94.3%	95.0%	94.47%		

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		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$390.85	\$96.26	\$487.11	
Actuarial Value		94.1%	96.7%	94.62%	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Introduction

On March 6, 2020, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2021. CMS made significant changes in the 2021 AVC. Most notably, they updated the base claims data to a radically different distribution and included additional spending buckets in the continuance tables.

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 BCBSVT 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 specific copayment on, Chiropractic Services, Physical Therapy, 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 the new value-added benefits for members with diabetes or heart disease.

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

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

structures (copays, deductibles, and coinsurance). The 2018 claims from BCBSVT Vermont Individual and Small Group (VISG) 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 modeled paid-to-allowed ratio for this population relative to the entire VISG population, and found the differences to be immaterial. The model uses calendar year 2018 claims, trended to 2021 using the following trends¹:

Years	Medical Claims	Pharmacy Claims
2018 to 2021	5.4%	8.7%

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 (82 FR 18346). 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. This rule also expanded the de minimis range to -4/+5 for bronze plans that either have at least one major service, other than preventive, before the deductible or meets the requirements to be a HDHP. For the two Blue Rewards Bronze plans described below, we utilized the expanded bronze AV range because the CDHP plan meets the HDHP requirement and the Copayment plan has 3 primary care or mental health visits prior to the deductible.

The final 2021 Notice of Benefits and Payment Parameters (NBPP), published on May 14, 2020 (85 FR 29164), sets the annual out-of-pocket maximum at \$8,550.

Under Act 171, the Rx OOPM limit cannot be higher than the federal HDHP minimum deductible. However, in order to maintain HSA compatibility, CDHP plans must have the Rx OOPM equal to the federal HDHP minimum. On May 20, 2020, the IRS released Rev. Proc. 2020-32² establishing the 2021 deductible limits for HDHP plans. The limit for 2021 is \$1,400. Since this matches our preliminary estimate, no changes to the Rx OOPM limit are needed.

¹ BCBSVT used the same trends that CMS used in the 2021 Final AV Calculator (see page 4 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2021-AV-Calculator-Methodology.pdf>)

² <https://www.irs.gov/pub/irs-drop/rp-20-32.pdf>

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

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.

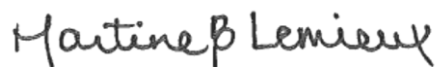
This revised certification replaces the original certification accompanying BCBSVT 2021 VISG rate filing (SERFF #BCVT-131936226).

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 2021.

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 10, 2020

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Non-Standard CDHP Plans

Plan : Non-Standard CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,550	
	Coinsurance	0%	
	OOPM	\$2,550	
AVC Output for items supported by the AVC		(a)	81.63%
BCBSVT Model Output for items supported by the AVC		(b)	83.8%
BCBSVT Model Output for complete benefit design		(c)	84.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	81.9%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)		\$2,550.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
MOOP (\$)		\$2,550.00			
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 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 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: Non-Standard Gold CDHP

Plan HIOS ID: 13627VT0390001 and 13627VT0370001

Issuer HIOS ID: 13627

2021_1j

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.63%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0859 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible		\$4,475
	Coinsurance		0%
	OOPM		\$4,475
AVC Output for items supported by the AVC		(a)	71.06%
BCBSVT Model Output for items supported by the AVC		(b)	76.9%
BCBSVT Model Output for complete benefit design		(c)	77.8%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.9%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)		\$4,475.00	
Coinsurance (% Insurer's Cost Share)		100.00%	
MOOP (\$)		\$4,475.00	
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 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			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: Non-Standard Silver CDHP
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Silver 73% CSR			
Items supported by the AV Calculator	Deductible	\$3,850	
	Coinsurance	0%	
	OOPM	\$3,850	
AVC Output for items supported by the AVC		(a)	73.34%
BCBSVT Model Output for items supported by the AVC		(b)	78.9%
BCBSVT Model Output for complete benefit design		(c)	79.6%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	74.0%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)		\$3,850.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,850.00
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 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: Non-Standard Silver CDHP - 73%
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.34%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 seconds
Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,900	
	Coinsurance	0%	
	OOPM	\$2,900	
AVC Output for items supported by the AVC		(a)	77.35%
BCBSVT Model Output for items supported by the AVC		(b)	82.4%
BCBSVT Model Output for complete benefit design		(c)	82.8%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.7%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)		\$2,900.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,900.00
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 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: Non-Standard Silver CDHP - 77%
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

77.35%

0.1172 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible		\$1,450
	Coinsurance		0%
	OOPM		\$1,450
AVC Output for items supported by the AVC		(a)	87.66%
BCBSVT Model Output for items supported by the AVC		(b)	89.1%
BCBSVT Model Output for complete benefit design		(c)	89.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	87.7%

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 (\$)		\$1,450.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$1,450.00
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 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: Non-Standard Silver CDHP - 87%
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.66%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1055 seconds
Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : 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)	93.76%
BCBSVT Model Output for items supported by the AVC		(b)	94.97%
BCBSVT Model Output for complete benefit design		(c)	94.99%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	93.8%

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 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		
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

[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 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: Non-Standard Silver CDHP - 94%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 93.76%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1133 seconds
 Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible		\$6,950
	Coinsurance		0%
	OOPM		\$6,950
AVC Output for items supported by the AVC		(a)	64.71%
BCBSVT Model Output for items supported by the AVC		(b)	70.4%
BCBSVT Model Output for complete benefit design		(c)	70.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	65.0%

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

Medical	Drug	Combined
Deductible (\$)		\$6,950.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,950.00
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 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: Non-Standard Bronze CDHP
Plan HIOS ID: 13627VT0390003 and 13627VT0370003
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
 Actuarial Value: 64.71%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1523 seconds
Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan : Non-Standard CDHP Plan - Silver Reflective			
Items supported by the AV Calculator	Deductible		\$4,500
	Coinsurance		0%
	OOPM		\$4,500
AVC Output for items supported by the AVC		(a)	70.98%
BCBSVT Model Output for items supported by the AVC		(b)	76.8%
BCBSVT Model Output for complete benefit design		(c)	77.8%
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		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,500.00
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 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: Non-Standard Silver CDHP Reflective
Plan HIOS ID: 13627VT0390004 and 13627VT0370004
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.98%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1211 seconds
Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Non-Standard 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
- Value-Added benefits for members with diabetes or heart disease, which include 3 additional visits per member at a qualifying specialist at no cost share and wellness (Safe Harbor) pharmacy drugs outside the deductible

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

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
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: 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) 77.74%
BCBSVT Model Output for items supported by the AVC		(b) 83.3%
BCBSVT Model Output for complete benefit design		(c) 84.5%
Estimated AVC value		(d)=(c)/(b)*(a) 78.9%

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: 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 (\$)		\$1,550.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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[Click Here for Important Instructions](#)

	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 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"/>		\$40.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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										
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 type="checkbox"/>		\$40.00	<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"/>		\$40.00	<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 type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input 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 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 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 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): 3
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10): _____

Plan Description:

Name: Non-Standard Gold
 Plan HIOS ID: 13627V/T0380001 and 13627V/T0360001
 Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

77.74%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0586 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: Non-Standard Copayment Plan - Silver			
Items supported by the AV Calculator	Deductible		\$3,000
	Coinsurance		0%
	OOPM		\$8,150
	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)	67.64%
BCBSVT Model Output for items supported by the AVC		(b)	75.5%
BCBSVT Model Output for complete benefit design		(c)	77.6%
Estimated AVC value		(d)=(c)/(b)*(a)	69.5%

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		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,150.00
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 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 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"/>
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"/>		\$1,750.00	<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"/>		\$40.00	<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 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"/>		\$1,750.00	<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"/>		\$1,750.00	<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 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 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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Non-Standard Silver
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.64%

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:

0.1211 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: Non-Standard Copayment Plan - Silver CSR 73%			
Items supported by the AV Calculator	Deductible		\$2,100
	Coinsurance		0%
	OOPM		\$6,200
	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)	72.09%
BCBSVT Model Output for items supported by the AVC		(b)	79.4%
BCBSVT Model Output for complete benefit design		(c)	80.9%
Estimated AVC value		(d)=(c)/(b)*(a)	73.5%

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:

Deductible (\$) _____
 Coinsurance (%; Insurer's Cost Share) _____
 MOOP (\$) _____
 MOOP if Separate (\$) _____

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,100.00
		100.00%
		\$6,200.00

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?	Copay, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, 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 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"/>
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"/>		\$1,500.00	<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"/>		\$40.00	<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"/>		\$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"/>		\$1,500.00	<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"/>		\$1,500.00	<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 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 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: Non-Standard Silver - 73%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.09%

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:

0.1484 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: 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)	76.81%
BCBSVT Model Output for items supported by the AVC		(b)	83.7%
BCBSVT Model Output for complete benefit design		(c)	84.8%
Estimated AVC value		(d)=(c)/(b)*(a)	77.8%

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 (\$)		\$1,000.00
Coinurance (% 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?	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 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 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"/>
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"/>		\$1,500.00	<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"/>		\$40.00	<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"/>		\$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"/>		\$1,500.00	<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"/>		\$1,500.00	<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 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 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 checked="" type="checkbox"/>	60%		<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"/>	40%		<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"/>	60%		<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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Non-Standard Silver - 77%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
76.81%

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:

0.1406 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: Non-Standard Copayment Plan - Silver CSR 87%			
Items supported by the AV Calculator	Deductible		\$200
	Coinsurance		0%
	OOPM		\$2,400
	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)	87.58%
BCBSVT Model Output for items supported by the AVC		(b)	91.6%
BCBSVT Model Output for complete benefit design		(c)	91.9%
Estimated AVC value		(d)=(c)/(b)*(a)	87.9%

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: 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 (\$)			\$200.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$2,400.00
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. MHI/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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		\$5.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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 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 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 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: Non-Standard Silver - 87%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.58%

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:

0.1562 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION

REVISED

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%		
Items supported by the AV Calculator	Deductible	\$0
	Coinsurance	0%
	OOPM	\$950
	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) 93.90%
BCBSVT Model Output for items supported by the AVC		(b) 96.3%
BCBSVT Model Output for complete benefit design		(c) 96.4%
Estimated AVC value		(d)=(c)/(b)*(a) 94.0%

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: 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		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$950.00
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 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"/>		\$0.00	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$14.00	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$20.00	<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 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 checked="" 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 checked="" 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 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"/>		\$0.00	<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 type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		\$5.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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 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 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 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: Non-Standard Silver - 94%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.90%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1484 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: Non-Standard Copayment Plan - Bronze		
Items supported by the AV Calculator	Deductible	\$8,550
	Coinsurance	0%
	OOPM	\$8,550
	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) 63.57%
BCBSVT Model Output for items supported by the AVC		(b) 68.9%
BCBSVT Model Output for complete benefit design		(c) 70.2%
Estimated AVC value		(d)=(c)/(b)*(a) 64.8%

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		
Medical	Drug	Combined
Deductible (\$)		\$8,550.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,550.00
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. 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 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: Non-Standard Bronze
Plan HIOS ID: 13627VT0380003 and 13627VT0360003
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
 Actuarial Value: 63.57%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1523 seconds
Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

REVISED

Plan: Non-Standard Copayment Plan - Silver Reflective			
Items supported by the AV Calculator	Deductible		\$3,000
	Coinsurance		0%
	OOPM		\$8,150
	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)	67.64%
BCBSVT Model Output for items supported by the AVC		(b)	75.5%
BCBSVT Model Output for complete benefit design		(c)	77.6%
Estimated AVC value		(d)=(c)/(b)*(a)	69.5%

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		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,150.00
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?	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 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 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"/>
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"/>		\$1,750.00	<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"/>		\$40.00	<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"/>		\$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"/>		\$1,750.00	<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"/>		\$1,750.00	<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 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 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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Non-Standard Silver - Reflective
Plan HIOS ID: 13627VT0380004 and 13627VT0360004
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.64%

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:

0.1367 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	\$3,000	\$3,000	\$8,550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$8,150	\$8,150	\$8,550
Rx OOPM	\$1,400	\$1,400	\$1,400	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
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 Office Visit	\$30	\$40	\$40	\$0
Physical Therapy Visit	\$30	\$40	\$40	\$0
Specialist Office Visit	3 visits per member at qualified specialists at no cost share before deductible then \$40 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$0 copay
Urgent Care	\$40	\$50	\$50	\$0
Ambulance	\$40	\$50	\$55	\$0
DME	\$40	\$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
Wellness Rx - Generic	\$5	\$5	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Estimated 2021 AVC Value	78.9%	69.5%	69.5%	64.8%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	\$6,200	\$5,200	\$2,400	\$950
Rx OOPM	\$1,400	\$1,400	\$1,400	\$950
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
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 Office Visit	\$40	\$40	\$40	\$20
Physical Therapy Visit	\$40	\$40	\$40	\$20
Specialist Office Visit	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$35 copay
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
Wellness Rx - Generic	\$5	\$5	\$5	\$5
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2021 AVC Value	73.5%	77.8%	87.9%	94.0%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	\$2,550	\$4,475	\$4,500	\$6,950
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$2,550	\$4,475	\$4,500	\$6,950
Rx OOPM	\$1,400	\$1,400	\$1,400	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
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%	65%
Rx Non-Preferred Brand	60%	60%	60%	85%
Estimated 2021 AVC Value	81.9%	71.9%	71.8%	65.0%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	CDHP - Not HSAQ
Medical Deductible	\$3,850	\$2,900	\$1,450	\$550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$3,850	\$2,900	\$1,450	\$550
Rx OOPM	\$1,400	\$1,400	\$1,400	\$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 2021 AVC Value	74.0%	77.7%	87.7%	93.8%

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Reviewer Note

Created By:

Thomas Crompton on 08/24/2020 01:14 PM

Subject:

Original RRS tab and RRD

Comments:

Original RRS tab and RRD submitted on 05/08/20.

Rate Information

Rate Info Applies:Rate Data is Required

Filing Method:Experience Rated

Rate Change Type:Increase

Overall Pct. of Last Revision:12.430

Effective Date of Last Revision01/01/2020

Filing Method of Last Filing:Experience Rated

SERFF Tracking Number of Last Filing:[BCVT-131936226](#)

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	4.158%	4.158%	\$12,170,952	23,810	\$292,726,577	10.958%	-2.635%

[View Rate Review Detail](#)

Company Name: BCBSVT

HHS Issuer ID:  * 13627

PRODUCTS:  *

Product Name (Max 50 characters.)*	HIOS Product ID	HIOS Submission ID	Number of Covered Lives*
BCBSVT EPO (Individual)	13627VT034		10,413
BCBSVT EPO (Small Group)	13627VT032		12,225
BCBSVT EPO CDHP (Individual)	13627VT035		1,863
BCBSVT EPO CDHP (Small Group)	13627VT033		2,263
BCBSVT EPO Vermont Preferred (Individual)	13627VT038		2,505
BCBSVT EPO Vermont Preferred (Small Group)	13627VT036		1,159
BCBSVT EPO Vermont Select CDHP (Individual)	13627VT039		2,846
BCBSVT EPO Vermont Select CDHP (Small Group)	13627VT037		5,147

Trend Factors: 

FORMS: * 

New Policy Forms: N/A

Affected Forms for Closed Blocks: N/A

Other Affected Forms: N/A

REQUESTED RATE CHANGE INFORMATION: 

Change Period: * Annual

Member Months: * 520,581

Benefit Change: * Increase

Percent Rate Change Requested: Min: * -2.635 Max: * 10.958 Weighted Avg.: * 4.158

PRIOR RATE: 

Total Earned Premium: * 292,726,577.00

Total Incurred Claims: * 256,406,137.00

Annualized PMPM \$: Min: * 265.36 Max: * 805.41 Weighted Avg.: * 634.91

REQUESTED RATE: 

Projected Earned Premium: * 304,897,529.00

Projected Incurred Claims: * 275,011,338.00

Annualized PMPM \$: Min: * 259.79 Max: * 939.97 Weighted Avg.: * 661.31

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Post Submission Update Request Processed On 08/24/2020

Status:	Allowed
Created By:	Martine Brisson-Lemieux
Processed By:	Thomas Crompton
Comments:	This post submission update has been allowed per GMCB Order.

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 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	4.158%	6.340%
Overall % Rate Impact	4.158%	6.340%
Written Premium Change for this Program	\$12170952	\$18557919
Maximum %Change (where required)	10.958%	13.265%
Minimum %Change (where required)	-2.635%	-0.656%

Product:	NEW
Product Name	BCBSVT EPO (Small Group)
HIOS Product ID	13627VT032
Number of Covered Lives	12225

Product:	NEW
Product Name	BCBSVT EPO CDHP (Individual)
HIOS Product ID	13627VT035
Number of Covered Lives	1863

Product:	NEW
Product Name	BCBSVT EPO CDHP (Small Group)
HIOS Product ID	13627VT033
Number of Covered Lives	2263

Product:	NEW
Product Name	BCBSVT EPO Vermont Preferred (Individual)
HIOS Product ID	13627VT038
Number of Covered Lives	2505

Product:	NEW
Product Name	BCBSVT EPO Vermont Preferred (Small Group)
HIOS Product ID	13627VT036
Number of Covered Lives	1159

Product:	NEW
Product Name	BCBSVT EPO (Individual)
HIOS Product ID	13627VT034
Number of Covered Lives	10413

Product:	NEW
Product Name	BCBSVT EPO Vermont Select CDHP (Individual)

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

HIOS Product ID	13627VT039
Number of Covered Lives	2846

Product:	NEW
Product Name	BCBSVT EPO Vermont Select CDHP (Small Group)
HIOS Product ID	13627VT037
Number of Covered Lives	5147

REQUESTED RATE CHANGE INFORMATION:

Min:	-2.635	-0.656
Max:	10.958	13.265
Weighted Avg.:	4.158	6.34

REQUESTED RATE:

Projected Earned Premium:	304,897,529.000	311,284,496.000
Projected Incurred Claims:	275,011,338.000	276,605,385.000
Min:	259.790	265.070
Max:	939.970	959.580
Weighted Avg.:	661.310	675.160

SERFF Tracking #:	BCVT-132371410	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:	2021 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:	12.430%
Effective Date of Last Rate Revision:	01/01/2020
Filing Method of Last Filing:	Experience Rated
SERFF Tracking Number of Last Filing:	BCVT-131936226

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	4.158%	4.158%	\$12,170,952	23,810	\$292,726,577	10.958%	-2.635%

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: 2021 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		10413
BCBSVT EPO (Small Group)	13627VT032		12225
BCBSVT EPO CDHP (Individual)	13627VT035		1863
BCBSVT EPO CDHP (Small Group)	13627VT033		2263
BCBSVT EPO Vermont Preferred (Individual)	13627VT038		2505
BCBSVT EPO Vermont Preferred (Small Group)	13627VT036		1159
BCBSVT EPO Vermont Select CDHP (Individual)	13627VT039		2846
BCBSVT EPO Vermont Select CDHP (Small Group)	13627VT037		5147

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: 520,581
Benefit Change: Increase
Percent Change Requested: Min: -2.635 Max: 10.958 Avg: 4.158

PRIOR RATE:

Total Earned Premium: 292,726,577.00
Total Incurred Claims: 256,406,137.00
Annual \$: Min: 265.36 Max: 805.41 Avg: 634.91

REQUESTED RATE:

Projected Earned Premium: 304,897,529.00
Projected Incurred Claims: 275,011,338.00
Annual \$: Min: 259.79 Max: 939.97 Avg: 661.31

SERFF Tracking #:	BCVT-132371410	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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	BCBSVT 2021 VISG Rate Filing - Actuarial Memorandum - REDACTED.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:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Does not meet or exceed threshold.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	2021 BCBSVT VISG Rate Filing - Rate Filing Certification.cleaned.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:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021.pdf Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021.xlsm UnifiedRateReviewSubmission_BCBSVT_2021_20200506225757_20200508141740.xml
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memo Dataset
Comments:	
Attachment(s):	Actuarial Memo Dataset 2021_BCBSVT_2021.pdf Actuarial Memo Dataset 2021_BCBSVT_2021.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Attachments
Comments:	
Attachment(s):	Attachment A - Standard Plans AV Certification 2021.pdf Attachment B - Non-Standard Plans AV Certification 2021.pdf Attachment C - Contribution to Policyholder Reserves - REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Tables
Comments:	
Attachment(s):	PY21RateTables_BCBSVT_2021.pdf PY21RateTables_BCBSVT_2021.xls PY21Rate_Data_BCBSVT_2021.xml
Item Status:	
Status Date:	

Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	BCBSVT 2021 VISG Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
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State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Comments:	
Attachment(s):	BCBSVT - 2021 VISG Rate Filing Exhibits - REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	BCBSVT 2021 VISG Filing - Cover Letter.cleaned.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 1 - 05.19.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 2 - 06.11.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 2.pdf Responses to BCBSVT 2021 VISG Inquiry 2 - EXCEL.pdf Responses to BCBSVT 2021 VISG Inquiry 2.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Response to BCBST 2021 VISG HCA Inquiry - 06.15.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG HCA Actuarial Inquiry.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 3 - 06.26.2020
Comments:	
Attachment(s):	Responses to BCBSVT 2021 VISG Inquiry 3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to BCBSVT 2021 VISG Inquiry 4 - 07.01.2020
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State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	2021 Vermont Individual and Small Group Rate Filing		
Project Name/Number:	/		

Comments:	
Attachment(s):	BCBSVT Actuarial Report_COVID-19 Modeling.pdf BCBSVT RBC Outlook.pdf Responses to BCBSVT 2021 VISG Inquiry 4.pdf REVISED 2021 VISG Exhibits 3J to 9B - CONFIDENTIAL_Redacted.pdf Revised 2021 VISG BCBSVT URRT.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Responses to BCBSVT 2021 VISG Post Hearing Questions
Comments:	
Attachment(s):	2020 07 03 BCBSVT Responses to Post Hearing Questions.pdf BCBSVT Responses to Post-Hearing GMCB Questions - EXCEL.pdf BCBSVT RBC Outlook_Updated.pdf BCBSVT Responses to Post-Hearing GMCB Questions.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	BCBSVT 2021 VISG Rate Filing - Amended per GMCB Order
Comments:	
Attachment(s):	BCBSVT 2021 VISG Rate Filing - Amended Cover Letter per GMCB Order.pdf BCBSVT - 2021 VISG Rate Filing Exhibits - Amended per GMCB Order.pdf Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021_AmendedPerGMCBOrder.xlsm UnifiedRateReviewSubmission_2021_BCBSVT_VISG_AmendedPerGMCBOrder_20200821113739.xml Unified-Rate-Review-Template-v5.1_0_BCBSVT_2021_AmendedPerGMCBOrder.pdf PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.xls PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.xml PY21RateTables_BCBSVT_2021_AmendedPerGMCBOrder.pdf
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: 2021 Vermont Individual and Small Group Rate Filing

Project Name/Number: /

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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, 2021

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 2021 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
- Vermont State Law 18 V.S.A. § 9375(b)(6)
- 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

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1.4. Proposed Rate Increase(s)

The average increase is 6.3 percent. Increases for specific plans range from -0.7 percent to 13.3 percent. The range of increases is due to changes to the actuarial values and plan designs. Apart from the Catastrophic plan and the Vermont Select CDHP Gold, the increases range from 3.4 percent to 7.2 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 2019 experience. Claims experience for 2019 was very slightly favorable relative to the expectation embedded within the 2020 filing, driven by a 1.3 percent improvement due to BCBSVT cost containment programming that exceeded expectations. The addition of a favorable risk adjustment transfer resulted in a net decrease to 2021 rates of 1.4 percent for rebasing to the correct 2019 base experience

The 2020 approved rates included assumptions for projecting from 2019 to 2020. Because this 2021 filing is based on updated actuarial assumptions that reflect current data, those assumptions must be re-examined. While some assumptions restated upward and others downward, the current projection of 2020 implicit in the 2021 rates does not differ from the projection in the 2020 filing. Therefore, the impact of rebasing the 2020 projection is zero.

Rebasing of 2020	2021 Rate Impact
Impact of updated trends	0.7%
Impact of updated 2020 risk adjustment transfer	0.7%
Impact of updated population changes	-1.4%
Total impact of rebasing the 2020 projection	0.0%

An additional year of projected trend applies from 2020 to 2021. The overall anticipated increase in rates due to the additional year of projection is 9.2 percent:

2020 to 2021 Trend Component	Filed 2021	2021 Rate Impact
Medical Utilization	4.0%	3.2%
Medical Unit Cost	3.8%	3.1%
Pharmacy	13.4%	2.7%
Dental	0.7%	0.0%
Vision	0.0%	0.0%
Total		9.2%

Population changes from 2020 to 2021 have the effect of very slightly increasing rates by 0.4 percent. We project a higher risk adjustment receivable in 2021, driven primarily by population

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changes, premium increases, and continual changes to the HHS model. The higher projected receivable reduces rates by 1.0 percent.

Benefit changes made by the Department of Vermont Health Access for standard plans and by BCBSVT for non-standard plans only partially offset the impact of benefit leverage. Altogether, factors related to plan design, actuarial value, silver loading and induced utilization increased rates by 0.9 percent.

BCBSVT base administrative charges increase premiums by 0.4 percent. BCBSVT is preparing to take over the billing for VHC enrolled members. Further, starting in plan year 2021, BCBSVT will offer members the opportunity to pay their premiums via debit or credit card. Projected 2021 expenses for these additional services increase premium by 0.6 percent.

Federal and state taxes and fees are expected to decrease substantially in 2021. Driven primarily by the repeal of the federal insurer fee (also known as the Health Insurer Tax) after a one-year return, taxes and fees decrease premiums by 2.0 percent.

BCBSVT has embarked on numerous efforts to mitigate premium increases. BCBSVT has continued to work closely with its pharmacy benefit manager to improve network pricing and maximize rebates. We have also developed strategies in partnership with our contracted lab benefit manager that have dramatically reduced expenditures on laboratory services. Altogether, these rate mitigation measures result in a reduction of 1.7 percent, or a projected \$5.2 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.

Year	Member Months	Filed Contribution to Reserve	Approved Contribution to Reserve*	Actual Contribution to Reserve	Actual operating gains/ (losses)
2014	638,492	1.0%	-0.1%	1.0%	\$2,570,373
2015	768,293	1.0%	1.0%	-1.4%	(\$7,971,613)
2016	835,541	2.0%	0.8%	-3.8%	(\$14,311,831)
2017	820,156	2.0%	1.0%	1.0%	\$4,053,501
2018	630,163	2.0%	-3.8%	-3.4%	(\$11,999,422)
2019	520,854	1.5%	0.0%	-0.4%	(\$1,396,912)
Cumulative	4,213,499	1.6%	-0.2%	-1.4%	(\$29,055,904)

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

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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.

Since inception, BCBSVT has lost over \$29 million on this line of business, leading to a reduction of approximately 126 percentage points of Risk-Based Capital (RBC).

1.7. Environmental Factors

All Payer Model

The All Payer Model agreement between the State and CMS officially began Performance Year 1 on January 1, 2018. The first year of the program included scale target and performance requirements for an Accountable Care Organization (“ACO”) centric value based care arrangement. For the first time, Medicare, Medicaid and BCBSVT held risk based contracts with OneCare Vermont, LLC (“OneCare”). ACO performance for the All Payer Model is assessed by comparing per capita medical expense growth to the 2017 benchmarks. 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 benefits and provider choice – there are no network or benefit restrictions. BCBSVT remains the sole commercial health plan participating in Vermont’s All Payer Model.

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’s agreement with OneCare aligns with the All Payer Model, including quality metrics, member engagement programs and collaboration efforts focusing on underlying programs supporting success in this program, as well as a medical expense target methodology aligned with filed and approved premiums. Alignment between BCBSVT premiums and the medical expense target is necessary both to demonstrate OneCare’s impact on health plan rates and to share savings with policyholders.

Continuation of the BCBSVT and OneCare agreement through 2020 and beyond demonstrates BCBSVT’s continuing leadership and support of health care payment reform and the goals of the All Payer Model. Together, BCBSVT and OneCare made tremendous progress in 2019 to increase participation in the program by including a substantial percentage of BCBSVT’s large group clients in the program. The addition of several thousand members provides additional scale to the All Payer Model, providing additional support to providers who are working to transform patient care.

Though a final reconciliation of 2019 results has not yet been completed, preliminary analysis indicates that OneCare’s performance likely did not result in savings relative to the medical expense target.

While shared accountability of total cost of care with providers is an important step, BCBSVT continues to evaluate areas to achieve savings and improve the health and experience of BCBSVT members. Applying experience and knowledge gained from the first two years of the shared risk agreement, BCBSVT is continuing to work closely with OneCare on targeted approaches to improve access to primary care and close gaps in care in a way that meaningfully impacts the

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cost of care. These efforts are necessary to support the provider system as it works to improve the efficiency and effectiveness of the care delivery system.

Though BCBSVT remains committed to and optimistic about this important work, the performance to date of this arrangement gives no clear basis for projecting savings in the near term; as such, this filing does not include any adjustment to projected expenditures related to the OneCare program.

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, and must meet specific metal actuarial values (AVs).

Beginning in 2019, after the passage of Act 88¹, issuers are allowed 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 remains a temporary solution due to the present lack and future uncertainty of federal funding.

We believe that silver loading had a positive impact on the market, both by avoiding subsidization of the federal government by policyholders and by allowing subsidized members more freedom of choice through higher federal premium subsidies. Blue Cross is continuing to pursue a legal case to require payment for the lost CSR federal funding. While still in progress, developments in related cases are positive. If these funds are paid in 2021 or a future year, they will be used to mitigate future rate increases by replenishing member reserves that had been depleted by the loss of federal funding in 2017 and 2018.

Vermont State Legislature

The rates submitted reflect current law coverage, benefits and cost sharing amounts in place for 2021. The Vermont legislature is currently in session, and there are a number of bills being considered that could impact the 2021 rates described in this filing. If any of these bills pass and become effective for the 2021 plan year, BCBSVT expressly reserves the right to amend these submitted rates to reflect any changes required by new law.

COVID-19

The COVID-19 pandemic has caused unprecedented disruption to the health care system. Actuarial considerations for projecting 2021 costs are discussed in section 3.4.8. A more complete exploration of the BCBSVT response to COVID-19 can be found in Attachment C.

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

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1.8. Vermont Statutory Rate Review Criteria

When reviewing a proposed rate the Green Mountain Care Board must consider:

whether a rate is affordable, promotes quality care, promotes access to health care, protects insurer solvency, and is not unjust, unfair, inequitable, misleading, or contrary to the laws of this State.

8 V.S.A. § 4062(a)(3). The Board must also consider the Department of Financial Regulation's "analysis and opinion on the impact of the proposed rate on the insurer's solvency and reserves." 8 V.S.A. § 4062(a)(2)(B). The purpose of this memorandum is to provide the actuarial basis for the proposed rate. Although a number of the rate review criteria are not technically actuarial in nature, this section briefly explains how BCBSVT's actuarial calculations relate to the criteria, with the understanding that (consistent with Board practice) these issues will be more fully developed during the rate review process.

The in § 4062(a)(3) criteria are interdependent and, in some cases, in tension. This tension reveals itself most clearly in the interplay among promoting "access to health care," "quality care" and determining whether a rate is "affordable." For example, lowering rates to make them more "affordable" can render the rates insufficient to cover members' claims, which in turn threatens access to quality care for insured. As another example, excluding coverage for new, high-cost specialty medications would certainly make rates more affordable, but at the expense of denying access to care for those in need of the medications.

Unlike quality care and access to care, "protection of insurer solvency" is demonstrably not in conflict with affordability. The Vermont Department of Financial Regulation considers insurer solvency to be the most fundamental aspect of consumer protection². Insurer solvency is a necessary pre-condition for affordability, because reducing rates to levels that result in insurer insolvency would place the entire burden of the cost of care on consumers. Because members cannot likely afford their full cost of care, this result would cut off consumer access to care and impede providers' ability to provide high-quality care. Furthermore, reductions producing rates that are inadequate to any extent do not promote long-term affordability, as they simply shift costs from current policyholders to future policyholders. The full funding of adequate rates is thereby critical to both insurer solvency and affordability³.

The federal rate review criteria of "not excessive" and "not inadequate" are tested by actuarial analysis. Actuarial Standard of Practice No. 8⁴ provides guidance to actuaries preparing regulatory filings for health insurance premium rate increases. It defines rates as "adequate" if they provide for payment of claims, administrative expenses, taxes, and regulatory fees and have reasonable contingency or profit margins. Similarly, rates are "excessive" if they exceed the amount necessary for these items. As documented in Section 5.2, the rates filed herein are neither excessive nor inadequate. It follows that rates that are adequate but not excessive

² See, for instance, DFR solvency opinion in filing BCVT-131497882.

³ While it is true that "affordability" is in conflict with "insurer profitability," the latter quantity is not among Vermont rate review criteria.

⁴ http://www.actuarialstandardsboard.org/wp-content/uploads/2014/07/asop008_100.pdf

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cannot jeopardize insurer solvency or be deemed to be unjust, unfair, inequitable or misleading. Neither are the rates contrary to Vermont law.

Here, projected increases in health care costs would have fueled a premium increase of 9.2 percent in the absence of actions undertaken by BCBSVT to mitigate the increase⁵.

Spending on specialty pharmaceuticals, through both the retail pharmacy and medical benefits, is driving 3.7 percentage points of the total rate increase. BCBSVT supports and protects our members by ensuring access to medications that significantly improve quality of life, and in many cases save lives. The cost of these drugs is an appropriate topic for public policy discussion, particularly given their impact on rates. However, in the absence of federal or state legislation mitigating the very high cost of these drugs, and given the need to provide access to this care, BCBSVT must include those costs in the rate development. The additional cost of providing these life-altering therapies is expected to lead to greater affordability and/or quality of life in the long term.

Finally, these rates strike the best balance available among affordability, access to care and quality care by providing coverage for necessary medical services that improve the quality of life of Vermonters at a cost of insurance that is far lower than that allowed by federal and State medical loss ratio requirements (see section 3.8.9). Increases in BCBSVT base administrative costs added only 0.4 percent, or just over a million dollars, to premiums, while new programming implemented by BCBSVT shaved over \$5 million from required rates.

⁵ The premium increase was further mitigated by Congress permanently eliminating the Federal Insurer Fee.

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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 2021. 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 over 94 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 filing for these products can be found under BCVT-132314197 for deductible plans and BCVT-132314338 for CDHP plans. BCBSVT is also providing rates for the catastrophic plan, also outlined in Exhibit 1A. The form filing for this plan can be found under BCVT-132314394.

BCBSVT Non-Standard Plans: BCBSVT is providing rates for two non-standard products. The first product, Vermont Select CDHP, offers HSA compatible plans with deductible at the same level as the out-of-pocket. The second product, Vermont Preferred, offers plans with zero cost share for some primary care or mental health visits and some specialist visits to manage diabetes and heart disease. Both products waive deductibles for wellness drugs. Please see Exhibit 1B - “Non-Standard Plan Designs” for details on the benefit structure. The form filing for these products can be found under BCVT-132314366 for Vermont Preferred and BCVT-132314340 for Vermont Select CDHP.

Reflective Silver Plans

As described in section 1.7, pursuant to Act 88, BCBSVT will be offering certain silver plans only off-exchange for the 2021 plan year. These plans will be “reflective” of the Exchange plans and only have a \$5 copayment, 5% coinsurance or \$25 deductible difference from the Exchange plan.

Uniform Compliance

Benefits of all Standard plans and Vermont Select CDHP are in compliance with 45 CFR §147.106. Specifically, the 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 2020.

The changes to the Vermont Preferred benefit are not a uniform modification. The benefits continue to be offered on BCBSVT’s Exclusive Provider Organization (EPO) network and continue to cover the same service area. Each product covers the same benefits as covered for plan year 2019. However, in order to provide new and unique benefits to members with certain diagnosed conditions, some cost sharing levels were modified beyond those required only to maintain the same metal tier levels. BCBSVT received approval to withdraw the 2020 plans and replace with 2021 versions. The table below shows the mapping for this change:

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Market	2020 Name	2020 QHPID	2021 Name	2021 QHPID
Small Group	Blue Rewards Gold	13627VT0360001	Vermont Preferred Gold	13627VT0360005
Small Group	Blue Rewards Silver	13627VT0360002	Vermont Preferred Silver	13627VT0360006
Small Group	Blue Rewards Silver - Reflective	13627VT0360004	Vermont Preferred Silver - Reflective	13627VT0360008
Small Group	Blue Rewards Bronze	13627VT0360003	Vermont Preferred Bronze	13627VT0360007
Individual	Blue Rewards Gold	13627VT0380001	Vermont Preferred Gold	13627VT0380005
Individual	Blue Rewards Silver	13627VT0380002	Vermont Preferred Silver	13627VT0380006
Individual	Blue Rewards Silver - Reflective	13627VT0380004	Vermont Preferred Silver - Reflective	13627VT0380008
Individual	Blue Rewards Bronze	13627VT0380003	Vermont Preferred Bronze	13627VT0380007

2.2. AV Metal Values

Standard plans are designed by the State of Vermont and offered by all issuers in the VISG market. Please see *Attachment A - Standard Plans AV Certification - 2021* for the certification provided by the State.

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 - Non-Standard Plans AV Certification - 2021*, 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

Our analysis begins with the 2019 experience of Blue Cross and Blue Shield of Vermont (BCBSVT) Individual and Small Group markets. We will refer to this population as the Single Risk Pool.

We analyzed claims incurred January 1, 2019 through December 31, 2019 and paid through February 29, 2020. We completed both the paid claims and the allowed charges using BCBSVT's monthly reserving models that underpin 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.). We calculate completion factors 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 January 1, 2019 through December 31, 2019 and paid through February 29, 2020	\$292,938,515	\$ 347,812,930
Estimate of IBNR for claims incurred January 1, 2019 through December 31, 2019 as of February 29, 2020	\$2,151,106	\$1,606,760
Estimate of IBNR pharmacy rebates incurred January 1, 2019 through December 31, 2019 as of February 29, 2020	(\$3,157,054)	(\$3,157,054)
Total completed experience period claims	\$291,932,567	\$346,262,636
Member months	520,581	520,581
Total per member per month (PMPM)	\$560.78	\$665.15

The experience period total allowed charges PMPM are \$665.15.

In the experience period, the earned premium was \$309,718,520. BCBSVT will not be required to pay Minimum Loss Ratio (MLR) rebates for the 2019 calendar year. Vermont does not currently have a 1332 waiver for a Reinsurance program. The estimated 2019 risk adjustment receivable, based on the information from the Interim Report, is \$20,997,656.

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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). We then separate facility claims 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.

We populate the prescription drug benefit category for claims processed through our pharmacy benefit manager.

We populate the capitation benefit category 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 allowed charges per member per month in the experience totals \$703.28. 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	\$665.15
Allowed Claims for Non-EHB	\$0.08
Experience Index Rate in section 2 of worksheet 1 of URRT	\$665.07

The experience index rate for 2019 is \$665.07.

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 are 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. We use the FFS equivalent rather than the capitation.

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

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	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$346,262,636	\$665.15
Remove BlueCard Fees	(\$1,248,364)	(\$2.40)
Remove Pharmacy Rebates	\$9,924,906	\$19.07
Remove Payments to Blueprint Program	(\$1,992,320)	(\$3.83)
Replace Capitation with FFS equivalent	(\$1,562,706)	(\$3.00)
Line A of Exhibit 5	\$351,384,152	\$675.98

3.3.1. Pooling experience claims

Starting in 2020, BCBSVT purchased reinsurance coverage for the VISG population that covers the portion of claims above one million dollars that is not already reimbursed by the high cost risk pool. To project the claims above the pooling point, we cap the claims and include the full cost of reinsurance and high cost risk pool. To cap the projected claims, we calculate the de-trended pooling level by removing the total trend (see section 3.4.7 for details) from the attachment point of one million dollars. We then exclude the claims above the resulting de-trended limit of \$849,023.

CY 2019 total allowed claims (including AHP returning to VISG)	A	\$364,168,549
Claims above \$849,023	B	\$1,225,572
Capped Claims	$C = A - B$	\$362,942,977
Impact of capping claims (1+a ₃ on Exhibit 5)	$D = C / A$	0.9966

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3.4. Projection Factors

3.4.1. Membership Projections

As of February 2020, BCBSVT had 39,195 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 2021 enrollment and the distribution by plan.

BCBSVT currently covers employees and dependents of a sizable group whose members are younger than the remainder of the single risk pool and are exclusively enrolled in the Platinum plan. As this group was established for a specific and temporary effort, we do not expect them to continue enrollment into 2021. We are excluding these members from all our membership projection factors.

Exhibit 2A shows the 2021 BCBSVT Individual and Small Group projected population by plan and market.

BCBSVT expects to cover 461,052 member months with this filing.

We use this projected membership to adjust our Index Rate for demographics, morbidity, benefit changes, and other allowable adjustments described below.

3.4.2. Changes in the Morbidity of the Population Insured

Impact of Association Health Plans (1+b₅)

Starting in 2019, Association Health Plans (AHPs) became available to Small Employers. Renewal of these plans was prohibited by federal law. Some, but not all, employers who had purchased AHP benefits in 2019 enrolled in BCBSVT VISG products in 2020. To adjust for these members, we included their claims and member months along with VISG small groups in the various population factors described below. We also made an explicit adjustment to reflect their level of claims compared to the single risk pool in 2019. Pediatric dental and vision benefits we either not offered through BCBSVT or were offered as a rider to the groups. We assume that AHP groups would have had the same PMPM pediatric dental and vision experience as VISG small groups. The calculation of the 1+b₅ factor on Exhibit 5 is shown on Exhibit 2B.

Changes in pool morbidity (1+b₉)

This factor measures morbidity differences between the experience period population and projection period population due to choices made by small groups and individuals to voluntarily disenroll from BCBSVT VISG coverage. The impact is measured by observing experience period claims costs for groups and members known to be no longer enrolled as of February 2020.

The base for our experience period is calendar year 2019. Using February 2020 enrollment, we grouped members into broad categories of active and canceled. We can further divide canceled members into two categories: voluntary cancellation and cancellation due to death. We can further break down voluntary cancellations by aging out, cancellations from normal group turnover, and individual cancellations. We capture individuals aging out in our demographic

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adjustment (see section 3.4.5). In 2020, we again experienced significant cancellations in the Small Group segment. To reflect this, we are adjusting for Small Group members leaving BCBSVT VISG. If all members in a group are no longer enrolled in BCBSVT VISG, we exclude them under the assumption that the entire group moved to a different carrier or different product. If members that canceled were part of a group that is still with BCBSVT VISG, we assumed that group turnover will lead to the hiring of similarly-situated individuals; therefore, an adjustment is not needed for such members. We also excluded members from a sizable group established for a specific and temporary effort, as we do not expect them to continue enrollment into 2021.

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 2019.

To ensure that the morbidity and benefit change factors are independent, we adjusted the PMPM to reflect the underlying average induced utilization.

	Voluntary Cancellation in the Individual Market	Members in Groups that are no longer with BCBSVT VISG	All Other Members	Total
Experience Period Allowed			\$304,699,425	\$364,197,058
Member Months			450,000	540,594
PMPM			\$677.11	\$673.70
Experience Period Average Induced Utilization			1.0003	1.0000
PMPM after normalization for induced utilization			\$676.91	\$673.70

The factor $(1+b_9)$ on Exhibit 5) to adjust for the change in pool morbidity is $\$676.91/\$673.70 = 1.0048$.

3.4.3. Changes in Benefits

Impact of changes in benefits $(1+c_1)$

The impact of benefit changes $(1+c_1)$ 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. In previous filings, we used BCBSVT VISG allowed relativities to calculate this factor. This approach implicitly includes the impact of selection and morbidity. We believe it is more appropriate to use the HHS induced utilization factors by metal to limit the quantification to only the impact of varying cost shares between the experience plan distribution and the projected plan distribution. For groups in AHP in 2019, we assigned a metal level to each of the plans offered. Using the experience member months for members included in the “All Other Members” category of the morbidity factor described above and the projected

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membership by metal, we calculated an average induced utilization factor for each and compared the two averages to generate the impact of changes in benefits. The impact of the movement among benefit plans is 0.9961, as shown on Exhibit 2C.

3.4.4. Changes in Demographics

Impact of changes in demographics ($1+c_3$)

To ensure that we accounted for all moving pieces of the reasons for the change in demographics, we have changed our method for developing the change in demographic factor (factor $1+c_3$ on Exhibit 5). We calculated factors for small groups, including AHP groups who return to BCBSVT VISG, and for individuals. We then combined the factors based on projected membership.

For both market segments, we used the age-gender factors from the SOA's report Health Care Cost - From Birth to Death⁶ to calculate the age-gender factors for the experience membership to those of the projected 2021 membership.

For small groups, we first observed the historical annual increases in average age-gender factors for continuing and new groups, excluding a sizable group established for a specific and temporary effort. After adjusting for excluding this sizable group, we apply the most recent increase including the new groups to the experience average age-gender factor, to project from 2019 to 2020. Because we assume no material enrollment shifts in 2021, we apply the most recent increase *excluding* new groups from 2020 to 2021.

For individuals, we first split into VHC-enrolled and direct-enrolled members. We then categorized each member in the following sub-categories: continue, retired, newborn, to other BCBSVT line of business, and voluntarily canceled. For continuing members, we aged all members by one year starting with their February 2020 age and calculated the average duration by age. We assigned the age one duration to members age zero in 2020. We assessed historical persistency by age for members who are eligible for Medicare. Based on historical patterns, we assumed that 28 percent of members age 64 in 2020 would remain enrolled through 2021, and that 55 percent of members age 65 and over in 2020 would remained enrolled through 2021. Finally, in order to complete the age distribution, we added new members age zero in 2021. Again, we examined historical patterns to develop newborn assumptions. For the VHC enrolled population, we expect newborns to comprise 0.35 percent of the total population with an average duration of 3.52 months. For direct enrolled members, we expect the newborns to comprise 0.55 percent with an average duration of 4.84 months. We applied these percentages to the inforce 2020 enrollment to estimate the newborns in 2021. We then compared the experience period average age-gender factor to the projected period average age-gender factor.

Finally, we combined the individual and small group impacts based on projected enrollment to calculate the demographic adjustment of 1.0070 ($1+c_3$ factor on Exhibit 5).

Details of the calculation are shown on Exhibit 2D.

⁶ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

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3.4.5. Other Adjustments

The buildup of the Projected Index Rate also includes a factor to reflect new pharmacy contracts and adjustments for non-system claims⁷.

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.

Impact of the ACO program ($1+b_4$ and $1+b_6$)

In 2019, BCBSVT and OneCare VT (OCV) had a shared-risk/shared-savings agreement covering approximately 20,000 lives within the VISG market. The agreement provides for 50/50 sharing of savings or risk up to six percent above or below the expected medical spend, which is derived from the final approved GMCB rate order for the VISG market. [REDACTED]

[REDACTED] Our current best estimate of the 2019 transfer is zero. Therefore the factor for this program ($1+b_4$ on Exhibit 5) is 1.000.

BCBSVT extended the shared risk/shared-savings agreement with OneCare into 2020 and expects to continue the program in 2021. Due to the impact of the COVID-19 pandemic on providers, members and payers, we expect 2021 to be a recovery year. We therefore include no projected savings from health care reform initiatives in 2021. The factor for these initiatives ($1+b_6$ on Exhibit 5) is 1.000.

3.4.6. Non-System Claims

We add other costs to the buildup of the Projected Index Rate to account for non-system claims (Items e_1 - e_8 on Exhibit 5). As previous explained in section 3.3, these non-system claims are claims that are independent from the benefits but considered claims from an MLR standpoint.

- Pharmacy Rebates (e_1):
Since we have not yet received the details underlying the rebate payment for the fourth quarter of the 2019 calendar year, we use actual rebates from October 2018 through September 2019 as the base. We expect pharmacy rebates to trend at the same rate as Brand Drugs. As shown on Exhibit 3G, the projected total trend for Brand drugs is 7.6 percent, which brings projected pharmacy rebates to \$29.91 PMPM.
- Blueprint Payments (e_2):
BCBSVT participates in the Vermont Blueprint for Health⁸ program. The Vermont Blueprint for Health Manual, effective October 1, 2018, 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 2021. Therefore, we assumed that the experienced PMPM of \$3.84 would continue to 2021.

⁷ Non-system claims are payments that are not processed through the claims adjudication system.

⁸ <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 have selected an annual medical utilization trend, before the impact of the cost containment strategy, of 3.6 percent; therefore, these fees are assumed to increase at 3.6 percent annually. The experience period fees (\$2.46 PMPM) are projected to grow to \$2.64 PMPM in 2021.
- Vermont Vaccine Purchasing Program Payments (e₄):**
 The Vermont Vaccine Purchasing Program⁹ (VVPP) offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers and other payers. This assessment is a PMPM charge applied to members residing in Vermont who are under age 65. On May 1, 2020, the Vermont Vaccine Purchasing Program released a memo¹⁰ that included the rates for SFY2021 and the anticipated rates for SFY2022¹¹: *“The new monthly rate for child covered lives will be \$9.26. The new monthly rate for adult covered lives will be \$0.96. [...] For planning purposes, the best estimate at this time for the SFY2022 assessment rate is \$10.60 per child covered life per month and \$1.09 per adult covered life per month.”*

Using the projected enrollment for children and adults, we calculate a projected period PMPM of \$2.11 PMPM.

Age Category	Weighted Rate for CY 2021	Weight
Child	\$10.27	11.7%
Adult	\$1.06	86.1%
Over 65	\$0.00	2.2%

- Net Cost of Reinsurance (e₅):**
 BCBSVT uses reinsurance to protect itself against very high claims. Starting in 2020, BCBSVT purchased reinsurance for 40 percent of claims above \$1 million. When combined with the High Cost Risk Pool program, BCBSVT is fully-reinsured at an attachment point of \$1 million. Since we capped claims in the projected period allowed claims for EHB (line D of Exhibit 5) at \$1 million, we include the full cost of reinsurance. The projected rate for this coverage in 2021 is \$[REDACTED] PMPM.
- 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

⁹ <http://www.vtvaccine.org/>

¹⁰ [https://www.vtvaccine.org/vtvaccine.nsf/documents/ApprovalofFY2021AssessmentRateNoticeandLetterfromCommissioner2.html/\\$File/2020-04-23%20Assessment%20Rate%20Notice%20SFY2021%20and%20Commissioner%20Letter.pdf](https://www.vtvaccine.org/vtvaccine.nsf/documents/ApprovalofFY2021AssessmentRateNoticeandLetterfromCommissioner2.html/$File/2020-04-23%20Assessment%20Rate%20Notice%20SFY2021%20and%20Commissioner%20Letter.pdf)

¹¹ The State Fiscal Year runs from April 1 through March 31.

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and supports the comprehensive care models being tested within the ACO program. The monthly PMPM for members attributed to OneCare is \$3.25. For 2021, we expect that the commercial ACO network will include the same hospitals as in the 2020 network. As of March 2020, 50 percent of the Single Risk Pool was attributed to the 2020 OneCare network. The projected PMPM is therefore $\$1.63 = \3.25×0.50 .

- **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 potentially harmful drug interactions. The total PMPM in the experience period was \$ [REDACTED] PMPM for these services, and we project them to be the same in 2021.
- **Accordant Health Services Fees (e₈)**
BCBSVT partners with Accordant Health Services to provide members support with managing their rare diseases. The program targets patients with complex, chronic diseases in neurology, rheumatology, hematology and pulmonology. Accordant provides early intervention and patient compliance services to support BCBSVT's care management strategies, improve patient health and strengthen physician-patient relationships. The total PMPM in the experience period was \$ [REDACTED] PMPM for these services, and we project the PMPM to be the same in 2021.

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 has been reconciled against internal reserving, enrollment, and other financial reports. The analysis examined claims incurred between January 1, 2015 and December 31, 2019, completed through February 29, 2020. We applied completion factors, based on best estimates from financial reporting before margin for conservatism, 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-VISG 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.

BCBSVT experienced large membership movement out of the VISG market in 2018, 2019 and 2020. We analyzed the individual and small group markets separately, except for pharmaceuticals that are part of the medical benefit. Due to significant changes in membership, we included only membership and claims from small groups that have been with BCBSVT since 2015. Using a static population with demographic adjustment normalizes for changes in population morbidity over time. We did not include a similar restriction in the individual market analysis; however, the individual market adjusted year over year utilization trends for facility, professional and retail pharmacy are consistent with or lower than those for the small group market, indicating that demographic adjustment has appropriately removed any increased

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morbidity from the individual market trends. We weighted the adjusted results for each market segment by in-force membership to reflect the mix between the markets, thereby normalizing for the unequal membership shifts by market over time.

3.4.7.1. Medical Trend Development

Using the historical contracted reimbursement schedules, we calculate network factors that represent the various contracts. Using these factors, we can modify the claims to reflect a common 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. We normalize historical experience for contract changes so that we can derive a utilization trend in the absence of unit cost changes. We develop future unit cost trends 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

Observations of recent contracting and provider budgetary changes are the main source of unit cost trend. During calendar year 2019, about 53 percent of total medical claims dollars occurred at Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of the GMCB, we start with the assumption that the GMCB will approve hospital budgets for October 1, 2020 and October 1, 2021 that support identical commercial increases as those approved for October 1, 2019. [REDACTED]

[REDACTED] Based upon the above assumptions concerning hospital budget and fee schedule changes, 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 the VISG market.

Similarly, we assumed for other providers within the BCBSVT service area that overall 2020 and 2022 budget increases would be identical to those implemented during calendar 2019, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers. Again, the provider contracting and actuarial departments worked closely together to assess the impact these assumptions about other providers within the BCBSVT service area would have on contract negotiations specific to the EPO network used for the VISG market.

BCBSVT entered into a contract with a lab benefit manager (LBM) in August 2019 that instigated dramatic changes in the cost of independent labs. To recalibrate to the LBM fee schedule, we recalculated the cost of labs using the October 2019 fee schedule for January 2019 through September 2019 and assumed that 2020 and 2021 would remain at that level.

For drugs dispensed in a facility or office, we used the average increase for each facility or provider group to calculate an estimated unit cost trend. As described below, we calculated an overall allowed trend for these drugs but, per the URRT instructions, we must separate cost and

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utilization. This estimated unit cost trend is used for URRT purposes as actual unit cost increases by type of service are not readily available.

Finally, unit cost increases for providers outside the BCBSVT service area were derived from the Fall 2019 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

The chart below summarized the results of the analysis:

Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims in Experience	Cost Trend from 2019 to 2020	Cost Trend from 2020 to 2021	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	53.2%	4.2%	4.2%	4.2%
Other facilities and providers	46.8%	2.3%	3.4%	2.9%
Total	100.0%	3.3%	3.8%	3.6%

Pages 1 through 5 of Exhibit 3A show the details of the cost increases by contract and type of claim.

Utilization & Intensity

To examine historical utilization trend patterns we first normalize for unit cost increases. We measure contract changes for the entirety of the experience period explicitly for each facility within our service area, as well as the three largest physician groups and independent labs.

We measure increases for fee schedules and other chargemasters by applying each schedule to a market basket of services. We define the market basket 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, we compare total allowed costs for the selected combinations of CPT and CPT modifier 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.

Contracting changes for out-of-area services were derived from the Fall 2019 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

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We normalized claims to the December 2019 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 2019. We assume the derived trend for other claims to be continuous.

To ensure that random high claims did not skew the trend calculation, we removed all claims from members who exceeded \$500,000 in allowed medical claims in 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.

We have selected the following utilization trends:

Category	Annual Selected Utilization Trend
Facility	1.1%
Professional	2.2%
Medical Drugs	18.5%

The selection of utilization trend is a complex process that requires observations of historical patterns, statistical analysis and understanding of the different external forces that can influence claims costs in both the experience and projection periods. We analyzed each claim category separately and weighted the selected trends using experience period PMPM claims to derive an overall trend.

To adjust for the influence of benefit richness on the utilization of services as benefits vary over time, 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 2019.

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. To normalize for the influence of changing demographics over time, we adjusted each month in to reflect the age-gender factor evident in December 2019.

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 rapidly from 2015 to 2018. Due to BCBSVT's migration to a new operating platform, FWA programs slowed in 2019.

Calendar Year	Percent of claims recovered as part of FWA programs
2015	0.81%
2016	1.05%
2017	1.09%
2018	1.42%
2019	0.77%

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The change in recoveries could skew the trend calculation. We have therefore adjusted the claims to reflect 2019 recovery rates. Due to COVID-19, we have stopped some FWA programs in 2020, and it is unclear at this time when we will start them again. For this reason, we assume that the percentage of claims recovered through these programs will remain at approximately three-quarters of percent of total allowed claims over the next two years. We have accordingly not adjusted the trend for future improvements in FWA efforts.

We normalized the claims cost such that each month reflects the average number of working days per month in 2019, as defined by our reserving models.

The individual and small group population have very different claim levels, and the change in mix of these distinct populations skews the trend analysis. To adjust for this, we performed all calculations by market and blended the results based on in-force membership as of February 2020.

Exhibit 3B shows the calculation and resulting factors for these adjustments for each market.

Facility Claims

For facility claims, we select a 1.1 percent utilization trend.

Using the array of PMPM claims costs net of high claimants and adjusted for contract, benefits, aging, FWA programs, and number of working days, and weighted between the individual and small group markets using in-force membership, we performed 24-month regressions, 36-month regressions, 48-month regressions and time series calculations. Certain time series methods, such as those assuming no trend, those assuming that trend is dampening or those for which there is not sufficient historical data¹², are not included, as these are inappropriate for use in trend development and/or for the data available.

The year ended December 2019 over year ended December 2018 increase, after all the adjustments described above, is 0.9 percent. Logistic regressions using 24, 36 and 48 months calculate -0.1 percent, 0.9 percent and 1.2 percent trends respectively. The three time series that are appropriate to use give a similar range of projected trends (-0.5 percent to 1.9 percent).

¹² The seasonal additive, seasonal multiplicative, single moving average, and single exponential smoothing methods cannot be used since they assume zero trend. The dampened trend method already assume a slowdown of 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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Method	Trend	RMSE	Theil's U
48 Months Logistic Regression	1.2%	21.84	
48 Months Linear Regression	1.2%	21.85	
Holt-Winters' Multiplicative 48 Monthly	1.3%	23.28	0.73
Holt-Winters' Additive 48 Monthly	1.4%	23.20	0.72
Double Exponential Smoothing 48 Monthly	-0.5%	24.49	0.81
36 Months Logistic Regression	0.9%	21.79	
36 Months Linear Regression	0.9%	21.79	
Holt-Winters' Multiplicative 36 Monthly	0.3%	27.48	0.90
Holt-Winters' Additive 36 Monthly	0.3%	27.48	0.90
Double Exponential Smoothing 36 Monthly	0.0%	23.16	0.71
24 Months Logistic Regression	-0.1%	21.73	
24 Months Linear Regression	0.0%	21.72	
Holt-Winters' Multiplicative 24 Monthly	0.5%	30.91	0.95
Holt-Winters' Additive 24 Monthly	0.5%	30.90	0.95
Double Exponential Smoothing 24 Monthly	1.9%	24.02	0.80
Year/Year	0.9%		

We selected 1.1 percent trend for facility claims. This is a 50/50 blend of the most recent year over year trend with the average of the 48-month regressions and Holt-Winter time series. The double exponential smoothing time series method has produced results that are wildly divergent from the other statistical methods, and we do not consider it in selecting a facility trend. We believe that using a longer view of facility trend is appropriate to smooth out monthly variability. Finally, we note that our selection is in very close proximity with the most recent actual year over year result.

Details on facility trends are shown on Exhibit 3C.

Professional and Ancillary

Professional claims utilization had been ramping up over the last few years but slowed down in 2019. The main driver of this reduction is the introduction of a lab benefit manager. To account for shift in site of care, we decided to change our methodology to look at services by provider grouping and adjust for historical cost trend to calculate the impact of changes in mix of services. We also experienced a higher than normal October in 2019, followed by a dampening of claims in December 2019. A low last data point skews regressions and time series, which is why we selected trends based on observation of recent patterns instead of statistical methods.

To analyze the number of services, we combined all provider groups except for labs processed through the lab benefit manager. For both individual and small group markets, we observed very stable rolling 12-month increases through August 2019 and then a sharp drop through the end of 2019, with December 2019 being abnormally low. We believe that the latter part of 2019 is a step down rather than a trend as we have already observed a leveling off in the early part of 2020. We are therefore adjusting 2019 to reflect a full year at the new level, and then trending

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at 2.9 percent for small groups and 3.6 percent for individuals, the year-ended August 2019 values.

For lab services, we contracted with a lab benefit manager as of August 2019. This drastically reduced both the fee schedule for independent laboratories and, through the application rigorous clinical protocols, the number of services that policyholders incurred. We adjusted the number of services going forward to reflect the level for the last four months of 2019 for calendar year 2021. Implicit in that adjustment is an assumption that ongoing clinical management will reduce utilization trend for these services to zero.

In this method, the intensity component is reflected by the mix of services. To quantify the impact of the changes in mix of services on professional trend, we first normalized the cost per service using the historical cost trend increases. We then measured the increase in cost per service. For services at BlueCard providers, we observed similar patterns for individual and small groups. In both markets, the mix trend increased in 2018 and returned in 2019 to levels experienced in 2017. We are therefore using a two-year average trend to project forward to eliminate the impact of an outlier year. For providers on the Community fee schedule, both hospital owned practices and independent practices, we believe that the recent declining trend in mix of services is due to the reallocation of site of care in 2019. We therefore normalize for site of care. A number of facilities upgraded their billing systems in the fall of 2019 and we experienced an elevated mix trend due to the transition¹³. We believe that this will continue until reaching a new equilibrium in 2020, and then level off through 2021. Finally, for providers associated with Dartmouth-Hitchcock we select different trends for the individual and small group market segments based on observed mix of services.

Finally, we blended the individual and small group trends using in-force membership to adjust for the changing mix between the two markets.

The resulting professional trend is 1.1 percent from 2019 to 2020 and 3.4 percent from 2020 to 2021.

This method of determining professional trend by fee schedule does not account for the potential changes between the different schedules. Based on historical patterns, we assessed historical movement between the community providers and academic medical center and it does not appear that an adjustment is necessary.

Exhibit 3D shows the number of services and adjusted cost per service by fee schedule and market.

¹³ We note that at least one hospital has cited the EMR impact on volumes as a leading driver of revenue shortfalls. See, for instance, <https://gmcboard.vermont.gov/sites/gmcb/files/Board-Meetings/NMC%20FY2020%20Mid%20Year%20Budget%20Adjustment%20-%20Narrative.pdf>

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Pharmaceuticals

As shown on Exhibit 3E, the year-over-year trend experienced in 2018 increased drastically from historical levels before returning toward a more typical increase in 2019. Ocrevus, a blockbuster drug for treatment of Multiple Sclerosis was the main driver of the high increase in 2018. Other drugs also experienced very high increases, and we expect some of these drugs to continue trending at very high rates.

With the help of the clinical staff at BCBSVT, we separately projected the expected cost and utilization increase for nine impactful drugs (see Exhibit 3E).

Based on the assumptions shown on Exhibit 3B, we project that annual total increases for drugs dispensed in a facility or office will be 18.0 percent. Using the average projected cost increase of 4.5 percent, we calculate a projected annual utilization increase of 12.9 percent. Over the past four years, the impact of new drugs ranged from 3 percent to 9 percent. Our clinical experts advise us that even with the COVID-19 pandemic, we can expect the impact of new drugs to increase trend by five percent, which was the impact of the pipeline for 2019. We therefore select an 18.5 percent utilization trend for pharmaceuticals.

Overall Medical Utilization Trend

Using the 2019 PMPM of the population used in the trend development as weights, we calculate a 3.6 percent overall medical utilization trend:

Category	Allowed Charge PMPM	Selected Utilization Trend
Inpatient	\$104.85	1.1%
Outpatient	\$209.47	1.1%
Pharmaceuticals	\$59.38	18.5%
Professional	\$148.18	2.2%
Total	\$521.88	3.6%

Cost Containment Strategy

BCBSVT transitioned to a new operating platform as of January 1, 2019, leading to a slowdown in claims payments for the first few months of the year as we worked through all the details of the transition. This delayed the start of the cost containment program that was aimed at reducing inpatient readmission and emergency room admissions. Employee turnover in the Integrated Health department further slowed the progress of this program. For these reasons, we did not meet our goal to reduce inpatient readmissions and emergency room visits for the VISG population for 2019. Cost containment programming came to a halt in March of 2020 due to COVID-19. With the continued uncertainty due to the pandemic and its impact on providers and members for the remainder of 2020 and 2021, we do not expect to focus on this programming in the time period considered by this filing.

For similar reasons, we have no plans at this time to expand the Convenient Care program that encourages home infusion therapy. The modest impact on the experience period of this program naturally flows through into projected trend as well.

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We are continuing our relationship with the lab benefit manager. The impact on 2019 claims experience, even with only five months of programming, was extremely positive. We have reflected an ongoing impact through 2021 directly within the professional trend described above.

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. 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. We then calculate the overall pharmacy trend by combining the separate projections.

Non-Specialty Drug Utilization

Similar to medical claims, we observe different levels of utilization of non-specialty drugs between the individual and small group markets. As described above, we adjust utilization trends for changes in benefits, aging and working days. Using the array of monthly PMPM claims after adjustments, we weighted the two markets using in-force membership. We then performed 24-month and 36-month regressions as well as time series, with appropriate underlying assumptions for trend and seasonality.

Exhibit 3F provides the monthly and the 12-month rolling data, along with the corresponding year-over-year and exponential regression trends and time series, for non-specialty drug utilization. We use the number of days supply, rather than the number of scripts, 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.

The 24-month regression and time series results are higher than both the most recent year over year results and the 36-month regressions and time series. We observed a very high fourth quarter in 2019, which is skewing the 24-month statistics. The longer views also suggest that the most recent year-over-year trend may be artificially low. We select 3.0 percent, the average of the 36-month statistics and the most recent year over year results, as the non-specialty drugs utilization trend.

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Instead of projecting a generic dispensing rate, we separated the drugs into seven categories:

- Generics: Drugs that have been generic since at least January 2017
- New Generics: Generic drugs that have been in the market for less than 36 months (January 2017 to December 2019)
- 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 3I, all days supply is trended forward at the same rate of 3.0 percent.

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 only those generic drugs that have been in the market for more than 36 months.

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 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 3G, page 1, shows monthly cost per days supply and the 24-month regression. We select 0.25 percent for the generic cost trend, which is the average of the 24-month regression and the year over year result. Though the AWP trend has increased in recent months, we consider a 0.25 percent to be a reasonable long-term outlook for generic cost trend. This selection is consistent with recent BCBSVT filings.

Brand Cost Trend

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

Compounds are one-off prescriptions that are constructed at the pharmacy from component ingredients. Because they are not sold on a wholesale basis, there is no official AWP. We select a 0.0 percent cost trend for compounds.

Vaccines cost have been increasing rapidly over the previous three years. We expect this to continue through 2021 and include a 20 percent cost trend for vaccines.

We also do not expect over-the-counter drugs to follow the overall Brand cost trend. Based on historical data, we select a *negative* 20 percent cost trend for OTC drugs.

Exhibit 3G, page 2, shows monthly cost per days supply and the 24-month regression. We select 10.0 percent for the brand cost trend, which is the average of the 24-month regression and the most recent year over year result. This selection is consistent with recent filings, and we consider it to be an adequate, yet not excessive, outlook of future trend.

Specialty Drugs

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In previous filings, the introduction of certain new specialty drugs required an adjustment to the specialty drug trend calculation. The impact of excluding certain specialty drugs has had an increasingly small impact on specialty trend. We no longer judge this impact to be material. Therefore, we combine all specialty drugs to develop trend. We will continue to monitor new specialty drugs and adjust our future methodology as necessary.

In January 2019, we amended our contract with our pharmacy benefit manager to reflect the new Accredo® Exclusive Specialty Program, which increased our discount off AWP for specialty drugs. We adjusted months prior to January 2019 to reflect the new contract.

For the same reasons stated in the medical trend section, we adjust each month to reflect aging. We did not adjust for working days, as nearly all retail specialty medications are provided through mail service, and the vast majority of prescriptions are refills. We did not adjust for benefits as there is no impact of induced utilization on high-cost specialty medicines. Again, we calculated PMPM arrays for individual and small groups and re-weighted the experience using in-force membership to adjust for the change in mix between the markets. Using the array of weighted PMPM claims costs after adjustments, we performed 24-month and 36-month regressions as well as two time series. Specialty drug utilization is not seasonal; therefore, we only use the double exponential smoothing method.

Exhibit 3H, Page 2 contains the results of the regressions and time series. The average of these five methods, including the year-over-year increase, is 20.5 percent. We select 20.5 percent, which is consistent with previous filings, as a reasonable and appropriate trend for specialty drugs.

Changes in Pharmacy Contracts

[REDACTED]
[REDACTED] To calculate this factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2019 claims for both the experience period and the projected period contract provisions. We apply to the projected pharmacy claims the contract adjustment factor for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract (see Exhibit 3I for details). [REDACTED]
[REDACTED].

Overall Pharmacy Trend

Exhibit 3I summarizes the trends and calculates our total allowed pharmacy trend as 13.4 percent. Note that changes in pharmacy contracts are included in the cost trend component on Exhibit 3J.

3.4.7.3. Vision and Dental Trend Development

Dental Trend

The pediatric dental benefit is available to all members age 21 and under. The proportion of members age 21 and under is very different between the individual and small group markets. We therefore again analyze trend separately for each market and then combine the results using in-force membership.

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The allowed per child member per month (PCMPM) trend for the individual market increased in 2018 and decreased in 2019. For the small group market, there was a significant decrease in 2018 and another smaller decrease in 2019. Looking into the details, we can observe that classes III and IV¹⁴ are extremely volatile and skew the overall results.

Calendar Year	Individual Classes I and II PCMPM	Trend	Small Group Classes I and II PCMPM	Trend
2016	\$14.44		\$10.88	
2017	\$14.01	-3.0%	\$11.25	3.4%
2018	\$15.13	8.0%	\$10.38	-7.7%
2019	\$15.37	1.6%	\$10.30	-0.8%

We believe that 2018 was an outlier for each market and therefore select the most recent year-over-year increase for each market. After combining using the in-force membership, the overall dental trend is 0.7 percent. For the purpose of the index rate build-up, we included the total dental trend as utilization trend.

Vision Trend

The pediatric vision claims experience once again shows 2018 to be an outlier with much higher PCMPM than the other three years in the analysis.

Calendar Year	Individual PCMPM	Trend	Small Group PCMCM	Trend
2016	\$0.64		\$0.68	
2017	\$0.67	4.2%	\$0.64	-5.6%
2018	\$0.73	9.3%	\$0.74	15.8%
2019	\$0.67	-8.8%	\$0.63	-15.2%

We expect 2020 and 2021 to remain at the level experienced in 2017 and 2019; we therefore select a 0.0 percent overall vision trend.

3.4.7.4. Overall Total Trend

To calculate the overall trend, we apply the trend factors described above to the adjusted experience period allowed claims for EHB (Exhibit 5, line C), but exclude the adjustment for claims above \$1 million. The resulting factors ($1+d_1$ and $1+d_2$ on Exhibit 5) are calculated as shown on Exhibit 3J.

	Row on Exhibit 5	Factor
Cost Trend Factor	$1+d_1$	1.0999
Utilization Trend Factor	$1+d_2$	1.0698

¹⁴ Class III dental services include major restorative care such as crown, bridges and implants. Class IV refers to orthodontia.

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3.4.8. COVID-19

The COVID-19 pandemic introduces unique and immense uncertainty into actuarial projections of 2021 claims costs. The underlying demand for services that is reflected in our baseline projections certainly exists; however, it is far from clear whether the supply of those services will be affected by the pandemic or its fallout, thereby impacting utilization. Furthermore, there is little to no clarity related to additional costs that should be expected due to COVID-19 and with respect to the deferral of non-emergent care while social distancing measures are in effect.

There are four main categories of considerations regarding the cost of health care services in 2021.

Direct costs of COVID-19 treatment: Information is emerging on the cost of treating a COVID-19 patient experiencing varying degrees of severity and in different settings. However, the overall infection rate remains murky. While the current wave of infection seems to be diminishing, it is possible that additional waves will follow when social distancing is relaxed, at the onset of the winter flu season, or even as a continual challenge fueled by a lower but steady rate of transmission. It is likely that infection will continue until a vaccine is available. The intermediate-term cost of follow-up care for patients who have recovered from an initial bout with COVID-19 could be considerable. These additional costs will be countered by additional deferrals of non-emergent care should social distancing measures become necessary into 2021. It cannot be predicted with any degree of certainty which directional impact will be greater in 2021.

Costs of COVID-19 preventive services: Most experts suggest that the fastest a vaccine could reach the market is within 12 to 18 months. This time frame would place vaccine availability squarely within calendar 2021. While there has been some speculation as to the potential cost of administering the vaccine, estimates vary widely. Current law would require that insurers cover these costs with no member liability. Depending upon their availability and the extent to which they play a role in the government response to the pandemic, antibody tests may be pervasively used as well. These, too, would be covered at zero cost share. Future government actions will dictate the extent to which these costs impact insurer liability in 2021.

Impact of the deferral of non-emergent care: Some portion of deferred care will be foregone altogether, while other services will have only been delayed. The timing of the return of the delayed care will depend upon the timing and severity of additional waves of infection and periods of social distancing. It seems likely that many providers will be operating at or above capacity for at least a portion, and perhaps a significant portion, of 2021 as they endeavor to meet demand and to make up for lost revenue during periods of social distancing. Furthermore, there are concerns about a worsening of the health status of the population following the delay or elimination of preventive and other care. Mental health is of particular concern given the additional stress generated by the health and financial crisis. It is clear that population health will worsen as a result of the pandemic, but the magnitude of the deterioration is difficult to predict.

Impact of economic factors: The covered population itself may change substantially from the enrolled 2020 population. It seems likely that continued unemployment will reduce the size of the small group market, but the same phenomenon is likely to increase the size of the individual

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subsidized population. There are selection concerns related to extended grace periods and the potential for individuals to elect to forgo coverage. Naturally, there is a revenue impact here as well, as uncollectible premium may increase. However, it is also possible that currently uninsured individuals, presumably healthier than the average VISG member, could sign up for coverage.

The various impacts of the COVID-19 pandemic will impact 2021 costs, and they will do so in both an upward and a downward direction. Based on information currently available, it is difficult to so much as predict an overall directional impact, particularly because future government actions will drive the timing and magnitude of many of the above considerations. We believe that it is entirely reasonable to forecast that the ongoing pandemic will increase 2021 claims costs beyond the levels projected within this filing. However, because of the margin guidance provided in Attachment C (as discussed in section 3.8.7.2), the addition of a COVID-related factor of any magnitude would be offset by a reduction in CTR of equal and opposite magnitude, resulting in no change to the premiums presented herein. Furthermore, based on information known at the time of filing, we see no reason to believe that the best estimate of the pandemic impact is a *decrease* in 2021 claims costs. We therefore include a COVID-19 impact of zero within the 2021 premium rates.

3.5. Credibility of Experience

BCBSVT's experience period had 520,581 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

3.7. Market Adjusted Index Rate

The Market Adjusted Index Rate (line H of Exhibit 5) is \$714.23. We calculated this quantity by adjusting the Projected Index Rate (line F of Exhibit 5, \$778.04) for allowable market-wide modifiers described below.

3.7.1. Projected Risk Adjustment Transfer PMPM:

On March 25, 2020, CMS published an Interim Summary Report on Risk Adjustment for the 2019 benefit year¹⁵. The BCBSVT data included in the report represents claims incurred in 2019 and paid through December 31, 2019. We made the assumption that MVP's 2019 interim submission

¹⁵ <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Interim-RA-Report-BY2019.pdf>

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includes the same incurred and paid data as BCBSVT, consistent with previous years' interim submissions. The final 2019 report will include the impact of supplemental diagnosis files and claims runout. The impact of claims runout and supplemental diagnoses for BCBSVT and MVP was estimated based on the average relationship of the plan liability risk score (PLRS) in the 2017 and 2018 Final Summary Report relative to the 2017 and 2018 Interim Summary Report.

The 2021 risk adjustment calculation starts with the estimated final 2019 risk adjustment and projects to 2021 based on projected membership changes, market-wide premium increases, PLRS adjustments due to model changes, and other factors impacting the transfer.

Market-Wide Premium Increases

We calculated the 2021 market-wide premium PMPM by applying the expected 2021 average rate increase to the estimated 2020 market-wide premium PMPM. The 2020 market-wide premium represents the weighted average of BCBSVT's billed premium as of February 29, 2020 and MVP's imputed premium PMPM from their 2020 URRT exhibit based on projected 2021 membership. See Exhibit 4, Table 1 for the statewide premium calculation.

Population Adjustments

We adjusted the PLRS for both BCBSVT and MVP for the impact of members migrating from BCBSVT's exchange market to MVP's, the impact of Association Health Plan (AHP) members re-joining the exchange markets, the impact of new members to BCBSVT and the impact of the 2021 model coefficients.

In order to estimate the impact of these items, we calculated risk scores for every BCBSVT exchange and AHP member in the 2019 experience period. We imputed a metal level for AHP members based on their benefit design. Comparing membership in force as of February 2020 to experience membership, we categorized members into "renew", "cancel" or "new" buckets. For the individual line of business we assumed that members in the new bucket would have a risk score that is proportional to their relative age-gender factor when compared to the age-gender factor and risk scores of the individuals in the renew bucket. We assumed that any member in the cancel bucket that left BCBSVT for reasons other than retirement, death, birth or transition to another BCBSVT line of business either switched to MVP or left the exchange market entirely. We observed that the overall individual market decreased by 414 members¹⁶. These members may have left the market due to a change in employment or residence or due to foregoing insurance altogether. Lacking better data, we assumed an equal proportion of each. We estimated the impact by imputing to this population the average of the risk score for total members either switching or leaving (representing those who left due to a change in employment or residence) and the risk score of the 414 lowest risk score adults who cancelled (representing those who dropped insurance altogether).

The small group analysis assumes that a new customer entering the BCBSVT market will have risk scores that are proportional to its average age-gender factor relative to that of the renewing small group members. Employer groups we have identified as cancelled are further sub-divided into several categories based on previous carrier, destination (if known), and group size. We separately identified one a sizable group established for a specific and temporary effort that is

¹⁶ <https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020%20Individual%20and%20Small%20Group%20Enrollment%20Data.pdf>

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not expected to continue into 2021. We assumed if the previous carrier was MVP or if the customer has less than 20 enrollees¹⁷, the group has migrated to the MVP exchange market unless they are known to have joined another BCBSVT line of business.

Association Health Plan (AHP) customers and their calculated risk scores are categorized into three components: renewed in BCBSVT exchange, migrated to MVP exchange or renewed elsewhere. Like small group, we assumed if the carrier prior to AHP was MVP or the customer has less than 20 enrollees, they have migrated to the MVP exchange market unless they are known to have joined another BCBSVT line of business.

Model Changes

We considered the impact on risk scores of both BCBSVT and MVP of changes in the 2021 risk adjustment model coefficients. We focused our analysis on the following model coefficient categories: demographic, diagnosis, enrollment duration and cost-share reduction (CSR). In general, we observed a relative increase in the coefficients in platinum and gold plans and a relative decrease in silver and bronze plans. There appears to be a significant decrease in the demographic and enrollment duration factors and an increase in the diagnostic factors. Additionally, we observed a shift in plan mix from the 2019 experience period for both BCBSVT and MVP, as shown in the table below. BCBSVT is projecting to have fewer platinum members and more bronze members as a percent of total. We are projecting MVP to have a similar plan mix in 2021 as reported in 2020, which increases platinum and decreases bronze as a percent of total membership relative to the base year of 2019.

MVP ¹⁸	Platinum	Gold	Silver	Bronze
2019	8.5%	31.1%	34.4%	25.9%
2021	9.8%	35.2%	31.4%	23.6%

BCBSVT	Platinum	Gold	Silver	Bronze
2019	21.2%	28.1%	37.1%	13.5%
2021	18.3%	29.0%	35.9%	16.8%

Our model coefficient analysis addresses the change in the factors as well as the change in plan mix between the carriers.

¹⁷ The self-funded market is extremely limited in Vermont for very small groups. A number of self-funded alternatives do exist for groups of greater than 20 enrollees.

¹⁸ <https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020%20Individual%20and%20Small%20Group%20Enrollment%20Data.pdf>

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




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Applying the 2021 demographic factors for adults, children and infants to the projected 2021 BCBSVT membership mix, we calculate an updated demographic risk score of 0.266 compared to the 2019 BCBSVT demographic risk score of 0.349. The enrollment duration factors decreased in total like the demographic factors. We assumed the distribution of members by months of enrollment is the same in 2021 as that observed in 2019. Applying the 2021 plan mix to the 2021 duration factors produces a duration factor of 0.010, down from 0.022 in 2019.

The cost share reduction (CSR) factors are the same in 2021 as they were in 2019. The CSR component in the total risk score will vary based on the percentage of total membership in a CSR plan, the mix of CSR levels, and the relative base risk score (demographic, diagnosis, duration) of the CSR population relative to the non-CSR population. We assumed the base risk scores of the CSR population relative to the non-CSR population remain the same. BCBSVT's projected 2021 membership assumes 12.9 percent of total membership will be in a CSR plan compared to 13.3 percent in 2019. The distribution of CSR levels is approximately the same; thus, we project the percentage of total 2021 risk score specific to the CSR component to be 1.1 percent, down from 1.2 percent in 2019.

The estimate of the 2021 diagnosis component assumes the same distribution of hierarchical condition categories (HCC) as that experienced in 2019. The 2021 model contains some additional HCC categories when compared to 2019, and so we considered only the HCCs that were in both the 2019 and 2021 diagnosis tables when calculating the impact of the new model¹⁹. The weighted average of the 2019 HCCs assuming the 2019 metal distribution across all categories produces an average diagnosis risk score of 2.778 (for those members with a diagnosis risk score). Updating to the 2021 model coefficients and applying 2021 metal distributions the average diagnosis risk score increases to 2.895, about 4.2 percent increase.

The table below illustrates the BCBSVT risk scores by component for the 2019 experience period, the adjusted risk scores after 2021 membership movement, and the projected 2021 risk scores including the impact of the model changes as well as the change in plan mix.

BCBSVT	Total	Demographic	Diagnosis	Duration	CSR
2019 Risk Scores	1.577	0.349	1.188	0.022	0.018
2019 distribution	100.0%	22.1%	75.3%	1.4%	1.2%
					
					
					
					
2021 Risk Scores (2021 Model)	1.541	0.266	1.248	0.010	0.018
2021 distribution (2021 Model)	100.0%	17.3%	81.0%	0.6%	1.1%

¹⁹ We made the same assumption for MVP; thus, any skewness that could result from the new HCCs being excluded will cancel out of the projection.

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We can observe that the projected 2021 risk score drops to 1.541 due to changes in the 2021 model and metallic plan mix. The next step was to develop comparable summaries of MVP's risk scores and determine the risk score ratio between BCBSVT and MVP after 2021 model and plan mix changes. Because BCBSVT has limited sightlines into MVP data, this necessitated a simplified approach.

BCBSVT has estimated MVP's 2019 experience risk score to be 1.237 by applying a two-year average completion factor to the 2019 interim risk adjustment report. [REDACTED]

[REDACTED] Starting with the CSR component, we observe the membership mix of total CSR and CSR level from the market wide enrollment report²⁰. We estimate MVP's CSR risk score to be 1.49 percent of their total risk score, or 0.018 as a factor. MVP's 2019 membership consists of 16.8 percent CSR members and their CSR plan mix has an average induced utilization factor of 1.083. BCBSVT by comparison has 13.3 percent of their experience in a CSR plan with an average induced utilization factor of 1.074. Given that MVP has a higher concentration of CSR members and richer CSR plans than BCBSVT their CSR risk score percent is higher as a percent of total. The estimate of the CSR component of MVP's risk score is therefore $(0.168 \times 1.083) / (0.133 \times 1.074) \times 0.012 = 1.49$ percent.

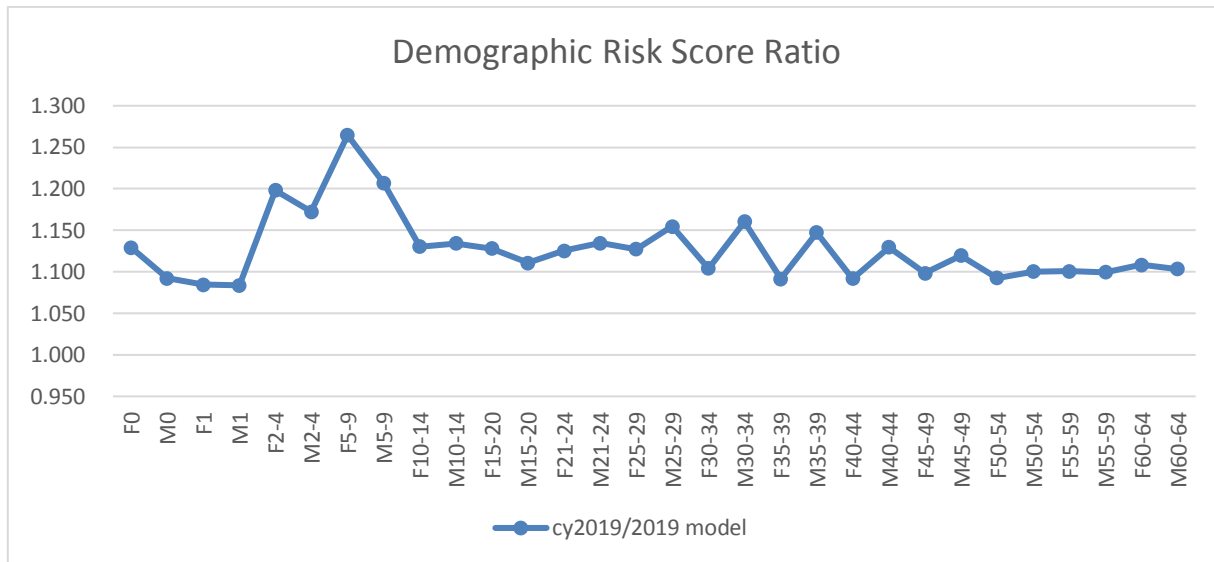
The enrollment duration factor for MVP starts with the assumption that they have a mix of membership with less than twelve months of enrollment comparable to that of BCBSVT. Applying MVP's 2019 metallic plan distribution across the 2019 duration factor table yields an estimate of 0.021. Since the enrollment duration factors apply only to adults, we made an additional adjustment to account for the difference in adults as a percent of total between each carrier. We estimate that 83.8²¹ percent of MVP's membership is an adult compared to BCBSVT's experience of 80.3 percent. Thus, MVP's 2019 enrollment duration risk score is estimated as $0.021 \times (0.838 / 0.803) = 0.022$.

The demographic factor varies by age, gender and metallic plan. Since we do not know MVP's age and gender distribution, we applied their metallic plan distribution across all age/gender buckets and compared those results to BCBSVT's metallic plan distribution applied across all age/gender buckets. The graph below illustrates the relationship between BCBSVT and MVP for each of the model's age/gender categories. Most of the data points fall between 1.10 and 1.15. The midpoint of this range, 1.125, is where the adults in the 21 to 49 aged data points are heavily concentrated. Since we believe that MVP has a higher proportion of adults relative to their total and presumably has proportionally younger adults, we have selected 1.125 as the demographic risk score ratio. MVP's 2019 demographic risk score component is therefore estimated as $0.349 / 1.125 = 0.310$.

²⁰ <https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020%20Individual%20and%20Small%20Group%20Enrollment%20Data.pdf>

²¹ Exhibit 4 of MVP's VT Exchange 2020 filing

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The diagnosis component is the difference between MVP's total risk score and the demographic, enrollment duration and CSR components. This is calculated as $1.237 - 0.310 - 0.022 - 0.018 = 0.886$.

Adding in the migrating membership from the BCBSVT lines of business produces the following adjusted MVP risk score:

MVP	Total	demographic	diagnosis	duration	CSR
2019 Risk Scores	1.237	0.310	0.886	0.022	0.018
2019 distribution	100.0%	25.1%	71.6%	1.8%	1.5%
Membership Adjusted Risk Scores (2019 Model)				0.025	0.018
Membership Adjusted distribution (2019 Model)					

The risk score information in this table, along with BCBSVT's projected 2021 risk scores, provides a basis to estimate the impact of the 2021 model coefficients and the projected 2021 metallic plan mix on MVP's risk scores.

The 2021 CSR factor is estimated based on the CSR membership changes as a percent of MVP's total as well as the change in CSR levels. We project MVP's 2021 membership to include 13.6 percent in a CSR plan with an average induced utilization factor of 1.084. Comparing these figures to MVP's 2019 experience attributes 1.20 percent of their 2021 risk score to the CSR component, calculated as $(0.136 \times 1.084) / (0.168 \times 1.083) \times 0.0149 = 0.0120$.

The enrollment duration factor for MVP's 2021 estimate uses the simplifying assumption that the distribution of months of enrollment is the same as BCBSVT's. The weighted average MVP's 2021 metallic distribution on the 2021 model coefficients compared to MVP's 2019 weighted average

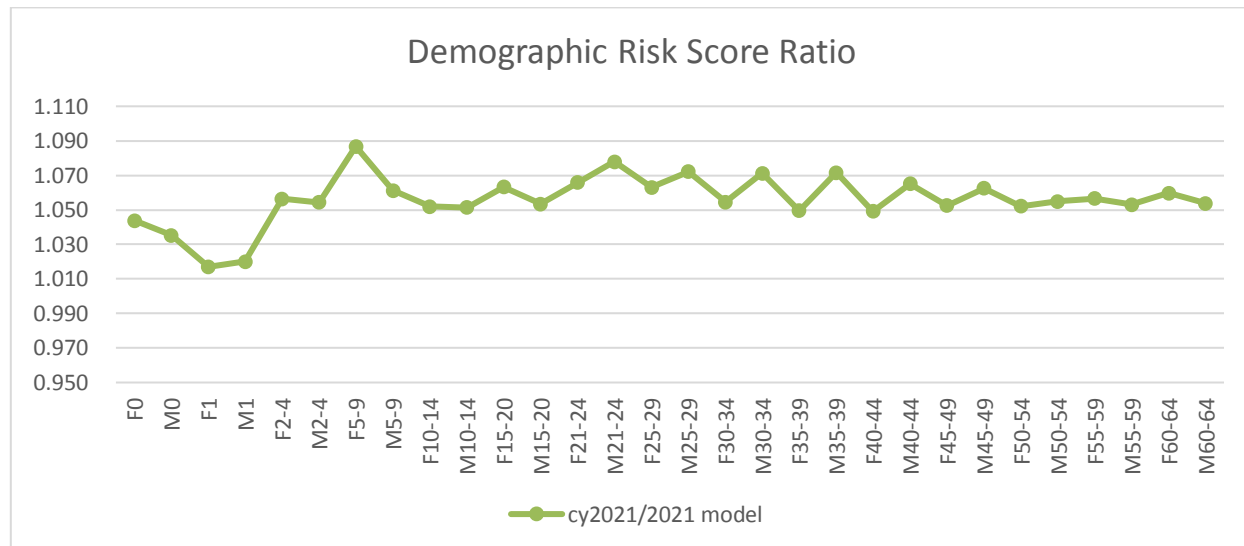
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is 0.640. The 2021 enrollment duration factor multiplies this relational value to MVP's adjusted risk score, calculated as $0.025 \times 0.640 = 0.016$.

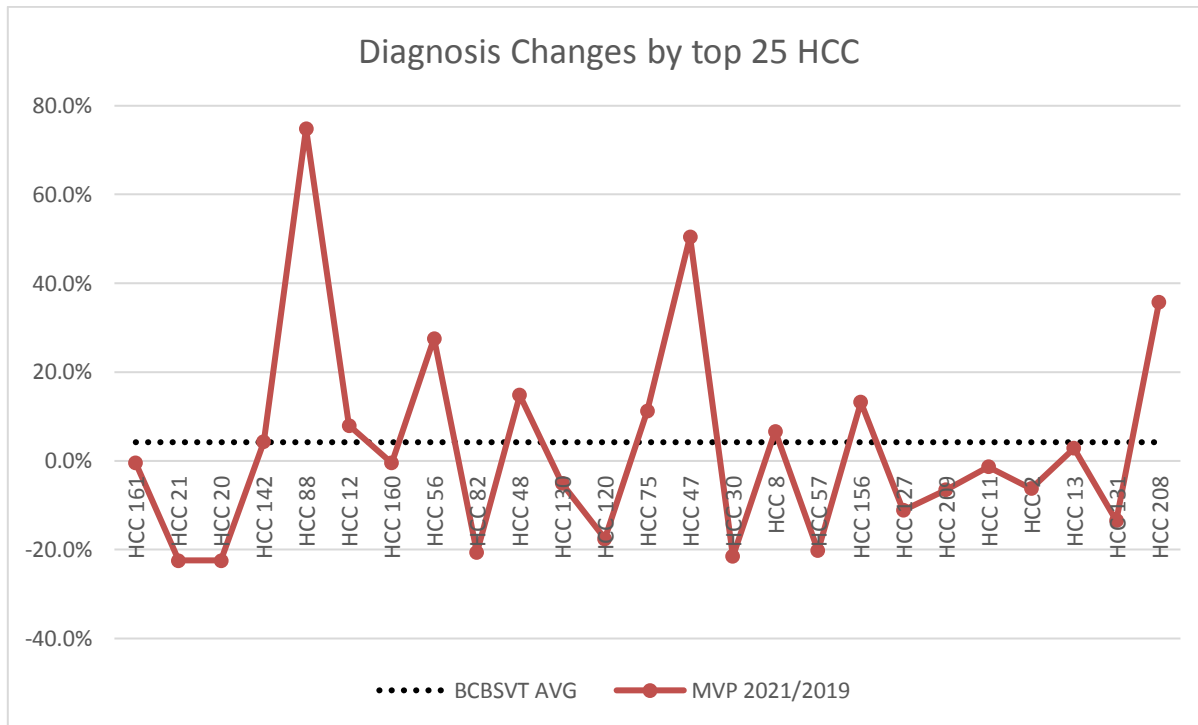
The 2021 MVP demographic factor uses a similar approach as 2019 since we do not have the age and gender distribution of MVP members. We applied MVP's 2021 metallic distribution to each age/gender category and compared it to BCBSVT's 2021 metallic distribution applied across all age/gender categories. As shown in the graph the relationship between BCBSVT and MVP for the demographic component has converged in 2021 compared to 2019:



Apart from the infant categories, the demographic risk score relationship between BCBSVT and MVP is concentrated mostly within the range of 1.05 to 1.07. We have selected the midpoint of the range as the assumption underlying MVP's demographic score, calculating a demographic score of $0.266 / 1.06 = 0.251$.

The diagnosis component varies greatly from one HCC to the next. Some categories had decreases in the 2021 model compared to 2019 while others had increases. We have no insight into the distribution of HCCs underlying MVP's experience, so we applied MVP's 2019 metallic distribution to the 2019 model coefficients and compared those results to MVP's 2021 metallic distribution on the 2021 model coefficients. The graph shows MVP's increases and decreases for the 25 most common HCCs compared to BCBSVT's average increase from 2019 to 2021 of 4.2 percent.

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Despite the volatility within this data we can still say that depending on MVP’s actual HCC distribution it is possible for them to experience an increase greater than BCBSVT’s 4.2 percent and it is also possible for them to experience an increase less than 4.2 percent. Therefore, the most reasonable assumption for MVP’s diagnosis component is to use that calculated for BCBSVT: 4.2 percent.

Compiling the 2021 MVP components for CSR, enrollment duration, demographics and diagnosis results in a total risk score of $1.265 = 0.015 + 0.016 + 0.251 + 0.985$. The risk score ratio between BCBSVT’s projected 2021 risk score, 1.541, relative to MVP’s risk score of 1.265 is 1.2181. The ratio of the adjusted risk scores prior to measuring the impact of the 2021 model and metallic distribution changes is 1.2182, meaning that we have estimated a model change impact of -0.01 percent. Since this result is vanishingly close to zero, we conclude that the impact of the 2021 model coefficient changes is nullified by the shift in metallic plans experienced by BCBSVT and MVP. Therefore, we make no adjustment to the risk score ratio for model changes.

Other Factors

The catastrophic plan adjustments were made to the 2019 estimated final risk adjustment for observed membership movements. Like the merged market, we assume a two-year average completion factor that was used to adjust the interim 2019 risk adjustment to the final 2019 risk adjustment for the catastrophic market. Overall, we expect that BCBSVT will have approximately 96 percent of the catastrophic market in 2021, comparable to the 2019 interim risk adjustment report. We assume that risk scores for new BCBSVT members are proportional to their age-sex factors relative to those of renewing catastrophic members. The impact of this movement is a slight decrease in BCBSVT’s catastrophic risk score since the new members are projected to have modestly lower risk scores than the members no longer with BCBSVT. We

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assumed that MVP's catastrophic risk scores would not have a material change; thus, the catastrophic risk score ratio is expected to be slightly lower in 2021.

Other factors impacting the risk adjustment transfer include the actuarial value (AV), induced demand factor (IDF) and allowed rating factor (ARF). The AV and IDF factors change from the estimated final 2019 calculation as a result of the metallic distribution changing in 2021. We assume the ARF is unchanged from 2019. These results are shown in Exhibit 4, Table 3.

The 2021 transfer amount PMPM is partially offset by the projected charges and payments for the High Cost Risk Pool (HCRP) program. HHS published the final 2018 Risk Adjustment Summary Report on June 28, 2019, which clarified that the actual 2018 high-cost risk pool charge was 0.21 percent for merged market plans. Because trend leverage for a constant attachment point will increase the charge as a percent of total premium, we estimate the 2021 charge to be 0.25 percent of premium, or \$1.69 PMPM. Because the methodology described in Section 3.3.1 nets projected reinsurance payments from projected claims, we effectively assume HCRP payments of zero.

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). The overall market-wide adjustment (line g₁ of Exhibit 5) for the risk adjustment program is -\$63.97 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 2021.

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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 paid-to-allowed ratio comes from the federal actuarial value calculator (AVC) and is adjusted for benefit items that are not supported by the calculator as well the impact of aggregate and stacked deductibles. The adjustments to the federal AVC come from BCBSVT's internal re-adjudication model. The experience used to calculate the adjustments to the-paid-to allowed ratio is our calendar year 2018 data trended to calendar year 2021 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. The model generates the projected average paid claims for each benefit based on what the AVC can support as well as what the model cannot support. The relationship between these outputs from the BCBSVT based model is applied to the federal AVC paid-to-allowed ratio. The BCBSVT re-adjudication model is calibrated to 2018 experience and able to reproduce the experience paid-to-allowed ratio to within 0.1 percent.

The benefit richness adjustment reflects the expected changes in utilization due to different levels of cost sharing. This adjustment is based on the 2020 adjusted federal AVC. The 2021 federal AVC was not used as the basis because the updates made to the AVC produced counterintuitive results across metal levels. The AVC, while not developed as a pricing tool, is used here to set the relativities between the plans because it represents the best approximation of a total market distribution free from selection bias. The adjustment described in section 3.8.6 ensures that the total premium collected is appropriately based on BCBSVT's re-adjudication model and experience, and not the federal AV calculator.

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 3.4.3. This factor represents the different projected utilization for each plan based solely on benefit design. We applied the HHS Induced Utilization formula ($IU=AV^2-AV+1.24$) to each plan's paid-to-allowed ratio described in the section above.

These factors were normalized using the projected membership to ensure that the total adjustment is 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.

3.8.1.2. Paid-to-Allowed Ratio

The paid-to-allowed ratio as seen in Exhibit 6C reflects the expected portion of total claims BCBSVT will pay. To calculate these ratios, we utilize the standard population within the federal AVC. Two adjustments are made to the federal AVC: 1) impact of benefit items not supported by the AVC, and 2) the impact of family deductible and family out of pocket on the paid-to-allowed

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ratio. The result is a paid-to-allowed ratio based on a standard population that reflects the BCBSVT plan designs, including the family deductible and out of pocket maximum arrangements.

3.8.2. Silver Loading:

The silver loading plan level adjustment represents the impact of the defunding of the federal cost share reduction (CSR) program. Each base silver plan measures the impact of the 73%, 87%, 94% and 100% CSR plans by running each plan design through the BCBSVT re-adjudication model and observing the projected paid-to-allowed ratio differences. These plan specific differences are multiplied through by projected CSR membership. Projected CSR membership is assumed to be equal to the observed February 29, 2020 CSR membership. The total impact of the silver loading is \$5.4 million. Please see details in Exhibit 6C.

3.8.3. Provider Network, Delivery System and Utilization Management adjustment:

Not applicable.

3.8.4. Adjustment for benefits in addition to the EHBs:

We trended our 2019 experience period non-EHB claims using the medical trends described in section 3.4.7, which produced an average allowed charge of \$0.09 per member per month. Applying the same paid-to-allowed ratio to this benefit as to the EHB benefit, we calculate plan level factor adjustments that range from 1.0001 to 1.0005, as shown on Exhibit 6A.

3.8.5. 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 adjustments are based on the eligible population. The eligible population includes Vermont residents who 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 who would qualify under the hardship rule to account for the increase in premiums. [REDACTED] 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 (qualifying by age or hardship) and re-adjudicating for the catastrophic benefit. Using the projected eligible members as weights, we calculate that the overall expected allowed charges are 0.5187 of the total allowed charges. We then adjusted the paid-to-allowed ratio based on the weighted average paid-to-allowed ratio from both populations. This factor is 0.9467.

These factors were applied to the EHB portion of the Projected Period Index Rate. Because this adjustment has no impact on 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 0.4469. See Exhibit 6D for details.

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3.8.6 Impact of Selection

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 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 6E). 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 left section of Exhibit 6E shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this memorandum. The right section of the same exhibit demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual 2019 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 1.0871, as shown in Exhibit 6E.

3.8.7. Adjustment for distribution of the administrative costs

3.8.7.1. Administrative Expense Load:

BCBSVT did not initially calculate the administrative expense load as a percent of premium adjustment. This adjustment is the sum of the following fees:

BCBSVT Base Administrative Charges

We use calendar year 2019 data from both individual and small group members to develop the Base Administrative Expenses PMPM. The starting PMPM for the base administrative charges is \$45.87 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 expenses for individuals was \$51.05 PMPM compared to \$41.90 PMPM for members in small groups.

We removed expenses incurred due to one-time, non-recurring events, as these fees are not expected to continue into the projection period. These primarily consist of transitional costs associated with the conversion to a new technology platform. We have reflected transitional savings of \$0.46 PMPM in 2021 for the VISG line of business.

The remaining charges (\$45.41 PMPM) are projected to 2022 using a 2.2 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 2020, over the projection period. We assumed that other operating costs remain flat. We calculated that 73.2 percent of our administrative costs are for salaries and benefits. The decline in this percentage from previous years is largely due to software depreciation increases due to the new operating platform along with a reduction in consulting services. We therefore increase our projected administrative expenses by the weighted average of 2.2 percent per annum.

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Administrative trend calculation		Percent of Total BCBSVT Administrative Costs CY 2019
Employee costs:	$A = a_1 + a_2$	56.7%
Purchased services	B	22.5%
Other operating costs	C	20.8%
Total Administrative Expenses	$D = A + B + C$	100.0%
BCBSVT Personnel Cost	$E = A / (A + C)$	73.2%
Projected Personnel Cost Increase	F	3.0%
Projected Administrative Cost Increase	$G = (E \times (1+F) + (1-E)) - 1$	2.2%

Overall enterprise membership decreased significantly in 2020. To adjust for membership losses, we calculate PMPM admin charges with 2019 enrollment and projected 2020 enrollment. Using the lower 2020 enrollment increases the PMPM by 6.0 percent. Cost accounting exercises suggest that variable costs represent half of total administrative expenses. BCBSVT is committed to providing insurance coverage for our members at the most affordable rates possible; as a result, even though it is impractical to react to enrollment shifts by immediately right-sizing staff, we nonetheless remove from our projection the entirety of variable costs associated with the reduced enrollment. We therefore apply an increase of 3.0 percent to the base PMPM charges to account for the reduction in membership. The table below demonstrates the calculation.

Average Monthly 2019 Enrollment	A	187,261
Projected Monthly 2020 Enrollment	B	176,610
CY 2019 enterprise PMPM with 2019 enrollment	C	\$36.63
Projected CY 2020 enterprise PMPM with 2020 enrollment	$D = A \times C / B$	\$38.84
Reduced Projected CY 2020 enterprise PMPM to reflect 50% variable cost	$E = C + (D-C)/2$	\$37.73
Impact of Membership Losses	$F = E/C$	1.0302

To calculate the projected base administrative charges, we multiplied the experience PMPM, net of non-recurring expenses, by 2.2 percent for two years for trend.

Projected Administrative Charges Calculation		PMPM
Experience Base Administrative Charges	A	\$45.87
Exclusion of non-recurring expenses	B	(\$0.46)
Trend Projection (2 years)	C	1.0444
Impact of Membership changes	D	1.0302
Projected Base Administrative Charges (Exhibit 7A)	$E = (A-B) \times C \times D$	\$48.85

The projected base administrative charges PMPM of \$48.85 is 7.2 percent of premium.

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VHC Billing

Carriers will be taking over premium billing for VHC enrolled members for plan year 2022. BCBSVT must enhance its billing technology capabilities, hire customer service staff and be ready to process transactions by October 2021 for open enrollment. Expenses in plan year 2021 related to the transition of VHC billing are estimated at \$0.94 PMPM. These are added to BCBSVT projected base administrative expenses.

Debit and Credit Card Fees

Starting in plan year 2021, BCBSVT will offer members the opportunity to pay their premiums via debit and credit cards. Currently, BCBSVT only offers direct debit and check payments. Banks charge fees as a percent of the transaction for debit and credit card payments. To estimate the average fee, we relied on our banking partners for the projected average fee per transaction. Their estimate, based on an average cost for debit card transaction of 0.7 percent, average cost for credit card transaction of 2.35 percent, and known banking fees of \$0.15 and 0.25 percent per transaction, is 2.3 percent of premium. Currently, approximately 25 percent of BCBSVT VISG small groups and individuals directly enrolled with BCBSVT use our online platform to pay their premium via direct debit transactions. We expect that 40 percent of policy holders who currently use direct debit will switch to debit or credit card payment. We also project that the percentage of policyholders that use the online platform will grow to 40 percent, and that 70 percent of the new accounts will elect to pay via debit or credit card. Using these input items, we calculate an estimated fee of 0.4715 percent of premium.

Charges for Outside Vendors

- **CBA Dental and VSP Vision**

Dental and vision benefits are administered by third parties. The administrative fees are charged for eligible members only. We assume that these fees will not increase from those in the experience period, and therefore add a charge equal to the experience period PMPM.

- **HRA/HSA Integration Services**

All single risk pool members are eligible for HRA and/or HSA integration services. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into and paying claims out of Health Savings Accounts (HSAs). All plans are also eligible for this service in connection with Health Reimbursement Accounts (HRAs). 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 2020.

The total of all administrative charges outlined in this section is 7.91 percent of premium. The details of the administrative charges are on Exhibit 7A.

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Reconciliation to the Supplemental Health Care Exhibit

The Supplemental Health Care Exhibit (SHCE) is on a statutory accounting basis (as promulgated by the NAIC), while the administrative charges in this filing were developed based on GAAP accounting.

In the SHCE, administrative expenses 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 an allocation of federal income taxes that are not part of administrative expenses. Those must be excluded to reconcile to statutory basis administrative expenses (note that BCBSVT had an income tax benefit, or negative income tax expense, for 2019). Statutory and GAAP accounting treat some expenses differently, mainly related to ITS fees and pension costs. For the filing, we start with GAAP administrative expenses and then exclude from the base administrative charges federal and state fees and assessments (Federal Insurer Fee, PCORI, HCCA and GMCB billbacks) and certain fees paid to outside vendors, as those are added back into the premium separately. As described above, we also excluded from the experience expenses that were due to one-time, non-recurring events. The following chart demonstrates a reconciliation of the SCHE to base period administrative charges used in this filing:

		Individual and Small Group
SCHE lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4.	A	\$26,846,448
Less taxes in SCHE 1.5 that are not admin	B	(\$1,138,520)
Total administrative charges - STAT basis	C = A - B	\$27,984,968
Differences in STAT and GAAP treatment	D	(\$2,102,889)
Total administrative charges - GAAP basis	E = C + D	\$25,882,079
Federal and State fees	F	(\$1,557,213)
Fees for outside vendors	G	(\$231,635)
Exclusions*	H	(\$214,973)
Total base administrative charges	I = sum(E:H)	\$23,878,258
Member months	J	520,581
Experience base administrative charges PMPM	K = I / J	\$45.87

* The exclusions include the transitional savings and other one-time, non-recurring events.

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

Contribution to Policyholder Reserves

As directed by BCBSVT management, the filed rates include a 1.5 percent contribution to reserves (CTR). A contribution to policyholder reserves is required in order to maintain an adequate level of surplus. Surplus, or policyholder reserves, 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 grace periods, it is necessary to include a risk margin for bad debt. We have added a margin of 0.10 percent, which is both the 3-year average and the actual amount of uncollected premium due to the grace periods in each of the previous four years.

	Unpaid 30-day Grace Period Premium	Total Billed Premium	Percent of Billed Premium
2016	\$207,098	\$386,247,850	0.1%
2017	\$415,186	\$408,055,901	0.1%
2018	\$276,549	\$342,711,239	0.1%
2019	\$232,289	\$309,718,620	0.1%
Total	\$924,024	\$1,446,726,734	0.1%

Every year since the inception of VHC, BCBSVT has been left with outstanding account receivables for premiums expected from VHC for members enrolled through their system, excluding the 30-day grace amounts. Through 2016, these accounts receivable were paid by VHC through a settlement process. BCBSVT has incurred losses in 2017, 2018 and 2019 totaling \$1.9 million for these unpaid premiums.

	Uncollected Premium	Total Billed Premium	Percent of Billed Premium
2017	\$582,126	\$408,055,901	0.1%
2018	\$585,831	\$342,711,239	0.2%
2019	\$704,553	\$309,718,620	0.2%
Total	\$1,872,510	\$1,060,465,687	0.2%

BCBSVT is including a 0.2 percent risk charge for uncollectable VHC premium in the 2021 rating. Therefore, the total risk charge for bad debt is 0.3 percent.

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

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3.8.7.3. Taxes and Fees:

The proposed rates include on average 1.43 percent in taxes and fees. These taxes and fees are imposed by both the state and federal government.

Green Mountain Care Board Billbacks

BCBSVT is assessed a billback from the Green Mountain Care Board. In 2019, \$787,708 was allocated to the VISG market. To calculate the increase to this fee, we used the increase in BCBSVT invoice from FY2019 to FY2020 and applied to the portion allocated to VISG in 2019. The BCBSVT total invoice increased by 48.6 percent. We therefore calculate the projected 2021 billback allocated to BCBSVT VISG products as \$1,170,718, or \$2.54 PMPM.

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. Act 73 of 2013 sunset the 0.199 percent assessment for the Health IT-Fund. A two-year extension was approved by the Vermont legislature in Act 41. Given that this fee has routinely been extended close to its sunset date, we continue to include it in the calculation for the full calendar year.

Patient-Centered Outcomes Research Institute Fee

This fee is part of the Affordable Care Act and applies to all plan years through October 1, 2029. We estimate that the fee will be \$0.24 PMPM for the plan year ending December 2021.

Federal Insurer Fee

The Federal Insurer Fee (also known as the Health Insurer Tax, or HIT) funded some provisions of the Affordable Care Act. H.R.1865 ended this fee after 2020.

Risk Adjustment User Fees

Per the 2021 proposed Notice of Benefits and Payment Parameters (85 FR 7088), the risk adjustment user fee is \$0.19 per billable member per month. Using the projected relationship of 0.9326 billable months per member month from the risk adjustment transfer calculation, we included \$0.18 PMPM for the risk adjustment user fees.

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

3.8.8. Calibration

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

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3.8.9. 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 90.8 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.

To correct this discrepancy, we calculate the contract conversion factor in two steps using projected membership. 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 the catastrophic plan. 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 calculate 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, 2021 according to the combined market rules. BCBSVT will not file small group rates for Q2-Q4 2021.

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2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

ACTUARIAL MEMORANDUM

4. ADDITIONAL INFORMATION

4.1. Terminated Products

BCBSVT is terminating the Blue Rewards deductible plans and replacing them with the Vermont Preferred plans as of January 1, 2021. The table below includes the mapping to the new plans.

Market	Terminated Plans		New Plans	
	2020 Name	2020 QHPID	2021 Name	2021 QHPID
Small Group	Blue Rewards Gold	13627VT0360001	Vermont Preferred Gold	13627VT0360005
Small Group	Blue Rewards Silver	13627VT0360002	Vermont Preferred Silver	13627VT0360006
Small Group	Blue Rewards Silver - Reflective	13627VT0360004	Vermont Preferred Silver - Reflective	13627VT0360008
Small Group	Blue Rewards Bronze	13627VT0360003	Vermont Preferred Bronze	13627VT0360007
Individual	Blue Rewards Gold	13627VT0380001	Vermont Preferred Gold	13627VT0380005
Individual	Blue Rewards Silver	13627VT0380002	Vermont Preferred Silver	13627VT0380006
Individual	Blue Rewards Silver - Reflective	13627VT0380004	Vermont Preferred Silver - Reflective	13627VT0380008
Individual	Blue Rewards Bronze	13627VT0380003	Vermont Preferred Bronze	13627VT0380007

4.2. Plan Type

The plan type is EPO.

4.3. Act 193 Information

The table below shows the percentage of the 2021 proposed PMPM premium for generic, brand, and specialty drugs. The percent of premium rate was calculated by applying the brand, generic and specialty weights from Exhibit 3G to the total pharmacy projected allowed PMPM from Exhibit 5, adjusted for non-trend factors in the Projected Index Rate and adjusted for the plan level adjustment. Pharmacy rebates were weighted based on projected brand and specialty paid claims. We are assuming that the plan level adjustments apply to each category equally.

Drugs Processed Under the Pharmacy Benefit	
Type	Percent of premium
Generic	3.1%
Brand	6.0%
Specialty	9.9%

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2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

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The table below shows the change in allowed charge PMPM from calendar year 2018 to calendar year 2019 and the annualized projected increase to 2021, including the impact of contract changes.

Drugs Processed Under the Pharmacy Benefit		
Type	CY 2018 to CY 2019	CY 2019 to CY 2021, Annualized
Generic	3.0%	4.1%
Brand	9.1%	7.4%
Specialty	15.2%	20.5%

The increase in drug spending compared to other premium components is below:

Premium Increases	
Component	Increase
Rx Claims	8.5%
Medical Claims	5.8%
Non-Claims Components	-6.4%

Information about BCBSVT's National Performance Formulary is located on our website, <https://www.bcbsvt.com/pharmacy/drug-lists/national-performance-formulary-npf>. BCBSVT's benefits do not have a specialty tier. All brand drugs, specialty or not, are included in the preferred brand or non-preferred brand tiers.

Drugs administered in an outpatient setting and covered by the medical benefit represent 13.2 percent of the projected 2021 premium PMPM.

BCBSVT's pharmacy benefits are administered by Express Scripts (ESI). ESI manages claims processed through the pharmacy benefit but not claims processed through the medical benefit for use in a facility.

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2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

ACTUARIAL MEMORANDUM

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 and Brittney Phillips, ASA, MAAA, 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 2020. 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 and Reflective plan offered by BCBSVT in 2021, 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 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 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 COVID-19 pandemic introduces uncertainty far greater than that present in a typical rate development. Scientific knowledge of the pathogen and its treatment continues to evolve. Furthermore, future governmental action in response to the pandemic will have a material impact on costs. As the health care ecosystem continues to rapidly change, new developments may call into question the adequacy or excessiveness of the premium rates discussed herein.

**BLUE CROSS BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
ACTUARIAL MEMORANDUM**

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.

A handwritten signature in dark ink, appearing to read "Paul A. Schultz", with a stylized flourish at the end.

Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
Blue Cross and Blue Shield of Vermont
May 8, 2020

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 cursive script, appearing to read "Ruth Greene", is written over a horizontal line.

Ruth Greene
Vice President, Treasurer & Chief Financial Officer

5/8/2020
Date

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Unified Rate Review v5.1

Company Legal Name:Blue Cross and Blue Shield of Vermont

HIOS Issuer ID:13627

Effective Date of Rate Change(s):1/1/2021

State:VT

Market:Combined

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2019to12/31/2019

TotalPMPM

Allowed Claims	\$346,262,636.11	\$665.15
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$291,932,566.60	\$560.78
Risk Adjustment	\$20,665,540.89	\$39.70
Experience Period Premium	\$309,718,620.32	\$594.95
Experience Period Member Months	520,581	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$119.11	1.033	1.031	1.038	1.040	\$136.94
Outpatient Hospital	\$261.42	1.033	1.031	1.038	1.040	\$300.56
Professional	\$87.60	1.033	1.031	1.038	1.040	\$100.71
Other Medical	\$71.49	1.032	1.030	1.037	1.039	\$81.88
Capitation	\$10.92	1.033	1.031	1.038	1.040	\$12.55
Prescription Drug	\$114.53	1.101	1.030	1.101	1.030	\$147.29
Total	\$665.07					\$779.93

Morbidity Adjustment	1.003
Demographic Shift	1.007
Plan Design Changes	0.996
Other	0.992
Adjusted Trended EHB Allowed Claims PMPM for1/1/2021	\$778.32
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for1/1/2021	\$778.32	\$358,845,992.64
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$65.44	\$30,171,242.88
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$712.88	\$328,674,749.76

Projected Member Months	461,052
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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.

Company Legal Name:	Blue Cross and Blue Shield of Vermont
HIOS Issuer ID:	13627
Effective Date of Rate Change(s):	1/1/2021

State: VT
Market: Combined

To add a product to Worksheet 2 - Plan Product Info, select
To add a plan to Worksheet 2 - Plan Product Info, select the
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product
To remove a plan, navigate to the corresponding Plan Name

Field # Section I: General Product and Plan Information

[illegible]

		Current Plan Level Income																					
		Total		1362VT070320001	1362VT070320002	1362VT070320003	1362VT070320004	1362VT070320005	1362VT070320006	1362VT070320007	1362VT070320008	1362VT070320009	1362VT070320010	1362VT070320011	1362VT070320012	1362VT070320013	1362VT070320014	1362VT070320015	1362VT070320016	1362VT070320017	1362VT070320018	1362VT070320019	1362VT070320020
\$346,262.636				\$346,262.636	\$61,237.972	\$27,924.248	\$0	\$0	\$0	\$23,171.083	\$5,959.455	\$0	\$0	\$0	\$14,019.792	\$3,194.550	\$813.364	\$35,980.998	\$19,534.222	\$38,782.752	\$7,308.4007		
\$0				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$54,330.069	\$4,929.160	\$4,377.030	\$0	\$6,132.871	\$1,476.401	\$145.735	\$0	\$0	\$3,240.948	\$1,048,828	\$250,688	\$2,074,840	\$3,246.361	\$4,999.777	\$1,922,862				
				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$291,932.567				\$291,932.567	\$56,308.811	\$23,547.218	\$0	\$17,038.212	\$2,483.054	\$210.976	\$0	\$10,778.845	\$2,145,722	\$562,676	\$33,906.158	\$16,287.861	\$33,782.975	\$5,385.980					
\$20,665.541				\$20,665.541	\$8,434.352	\$1,064.554	-\$3,570	-\$5,321.058	-\$1,908.787	-\$217.026	\$4,783	-\$1,896.179	\$1,082.343	\$11,931	\$131,810.078	\$1,631.629	\$8,264.154	-\$830.992					
\$309,718.620				\$309,718.620	\$57,020.420	\$26,882.626	\$0	\$26,473.748	\$5,060.436	\$495.963	\$0	\$13,808.653	\$3,891.395	\$923.348	\$20,884.137	\$1,674.689	\$35,365.634	\$76,239.533					
\$20,581				\$20,581	\$0	\$4,923.36	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$39,195	\$5,659	\$2,870	\$0	\$3,443	\$55	\$172	\$0	\$1,579	\$800	\$2	\$1,927	\$3,546	\$1,143						
				\$636.85	\$805.41	\$695.78	\$647.12	\$576.91	\$491.66	\$501.48	\$650.50	\$594.05	\$550.42	\$265.36	\$805.41	\$695.78	\$647.12	\$576.91					
				88.36%	86.03%	91.20%	0.00%	80.55%	78.79%	75.64%	0.00%	92.03%	76.39%	60.16%	97.73%	85.34%	77.43%	83.73%					
				Per Member Per Month																			
				\$665.15	\$749.22	\$621.55	#DIV/0!	\$458.70	\$360.74	\$324.58	#DIV/0!	\$530.01	\$374.82	\$222.41	\$1,280.92	\$715.88	\$745.23	\$507.59					
				\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
				\$104.36	\$60.31	\$97.43	#DIV/0!	\$121.41	\$134.51	\$132.61	#DIV/0!	\$122.52	\$123.06	\$68.55	\$73.86	\$118.97	\$96.07	\$133.54					
				\$0.00	\$0.00	\$0.00	#DIV/0!</																

3.1 Plan ID (Standard Component ID)	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340007
3.2 Market Adjusted Index Rate														
3.3 AV and Cost Sharing Design of Plan	1.0927	1.0026	0.9334	0.8331	0.7116	0.7256	0.9384	0.8576	0.7241	0.3890	1.1589	1.0026	0.9334	0.8331
3.4 Provider Network Adjustment	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	1.0000
3.5 Benefits in Addition to EHB	1.0001	1.0001	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0005	1.0001	1.0001	1.0002	1.0002
Administrative Costs														
3.6 Administrative Expense	6.97%	6.50%	6.98%	7.82%	9.17%	8.98%	6.94%	7.60%	9.01%	16.74%	5.63%	6.50%	6.98%	7.82%
3.7 Taxes and Fees	1.47%	3.50%	3.52%	3.57%	3.64%	3.63%	3.57%	3.56%	3.63%	3.40%	3.65%	3.50%	3.52%	3.57%
3.8 Profit & Risk Load	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4469	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$869.76	\$808.60	\$757.15	\$682.70	\$592.81	\$603.06	\$760.78	\$700.93	\$602.03	\$159.74	\$925.03	\$808.60	\$757.15	\$682.70

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4.1 Plan ID (Standard Component ID)	Total	1362VT0320001	1362VT0320002	1362VT0320003	1362VT0320006	1362VT0320004	1362VT0320005	1362VT0320001	1362VT0320003	1362VT0320002	1362VT0320006	1362VT0340001	1362VT0340002	1362VT0340003	1362VT0340004	1362VT0340007
4.2 Allowed Claims	\$328,783.803	\$41,802.891	\$24,559.733	\$0	\$29,463.123	\$7,316.576	\$1,471.873	\$0	\$0	\$13,512.132	\$5,853.266	\$0,080.632	\$17,282.274	\$16,490.107	\$30,344.535	\$9,781.166
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$8,205.167	\$1,085.713	\$634.767	\$0	\$757.275	\$187.163	\$37.666	\$0	\$347.700	\$149.832	\$78.837	\$461.845	\$426.201	\$0	\$779.390	\$251.399
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$320,578.635	\$40,717.178	\$23,924.967	\$0	\$28,705.847	\$7,129.412	\$1,434.206	\$0	\$13,144.432	\$5,703.429	\$3,001.826	\$17,320.429	\$16,063.906	\$29,564.605	\$9,529.708	\$0
4.7 Risk Adjustment Transfer Amount	\$2,812.485	\$7,978.984	\$4,768.984	\$0	\$4,768.984	\$23,035.214	\$1,436.115	\$0	\$1,436.115	\$1,436.115	\$1,436.115	\$1,436.115	\$1,436.115	\$1,436.115	\$1,436.115	\$1,436.115
4.8 Premium	\$311,271.940	\$50,421.687	\$25,098.904	\$0	\$24,930.759	\$5,261.010	\$1,072.618	\$0	\$11,896.193	\$4,307.775	\$1,135.238	\$21,448.570	\$16,852.121	\$28,935.142	\$8,276.642	\$0
4.9 Projected Member Months	641.052	58.620	34.440	0	41.316	10.260	2.064	0	18.948	8.208	4.320	24.936	23.124	42.552	13.716	0
4.10 Loss Ratio	95.96%	69.72%	97.57%	#DIV/0!	142.35%	221.01%	237.25%	#DIV/0!	125.86%	181.91%	261.66%	47.67%	86.55%	79.07%	127.64%	0
Per Member Per Month																
4.1.1 Allowed Claims	\$713.12	\$713.12	\$713.12	#DIV/0!	\$713.12	\$713.12	\$713.12	#DIV/0!	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12
4.1.2 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.1.3 Member Cost Sharing	\$17.80	\$18.52	\$18.43	#DIV/0!	\$18.33	\$18.24	\$18.25	#DIV/0!	\$18.35	\$18.25	\$18.25	\$18.25	\$18.52	\$18.43	\$18.33	\$18.33
4.1.4 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.1.5 Incurred Claims	\$695.32	\$694.60	\$694.69	#DIV/0!	\$694.79	\$694.87	\$694.87	#DIV/0!	\$694.77	\$694.86	\$694.87	\$694.60	\$694.69	\$694.79	\$694.79	\$694.79
4.1.6 Risk Adjustment Transfer Amount	\$49.48	\$136.11	\$116.81	#DIV/0!	\$115.33	\$119.36	\$122.80	#DIV/0!	\$115.80	\$119.36	\$122.80	\$115.80	\$119.36	\$122.80	\$115.80	\$115.80
4.1.7 Premium	\$675.13	\$86.124	\$728.77	#DIV/0!	\$603.42	\$512.77	\$519.68	#DIV/0!	\$562.83	\$524.83	\$524.83	\$526.79	\$860.14	\$728.77	\$679.99	\$603.42

Product-Plan Data Collection

the Add Product button or Ctrl + Shift + P.
- Add Plan button or Ctrl + Shift + L.

Company Legal Name:

Blue Cross and Blue

HIOS Issuer ID:

13627

Effective Date of Rate Change(s):

1/1/2021

1 Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

a/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name		BCBSVT EPO CDHP (Individual)					BCBSVT EPO Vermont Preferred (Small Group)										BCBSVT EPO Vermont Se
1.2 Product ID		13627VT035					13627VT036										13627
1.3 Plan Name		BCBSVT Bronze	BCBSVT Bronze	BCBSVT Silver	BCBSVT Silver	BCBSVT Bronze	BCBSVT Blue	BCBSVT Blue	BCBSVT Blue	Blue Rewards	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Vermont	Blue Vermont	BCBSVT Vermont	BCBSVT Vermont	
1.4 Plan ID (Standard Component ID)		13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002	
1.5 Metal		Bronze	Bronze	Silver	Silver	Bronze	Gold	Gold	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	
1.6 AV Metal Value		0.641	0.648	0.712	0.712	0.638	0.770	0.693	0.693	0.627	0.789	0.696	0.696	0.648	0.813	0.719	
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	New	New	New	New	Renewing	Renewing	
1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	
1.10 Effective Date of Proposed Rates		1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	
1.11 Cumulative Rate Change % (over 12 mos prior)		4.11%	3.44%	6.16%	5.50%	4.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.27%	6.01%	
1.12 Product Rate Increase %																	
1.13 Submission Level Rate Increase %						5.56%											11.1%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
2.2 Allowed Claims	\$346,262,636	\$4,431,180	\$573,486	\$9,088,613	\$2,899,485	\$3,207,590	\$3,995,688	\$0	\$1,705,375	\$299,944	\$0	\$0	\$0	\$0	\$35,112,969	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$1,395,264	\$237,827	\$1,229,368	\$647,951	\$1,127,436	\$607,544	\$0	\$579,151	\$164,596	\$0	\$0	\$0	\$0	\$5,782,143	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$3,035,916	\$335,659	\$7,859,245	\$2,251,534	\$2,080,154	\$3,388,144	\$0	\$1,126,224	\$135,348	\$0	\$0	\$0	\$0	\$29,330,826	\$0
2.7 Risk Adjustment Transfer Amount	\$20,665,541	-\$1,479,260	-\$532,717	\$1,322,707	-\$238,422	-\$1,114,783	-\$62,840	\$0	-\$757,409	-\$448,375	\$0	\$0	\$0	\$0	\$3,224,191	\$0
2.8 Premium	\$309,718,620	\$5,829,269	\$1,288,944	\$8,309,733	\$2,447,262	\$4,170,947	\$3,225,463	\$0	\$2,777,929	\$861,664	\$0	\$0	\$0	\$0	\$24,011,162	\$0
2.9 Experience Period Member Months	520,581	11,634	2,530	12,586	4,791	8,754	5,383	0	5,375	1,813	0	0	0	0	45,367	0
2.10 Current Enrollment	39,195	968	391	824	331	708	573	0	412	174	0	0	0	0	3,633	0
2.11 Current Premium PMPM	\$636.85	\$491.66	\$501.48	\$650.50	\$594.05	\$500.42	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54
2.12 Loss Ratio	88.36%	69.79%	44.39%	81.59%	101.93%	68.06%	107.13%	#DIV/0!	55.74%	32.75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	107.69%	#DIV/0!
Per Member Per Month																
2.13 Allowed Claims	\$665.15	\$380.88	\$226.67	\$722.12	\$605.19	\$366.41	\$742.28	#DIV/0!	\$317.28	\$165.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$773.98	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.15 Member Cost Sharing	\$104.36	\$119.93	\$94.00	\$97.68	\$135.24	\$128.79	\$112.86	#DIV/0!	\$107.75	\$90.79	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$127.45	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.17 Incurred Claims	\$560.78	\$260.95	\$132.67	\$624.44	\$469.95	\$237.62	\$629.42	#DIV/0!	\$209.53	\$74.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$646.52	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$127.15	-\$210.56	\$105.09	-\$49.76	-\$127.35	-\$11.67	#DIV/0!	-\$140.91	-\$247.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$71.07	#DIV/0!
2.19 Premium	\$594.95	\$501.05	\$509.46	\$660.24	\$510.80	\$476.46	\$599.19	#DIV/0!	\$516.82	\$475.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$529.26	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
3.2 Market Adjusted Index Rate									\$712.88							
3.3 AV and Cost Sharing Design of Plan		0.7116	0.7256	0.9384	0.8576	0.7241	0.0000	0.0000	0.0000	0.0000	0.9022	0.8927	0.7853	0.7064	0.8967	0.9081
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0002	1.0002	1.0001	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002
Administrative Costs																
3.6 Administrative Expense		9.17%	8.98%	6.94%	7.60%	9.01%	0.00%	0.00%	0.00%	0.00%	7.25%	7.30%	8.29%	9.22%	7.33%	7.21%
3.7 Taxes and Fees		3.64%	3.63%	3.52%	3.56%	3.63%	0.00%	0.00%	0.00%	0.00%	3.54%	3.54%	3.59%	3.64%	3.54%	3.53%
3.8 Profit & Risk Load		1.60%	1.60%	1.60%	1.60%	1.60%	0.00%	0.00%	0.00%	0.00%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$592.81	\$603.06	\$760.78	\$700.93	\$602.03	\$0.00	\$0.00	\$0.00	\$0.00	\$734.26	\$726.95	\$647.18	\$588.82	\$730.38	\$738.64
3.11 Age Calibration Factor	1.0000								1.0000							
3.12 Geographic Calibration Factor	1.0000								1.0000							
3.13 Tobacco Calibration Factor	1.0000								1.0000							
3.14 Calibrated Plan Adjusted Index Rate		\$592.81	\$603.06	\$760.78	\$700.93	\$602.03	\$0.00	\$0.00	\$0.00	\$0.00	\$734.26	\$726.95	\$647.18	\$588.82	\$730.38	\$738.64

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
4.2 Allowed Claims	\$328,783,803	\$8,283,562	\$3,345,943	\$7,051,296	\$2,832,499	\$6,058,638	\$0	\$0	\$0	\$0	\$4,903,389	\$0	\$3,525,648	\$1,488,987	\$31,089,028	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$8,205,167	\$211,900	\$85,625	\$181,447	\$72,887	\$155,089	\$0	\$0	\$0	\$0	\$0	\$0	\$90,509	\$38,094	\$802,731	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$320,578,635	\$8,071,662	\$3,260,318	\$6,869,849	\$2,759,612	\$5,903,549	\$0	\$0	\$0	\$0	\$4,903,389	\$0	\$3,435,139	\$1,450,894	\$30,286,297	\$0
4.7 Risk Adjustment Transfer Amount	\$22,812,485	-\$1,652,081	-\$1,134,782	\$1,332,773	-\$197,160	-\$1,213,898	\$0	\$0	\$0	\$0	-\$15,332	\$0	-\$779,738	-\$595,747	\$4,026,008	\$0
4.8 Premium	\$311,271,940	\$5,956,325	\$2,438,336	\$6,840,597	\$2,493,756	\$4,458,924	\$0	\$0	\$0	\$0	\$4,603,929	\$0	\$2,863,003	\$1,074,711	\$30,744,422	\$0
4.9 Projected Member Months	461,052	11,616	4,692	9,888	3,972	8,496	0	0	0	6,876	0	0	4,944	2,088	43,596	0
4.10 Loss Ratio	95.96%	187.53%	250.11%	84.05%	120.16%	181.93%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	106.86%	#DIV/0!	164.89%	302.92%	87.10%	#DIV/0!
Per Member Per Month																
4.11 Allowed Claims	\$713.12	\$713.12	\$0.00	\$713.12	\$713.12	\$713.12	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$713.12	#DIV/0!	\$713.12	\$713.12	\$713.12	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
4.13 Member Cost Sharing	\$17.80	\$18.24	\$18.25	\$18.35	\$18.35	\$18.35	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$18.31	#DIV/0!	\$18.24	\$18.24	\$18.41	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
4.15 Incurred Claims	\$695.32	\$694.87	\$694.87	\$694.77	\$694.77	\$694.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$713.12	#DIV/0!	\$694.81	\$694.87	\$694.70	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$49.48	-\$142.22	-\$241.85	\$134.79	-\$49.64	-\$142.88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$2.23	#DIV/0!	-\$157.71	-\$285.32	\$92.35	#DIV/0!
4.17 Premium	\$675.13	\$512.77	\$519.68	\$691.81	\$627.83	\$524.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$669.57	#DIV/0!	\$579.09	\$514.71	\$705.21	#DIV/0!

Product-Plan Data Collection

Company Legal Name: Blue Cross and Blue
HIOS Issuer ID: 13627
Effective Date of Rate Change(s): 1/1/2021

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	lect CDHP (Small Group)				BCBSVT EPO Vermont Preferred (Individual)								BCBSVT Vermont Select CDHP (Individual)			
1.2 Product ID	VT037				13627VT038								13627VT039			
1.3 Plan Name	BCBSVT Vermont				BCBSVT Blue				BCBSVT Vermont				BCBSVT Blue			
1.4 Plan ID (Standard Component ID)	13627VT0370004				13627VT0380001				13627VT0380005				13627VT0390001			
1.5 Metal	Silver				Silver				Silver				Silver			
1.6 AV Metal Value	0.718				0.650				0.696				0.648			
1.7 Plan Category	Renewing				Terminated				New				Renewing			
1.8 Plan Type	EPO				EPO				EPO				EPO			
1.9 Exchange Plan?	No				Yes				Yes				No			
1.10 Effective Date of Proposed Rates	1/1/2021				1/1/2021				1/1/2021				1/1/2021			
1.11 Cumulative Rate Change % (over 12 mos prior)	5.26%				4.22%				0.00%				0.00%			
1.12 Product Rate Increase %	94%				0.00%				0.00%				13.27%			
1.13 Submission Level Rate Increase %													9.26%			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
2.2 Allowed Claims	\$346,262,636	\$778,800	\$5,642,394	\$5,045,705	\$9,821,211	\$907,355	\$1,149,659	\$0	\$0	\$0	\$0	\$18,542,886	\$1,630,244	\$1,099,053	\$4,047,010
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$237,400	\$1,677,930	\$753,591	\$1,167,454	\$317,496	\$373,733	\$0	\$0	\$0	\$0	\$2,437,110	\$185,106	\$336,937	\$1,226,531
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$541,399	\$3,964,464	\$4,292,113	\$8,653,757	\$589,859	\$775,925	\$0	\$0	\$0	\$0	\$16,105,776	\$1,445,138	\$762,116	\$2,820,480
2.7 Risk Adjustment Transfer Amount	\$20,665,541	\$248,728	-\$509,697	\$599,809	-\$333,661	-\$440,784	-\$716,932	\$0	\$0	\$0	\$0	\$4,140,102	\$271,357	-\$169,173	-\$1,472,269
2.8 Premium	\$309,718,620	\$977,325	\$4,624,667	\$3,684,758	\$11,589,127	\$1,501,377	\$1,653,827	\$0	\$0	\$0	\$0	\$9,711,642	\$1,064,352	\$1,236,366	\$5,228,489
2.9 Experience Period Member Months	520,581	2,012	10,456	5,724	16,662	2,913	3,382	0	0	0	0	16,730	1,572	2,425	10,770
2.10 Current Enrollment	39,195	445	1,069	635	1,299	225	246	0	0	0	0	1,389	212	216	1,029
2.11 Current Premium PMPM	\$636.85	\$563.78	\$488.18	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54	\$563.78	\$488.18
2.12 Loss Ratio	88.36%	74.31%	96.34%	100.18%	76.88%	55.62%	82.82%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	116.27%	108.19%	71.41%	75.09%
Per Member Per Month															
2.13 Allowed Claims	\$665.15	\$387.08	\$539.63	\$881.50	\$589.44	\$311.48	\$339.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,108.36	\$1,037.05	\$453.22	\$375.77
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$104.36	\$117.99	\$160.48	\$131.65	\$70.07	\$108.99	\$110.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$145.67	\$117.75	\$138.94	\$113.88
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$560.78	\$269.09	\$379.16	\$749.85	\$519.37	\$202.49	\$229.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$962.69	\$919.30	\$314.27	\$261.88
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$123.62	-\$48.75	\$104.79	-\$20.03	-\$151.32	-\$211.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$247.47	\$172.62	-\$69.76	-\$136.70
2.19 Premium	\$594.95	\$485.75	\$442.30	\$643.74	\$695.54	\$515.41	\$489.01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$580.49	\$677.07	\$509.84	\$485.47

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
3.2 Market Adjusted Index Rate														
3.3 AV and Cost Sharing Design of Plan	0.8144	0.7066	0.0000	0.0000	0.0000	0.0000	0.9022	0.8927	0.7853	0.7064	0.8967	0.9081	0.8144	0.7066
3.4 Provider Network Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002
Administrative Costs														
3.6 Administrative Expense	8.04%	9.27%	0.00%	0.00%	0.00%	0.00%	7.25%	7.30%	8.29%	9.22%	7.33%	7.21%	8.04%	9.27%
3.7 Taxes and Fees	3.58%	3.64%	0.00%	0.00%	0.00%	0.00%	3.54%	3.54%	3.59%	3.64%	3.54%	3.53%	3.58%	3.64%
3.8 Profit & Risk Load	1.60%	1.60%	0.00%	0.00%	0.00%	0.00%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$669.15	\$589.33	\$0.00	\$0.00	\$0.00	\$0.00	\$734.26	\$726.95	\$647.18	\$588.82	\$730.38	\$738.64	\$669.15	\$589.33
3.11 Age Calibration Factor	1.0000													
3.12 Geographic Calibration Factor	1.0000													
3.13 Tobacco Calibration Factor	1.0000													
3.14 Calibrated Plan Adjusted Index Rate	\$669.15	\$589.33	\$0.00	\$0.00	\$0.00	\$0.00	\$734.26	\$726.95	\$647.18	\$588.82	\$730.38	\$738.64	\$669.15	\$589.33

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
4.2 Allowed Claims	\$328,783,803	\$3,808,042	\$9,147,859	\$0	\$0	\$0	\$0	\$5,433,948	\$11,116,060	\$1,925,415	\$2,960,860	\$11,886,226	\$1,814,168	\$1,848,398	\$8,805,563
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$8,205,167	\$97,832	\$233,966	\$0	\$0	\$0	\$0	\$0	\$285,366	\$49,428	\$75,750	\$306,907	\$46,610	\$47,487	\$225,211
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$320,578,635	\$3,710,210	\$8,913,893	\$0	\$0	\$0	\$0	\$5,433,948	\$10,830,694	\$1,875,986	\$2,885,110	\$11,579,319	\$1,767,558	\$1,800,911	\$8,580,352
4.7 Risk Adjustment Transfer Amount	\$22,812,485	-\$735,705	-\$642,329	\$0	\$0	\$0	\$0	\$1,037,847	-\$464,873	-\$458,590	-\$1,009,184	\$5,081,468	\$547,769	-\$190,055	-\$1,898,962
4.8 Premium	\$311,271,940	\$3,174,587	\$6,538,044	\$0	\$0	\$0	\$0	\$5,102,085	\$10,356,479	\$1,563,533	\$2,137,068	\$11,754,474	\$1,700,863	\$1,540,923	\$6,293,403
4.9 Projected Member Months	461,052	5,340	12,828	0	0	0	0	7,620	15,588	2,700	4,152	16,668	2,454	2,502	12,348
4.10 Loss Ratio	95.96%	152.13%	151.19%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	88.50%	109.49%	169.78%	255.80%	68.78%	78.61%	133.32%	195.25%
Per Member Per Month															
4.11 Allowed Claims	\$713.12	\$713.12	\$713.12	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12	\$713.12
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$17.80	\$18.32	\$18.24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$18.31	\$18.31	\$18.24	\$18.24	\$18.41	\$18.32	\$18.32	\$18.24
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$695.32	\$694.80	\$694.88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$713.12	\$694.81	\$694.81	\$694.87	\$694.70	\$694.79	\$694.80	\$694.88
4.16 Risk Adjustment Transfer Amount	\$49.48	-\$137.77	-\$50.07	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$136.20	-\$29.82	-\$169.85	-\$243.06	\$304.86	\$215.32	-\$73.32	-\$153.79
4.17 Premium	\$675.13	\$594.49	\$509.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$669.57	\$664.39	\$579.09	\$514.71	\$705.21	\$668.58	\$594.49	\$509.67

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 1	1.0000

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	
Date of Submission	5/8/2020
Proposed Effective Date	1/1/2021
Average Annual Premium	
Before Rate Change	\$12,284
After Rate Change	\$13,074

Amount in SERFF's Rate Review Detail Section Explanation for differences		
Proposed Overall Rate Change	6.34%	NA
Proposed Minimum Rate Change	-0.88%	NA
Proposed Maximum Rate Change	13.27%	NA

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 catastrophic plan rates are decreasing by 0.7 percentThe BCBSVT Vermont Select CDHP Gold plan was modified to decrease the deductible and out-of-pocketAll other plans increases are between 3.4 percent and 7.2 percent

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	0.9189	0.9439	1.028
Base Period Utilization Factor	1.0001	0.9983	0.999
Pricing Trend	1.1376	1.1767	1.034
Morbidity Adjustment	0.9880	1.0008	1.018
Risk Adjustment Recoveries	0.9290	0.9159	0.986
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	1.0050	1.0069	0.973
Additional EHB	1.0000	1.0000	1.000
Exchange Fee	1.0000	1.0000	1.000
Fixed Cost Adjustment	1.0629	1.0680	1.006
SG&A	1.0000	1.0000	1.000
Margin	1.0103	1.0183	1.002
Taxes and Fees	1.0374	1.0148	0.978
Benefit Design Changes	0.8388	0.8471	1.003
Geography	1.0000	1.0000	1.000
Tobacco	1.0000	1.0000	1.000
Provider Networks Changes	1.0000	1.0000	1.000
Non System Claims	0.9800	0.9779	0.998
Impact of Selection	1.0000	0.9966	0.997
Non EHB	1.0000	1.0002	1.000
Leap Year	1.0027	1.0000	0.997
Total Rate Change			1.003

If applicable, Provide an explanation for the difference between the Calculated Rate change and the average rate change in cell B17

xxxxxx

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
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%	345	360	0
No Change	0	0	0
Increase of 0.01% to 5.00%	13,782	19,803	1,364
Increase of 5.01% to 10.00%	8,679	18,234	1,311
Increase of 10.01% to 14.99%	2,604	5,022	360
Increase of 15.00% or more	0	0	0
Total	23,310	38,421	3,055

History of Rate Changes

Fiscal Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	8.80%	7.30%
2018	12.88%	9.25%
2019	7.48%	5.78%
2020	15.00%	12.44%

Retention

Dates	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
	January 2019 - December 2019	January 2020 - December 2020	January 2021 - December 2021		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$2.99	\$7.59	\$4.29	43.38%	-76.02%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expenses	\$46.91	\$36.82	\$53.42	15.34%	14.08%
Profit/Risk Margin	\$2.68	\$10.31	\$12.15	-553.12%	17.86%
Total	\$46.62	\$75.02	\$69.86	49.84%	-6.88%
Variable	\$23.31	\$37.51	\$34.83	49.84%	-6.88%
Non-Variable	\$23.31	\$37.51	\$34.83	49.84%	-6.88%
Total	\$46.62	\$75.02	\$69.86	49.84%	-6.88%
Check	TRUE	TRUE	TRUE		

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
			Prior 12 months		
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.45%	2.70%	0.62%	29.66%	-77.11%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expenses	7.50%	7.22%	7.51%	4.30%	8.89%
Profit/Risk Margin	-0.44%	1.80%	1.80%	-509.78%	12.50%
Total	7.64%	11.64%	10.35%	35.50%	-11.11%
Variable	3.89%	8.82%	8.17%	35.50%	-11.11%
Non-Variable	3.89%	8.82%	8.17%	35.50%	-11.11%
Total	7.64%	11.64%	10.35%	35.50%	-11.11%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

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").																			
Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)																													
Month	Member Months	Monthly Allowed Claims \$ PMPM	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Allowed Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend																	
Jan-2017	69,548	\$554.31				1.00		1.00	\$554.31																				
Feb-2017	69,864	\$557.75				1.00		1.00	\$557.75																				
Mar-2017	69,644	\$572.98				1.00		1.00	\$572.98																				
Apr-2017	69,290	\$499.09				1.00		1.00	\$499.09																				
May-2017	69,005	\$576.61				1.00		1.00	\$576.61																				
Jun-2017	68,585	\$557.68				1.00		1.00	\$557.68																				
Jul-2017	68,254	\$540.66				1.00		1.00	\$540.66																				
Aug-2017	67,809	\$556.18				1.00		1.00	\$556.18																				
Sep-2017	67,537	\$553.51				1.00		1.00	\$553.51																				
Oct-2017	67,173	\$556.32				1.00		1.00	\$556.32																				
Nov-2017	66,847	\$591.27				1.00		1.00	\$591.27																				
Dec-2017	66,188	\$588.10				1.00		1.00	\$588.10																				
Jan-2018	54,785	\$626.55				1.00		1.00	\$626.55																				
Feb-2018	53,939	\$603.62				1.00		1.00	\$603.62																				
Mar-2018	53,402	\$656.09				1.00		1.00	\$656.09																				
Apr-2018	53,011	\$636.83				1.00		1.00	\$636.83																				
May-2018	52,810	\$647.63				1.00		1.00	\$647.63																				
Jun-2018	52,571	\$614.22				1.00		1.00	\$614.22																				
Jul-2018	52,340	\$613.19				1.00		1.00	\$613.19																				
Aug-2018	51,955	\$627.35				1.00		1.00	\$627.35																				
Sep-2018	51,858	\$598.34				1.00		1.00	\$598.34																				
Oct-2018	51,481	\$704.45				1.00		1.00	\$704.45																				
Nov-2018	51,200	\$634.75				1.00		1.00	\$634.75																				
Dec-2018	50,817	\$650.59				1.00		1.00	\$650.59																				
Jan-2019	44,270	\$706.68				1.00		1.00	\$706.68																				
Feb-2019	44,045	\$622.84				1.00		1.00	\$622.84																				
Mar-2019	43,895	\$701.68				1.00		1.00	\$701.68																				
Apr-2019	43,570	\$654.09				1.00		1.00	\$654.09																				
May-2019	43,488	\$736.55				1.00		1.00	\$736.55																				
Jun-2019	43,359	\$671.85				1.00		1.00	\$671.85																				
Jul-2019	43,365	\$743.95				1.00		1.00	\$743.95																				
Aug-2019	43,229	\$696.79				1.00		1.00	\$696.79																				
Sep-2019	43,083	\$625.16				1.00		1.00	\$625.16																				
Oct-2019	42,849	\$744.43				1.00		1.00	\$744.43																				
Nov-2019	42,860	\$625.54				1.00		1.00	\$625.54																				
Dec-2019	42,527	\$654.80				1.00		1.00	\$654.80																				

Last Month in Experience Period

If applicable, please provide an explanation for the Other normalization factor:

XXXXX

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

XXXXX

Solvency

Total Adjusted Capital Authorized Control Level RBC Ratio	Most Recent Quarterly Financial Statement		Most Recent Annual Financial Statement	
	NA		NA	
	NA		NA	

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year - 4	1/1/2015	12/31/2018	768,293	294,107,084	330,568,002	89.0%
Historical Year - 3	1/1/2016	12/31/2017	636,541	266,832,894	377,638,176	94.5%
Historical Year - 2	1/1/2017	12/31/2017	620,156	378,101,581	403,284,396	92.5%
Historical Year - 1	1/1/2018	12/31/2018	505,163	325,109,232	348,374,495	93.1%
Historical Year 0	1/1/2019	12/31/2019	527,054	293,613,224	322,742,494	90.9%
Historical Totals			3,575,007	1,644,033,987	1,783,618,352	92.2%

Interim Time Period	1/1/2020	3/31/2020	117,318	59,831,891	80,439,412	74.4%
Future Year 1	1/1/2021	12/31/2021	461,052	278,885,020	305,294,501	90.2%

Anticipated Pricing Loss Ratio (no adjustments)

Anticipated LR using Federally prescribed MLR methodology

Note:

The historical time periods should represent calendar years since the inception date of the plan type through



March 10, 2020

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 2021 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 2020, 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 Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2020 standard plan designs are all continuing in 2021.

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 2021 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 2021 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A. The 2021 Notice of Benefit and Payment Parameters (NBPP) is still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes.

A list of the changes from the 2020 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

1. Platinum – The medical deductible and medical Maximum Out of Pocket (MOOP) were increased.
2. Gold – The medical deductible, medical Maximum Out of Pocket (MOOP), pharmacy MOOP, generic pharmacy copay, and preferred brand pharmacy copay were all increased.
3. Silver Deductible – The combined medical/pharmacy MOOP and separate pharmacy MOOP were increased. Chiropractic services copays and physical therapy copays were decreased.
4. Bronze Deductible with Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and separate pharmacy MOOP were all increased. The generic pharmacy, chiropractic services, and physical therapy copays were all decreased. The deductible was also waived for generic scripts.
5. Bronze Deductible without Pharmacy Limit – The medical deductible, combined medical/pharmacy MOOP, and generic pharmacy copays were increased.
6. Silver HDHP – The medical deductible, medical MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
7. Bronze HDHP – The medical MOOP and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, starting in 2016 the State of Vermont requests 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 and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, all three Bronze plans qualify for the expanded range. This is a change for 2021. In 2020 and prior, the Bronze Deductible plan with Pharmacy Limit did not qualify.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2021 Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. The final AVC has not yet been released. 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 2021. The 2020 minimum deductible and MOOP were \$1,400 and \$6,900, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. Should the federal HDHP minimum deductible for 2021 increase from \$1,400, both the Silver and Bronze HDHPs and associated CSR plan designs will require changes to meet this requirement.

Additionally, the 2021 Notice of Benefits and Payment Parameters (NBPP)² is still in draft form. Based on the draft regulations, the single annual limit, or MOOP, is expected to be \$8,550, up from \$8,150 in 2020. Should the single annual limit not be finalized as proposed and the regulations finalize a limit below \$8,550, both the Silver and Bronze HDHPs shown in this report will require changes in order to meet this requirement. Additionally, if the final limit is finalized below \$8,400 both Bronze Deductible Plans (with and without drug limit) will also require changes in order to meet this requirement.

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers 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. These plans will continue in 2021.

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

² <https://www.federalregister.gov/documents/2020/01/24/2020-00077/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2021>

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 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 issuer 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.

Chiropractic and Physical Therapy Copays

Act No. 7 (Bill S.1), relating to copayment limits for chiropractic care and physical therapy, was signed into law June 25, 2018. Act No. 7 requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125%-150% of the copay applicable to services provided by a primary care provider (PCP) in 2020. For 2021, S.202 was introduced which would require the copay for chiropractic services for Silver and Bronze metal level plans to be less than or equal to 125% of the PCP copay. The plan designs shown here have been updated assuming that S.202 is passed as introduced and sets the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. This change impacts only the Silver and Bronze metal level plans with a copay. Plans with coinsurance are not impacted.

The Federal actuarial value calculator does not account for all service categories and chiropractic services is one of those that is not explicitly included in the calculator. As noted in the “Actuarial Value Considerations” section below, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. We have not previously made adjustments to the results of the AVC to reflect chiropractic services cost sharing and do not feel that this regulation would warrant a change to that methodology. Therefore, no adjustments have been made to the actuarial value calculations and certification included in this memo for chiropractic services.

S.202 does not specifically require changes to the physical therapy copays. Based on issuer feedback, it is preferable to continue to set physical therapy and chiropractic copays equal to each other. The AVC does account for physical therapy services. The changes to the copays for chiropractic and physical therapy services are reflected in the 2021 standard plan designs.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. 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.

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. 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 three 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. 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

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.

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 if the family MOOP is more than the proposed single limit of \$8,550, the MOOP must either be stacked or there must be an embedded individual MOOP of \$8,550. Wakely 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 (\$1,400 and \$2,800 for individual and family coverage in 2020, 2021 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 \$1,400 and \$2,800 for individual and family coverage in 2020) 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 \$1,400 for individual or \$2,800 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 \$1,400 or \$2,800, 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.

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. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. 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). Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, it is recommended that the appropriateness of this adjustment is analyzed for the 2022 plan designs.

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 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.

Table 1: Adjusted Acceptable Federal Actuarial Values

	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%-65.0% ⁴
	Bronze (without drug limit)	56.0%-65.0%
HDHPs	Silver - Embedded MOOP	66.0%-71.5%
	Bronze - Embedded MOOP	56.0%-64.5%
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%-73.5%
	200-250% FPL (77% AV)	76.0%-77.5%
	150-200% FPL (87% AV)	86.0%-87.5%
	133-150% FPL (94% AV)	93.0%-94.5%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a 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.

If a plan has 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

⁴ In 2020 and prior, the Bronze Deductible (with drug limit) plan was not eligible for the expanded de minimis range and would have had an upper AV limit of 62.0%. Due to changes in the 2021 plan design, this plan now qualifies for the expanded range.

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 model that Wakely developed and the process used to adjust the actuarial values from the AVC.

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

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 the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the 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 model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The 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 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 model was used to determine the revised AV.

- a. The same plan design input into the AVC was input into the model. The 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 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 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 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 \$8,550.
3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit⁵ 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 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.

⁵ 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.

2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The 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 model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
 - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the 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 and Brittney Phillips are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney is a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. They meet 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 or pricing AV used to determine premium rates. 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 2021 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 2021. The 2020 minimum deductible and MOOP are \$1,400 and \$6,900, 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 2020 HDHP limits and may need to change once the 2021 HDHP limits are released, primarily if the minimum deductible is increased.
2. The 2021 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 \$8,550, up from \$8,150 in 2020. The plan designs presented are compliant with the 2021 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 us.

Sincerely,

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

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

A handwritten signature in black ink that reads 'Brittney Phillips'.

Brittney Phillips, ASA, MAAA
Consulting Actuary

Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2021

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate 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, 2021 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 2021 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, 2021 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 "Brittney Phillips".

Brittney Phillips, ASA, MAAA
March 10, 2020

Appendix B – Summary of Plan Design Changes from 2020 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical OOPM from \$1,350 to \$1,400	Increase medical deductible from \$900 to \$1,100
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$5,000 to \$5,200
		Increase Rx OOPM from \$1,350 to \$1,400
		Increase generic Rx copay from \$10 to \$12
		Increase preferred brand Rx copay from \$50 to \$55
Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$7,900 to \$8,150	Increase medical deductible from \$6,000 to \$6,250
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$8,150 to \$8,400
	Decrease chiro/PT copay from \$45 to \$40	Increase Rx OOPM from \$1,350 to \$1,400
		Waive deductible for generic scripts
		Decrease generic Rx copay from \$20 to \$15
		Decrease chiro/PT copay from \$45 to \$40
Deductible Plans		
Plan	Bronze w/o Rx Limit	
Changes	Increase medical deductible from \$7,900 to \$8,400	
	Increase medical OOPM from \$7,900 to \$8,400	
	Increase generic Rx copay from \$25 to \$30	
HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase medical deductible from \$1,700 to \$1,750	Increase medical OOPM from \$6,750 to \$6,900
	Increase medical OOPM from \$6,750 to \$6,900	Increase embedded single OOPM from \$8,150 to \$8,550
	Increase embedded single OOPM from \$8,150 to \$8,550	



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

Deductible/OOP Max	2021 Plan Designs - Silver Deductible Plans	
	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,200	\$3,200
Rx Ded	\$350	\$350
Integrated Ded	No	No
Medical MOOP	\$8,150	\$8,150
Rx MOOP	\$1,400	\$1,400
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	50%	50%
Outpatient	50%	50%
ER	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$35
MH/SA Office Visit	\$35	\$35
Specialist Office Visit	\$80	\$80
Chiropractic	\$40	\$40
Physical Therapy	\$40	\$40
Urgent Care	\$90	\$90
Ambulance	\$100	\$105
Rx Generic	\$15	\$15
Rx Preferred Brand	\$60	\$60
Rx Non-Preferred Brand	50%	50%
Rx Specialty	50%	50%
Actuarial Value		
2021 Federal AVC, Adjusted if Necessary	71.8%	71.8%

2021 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,750	\$1,750
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
71.2%	71.2%

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.
 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 lists 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

2021 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	\$1,100	\$3,200	\$6,250	\$8,400
Rx Ded	\$0	\$100	\$350	\$1,000	N/A
Integrated Ded	No	No	No	No	Yes
Medical MOOP	\$1,400	\$5,200	\$8,150	\$8,400	\$8,400
Rx MOOP	\$1,400	\$1,400	\$1,400	\$1,400	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	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$15	\$20	\$35	\$35	\$40
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100
Chiropractic	\$20	\$30	\$40	\$40	\$50
Physical Therapy	\$20	\$30	\$40	\$40	\$50
Urgent Care	\$50	\$60	\$90	\$100	0%
Ambulance	\$60	\$70	\$100	\$100	0%
Rx Generic	\$10	\$12	\$15	\$15	\$30
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2021 Federal AVC, Adjusted if Necessary	89.7%	81.9%	71.8%	64.1%	64.8%

Deductible Plan Designs – Cost Sharing Reduction Plans

2021 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	\$3,200	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$350	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$8,150	\$6,750	\$6,000	\$2,200	\$900
Rx MOOP	\$1,400	\$1,250	\$1,100	\$450	\$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	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$10	\$5
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15
Chiropractic	\$40	\$40	\$30	\$12	\$6
Physical Therapy	\$40	\$40	\$30	\$12	\$6
Urgent Care	\$90	\$80	\$60	\$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					
2021 Federal AVC, Adjusted if Necessary	71.8%	74.0%	78.0%	88.0%	94.8%

HDHP Plan Designs

2021 Plan Designs - HDHP Plans		
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,750	\$5,500
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$6,900
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded	Aggregate with Combined Medical/Rx embedded
	\$8,550 Single OOPM; 2x Individual	\$8,550 Single OOPM; 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%
Chiropractic	30%	50%
Physical Therapy	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		
2021 Federal AVC, Adjusted if Necessary	71.2%	63.8%

HDHP Plan Designs – Cost Sharing Reduction Plans

2021 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	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,750	\$1,750	\$1,600	\$1,400	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,400	\$550
Rx MOOP	\$1,400	\$1,400	\$1,400	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 \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	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					
2021 Federal AVC, Adjusted if Necessary	71.2%	73.5%	77.4%	87.5%	93.7%

Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$8,550	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$8,550 Individual MOOP	Yes	Yes	No	Yes	Yes	73.4%	71.2%
Bronze HDHP– Embedded \$8,550 Individual MOOP	Yes	Yes	No	Yes	Yes	65.2%	63.8%
Silver Deductible	No	No	No	Yes	No	70.8%	71.8%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	63.3%	64.1%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	75.7%	73.5%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	79.5%	77.4%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	88.0%	87.5%
Silver HDHP - Embedded \$8,550 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	93.8%	93.7%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	73.1%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	77.4%	78.0%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	87.7%	88.0%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	94.7%	94.8%

Appendix G – 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 = 73.4%

Adjusted AV = 71.2%

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
		\$1,750.00
		70.00%
		\$6,900.00

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 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?
 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:
 2021 Silver
 HDHP Plan
Name: Option 2
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
 Actuarial Value: 73.37%
 Metal Tier:
 Additional Notes:
 Calculation Time: 0.1445 seconds
 Draft 2021 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,750	1,750			
Family Deductible		3,500	3,500			
Individual Out-of-Pocket		6,900	6,900			
Family Out-of-Pocket		13,800	13,800			
Coinsurance (50% or Less)		27%	28%			
Individual Embedded Moop:		8,150				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		<div style="background-color: #4a7ebb; color: white; padding: 10px; border-radius: 5px; display: inline-block;">Calculate</div>				
Results						
		Medical	Rx	Total		
Allowed PMPM		\$427.24	\$102.44	\$529.69		
Plan PMPM		\$312.51	\$76.17	\$388.68		
Actuarial Value		73.1%	74.4%	73.38%		

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		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		8,550			
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		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$295.84	\$81.03	\$376.87	
Actuarial Value		69.2%	79.1%	71.15%	

2. Bronze HDHP – Embedded MOOP

AV from AVC = 65.2%

Adjusted AV = 63.8%

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

Bronze

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

\$0.00

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

100%

2nd Tier Utilization:

0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$5,500.00
		50.00%
		\$6,900.00

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"/>			<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?

☐

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:

2021 Bronze

HDHP Plan

Option 2

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version:

2021_1j

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

65.16%

Metal Tier:

Additional Notes:

Calculation Time:

0.1797 seconds

Draft 2021 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		5,500	5,500			
Family Deductible		11,000	11,000			
Individual Out-of-Pocket		6,900	6,900			
Family Out-of-Pocket		13,800	13,800			
Coinsurance (50% or Less)		48%	48%			
Individual Embedded Moop:		8,150				
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	\$513.61	\$123.15	\$636.77		
	Plan PMPM	\$331.13	\$83.82	\$414.95		
	Actuarial Value	64.5%	68.1%	65.17%		

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		5,500	1,400		
Family Deductible		11,000	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		8,550			
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		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$313.37	\$92.61	\$405.99	
Actuarial Value		61.0%	75.2%	63.76%	

3. Silver Deductible

AV from AVC = 70.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $65.96\%/65.04\% = 1.01 \times .708 = 71.8\%$

Adjusted AV = 71.8%

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: 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 (\$)	\$3,200.00	\$350.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$8,150.00				
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 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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$35.00	<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"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" 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? ☐

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:

2021 Silver Deductible Plan Option 1

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2021_1j

Output

Status/Error Messages:

Actuarial Value: 70.81%

Metal Tier: Silver

Calculation Successful.

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

Additional Notes:

Calculation Time: 0.082 seconds

Draft 2021 AV Calculator

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		3,200	350			
Family Deductible		6,400	700			
Individual Out-of-Pocket		8,150	8,150			
Family Out-of-Pocket		16,300	16,300			
Coinsurance (50% or Less)		43%	33%			
Individual Embedded Moop:		8,150				
		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	\$427.24	\$102.44	\$529.69		
	Plan PMPM	\$265.35	\$79.17	\$344.52		
	Actuarial Value	62.1%	77.3%	65.04%		

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,200	350		
Family Deductible		6,400	700		
Individual Out-of-Pocket		8,150	1,400		
Family Out-of-Pocket		16,300	2,800		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,150			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$427.24	\$102.44	\$529.69	
Plan PMPM		\$262.56	\$86.82	\$349.38	
Actuarial Value		61.5%	84.7%	65.96%	

4. Bronze Deductible (with drug limit)

AV from AVC = 63.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 63.62%/62.82% = 1.013 x .633 = 64.1%

Adjusted AV = 64.1%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

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

Desired Metal Tier

Bronze

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount: \$0.00

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization: 100%

2nd Tier Utilization: 0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
\$6,250.00	\$1,000.00	
50.00%	40.00%	
\$8,400.00		

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	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" 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"/>	
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"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input 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"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" 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"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" 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"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" 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"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" 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	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" 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"/>	

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:

2021 Bronze Deductible Plan - with Rx Limit - Option 5

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value: 63.30%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.082 seconds

Draft 2021 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

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

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		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	8,400		
Family Out-of-Pocket		16,800	16,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
Costs that Accumulate					
		OOP			Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$308.05	\$91.95	\$400.01	
Actuarial Value		60.0%	74.7%	62.82%	

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		6,250	1,000		
Family Deductible		12,500	2,000		
Individual Out-of-Pocket		8,400	1,400		
Family Out-of-Pocket		16,800	2,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,400			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$513.61	\$123.15	\$636.77	
Plan PMPM		\$303.35	\$101.76	\$405.11	
Actuarial Value		59.1%	82.6%	63.62%	

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.5%

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 (\$)		\$1,750.00
Coinsurance (%; Insurer's Cost Share)		75.00%
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?			
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 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:
 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:

2021 HDHP
 Plan CSR
 Variations - 250
 300% FPL (73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:
 Additional Notes:
 Calculation Time:
Draft 2021 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 75.69%
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 0.1172 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		1,750	1,750			
Family Deductible		3,500	3,500			
Individual Out-of-Pocket		5,200	5,200			
Family Out-of-Pocket		10,400	10,400			
Coinsurance (50% or Less)		23%	28%			
Individual Embedded Moop:		8,550				
		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	\$435.09	\$104.33	\$539.42		
	Plan PMPM	\$329.44	\$78.80	\$408.24		
	Actuarial Value	75.7%	75.5%	75.68%		

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		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		5,200	1,400		
Family Out-of-Pocket		10,400	2,800		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$313.60	\$82.73	\$396.33	
Actuarial Value		72.1%	79.3%	73.47%	

6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate 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 (\$)		\$1,600.00			
Coinsurance (%; Insurer's Cost Share)		75.00%			
MOOP (\$)		\$4,400.00			
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"/>	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?
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:
2021 HDHP
Plan CSR
Variations - 200
250% FPL
(77% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
79.48%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1055 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		1,600	1,600			
Family Deductible		3,200	3,200			
Individual Out-of-Pocket		4,400	4,400			
Family Out-of-Pocket		8,800	8,800			
Coinsurance (50% or Less)		23%	24%			
Individual Embedded Moop:		8,550				
		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		\$511.77	\$122.71	\$634.48		
Plan PMPM		\$406.05	\$98.31	\$504.36		
Actuarial Value		79.3%	80.1%	79.49%		

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		1,600	1,400		
Family Deductible		3,200	2,800		
Individual Out-of-Pocket		4,400	1,400		
Family Out-of-Pocket		8,800	2,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$390.18	\$100.66	\$490.84	
Actuarial Value		76.2%	82.0%	77.36%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 88.0%

Adjusted AV = 87.5%

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 (\$)		\$1,400.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$1,400.00			
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?	
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:
2021 HDHP
Plan CSR
Variations - 150
200% FPL
(87% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.98%
Gold

Additional Notes:

Calculation Time: 0.1367 seconds
Draft 2021 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		1,400	1,400			
Family Deductible		2,800	2,800			
Individual Out-of-Pocket		1,400	1,400			
Family Out-of-Pocket		2,800	2,800			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		<div style="border: 1px solid black; background-color: #4f81bd; color: white; padding: 10px; display: inline-block;">Calculate</div>				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM	\$430.02	\$103.99	\$534.01		
	Actuarial Value	87.8%	88.6%	87.98%		

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		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
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		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$427.60	\$103.45	\$531.05	
Actuarial Value		87.3%	88.1%	87.49%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.8%

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:
2021 HDHP
Plan CSR
Variations - 133
150% FPL (94% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.76%
Platinum

Additional Notes:

Calculation Time: 0.1289 seconds

Draft 2021 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:		8,550				
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		\$415.23	\$99.56	\$514.80		
Plan PMPM		\$389.34	\$93.36	\$482.70		
Actuarial Value		93.8%	93.8%	93.76%		

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:		8,550			
		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	\$415.23	\$99.56	\$514.80	
	Plan PMPM	\$389.18	\$93.26	\$482.45	
	Actuarial Value	93.7%	93.7%	93.72%	

9. Silver Deductible CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $68.11\%/67.35\% = 1.011 \times 73.1\% = 74.0\%$

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 (\$)	\$3,100.00	\$350.00			
Coinurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,750.00				
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?	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"/>		\$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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$35.00	<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"/>		\$70.00	<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 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 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:
2021
Deductible
Plan CSR
Variations - 250
300% FPL
(73% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.14%
Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.0625 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		3,100	350			
Family Deductible		6,200	700			
Individual Out-of-Pocket		6,750	6,750			
Family Out-of-Pocket		13,500	13,500			
Coinsurance (50% or Less)		42%	31%			
Individual Embedded Moop:		8,550				
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		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$280.83	\$82.48	\$363.31		
Actuarial Value		64.5%	79.1%	67.35%		

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		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	1,250		
Family Out-of-Pocket		13,500	2,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
		OOP			Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$277.96	\$89.44	\$367.40	
Actuarial Value		63.9%	85.7%	68.11%	

10. Silver Deductible CSR – 77%

AV from AVC = 77.4%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $73.0\%/72.46\% = 1.007 \times .774 = 78.0\%$

Adjusted AV = 78.0%

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: 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 (\$)	\$2,600.00	\$300.00	
Coinurance (% Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)	\$6,100.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			
Coinurance (% 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 Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	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 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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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"/>		\$50.00	<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 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/Coinurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:
2021
Deductible
Plan CSR
Variations - 200
250% FPL (77% AV)
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2021_1j

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
Draft 2021 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
77.40%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.125 seconds

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		2,600	300			
Family Deductible		5,200	600			
Individual Out-of-Pocket		6,100	6,100			
Family Out-of-Pocket		12,200	12,200			
Coinsurance (50% or Less)		41%	26%			
Individual Embedded Moop:		8,550				
		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	\$511.77	\$122.71	\$634.48		
	Plan PMPM	\$357.42	\$102.33	\$459.75		
	Actuarial Value	69.8%	83.4%	72.46%		

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		2,600	300			
Family Deductible		5,200	600			
Individual Out-of-Pocket		6,100	1,100			
Family Out-of-Pocket		12,200	2,200			
Coinsurance (50% or Less)		41%	26%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculate				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$511.77	\$122.71	\$634.48		
	Plan PMPM	\$354.49	\$108.67	\$463.16		
	Actuarial Value	69.3%	88.6%	73.00%		

11. Silver Deductible CSR – 87%

AV from AVC = 87.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.15\%/84.92\% = 1.003 \times .877 = 88.0\%$

Adjusted AV = 88.0%

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: Gold

HSA/HRA Options

HSA/HRA Employer Contribution? ☐

Annual Contribution Amount: \$0.00

Tiered Network Option

Tiered Network Plan? ☐

1st Tier Utilization: 100%

2nd Tier Utilization: 0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$1,100.00	\$200.00
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$2,200.00	
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 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"/>		\$12.00	<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 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:

2021
Deductible
Plan CSR
Variations - 150
200% FPL
(87% AV)

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2021_1j

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 87.73%

Metal Tier: Gold

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

Calculation Time: 0.0859 seconds

Draft 2021 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		1,100	200			
Family Deductible		2,200	400			
Individual Out-of-Pocket		2,200	2,200			
Family Out-of-Pocket		4,400	4,400			
Coinsurance (50% or Less)		31%	25%			
Individual Embedded Moop:		8,550				
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		\$489.60	\$117.40	\$606.99		
Plan PMPM		\$410.23	\$105.22	\$515.45		
Actuarial Value		83.8%	89.6%	84.92%		

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		1,100	200		
Family Deductible		2,200	400		
Individual Out-of-Pocket		2,200	450		
Family Out-of-Pocket		4,400	900		
Coinsurance (50% or Less)		31%	25%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
		OOP			Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$489.60	\$117.40	\$606.99	
	Plan PMPM	\$407.76	\$109.12	\$516.88	
	Actuarial Value	83.3%	93.0%	85.15%	

12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.62%/94.47% = 1.002 x .947 = 94.8%

Adjusted AV = 94.8%

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: 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 (\$)	\$200.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	90.00%	70.00%
MOOP (\$)	\$900.00	
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"/>		\$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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input 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 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 checked="" 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:
2020
Deductible
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:
Draft 2020 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.84%
Platinum
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.0938 seconds

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		200	0			
Family Deductible		400	0			
Individual Out-of-Pocket		900	900			
Family Out-of-Pocket		1,800	1,800			
Coinsurance (50% or Less)		8%	15%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 5px 20px; display: inline-block; border-radius: 5px;">Calculate</div>				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$415.23	\$99.56	\$514.80		
	Plan PMPM	\$391.69	\$94.63	\$486.32		
	Actuarial Value	94.3%	95.0%	94.47%		

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		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$390.85	\$96.26	\$487.11	
Actuarial Value		94.1%	96.7%	94.62%	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Introduction

On March 6, 2020, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2021. CMS made significant changes in the 2021 AVC. Most notably, they updated the base claims data to a radically different distribution and included additional spending buckets in the continuance tables.

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 BCBSVT 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 specific copayment on, Chiropractic Services, Physical Therapy, 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 the new value-added benefits for members with diabetes or heart disease

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 2018 claims from BCBSVT Vermont

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Individual and Small Group (VISG) 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 modeled paid-to-allowed ratio for this population relative to the entire VISG population, and found the differences to be immaterial. The model uses calendar year 2018 claims, trended to 2021 using the following trends¹:

Years	Medical Claims	Pharmacy Claims
2018 to 2021	5.4%	8.7%

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 (82 FR 18346). 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. This rule also expanded the de minimis range to -4/+5 for bronze plans that either have at least one major service, other than preventive, before the deductible or meets the requirements to be a HDHP. For the two Blue Rewards Bronze plans described below, we utilized the expanded bronze AV range because the CDHP plan meets the HDHP requirement and the Copayment plan has 3 primary care or mental health visits prior to the deductible.

The 2021 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. In the draft regulation, the annual out-of-pocket maximum is \$8,550. In the event that the final annual out-of-pocket maximum is different from the draft, BCBSVT will adjust its plans accordingly and update this certification.

Under Act 171, the Rx OOPM limit cannot be higher than the federal HDHP minimum deductible. However, in order to maintain HSA compatibility, CDHP plans must have the Rx OOPM equal to the federal HDHP minimum. The limit for 2020 is \$1,400. Based on preliminary estimates, this limit would remain at \$1,400 for 2021. In the event that the finalized limit is different from \$1,400, BCBSVT will adjust its plans accordingly and update this certification.

¹ BCBSVT used the same trends that CMS used in the 2021 Final AV Calculator (see page 4 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2021-AV-Calculator-Methodology.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Actuarial Opinion

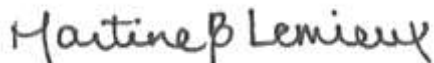
The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These 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 2021.

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 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Non-Standard CDHP Plans

Plan : Non-Standard CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,550	
	Coinsurance	0%	
	OOPM	\$2,550	
AVC Output for items supported by the AVC		(a)	81.63%
BCBSVT Model Output for items supported by the AVC		(b)	83.8%
BCBSVT Model Output for complete benefit design		(c)	84.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	81.9%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)		\$2,550.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$2,550.00			
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: Non-Standard Gold CDHP
Plan HIOS ID: 13627VT0390001 and 13627VT0370001
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.63%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible		\$4,475
	Coinsurance		0%
	OOPM		\$4,475
AVC Output for items supported by the AVC		(a)	71.06%
BCBSVT Model Output for items supported by the AVC		(b)	76.9%
BCBSVT Model Output for complete benefit design		(c)	77.8%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.9%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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																														
<table> <tr> <th>Medical</th> <th>Drug</th> <th>Combined</th> </tr> <tr> <td>Deductible (\$)</td> <td></td> <td>\$4,475.00</td> </tr> <tr> <td>Coinsurance (%; Insurer's Cost Share)</td> <td></td> <td>100.00%</td> </tr> <tr> <td>MOOP (\$)</td> <td></td> <td>\$4,475.00</td> </tr> <tr> <td>MOOP if Separate (\$)</td> <td></td> <td></td> </tr> </table>	Medical	Drug	Combined	Deductible (\$)		\$4,475.00	Coinsurance (%; Insurer's Cost Share)		100.00%	MOOP (\$)		\$4,475.00	MOOP if Separate (\$)			<table> <tr> <th>Medical</th> <th>Drug</th> <th>Combined</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Medical	Drug	Combined												
Medical	Drug	Combined																													
Deductible (\$)		\$4,475.00																													
Coinsurance (%; Insurer's Cost Share)		100.00%																													
MOOP (\$)		\$4,475.00																													
MOOP if Separate (\$)																															
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 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: Non-Standard Silver CDHP
 Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
 Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1328 seconds
 Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Silver 73% CSR			
Items supported by the AV Calculator	Deductible		\$3,850
	Coinsurance		0%
	OOPM		\$3,850
AVC Output for items supported by the AVC		(a)	73.34%
BCBSVT Model Output for items supported by the AVC		(b)	78.9%
BCBSVT Model Output for complete benefit design		(c)	79.6%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	74.0%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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: <input type="text"/>	1st Tier Utilization: <input type="text"/> 2nd Tier Utilization: <input type="text"/>

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,850.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,850.00			
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:	<input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="text"/>

Plan Description:

Name: Non-Standard Silver CDHP - 73%
Plan HIOS ID: 13627VT0390002 and 13627VT0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.34%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 seconds
Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,900	
	Coinsurance	0%	
	OOPM	\$2,900	
AVC Output for items supported by the AVC		(a)	77.35%
BCBSVT Model Output for items supported by the AVC		(b)	82.4%
BCBSVT Model Output for complete benefit design		(c)	82.8%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.7%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM 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 (\$)			\$2,900.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$2,900.00
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?	
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 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?	<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: Non-Standard Silver CDHP - 77%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
77.35%

Additional Notes:

Calculation Time:

0.1172 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible	\$1,450	
	Coinsurance	0%	
	OOPM	\$1,450	
AVC Output for items supported by the AVC		(a)	87.66%
BCBSVT Model Output for items supported by the AVC		(b)	89.1%
BCBSVT Model Output for complete benefit design		(c)	89.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	87.7%

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,450.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,450.00			
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: Non-Standard Silver CDHP - 87%
Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.66%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1055 seconds
 Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : 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)	93.76%
BCBSVT Model Output for items supported by the AVC		(b)	94.97%
BCBSVT Model Output for complete benefit design		(c)	94.99%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	93.8%

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				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?	
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: Non-Standard Silver CDHP - 94%
Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 93.76%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1133 seconds
 Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$6,950	
	Coinsurance	0%	
	OOPM	\$6,950	
AVC Output for items supported by the AVC		(a)	64.71%
BCBSVT Model Output for items supported by the AVC		(b)	70.4%
BCBSVT Model Output for complete benefit design		(c)	70.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	65.0%

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 (\$)			\$6,950.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,950.00			
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?	
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: Non-Standard Bronze CDHP
Plan HIOS ID: 13627V/T0390003 and 13627V/T0370003
Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.71%

Bronze

Additional Notes:

Calculation Time:

0.1523 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Non-Standard CDHP Plan - Silver Reflective			
Items supported by the AV Calculator	Deductible		\$4,500
	Coinsurance		0%
	OOPM		\$4,500
AVC Output for items supported by the AVC		(a)	70.98%
BCBSVT Model Output for items supported by the AVC		(b)	76.8%
BCBSVT Model Output for complete benefit design		(c)	77.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.7%

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		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,500.00
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?
☐ 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: Non-Standard Silver CDHP Reflective
Plan HIOS ID: 13627V/T0390004 and 13627V/T0370004
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.98%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1211 seconds
 Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Non-Standard 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
- Value-Added benefits for members with diabetes or heart disease, which include 3 additional visits per member at a qualifying specialist at no cost share and wellness (Safe Harbor) pharmacy drugs outside the deductible

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

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 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: 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)	77.74%
BCBSVT Model Output for items supported by the AVC		(b)	83.3%
BCBSVT Model Output for complete benefit design		(c)	84.5%
Estimated AVC value		(d)=(c)/(b)*(a)	78.9%

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: 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 (\$)			\$1,550.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,150.00
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 checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" 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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: Non-Standard Gold
 Plan HIOS ID: 13627VT0380001 and 13627VT0360001
 Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

77.74%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0586 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Non-Standard Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$3,000
	Coinsurance	0%
	OOPM	\$8,150
	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) 67.68%
BCBSVT Model Output for items supported by the AVC		(b) 75.5%
BCBSVT Model Output for complete benefit design		(c) 77.7%
Estimated AVC value		(d)=(c)/(b)*(a) 69.6%

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 (\$)		\$3,000.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$8,150.00			
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?	
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"/>		\$450.00	<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"/>		\$1,750.00	<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"/>		\$1,750.00	<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"/>		\$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"/>		\$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"/>		\$1,750.00	<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"/>		\$1,750.00	<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: Non-Standard Silver
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.68%

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:

0.0547 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Non-Standard Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$6,200
	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) 72.13%
BCBSVT Model Output for items supported by the AVC		(b) 79.4%
BCBSVT Model Output for complete benefit design		(c) 80.9%
Estimated AVC value		(d)=(c)/(b)*(a) 73.5%

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 (\$)		\$2,100.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$6,200.00			
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 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 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"/>
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"/>		\$1,500.00	<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"/>		\$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"/>		\$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"/>		\$1,500.00	<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"/>		\$1,500.00	<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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" 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: Non-Standard Silver - 73%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.13%

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:

0.0547 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: 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) 76.86%
BCBSVT Model Output for items supported by the AVC		(b) 83.7%
BCBSVT Model Output for complete benefit design		(c) 84.9%
Estimated AVC value		(d)=(c)/(b)*(a) 77.9%

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: View

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?	
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"/>		\$400.00	<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"/>		\$1,500.00	<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"/>		\$1,500.00	<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"/>		\$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"/>		\$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"/>		\$1,500.00	<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"/>		\$1,500.00	<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 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: Non-Standard Silver - 77%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

76.86%

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:

0.0547 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Non-Standard Copayment Plan - Silver CSR 87%		
Items supported by the AV Calculator	Deductible	\$200
	Coinsurance	0%
	OOPM	\$2,400
	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) 87.63%
BCBSVT Model Output for items supported by the AVC		(b) 91.7%
BCBSVT Model Output for complete benefit design		(c) 92.0%
Estimated AVC value		(d)=(c)/(b)*(a) 87.9%

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: 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 (\$)		\$2,400.00			
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 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"/>		\$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"/>		\$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"/>		\$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 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: Non-Standard Silver - 87%
Plan HIOS ID: 13627VT0380002 and 13627VT0360002
Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.63%

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:

0.0664 seconds

Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%		
Items supported by the AV Calculator	Deductible	\$0
	Coinsurance	0%
	OOPM	\$950
	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) 93.95%
BCBSVT Model Output for items supported by the AVC		(b) 96.3%
BCBSVT Model Output for complete benefit design		(c) 96.5%
Estimated AVC value		(d)=(c)/(b)*(a) 94.1%

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: 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 (\$)		\$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	<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"/>		\$0.00	<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"/>		\$15.00	<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"/>		\$35.00	<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"/>		\$14.00	<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"/>		\$0.00	<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"/>		\$35.00	<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"/>		\$15.00	<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 type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input 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 type="checkbox"/>		\$35.00	<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"/>		\$35.00	<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"/>		\$0.00	<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"/>		\$0.00	<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 checked="" 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: Non-Standard Silver - 94%
 Plan HIOS ID: 13627VT0380002 and 13627VT0360002
 Issuer HIOS ID: 13627
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.95%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0586 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Non-Standard Copayment Plan - Bronze		
Items supported by the AV Calculator	Deductible	\$8,550
	Coinsurance	0%
	OOPM	\$8,550
	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) 63.57%
BCBSVT Model Output for items supported by the AVC		(b) 68.9%
BCBSVT Model Output for complete benefit design		(c) 70.2%
Estimated AVC value		(d)=(c)/(b)*(a) 64.8%

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 (\$)		\$8,550.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$8,550.00			
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 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: Non-Standard Bronze
Plan HIOS ID: 13627VT0380003 and 13627VT0360003
Issuer HIOS ID: 13627
 2021_1j

Output

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
 Actuarial Value: 63.57%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1523 seconds
Final 2021 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Non-Standard Copayment Plan - Silver Reflective		
Items supported by the AV Calculator	Deductible	\$3,000
	Coinsurance	0%
	OOPM	\$8,150
	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) 67.68%
BCBSVT Model Output for items supported by the AVC		(b) 75.5%
BCBSVT Model Output for complete benefit design		(c) 77.7%
Estimated AVC value		(d)=(c)/(b)*(a) 69.6%

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 (\$)		\$3,000.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$8,150.00			
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?	
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"/>		\$450.00	<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"/>		\$1,750.00	<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"/>		\$1,750.00	<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"/>		\$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"/>		\$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"/>		\$1,750.00	<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"/>		\$1,750.00	<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: Non-Standard Silver Reflective
 Plan HIOS ID: 13627VT0380004 and 13627VT0360004
 Issuer HIOS ID: 13627
 2021_1j

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.68%

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:

0.0703 seconds

Final 2021 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	\$3,000	\$3,000	\$8,550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$8,150	\$8,150	\$8,550
Rx OOPM	\$1,400	\$1,400	\$1,400	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
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 Office Visit	\$30	\$35	\$35	\$0
Physical Therapy Visit	\$30	\$35	\$35	\$0
Specialist Office Visit	3 visits per member at qualified specialists at no cost share before deductible then \$40 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$0 copay
Urgent Care	\$40	\$50	\$50	\$0
Ambulance	\$40	\$50	\$55	\$0
DME	\$40	\$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
Wellness Rx - Generic	\$5	\$5	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Estimated 2021 AVC Value	78.9%	69.6%	69.6%	64.8%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 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	\$6,200	\$5,200	\$2,400	\$950
Rx OOPM	\$1,400	\$1,400	\$1,400	\$950
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
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 Office Visit	\$35	\$35	\$35	\$15
Physical Therapy Visit	\$35	\$35	\$35	\$15
Specialist Office Visit	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	3 visits per member at qualified specialists at no cost share before deductible then \$35 copay
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
Wellness Rx - Generic	\$5	\$5	\$5	\$5
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2021 AVC Value	73.5%	77.9%	87.9%	94.1%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	CDHP	CDHP	CDHP	CDHP
Medical Deductible	\$2,550	\$4,475	\$4,500	\$6,950
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$2,550	\$4,475	\$4,500	\$6,950
Rx OOPM	\$1,400	\$1,400	\$1,400	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
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%	65%
Rx Non-Preferred Brand	60%	60%	60%	85%
Estimated 2021 AVC Value	81.9%	71.9%	71.8%	65.0%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	CDHP	CDHP	CDHP	CDHP - Not HSAQ
Medical Deductible	\$3,850	\$2,900	\$1,450	\$550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$3,850	\$2,900	\$1,450	\$550
Rx OOPM	\$1,400	\$1,400	\$1,400	\$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 2021 AVC Value	74.0%	77.7%	87.7%	93.8%



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

MEMORANDUM

To: Paul Schultz, Chief Actuary

From: Ruth Greene, VP and CFO

Date: May 8, 2020

Subject: Contribution to Policyholder Reserves for 2021 Vermont Individual and Small Group filing

Upon consideration of the points documented in this memorandum, I am directing you to file a contribution to policyholder reserves (CTR) of 1.5 percent for the 2021 Vermont Individual and Small Group rate filing.

BCBSVT CTR Philosophy

BCBSVT holds that a long-term CTR of 1.5 percent represents an adequate, yet not excessive, contribution to policyholder 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, in the absence of mitigating factors, 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 policyholder 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 the market 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 policyholder 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 investment income, CTR is the only source of sustained funding to sustain policyholder reserves 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 policyholder reserves (i.e. surplus).

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 change, including the continuing evolution at both the federal and Vermont levels of the individual and small group market, the health care reform environment in Vermont, and the ongoing COVID-19 crisis.

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. Realizing a sustainable CTR over time is key to achieving that goal.

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, as of the 2018 tax year the BCBSVT legal entity is no longer subject to federal income taxes (note that BCBSVT subsidiaries continue to be taxable). The savings resulting from the elimination of BCBSVT's annual federal tax obligation have been passed on directly to our customers in premium rates through the reduction of our long-term CTR to 1.5 percent from its historical level of 2.0 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 for years 2018 through 2021. The recently enacted CARES Act includes provisions for accelerating the timing of the 2021 payments. Assuming that the credits are refunded to BCBSVT in accordance with the provisions set out in the

Tax Cuts and Jobs Act and the CARES Act, these funds will also be used for the direct benefit of our customers as they are received from the IRS.

Outstanding Litigation

BCBSVT has retained counsel to sue the federal government to recover unpaid risk corridor program payments, and, in a separate suit, the unpaid 2017 and 2018 CSR funding. In a case involving other insurers, the United States Supreme Court recently held that the government is required to pay the risk corridor payments. Both of our lawsuits remain pending, but this recent decision strengthens our positions. Even in the event of favorable outcomes, speed to recovery will depend on how the federal government proceeds in resolving the cases and may linger into 2022 or beyond.

While we do not expect an imminent resolution to either case, it is instructive to review restated historical financials including the potential recoveries in both matters:

Year	Member Months	Filed Contribution to Reserve	Approved Contribution to Reserve*	Actual Contribution to Reserve	Actual operating gains/(losses)
2014	638,492	1.0%	-0.1%	1.0%	\$2,570,373
2015	768,293	1.0%	1.0%	-1.1%	(\$3,689,584)
2016	835,541	2.0%	0.8%	-2.2%	(\$8,607,884)
2017	820,156	2.0%	1.0%	1.0%	\$4,251,320
2018	630,163	2.0%	-1.0%	-1.6%	(\$5,713,876)
2019	520,854	1.5%	0.0%	-0.4%	(\$1,396,912)
Cumulative	4,213,499	1.6%	0.3%	-0.6%	(\$12,586,563)

Actual losses sustained to date have totaled \$29 million. The recovery of damages in their entirety improves BCBSVT's cumulative performance in the QHP market by nearly \$16.5 million, or 0.8 percent of premium. Nonetheless, BCBSVT will have lost over \$12.5 million on this line of business since inception, equal to a reduction of 55 percentage points of risk-based capital. This trajectory is not sustainable in the long term.

Department of Financial Regulation Risk Based Capital Order

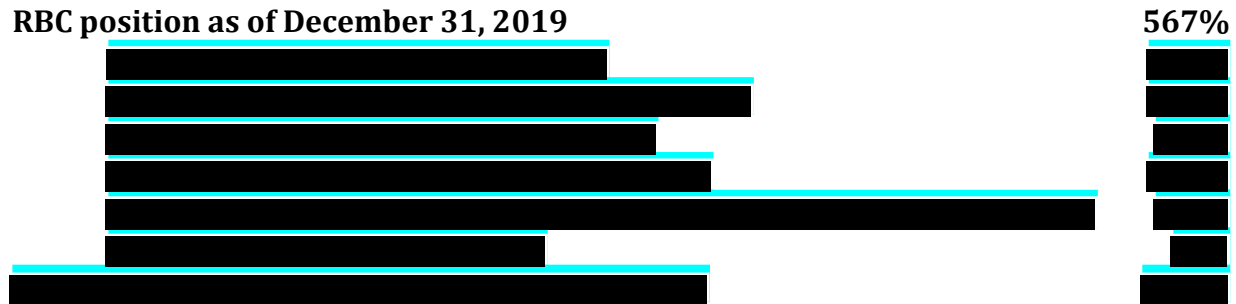
On February 7, 2019, the Commissioner of the Vermont Department of Financial Regulation (DFR) issued an order approving a target Risk Based Capital (RBC) range of 590 percent to 745 percent. The order states, in part:

“If BCBSVT’s RBC ratio falls below or increases above the approved range, BCBSVT shall promptly develop a plan to move within the range within a reasonable time and shall submit such plan to the Commissioner.”

BCBSVT's year-end RBC ratio of 567 percent remains well below the minimum of the range ordered by the Commissioner.

Risk Based Capital Plan

On January 3, 2020, BCBSVT filed an updated RBC plan with DFR. Updated to the final 2019 RBC of 567 percent, the 2020 portion of the plan was as follows:



BCBSVT is pleased to be able to make investments into new enterprises that will generate cost savings while improving access to care for Vermonters. Through a joint venture of BCBSVT and Covantage Health Partners, a subsidiary of BCBS of Michigan, Vermont Blue Advantage will offer high-quality Medicare Advantage products to Vermont seniors starting in 2021, enabling Vermonters who have valued Blue Cross Blue Shield coverage for their entire working lives to remain Blue into retirement. Civica Rx is a joint venture of many Blue plan partners that will manufacture and supply – at zero profit – certain generic drugs where a lack of competition has fostered excessively high prices and profits. Starting in 2022, CivicaRx will introduce certain generic drugs to the market at a price point that is a fraction of the current cost. Because BCBSVT is able to replenish RBC with the AMT tax credits, we are able to not only mitigate rate increases but also invest in these exciting new ventures to the benefit of Vermonters.

If 2020 results match expectations, unlikely given the COVID-19 pandemic, BCBSVT would have expected to be within the target RBC range by the end of 2020. We note that, all else being equal, it is better to be near the middle of the target RBC range rather than at an end point, as this minimizes the probability of falling out of the range and triggering a required corrective market action¹. We do not intend to waver from our CTR philosophy while within the target range, which will generally have the effect of very modestly increasing RBC when near the low end of the target range and very modestly decreasing RBC when approaching the high end of the target range.

Of course, many aspects of our financial outlook changed with the onset of the COVID-19 pandemic. While the January RBC plan provides a solid foundation to understand BCBSVT's capital position entering 2020, the pervasive unknowns make it impossible to generate with any degree of certainty an RBC outlook for the balance of 2020 into 2021.

¹ The Axene Health Partners RBC study indicates that the point within the target RBC range from which it is least likely to fall outside the range within a one-year period is 690 percent.

COVID-19

BCBSVT's primary responsibility to Vermonters is to maintain continuity of coverage and claims payments for the duration of the COVID-19 crisis. This understanding necessitates that we continue to rate appropriately so that we can provide extra flexibility to customers and providers who are struggling financially. In only eight weeks, BCBSVT has demonstrated this commitment to the Vermont health care ecosystem in a wide variety of programs. Working closely with state regulators, we:

- Waived member cost sharing for COVID-19 tests and associated telehealth, office, urgent and emergency care visits;
- Expanded access to telemedicine services for members and their providers;
- Paid for Store and Forward means of transmission of medical information;
- Waived cost sharing on inpatient treatment of COVID-19 and are currently working to implement a waiver of cost sharing for medically necessary follow-up care;
- Implemented and extended a special enrollment period to allow the uninsured to enroll in QHP coverage; and
- Continue to work closely with DFR on measures that will remove barriers to access to high-quality prescription drugs.

We have and will continue to comply with these and other regulatory mandates, including covering an eventual COVID-19 vaccine and serological testing at zero cost share.

Furthermore, we have unflinchingly ventured well beyond regulatory requirements to offer a number of additional programs to members and providers. Over the past several weeks, we:

- Waived cost share for urgent telemedicine visits through Amwell, our telemedicine partner;
- Paid for telephone triage to allow providers to manage patient needs and direct patients to receive the appropriate care;
- Have allowed additional flexibility for refills and home delivery of essential maintenance medications;
- Temporarily suspended administrative denials such as prior authorization requirements in certain circumstances;
- Extended premium relief to large groups facing financial challenges;
- Extended grace periods for members in all lines of business;
- Provided over \$6 million in advance payments to Vermont hospitals;
- Made an additional \$2 million available to independent Vermont providers;
- Continue to allow flexibility to group customers so that workers who have been laid off can continue to have access to quality health insurance; and
- Are working quickly to develop and implement a program that will provide targeted relief to Vermonters burdened by health care costs.

These initiatives come with a wide variety of costs and risks. We can start to measure the financial impact of some of these programs, but the costs of many will remain unmeasurable for several months or even years.

Furthermore, the worldwide economic crisis spawned by the pandemic and necessary societal response of social distancing will be felt by Vermonters and Vermont companies as well, including BCBSVT. We continue to closely monitor premium revenue as grace period have been extended for groups and members who may be struggling financially. Our investment portfolio is another source of significant risk.

These costs and risks have are counterbalanced by the deferral of non-emergent care that has taken place during the declared state of emergency. The resulting reduction in claims costs relating to our insured lines of business bolsters policyholder reserves. We understand that a deferral of necessary but non-emergent care is different from an elimination of services – much of this care will take place once restrictions are loosened. An inestimable portion of the boost to surplus must therefore be temporary.

Only eight weeks into an environment with so much uncertainty, it is impossible to confidently conclude that we are tracking to a capital position that is above, below, or safely within our mandated RBC range. However, we also appreciate that accelerations in volatility and uncertainty are themselves a reason that greater RBC may be required. Furthermore, while MLR rebates will refund excessive premiums to policyholders in the event of a continued claims downturn, there is no similar mechanism to protect policyholder reserves or solvency in the event of a surge in claims. For these reasons, we consider it imprudent to reduce CTR from our long-term rate at this time in reaction to the pandemic.

I understand that you have opined that the continued pandemic could very reasonably be projected to increase 2021 claims costs beyond their expected level in the absence of the crisis. In this circumstance, the proposed rates would be inadequate to cover the cost of claims projected in the filing. BCBSVT has long maintained that a pandemic is one reason to hold surplus. Given that the designed function of policyholder reserves is to weather the types of uncertainties created by a pandemic without resorting to extreme rate fluctuations, any increased cost in 2021 due to the COVID-19 pandemic will be funded through policyholder reserves. Said differently, I am comfortable that the filed CTR of 1.5 percent will yield our targeted financial outcome in the event that the COVID-19 pandemic is responsible for 2021 claims increases beyond those projected in the filing.

Market Considerations

In proposing a CTR for any given filing, BCBSVT must consider competitive and marketplace conditions while maintaining the framework of our overarching CTR philosophy and complying with the DFR RBC order.

BCBSVT experienced a loss of individual and small group membership from 2019 to 2020. Our competitor in this market enjoys a pricing advantage that is expected to persist into

2021. 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, particularly when facing a time of unprecedented uncertainty with an RBC below the target range.

Conclusion

In consideration of all the above, I direct you to file a 1.5 percent CTR for the 2020 Vermont Individual and Small Group rate filing.

2021 Rates Table Template v10.0		<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										
Rate Effective Date*	1/1/2021										
Rate Expiration Date*	12/31/2021										
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	959.58	1919.16	1851.99	1851.99	1851.99	2696.42	2696.42	2696.42		
13627VT0320002	Rating Area 1	813.02	1626.04	1569.13	1569.13	1569.13	2284.59	2284.59	2284.59		
13627VT0320003	Rating Area 1	758.60	1517.20	1464.10	1464.10	1464.10	2131.67	2131.67	2131.67		
13627VT0320006	Rating Area 1	673.17	1346.34	1299.22	1299.22	1299.22	1891.61	1891.61	1891.61		
13627VT0320004	Rating Area 1	572.05	1144.10	1104.06	1104.06	1104.06	1607.46	1607.46	1607.46		
13627VT0320005	Rating Area 1	579.75	1159.50	1118.92	1118.92	1118.92	1629.10	1629.10	1629.10		
13627VT0330001	Rating Area 1	771.78	1543.56	1489.54	1489.54	1489.54	2168.70	2168.70	2168.70		
13627VT0330003	Rating Area 1	700.41	1400.82	1351.79	1351.79	1351.79	1968.15	1968.15	1968.15		
13627VT0330002	Rating Area 1	585.50	1171.00	1130.02	1130.02	1130.02	1645.26	1645.26	1645.26		
13627VT0340001	Rating Area 1	265.07	530.14	511.59	511.59	511.59	744.85	744.85	744.85		
13627VT0340002	Rating Area 1	959.58	1919.16	1851.99	1851.99	1851.99	2696.42	2696.42	2696.42		
13627VT0340003	Rating Area 1	813.02	1626.04	1569.13	1569.13	1569.13	2284.59	2284.59	2284.59		
13627VT0340004	Rating Area 1	758.60	1517.20	1464.10	1464.10	1464.10	2131.67	2131.67	2131.67		
13627VT0340007	Rating Area 1	673.17	1346.34	1299.22	1299.22	1299.22	1891.61	1891.61	1891.61		
13627VT0340005	Rating Area 1	572.05	1144.10	1104.06	1104.06	1104.06	1607.46	1607.46	1607.46		
13627VT0340006	Rating Area 1	579.75	1159.50	1118.92	1118.92	1118.92	1629.10	1629.10	1629.10		
13627VT0350001	Rating Area 1	771.78	1543.56	1489.54	1489.54	1489.54	2168.70	2168.70	2168.70		
13627VT0350003	Rating Area 1	700.41	1400.82	1351.79	1351.79	1351.79	1968.15	1968.15	1968.15		
13627VT0350002	Rating Area 1	585.50	1171.00	1130.02	1130.02	1130.02	1645.26	1645.26	1645.26		
13627VT0360001	Rating Area 1	746.97	1493.94	1441.65	1441.65	1441.65	2098.99	2098.99	2098.99		
13627VT0360002	Rating Area 1	741.19	1482.38	1430.50	1430.50	1430.50	2082.74	2082.74	2082.74		
13627VT0360004	Rating Area 1	646.03	1292.06	1246.84	1246.84	1246.84	1815.34	1815.34	1815.34		
13627VT0360003	Rating Area 1	574.21	1148.42	1108.23	1108.23	1108.23	1613.53	1613.53	1613.53		
13627VT0370001	Rating Area 1	786.73	1573.46	1518.39	1518.39	1518.39	2210.71	2210.71	2210.71		
13627VT0370002	Rating Area 1	745.87	1491.74	1439.53	1439.53	1439.53	2095.89	2095.89	2095.89		
13627VT0370004	Rating Area 1	663.22	1326.44	1280.01	1280.01	1280.01	1863.65	1863.65	1863.65		
13627VT0370003	Rating Area 1	568.59	1137.18	1097.38	1097.38	1097.38	1597.74	1597.74	1597.74		
13627VT0380001	Rating Area 1	746.97	1493.94	1441.65	1441.65	1441.65	2098.99	2098.99	2098.99		
13627VT0380002	Rating Area 1	741.19	1482.38	1430.50	1430.50	1430.50	2082.74	2082.74	2082.74		
13627VT0380004	Rating Area 1	646.03	1292.06	1246.84	1246.84	1246.84	1815.34	1815.34	1815.34		
13627VT0380003	Rating Area 1	574.21	1148.42	1108.23	1108.23	1108.23	1613.53	1613.53	1613.53		
13627VT0390001	Rating Area 1	786.73	1573.46	1518.39	1518.39	1518.39	2210.71	2210.71	2210.71		
13627VT0390002	Rating Area 1	745.87	1491.74	1439.53	1439.53	1439.53	2095.89	2095.89	2095.89		
13627VT0390004	Rating Area 1	663.22	1326.44	1280.01	1280.01	1280.01	1863.65	1863.65	1863.65		
13627VT0390003	Rating Area 1	568.59	1137.18	1097.38	1097.38	1097.38	1597.74	1597.74	1597.74		

BLUE CROSS BLUE SHIELD OF VERMONT

2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

PLAIN LANGUAGE SUMMARY

Our mission and vision. Blue Cross and Blue Shield of Vermont (BCBSVT) is committed to giving our members access to high-value health care while responsibly managing healthcare costs. To that end, we seek to improve the health of Vermonters by promoting preventive care and healthy lifestyles. We use our strong care management program to assure better care for our members and avoid unnecessary costs. And we work with providers on strategies to improve health care services and reduce health care costs.

BCBSVT's vision is a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care. To achieve that vision, BCBSVT must be financially sound. That means we need to charge rates that cover the cost of providing health care to our members.

Rate request summary. This filing provides the proposed rates for individual and small group plans that BCBSVT seeks to offer in 2021. It also describes how we calculated the proposed rates.

- There are 39,195 members currently enrolled in the individual and small group plans affected by this rate request.
- We are requesting an average rate increase of 6.3 percent.
- The increases for specific plans range from -0.7 percent to 13.3 percent.
- The increases range from 3.4 percent to 7.2 percent for plans other than Catastrophic and Vermont Select CDHP Gold.

Reasons for the rate increase. The primary reason for the proposed rate increase is that the cost of providing health care to our members is increasing. Specifically:

- Our members are using more high-cost specialty medications, which has substantially increased the cost of our pharmacy benefit (3.7 percent).
- 3.6 percent of the rate increase is due to the increase in medical services for our members. The cost of services and use of services are increasing at a similar pace.

Other factors also contribute to the proposed rate increase, including:

- Benefits changed to meet metal level requirements. These benefit changes increased rates by 0.9 percent. That's because health care costs go up more quickly than cost sharing.
- We added the option to pay your premium online with credit or debit cards. Coupled with increases in base administrative expenses, premiums went up 1.0 percent.

Our efforts to reduce premium increases. We know that paying for health insurance is a struggle for many, and we strive to keep premiums as low as possible. The proposed rate reflects our efforts to reduce rate increases, including:

- Working closely with our pharmacy benefit manager to improve network pricing and maximize rebates.
- Crafting strategies with our lab benefit manager that dramatically reduced lab costs.

Together, these steps reduced the requested rate increase by 1.7 percent, or about \$5.2 million.

The repeal of a federal fee reduced the requested rate increase by 2.2 percent.

BLUE CROSS BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING
PLAIN LANGUAGE SUMMARY

Our experience in this market. BCBSVT started selling plans in the Vermont Individual and Small Group Merged Market in January 2014. Through the 2019 plan year, BCBSVT has lost over \$29 million on this line of business. BCBSVT has not included any additional contribution to member reserves to offset this loss.

Our health care system must be adequately funded to keep it strong and accessible. Since the factors that drive this rate increase are primarily the cost and utilization of health care, we believe that there is no way to further reduce these rates without underfunding the health care coverage on which Vermonters rely.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request from May 11, 2020 through July 22, 2020. For more information, please visit the Board's Public Comment page:
https://ratereview.vermont.gov/public_comment

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

STATE OF VERMONT STANDARD PLAN DESIGNS

	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE	CATASTROPHIC
	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated	Deductible	CDHP	Deductible
Medical Ded	\$350	\$1,100	\$3,200	\$1,750	\$6,250	\$5,500	\$8,400	\$3,200	\$1,750	\$8,550
Rx Ded	\$0	\$100	\$350	Combined	\$1,000	Combined	Combined	\$350	Combined	Combined
Integrated Ded	No	No	No	Yes	No	Yes	Yes	No	Yes	Yes
Medical OOPM	\$1,400	\$5,200	\$7,900	\$6,900	\$8,400	\$6,750	\$8,400	\$8,150	\$6,900	\$8,550
Rx OOPM	\$1,400	\$1,400	\$8,150	\$1,400	\$1,400	\$1,400	Combined	\$1,400	\$1,400	\$1,400
Integrated OOPM	No	No	Yes	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 \$8,550	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
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	Preventive Care, 3 PCP/MH Office Visits
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Generic Scripts	Wellness Scripts	N/A
Service Category										
Preventive	\$0	\$0	\$0	0%	\$0	0%	0%	\$0	0%	\$0
PCP Office Visit	\$15	\$20	\$35	10%	\$35	50%	\$40	\$35	10%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance
MH/SA Office Visit	\$15	\$20	\$35	10%	\$35	50%	\$40	\$35	10%	
Chiropractic and Physical Therapy Office Visit	\$20	\$30	\$40	30%	\$40	50%	\$50	\$40	30%	0%
Specialist Office Visit	\$40	\$50	\$80	30%	\$90	50%	\$100	\$80	30%	0%
Urgent Care	\$50	\$60	\$90	30%	\$100	50%	0%	\$90	30%	0%
Ambulance	\$60	\$70	\$100	30%	\$100	50%	0%	\$105	35%	0%
DME	10%	30%	50%	30%	50%	50%	0%	50%	30%	0%
ER	\$100	\$150	\$250	30%	50%	50%	0%	\$250	30%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	30%	50%	50%	0%	50%	30%	0%
Outpatient	10%	30%	50%	30%	50%	50%	0%	50%	30%	0%
Inpatient	10%	30%	50%	30%	50%	50%	0%	50%	30%	0%
Wellness Rx - Generic	\$10	\$12	\$15	\$10	\$15	\$12	\$30	\$15	\$10	0%
Wellness Rx - Preferred Brand	\$50	\$55	\$60	\$40	\$85	40%	0%	\$60	\$40	0%
Wellness Rx - Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Rx Generic	\$10	\$12	\$15	\$10	\$15	\$12	\$30	\$15	\$10	0%
Rx Preferred Brand	\$50	\$55	\$60	\$40	\$85	40%	0%	\$60	\$40	0%
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Pediatric Vision (Exam and Materials)	\$40	\$50	\$80	30%	\$90	50%	\$0	\$80	30%	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%	0%	30%	30%	0%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%	0%	50%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 1B

NON-STANDARD PLAN DESIGNS

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE
	Vermont Preferred	Vermont Select	Vermont Preferred	Vermont Select	Vermont Preferred	Vermont Select	Vermont Preferred	Vermont Select
Deductible/OOP Max	3-6-9	CDHP	3-6-9	CDHP	3-6-9	CDHP	3-6-9	CDHP
Medical Ded	\$1,550	\$2,550	\$3,000	\$4,475	\$8,550	\$6,950	\$3,000	\$4,500
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$2,550	\$8,150	\$4,475	\$8,550	\$6,950	\$8,150	\$4,500
Rx OOPM	\$1,400	\$1,400	\$1,400	\$1,400	Combined	Combined	\$1,400	\$1,400
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category								
Preventive	\$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 \$30 copay	0%
MH/SA Office Visit		0%		0%		0%		0%
Chiropractic and Physical Therapy Office Visit	\$30	0%	\$35	0%	\$0	0%	\$35	0%
Specialist Office Visit	3 visits per member at qualified specialists at no cost share before deductible then \$40 copay	0%	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%	3 visits per member at qualified specialists at no cost share before deductible then \$0 copay	0%	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%
Urgent Care	\$40	0%	\$50	0%	\$0	0%	\$50	0%
Ambulance	\$40	0%	\$50	0%	\$0	0%	\$55	0%
DME	\$40	0%	\$50	0%	\$0	0%	\$50	0%
ER	\$250	0%	\$450	0%	\$0	0%	\$450	0%
Radiology (MRI, CT, PET)	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Outpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Inpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Wellness Rx - Generic	\$5	\$5	\$5	\$15	\$15	\$25	\$5	\$15
Wellness Rx - Preferred Brand	\$50	40%	\$50	40%	\$50	65%	\$50	40%
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%	60%	85%	60%	60%
Rx Generic	\$5	\$5	\$5	\$15	\$0	\$25	\$5	\$15
Rx Preferred Brand	40%	40%	40%	40%	0%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	0%	60%	60%	60%
Pediatric Vision (Exam and Materials)	\$40	0%	\$50	0%	\$0	0%	\$50	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	30%	0%	30%	0%
Pediatric Dental Class III	50%	0%	50%	0%	50%	0%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 2A

MEMBERSHIP BY PLAN AND MARKET

Inforce Membership by Plan	Individual Market	Small Group Market	TOTAL
Vermont Preferred Gold	635	573	1,208
Vermont Select Gold CDHP	1,389	3,633	5,022
Vermont Preferred Silver	1,299	0	1,299
Vermont Select Silver CDHP	212	0	212
Vermont Preferred Bronze	346	174	520
Vermont Select Bronze CDHP	1,029	1,069	2,098
Standard Platinum	2,078	5,659	7,737
Standard Gold	1,927	2,870	4,797
Standard Silver	3,546	0	3,546
Standard Silver CDHP	824	0	824
Standard Bronze	968	855	1,823
Standard Bronze CDHP	708	684	1,392
Standard Bronze Integrated	391	172	563
Catastrophic	360	0	360
Vermont Preferred Silver - Reflective	225	412	637
Vermont Select Silver CDHP - Reflective	216	445	661
Standard Silver - Reflective	1,143	3,443	4,586
Standard Silver CDHP - Reflective	331	1,579	1,910
Total	17,627	21,568	39,195

Projected Membership by Plan	Individual Market	Small Group Market	TOTAL
Vermont Preferred Gold	635	573	1,208
Vermont Select Gold CDHP	1,389	3,633	5,022
Vermont Preferred Silver	1,299	0	1,299
Vermont Select Silver CDHP	212	0	212
Vermont Preferred Bronze	346	174	520
Vermont Select Bronze CDHP	1,029	1,069	2,098
Standard Platinum	2,078	4,885	6,963
Standard Gold	1,927	2,870	4,797
Standard Silver	3,546	0	3,546
Standard Silver CDHP	824	0	824
Standard Bronze	968	855	1,823
Standard Bronze CDHP	708	684	1,392
Standard Bronze Integrated	391	172	563
Catastrophic	360	0	360
Vermont Preferred Silver - Reflective	225	412	637
Vermont Select Silver CDHP - Reflective	216	445	661
Standard Silver - Reflective	1,143	3,443	4,586
Standard Silver CDHP - Reflective	331	1,579	1,910
Total	17,627	20,794	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 2B

IMPACT OF ASSOCIATION HEALTH PLANS

Category	Calendar Year 2019 Completed Claims				Member Months
	Medical Claims	Pharmacy Claims	Dental Claims	Vision Claims	
Individual and Small Group	280,759,310	69,554,976	1,026,563	49,766	520,581
AHP groups who enrolled with BCBSVT VISG in 2020	10,146,562	2,623,646			20,013

	Medical Claims	Pharmacy Claims	Dental Claims	Vision Claims	Total
PMPMs for Individuals and Small Groups (A)	\$539.32	\$133.61	\$1.97	\$0.10	\$675.00
PMPMs including AHP groups enrolled with BCBSVT VISG in 2020 (B)	\$538.12	\$133.52	\$1.97	\$0.10	\$673.71
Impact of Association Health Plans (1+b ₅ on Exhibit 5) = (A)/(B) =	0.9978	0.9993	1.0009	1.0060	0.9981

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDIAL AND SMALL GROUP RATE FILING

Exhibit 2C

IMPACT OF BENEFIT CHANGES

Metal	HHS Allowed Relativities	Experience Period Member Months for "All Other Members"	February 2020 Membership	2021 Projected Membership
Platinum	1.150	90,984	7,737	6,963
Gold	1.080	119,083	11,027	11,027
Silver	1.030	158,072	13,675	13,675
Bronze	1.000	59,402	6,396	6,396
Catastrophic	1.000	2,446	360	360
AHP Benefits	1.062	20,013		
Total		450,000	39,195	38,421
Weighted Average Allowed Charge Relativity		1.0648	1.0626	1.0608
Benefit Adjustment (1+c1 on Exhibit 5) = 1.0608/1.0648 =				0.9963

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DEMOGRAPHIC ADJUSTMENT

Small Groups, including AHP	Member Months					Total Age Gender					Average Age Gender Factor					Change in
	CY 2016	CY 2017	CY 2018	CY2019	YTD Feb 2020	CY 2016	CY 2017	CY 2018	CY2019	YTD Feb 2020	CY 2016	CY 2017	CY 2018	CY2019	YTD Feb 2020	
Excluding temporary group and Groups who left in 2017	■	■				■	■				■	■				■
Excluding temporary group and Groups who left in 2018		■	■				■	■				■	■			■
Excluding temporary group and Groups who left in 2019			■	■				■	■				■	■		■
Excluding temporary group and Groups who left in 2020				■	■				■	■				■	■	■
Excluding temporary group, groups who left in 2017 and New groups in 2017	■	■				■	■				■	■				■
Excluding temporary group, groups who left in 2018 and New groups in 2018		■	■				■	■				■	■			■
Excluding temporary group, groups who left in 2019 and New groups in 2019			■	■				■	■				■	■		■
Excluding temporary group, groups who left in 2020 and New groups in 2020				■	■				■	■				■	■	■

Individuals

Method of enrollment		CY 2019			February 2020	Projected 2021			
		Member Months	Average Age	Average Age-Gender factor	Membership Count	Average Age	Average Age-Gender factor	Average Duration	Membership Count
Directly enrolled with BCBSVT	Continuous Enrollment - Age 0	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 1	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 2 to 26	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 27	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 28 to 63	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 64	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 65 +	■	■	■	■	■	■	■	■
	Moved from Small Group to Individual	■	■	■	■	■	■	■	■
	Canceled	■	■	■	■	■	■	■	■
	New in 2020 - Age 0					■	■	■	■
	New in 2020 - Age 1					■	■	■	■
	New in 2020 - Age 2 to 26					■	■	■	■
	New in 2020 - Age 27					■	■	■	■
	New in 2020 - Age 28 to 63					■	■	■	■
Enrolled through Vermont Health Connect	Continuous Enrollment - Age 0	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 1	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 2 to 26	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 27	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 28 to 63	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 64	■	■	■	■	■	■	■	■
	Continuous Enrollment - Age 65 +	■	■	■	■	■	■	■	■
	Moved from Small Group to Individual	■	■	■	■	■	■	■	■
	Canceled	■	■	■	■	■	■	■	■
	New in 2020 - Age 0					■	■	■	■
	New in 2020 - Age 1					■	■	■	■
	New in 2020 - Age 2 to 26					■	■	■	■
	New in 2020 - Age 27					■	■	■	■
	New in 2020 - Age 28 to 63					■	■	■	■
	New in 2020 - Age 64					■	■	■	■
Annual Average Age-Gender factor				1.4455				1.4367	

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DEMOGRAPHIC ADJUSTMENT

Combining the Populations	Individual	Small Group	Weighted Average
CY 2019 Average Age-Gender factor	1.4455	1.2005	1.3129
Impact of excluding temporary group and groups that left in 2020			
Regular increase for continuing groups			
Increase for the impact of new groups			
CY 2021 Average Age-Gender factor	1.4367	1.2245	1.3219
Projected Membership	17,627	20,794	38,421
Demographic Adjustment (1+c3 on Exhibit 5) = 1.3219/1.3129 =			1.0069

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BLUE CROSS AND BLUE SHIELD OF VERMONT
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EXHIBIT 3A
PAGE 1

MEDICAL TREND DEVELOPMENT - INPATIENT

EXHIBIT REDACTED

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BLUE CROSS AND BLUE SHIELD OF VERMONT
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EXHIBIT 3A
PAGE 2

MEDICAL TREND DEVELOPMENT - OUTPATIENT

EXHIBIT REDACTED

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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

EXHIBIT 3A
PAGE 3

MEDICAL TREND DEVELOPMENT - PROFESSIONAL

EXHIBIT REDACTED

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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

EXHIBIT 3A
PAGE 4

MEDICAL TREND DEVELOPMENT - PHARMACEUTICALS

EXHIBIT REDACTED

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

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MEDICAL COST TREND DEVELOPMENT - TOTAL TREND

Inpatient							Total
Year 0							47,601,830
Year 1							49,235,330
Year 2							50,967,345
Trend Y1/Y0							3.4%
Trend Y2/Y1							3.5%
Annual Cost Trend							3.5%

Outpatient							Total
Year 0							95,096,487
Year 1							99,622,900
Year 2							104,368,479
Trend Y1/Y0							4.8%
Trend Y2/Y1							4.8%
Annual Cost Trend							4.8%

Pharmaceuticals							Total
Year 0							26,959,975
Year 1							28,130,797
Year 2							29,456,902
Trend Y1/Y0							4.3%
Trend Y2/Y1							4.7%
Annual Cost Trend							4.5%

Professional							Total
Year 0							67,271,217
Year 1							67,775,188
Year 2							69,353,602
Trend Y1/Y0							0.7%
Trend Y2/Y1							2.3%
Annual Cost Trend							1.5%

Total							Total
Year 0							236,929,510
Year 1							244,764,215
Year 2							254,146,328
Trend Y1/Y0							3.3%
Trend Y2/Y1							3.8%
Annual Cost Trend							3.6%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

**Exhibit 3B
Page 1**

MEDICAL TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Month	Membership	Individual Market									
		Adjustments for Benefits, Aging, Fraud Waste and Abuse Programs and working days									
		Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	FWA Factor	Normalized FWA Factor	Working Days	Normalized Working Days	Total Normalized Factor
Jan-16	26,634	83.6%	1.103	0.998	1.388	1.027	0.9895	1.003	20	0.949	1.084
Feb-16	26,908	83.6%	1.103	0.999	1.386	1.028	0.990	1.003	20	0.949	1.085
Mar-16	27,492	83.7%	1.104	0.998	1.380	1.033	0.990	1.003	23	1.091	0.948
Apr-16	27,554	83.7%	1.104	0.998	1.379	1.033	0.990	1.003	21	0.996	1.038
May-16	27,625	83.7%	1.104	0.998	1.378	1.034	0.990	1.003	21	0.996	1.039
Jun-16	27,840	83.7%	1.104	0.998	1.381	1.032	0.990	1.003	22	1.043	0.990
Jul-16	28,100	83.8%	1.104	0.998	1.380	1.032	0.990	1.003	20	0.949	1.089
Aug-16	28,322	83.7%	1.104	0.998	1.379	1.033	0.990	1.003	23	1.091	0.948
Sep-16	28,548	83.7%	1.103	0.998	1.378	1.034	0.990	1.003	21	0.996	1.039
Oct-16	28,686	83.7%	1.103	0.998	1.379	1.034	0.990	1.003	21	0.996	1.039
Nov-16	28,720	83.7%	1.104	0.998	1.380	1.033	0.990	1.003	20	0.949	1.090
Dec-16	28,633	83.7%	1.104	0.998	1.383	1.031	0.990	1.003	21	0.996	1.035
Jan-17	28,181	83.5%	1.102	1.000	1.387	1.027	0.989	1.003	21	0.996	1.034
Feb-17	28,546	83.4%	1.102	1.000	1.383	1.030	0.989	1.003	20	0.949	1.089
Mar-17	28,336	83.3%	1.101	1.001	1.382	1.031	0.989	1.003	23	1.091	0.949
Apr-17	28,008	83.3%	1.101	1.001	1.383	1.030	0.989	1.003	20	0.949	1.090
May-17	27,695	83.2%	1.101	1.001	1.385	1.028	0.989	1.003	22	1.043	0.990
Jun-17	27,384	83.2%	1.100	1.001	1.388	1.027	0.989	1.003	22	1.043	0.988
Jul-17	27,181	83.3%	1.101	1.000	1.388	1.026	0.989	1.003	19	0.901	1.143
Aug-17	26,871	83.2%	1.100	1.001	1.389	1.025	0.989	1.003	23	1.091	0.944
Sep-17	26,553	83.2%	1.100	1.001	1.391	1.024	0.989	1.003	20	0.949	1.084
Oct-17	26,251	83.3%	1.101	1.000	1.392	1.023	0.989	1.003	22	1.043	0.984
Nov-17	25,911	83.3%	1.101	1.000	1.394	1.022	0.989	1.003	20	0.949	1.081
Dec-17	25,359	83.3%	1.101	1.000	1.397	1.020	0.989	1.003	20	0.949	1.079
Jan-18	24,001	83.3%	1.101	1.000	1.399	1.019	0.986	1.007	22	1.043	0.983
Feb-18	23,511	83.3%	1.101	1.001	1.401	1.017	0.986	1.007	20	0.949	1.080
Mar-18	23,126	83.3%	1.101	1.000	1.404	1.015	0.986	1.007	22	1.043	0.979
Apr-18	22,798	83.3%	1.101	1.001	1.407	1.013	0.986	1.007	21	0.996	1.024
May-18	22,511	83.3%	1.101	1.001	1.409	1.011	0.986	1.007	22	1.043	0.976
Jun-18	22,306	83.2%	1.100	1.001	1.411	1.009	0.986	1.007	21	0.996	1.021
Jul-18	22,046	83.0%	1.099	1.002	1.414	1.008	0.986	1.007	21	0.996	1.020
Aug-18	21,709	83.0%	1.099	1.002	1.415	1.007	0.986	1.007	23	1.091	0.931
Sep-18	21,412	83.1%	1.100	1.002	1.419	1.004	0.986	1.007	19	0.901	1.123
Oct-18	21,166	83.0%	1.099	1.002	1.423	1.001	0.986	1.007	23	1.091	0.926
Nov-18	20,866	83.1%	1.099	1.002	1.424	1.000	0.986	1.007	20	0.949	1.064
Dec-18	20,602	83.1%	1.099	1.002	1.424	1.001	0.986	1.007	19	0.901	1.120
Jan-19	19,734	83.4%	1.101	1.000	1.424	1.000	0.992	1.000	22	1.043	0.959
Feb-19	19,531	83.4%	1.102	1.000	1.424	1.001	0.992	1.000	20	0.949	1.054
Mar-19	19,330	83.4%	1.102	1.000	1.424	1.000	0.992	1.000	21	0.996	1.004
Apr-19	19,169	83.5%	1.102	0.999	1.425	1.000	0.992	1.000	22	1.043	0.957
May-19	19,035	83.6%	1.103	0.999	1.423	1.001	0.992	1.000	22	1.043	0.958
Jun-19	18,920	83.6%	1.103	0.999	1.424	1.001	0.992	1.000	20	0.949	1.054
Jul-19	18,831	83.5%	1.102	0.999	1.422	1.002	0.992	1.000	21	0.996	1.006
Aug-19	18,705	83.4%	1.102	1.000	1.422	1.002	0.992	1.000	22	1.043	0.960
Sep-19	18,522	83.3%	1.101	1.001	1.422	1.002	0.992	1.000	21	0.996	1.007
Oct-19	18,287	83.3%	1.101	1.001	1.421	1.003	0.992	1.000	22	1.043	0.961
Nov-19	18,096	83.3%	1.101	1.000	1.424	1.000	0.992	1.000	19	0.901	1.111
Dec-19	17,787	83.4%	1.101	1.000	1.425	1.000	0.992	1.000	21	0.996	1.004

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

**Exhibit 3B
Page 2**

MEDICAL TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Month	Membership	Small Group Market									
		Adjustments for Benefits, Aging, Fraud Waste and Abuse Programs and working days									
		Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	FWA Factor	Normalized FWA Factor	Working Days	Normalized Working Days	Total Normalized Factor
Jan-16	20,304	81.5%	1.089	1.000	1.187	1.037	0.9896	1.003	20	0.949	1.097
Feb-16	20,329	81.4%	1.088	1.001	1.188	1.037	0.990	1.003	20	0.949	1.096
Mar-16	20,344	81.3%	1.088	1.001	1.190	1.034	0.990	1.003	23	1.091	0.952
Apr-16	20,316	81.2%	1.088	1.001	1.192	1.033	0.990	1.003	21	0.996	1.042
May-16	20,314	81.2%	1.087	1.002	1.194	1.031	0.990	1.003	21	0.996	1.040
Jun-16	20,320	81.1%	1.087	1.002	1.196	1.029	0.990	1.003	22	1.043	0.992
Jul-16	20,331	81.1%	1.087	1.002	1.198	1.027	0.990	1.003	20	0.949	1.089
Aug-16	20,314	81.1%	1.087	1.002	1.199	1.027	0.990	1.003	23	1.091	0.946
Sep-16	20,280	81.2%	1.087	1.002	1.201	1.025	0.990	1.003	21	0.996	1.034
Oct-16	20,289	81.2%	1.087	1.002	1.203	1.023	0.990	1.003	21	0.996	1.032
Nov-16	20,274	81.4%	1.088	1.001	1.203	1.024	0.990	1.003	20	0.949	1.083
Dec-16	20,232	81.6%	1.090	0.999	1.206	1.021	0.990	1.003	21	0.996	1.027
Jan-17	20,509	81.4%	1.088	1.001	1.200	1.026	0.989	1.003	21	0.996	1.034
Feb-17	20,464	81.4%	1.088	1.001	1.202	1.025	0.989	1.003	20	0.949	1.084
Mar-17	20,419	81.2%	1.088	1.001	1.203	1.023	0.989	1.003	23	1.091	0.942
Apr-17	20,458	81.2%	1.087	1.002	1.203	1.024	0.989	1.003	20	0.949	1.084
May-17	20,460	81.2%	1.088	1.001	1.205	1.021	0.989	1.003	22	1.043	0.983
Jun-17	20,435	81.4%	1.089	1.001	1.208	1.019	0.989	1.003	22	1.043	0.981
Jul-17	20,437	81.7%	1.090	0.999	1.208	1.019	0.989	1.003	19	0.901	1.133
Aug-17	20,437	81.7%	1.090	0.999	1.209	1.018	0.989	1.003	23	1.091	0.935
Sep-17	20,455	81.6%	1.090	0.999	1.210	1.018	0.989	1.003	20	0.949	1.075
Oct-17	20,353	81.8%	1.091	0.998	1.211	1.017	0.989	1.003	22	1.043	0.976
Nov-17	20,301	81.7%	1.091	0.999	1.212	1.016	0.989	1.003	20	0.949	1.073
Dec-17	20,240	81.7%	1.091	0.998	1.214	1.014	0.989	1.003	20	0.949	1.071
Jan-18	19,380	81.7%	1.090	0.999	1.210	1.018	0.991	1.002	22	1.043	0.976
Feb-18	19,363	81.9%	1.091	0.998	1.211	1.017	0.991	1.002	20	0.949	1.071
Mar-18	19,322	81.8%	1.091	0.998	1.213	1.015	0.991	1.002	22	1.043	0.972
Apr-18	19,323	82.0%	1.093	0.997	1.216	1.012	0.991	1.002	21	0.996	1.015
May-18	19,328	82.1%	1.093	0.996	1.217	1.011	0.991	1.002	22	1.043	0.967
Jun-18	19,296	82.0%	1.093	0.997	1.218	1.011	0.991	1.002	21	0.996	1.013
Jul-18	19,309	82.0%	1.092	0.997	1.219	1.010	0.991	1.002	21	0.996	1.013
Aug-18	19,306	82.1%	1.093	0.996	1.222	1.008	0.991	1.002	23	1.091	0.922
Sep-18	19,268	82.1%	1.093	0.997	1.223	1.006	0.991	1.002	19	0.901	1.115
Oct-18	19,276	82.0%	1.092	0.997	1.223	1.006	0.991	1.002	23	1.091	0.922
Nov-18	19,284	81.9%	1.092	0.997	1.224	1.006	0.991	1.002	20	0.949	1.060
Dec-18	19,254	81.8%	1.091	0.998	1.227	1.003	0.991	1.002	19	0.901	1.113
Jan-19	19,203	81.9%	1.092	0.998	1.219	1.010	0.992	1.000	22	1.043	0.966
Feb-19	19,133	81.6%	1.090	1.000	1.220	1.009	0.992	1.000	20	0.949	1.063
Mar-19	19,090	81.7%	1.091	0.999	1.221	1.009	0.992	1.000	21	0.996	1.011
Apr-19	19,024	81.5%	1.089	1.000	1.223	1.007	0.992	1.000	22	1.043	0.965
May-19	19,003	81.4%	1.089	1.000	1.225	1.005	0.992	1.000	22	1.043	0.964
Jun-19	18,985	81.6%	1.090	0.999	1.226	1.004	0.992	1.000	20	0.949	1.058
Jul-19	19,008	81.5%	1.089	1.000	1.227	1.003	0.992	1.000	21	0.996	1.007
Aug-19	18,969	81.3%	1.088	1.001	1.227	1.003	0.992	1.000	22	1.043	0.963
Sep-19	18,923	81.4%	1.088	1.001	1.228	1.003	0.992	1.000	21	0.996	1.007
Oct-19	18,936	81.5%	1.089	1.000	1.229	1.002	0.992	1.000	22	1.043	0.960
Nov-19	18,919	81.4%	1.089	1.000	1.230	1.001	0.992	1.000	19	0.901	1.111
Dec-19	18,850	81.5%	1.089	1.000	1.231	1.000	0.992	1.000	21	0.996	1.004

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

Month	Membership	Individual Market - Original Claims - Removing claimants in excess of \$500,000						Individual Market - Adjusted Claims - Normalized for Contract Changes						Individual Market - Adjusted Claims - Normalized for Benefits, Aging, FWA and Working Days			
		Inpatient	Outpatient	Total	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM	Inpatient	Outpatient	Total	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM	Total Normalized Factor	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM
Jan-16	26,634	\$2,962,848	\$5,307,771	\$8,270,619	\$111.24	\$199.29	\$310.53	\$3,280,815	\$6,057,801	\$9,338,616	\$123.18	\$227.45	\$350.63	1.084	\$133.52	\$246.54	\$380.07
Feb-16	26,908	\$2,680,069	\$5,204,053	\$7,884,122	\$99.60	\$193.40	\$293.00	\$2,993,146	\$5,936,186	\$8,929,332	\$111.24	\$220.61	\$331.85	1.085	\$120.73	\$239.44	\$360.17
Mar-16	27,492	\$3,302,133	\$5,424,254	\$8,726,386	\$120.11	\$197.30	\$317.42	\$3,688,826	\$6,170,288	\$9,859,115	\$134.18	\$224.44	\$358.62	0.948	\$127.15	\$212.69	\$339.85
Apr-16	27,554	\$2,623,030	\$5,093,137	\$7,716,167	\$95.20	\$184.84	\$280.04	\$2,930,688	\$5,792,857	\$8,723,545	\$106.36	\$210.24	\$316.60	1.038	\$110.45	\$218.32	\$328.78
May-16	27,625	\$2,668,967	\$4,992,396	\$7,661,363	\$96.61	\$180.72	\$277.33	\$2,962,550	\$5,688,785	\$8,651,335	\$107.24	\$205.93	\$313.17	1.039	\$111.45	\$214.00	\$325.45
Jun-16	27,840	\$3,277,265	\$5,083,457	\$8,360,721	\$117.72	\$182.60	\$300.31	\$3,655,974	\$5,801,558	\$9,457,531	\$131.32	\$208.39	\$339.71	0.990	\$129.99	\$206.27	\$336.26
Jul-16	28,100	\$3,363,062	\$4,382,899	\$7,745,961	\$119.68	\$155.98	\$275.66	\$3,749,877	\$4,991,666	\$8,741,542	\$133.45	\$177.64	\$311.09	1.089	\$145.32	\$193.45	\$338.77
Aug-16	28,322	\$2,768,002	\$5,353,466	\$8,121,468	\$97.73	\$189.02	\$286.75	\$3,077,926	\$6,101,192	\$9,179,118	\$108.68	\$215.42	\$324.10	0.948	\$102.98	\$204.13	\$307.11
Sep-16	28,548	\$2,415,362	\$4,923,329	\$7,338,691	\$84.61	\$172.46	\$257.06	\$2,694,809	\$5,612,850	\$8,307,659	\$94.40	\$196.61	\$291.01	1.039	\$98.11	\$204.35	\$302.45
Oct-16	28,686	\$2,647,346	\$5,200,478	\$7,847,824	\$92.29	\$181.29	\$273.58	\$2,941,961	\$5,866,437	\$8,808,398	\$102.56	\$204.51	\$307.06	1.039	\$106.55	\$212.47	\$319.03
Nov-16	28,720	\$3,298,502	\$5,351,821	\$8,650,323	\$114.85	\$186.34	\$301.20	\$3,658,564	\$6,046,083	\$9,704,647	\$127.39	\$210.52	\$337.91	1.090	\$138.80	\$229.38	\$368.17
Dec-16	28,633	\$2,670,563	\$5,733,414	\$8,403,977	\$93.27	\$200.24	\$293.51	\$2,947,147	\$6,465,968	\$9,413,116	\$102.93	\$225.82	\$328.75	1.035	\$106.58	\$233.84	\$340.42
Jan-17	28,181	\$2,793,526	\$5,573,126	\$8,366,653	\$99.13	\$197.76	\$296.89	\$3,050,862	\$6,141,337	\$9,192,199	\$108.26	\$217.92	\$326.18	1.034	\$111.96	\$225.38	\$337.34
Feb-17	28,546	\$3,282,499	\$4,972,712	\$8,255,211	\$114.99	\$174.20	\$289.19	\$3,542,446	\$5,500,379	\$9,042,825	\$124.10	\$192.68	\$316.78	1.089	\$135.17	\$209.87	\$345.04
Mar-17	28,336	\$2,893,377	\$5,895,996	\$8,789,374	\$102.11	\$208.07	\$310.18	\$3,150,094	\$6,509,175	\$9,659,269	\$111.17	\$229.71	\$340.88	0.949	\$105.47	\$217.94	\$323.41
Apr-17	28,008	\$2,514,366	\$5,074,711	\$7,589,077	\$89.77	\$181.19	\$270.96	\$2,727,213	\$5,587,056	\$8,314,269	\$97.37	\$199.48	\$296.85	1.090	\$106.15	\$217.46	\$323.60
May-17	27,695	\$2,224,448	\$6,042,398	\$8,266,847	\$80.32	\$218.18	\$298.50	\$2,420,938	\$6,656,212	\$9,077,150	\$87.41	\$240.34	\$327.75	0.990	\$86.51	\$237.84	\$324.35
Jun-17	27,384	\$2,543,984	\$5,397,267	\$7,941,251	\$92.90	\$197.10	\$290.00	\$2,742,695	\$5,956,816	\$8,699,510	\$100.16	\$217.53	\$317.69	0.988	\$98.96	\$214.94	\$313.90
Jul-17	27,181	\$3,458,506	\$4,624,888	\$8,083,394	\$127.24	\$170.15	\$297.39	\$3,683,605	\$5,091,450	\$8,775,054	\$135.52	\$187.32	\$322.84	1.143	\$154.90	\$214.10	\$368.99
Aug-17	26,871	\$2,525,057	\$5,299,061	\$7,824,118	\$93.97	\$197.20	\$291.17	\$2,730,910	\$5,809,454	\$8,540,365	\$101.63	\$216.20	\$317.83	0.944	\$95.93	\$204.08	\$300.01
Sep-17	26,553	\$2,452,289	\$5,234,629	\$7,686,918	\$92.35	\$197.14	\$289.49	\$2,626,725	\$5,739,726	\$8,366,452	\$98.92	\$216.16	\$315.08	1.084	\$107.27	\$234.40	\$341.66
Oct-17	26,251	\$3,189,816	\$5,470,281	\$8,660,096	\$121.51	\$208.38	\$329.90	\$3,388,092	\$5,896,123	\$9,284,214	\$129.07	\$224.61	\$353.67	0.984	\$127.04	\$221.08	\$348.13
Nov-17	25,911	\$2,497,791	\$5,590,499	\$8,088,290	\$96.40	\$215.76	\$312.16	\$2,649,808	\$6,031,216	\$8,681,024	\$102.27	\$232.77	\$335.03	1.081	\$110.59	\$251.72	\$362.31
Dec-17	25,359	\$2,594,762	\$5,596,237	\$8,190,999	\$102.32	\$220.68	\$323.00	\$2,747,120	\$6,032,642	\$8,779,762	\$108.33	\$237.89	\$346.22	1.079	\$116.91	\$236.73	\$373.64
Jan-18	24,001	\$2,181,188	\$4,816,317	\$6,997,505	\$90.88	\$200.67	\$291.55	\$2,285,511	\$5,116,987	\$7,402,499	\$95.23	\$213.20	\$308.42	0.983	\$93.60	\$209.55	\$303.15
Feb-18	23,511	\$2,897,835	\$4,740,458	\$7,638,293	\$123.25	\$201.63	\$324.88	\$3,024,538	\$5,038,949	\$8,063,488	\$128.64	\$214.32	\$342.97	1.080	\$138.90	\$231.42	\$370.32
Mar-18	23,126	\$2,636,483	\$5,356,495	\$7,992,977	\$114.01	\$231.62	\$345.63	\$2,780,718	\$5,698,171	\$8,478,889	\$120.24	\$246.40	\$366.64	0.979	\$117.74	\$241.28	\$359.02
Apr-18	22,798	\$2,288,279	\$5,044,821	\$7,333,100	\$100.37	\$221.28	\$321.66	\$2,398,705	\$5,349,218	\$7,747,923	\$105.22	\$234.64	\$339.85	1.024	\$107.76	\$240.31	\$348.08
May-18	22,511	\$2,372,318	\$4,648,936	\$7,021,254	\$105.38	\$206.52	\$311.90	\$2,477,304	\$4,920,749	\$7,398,053	\$110.05	\$218.59	\$328.64	0.976	\$107.41	\$213.35	\$320.76
Jun-18	22,306	\$2,046,346	\$4,432,833	\$6,479,180	\$91.74	\$198.73	\$290.47	\$2,142,138	\$4,699,618	\$6,841,757	\$96.03	\$210.69	\$306.72	1.021	\$98.08	\$215.17	\$313.25
Jul-18	22,046	\$2,369,818	\$4,021,700	\$6,391,518	\$107.49	\$182.42	\$289.92	\$2,444,996	\$4,228,163	\$6,673,159	\$110.90	\$191.79	\$302.69	1.020	\$113.16	\$195.69	\$308.85
Aug-18	21,709	\$1,881,585	\$4,277,766	\$6,159,350	\$86.67	\$197.05	\$283.72	\$1,953,440	\$4,517,110	\$6,470,550	\$89.98	\$208.08	\$298.06	0.931	\$83.76	\$193.70	\$277.46
Sep-18	21,412	\$2,136,001	\$4,228,789	\$6,364,790	\$99.76	\$197.50	\$297.25	\$2,216,203	\$4,458,790	\$6,674,993	\$103.50	\$208.24	\$311.74	1.123	\$116.25	\$233.88	\$330.13
Oct-18	21,166	\$2,090,740	\$5,177,004	\$7,267,744	\$98.78	\$244.59	\$343.37	\$2,167,994	\$5,390,831	\$7,558,825	\$102.43	\$254.69	\$357.12	0.926	\$94.84	\$235.82	\$330.66
Nov-18	20,866	\$2,521,372	\$4,312,646	\$6,834,018	\$120.84	\$206.68	\$327.52	\$2,594,382	\$4,492,596	\$7,086,977	\$124.34	\$215.31	\$339.64	1.064	\$132.25	\$229.01	\$361.26
Dec-18	20,602	\$2,125,411	\$4,767,849	\$6,893,259	\$103.17	\$231.43	\$334.59	\$2,190,372	\$4,961,986	\$7,152,358	\$106.32	\$240.85	\$347.17	1.120	\$119.07	\$269.74	\$388.82
Jan-19	19,734	\$2,315,626	\$4,571,310	\$6,886,936	\$117.34	\$231.65	\$348.99	\$2,367,102	\$4,693,241	\$7,060,344	\$119.95	\$237.83	\$357.78	0.959	\$114.99	\$227.99	\$342.97
Feb-19	19,531	\$2,034,228	\$4,073,486	\$6,107,713	\$104.15	\$208.57	\$312.72	\$2,077,958	\$4,171,768	\$6,249,726	\$106.39	\$213.60	\$319.99	1.054	\$112.18	\$225.21	\$337.39
Mar-19	19,330	\$2,832,970	\$4,130,417	\$6,963,387	\$146.56	\$213.68	\$360.24	\$2,888,385	\$4,239,942	\$7,128,327	\$149.42	\$219.35	\$368.77	1.004	\$150.01	\$220.21	\$370.22
Apr-19	19,169	\$1,847,558	\$4,416,881	\$6,264,439	\$96.38	\$230.42	\$326.80	\$1,881,612	\$4,518,581	\$6,400,193	\$98.16	\$235.72	\$333.88	0.957	\$93.98	\$225.68	\$319.66
May-19	19,035	\$2,059,663	\$4,765,304	\$6,824,966	\$108.20	\$250.34	\$358.55	\$2,102,253	\$4,882,833	\$6,985,086	\$110.44	\$256.52	\$366.96	0.958	\$105.83	\$245.81	\$351.65
Jun-19	18,920	\$2,169,609	\$3,769,156	\$5,938,765	\$114.67	\$199.22	\$313.89	\$2,204,544	\$3,852,471	\$6,057,016	\$116.52	\$203.62	\$320.14	1.054	\$122.78	\$214.56	\$337.34
Jul-19	18,831	\$2,098,859	\$4,124,781	\$6,223,640	\$111.46	\$219.04	\$330.50	\$2,123,944	\$4,196,638	\$6,320,582	\$112.79	\$222.86	\$335.65	1.006	\$113.43	\$224.12	\$337.55
Aug-19	18,705	\$1,826,698	\$3,514,659	\$5,341,357	\$97.66	\$187.90	\$285.56	\$1,850,762	\$3,577,647	\$5,428,409	\$98.94	\$191.27	\$290.21	0.960	\$95.00	\$183.65	\$278.66
Sep-19	18,522	\$1,783,923	\$3,828,291	\$5,612,214	\$96.31	\$206.69	\$303.00	\$1,814,564	\$3,896,415	\$5,710,980	\$97.97	\$210.37	\$308.33	1.007	\$98.64	\$211.80	\$310.44
Oct-19	18,287	\$2,299,986	\$4,598,758	\$6,898,745	\$125.77	\$251.48	\$377.25	\$2,301,120	\$4,602,577	\$6,903,697	\$125.83	\$251.69	\$377.52	0.961	\$120.99	\$242.00	\$362.98
Nov-19	18,096	\$1,903,693	\$3,918,623	\$5,822,316	\$105.20	\$216.55	\$321.75	\$1,904,718	\$3,920,965	\$5,825,683	\$105.26	\$216.68	\$321.93	1.111	\$116.89	\$240.62	\$357.51
Dec-19	17,787	\$1,701,038	\$3,986,138	\$5,687,176	\$95.63	\$224.10	\$319.74	\$1,701,038	\$3,986,138	\$5,687,176	\$95.63	\$224.10	\$319.74	1.004	\$96.01	\$224.99	\$321.01
CY 2016	335,062	\$34,677,147	\$62,050,475	\$96,727,622	\$103.49	\$185.19	\$288.69	\$38,582,284	\$70,531,670	\$109,113,953	\$115.15	\$210.50	\$325.65		\$119.19	\$217.74	\$336.93
CY 2017	326,276	\$32,970,422	\$64,771,805	\$97,742,227	\$101.05	\$198.52	\$299.57	\$35,460,506	\$70,951,587	\$106,412,093	\$108.68	\$217.46	\$326.14		\$113.04	\$225.10	\$338.14
CY 2018	266,054	\$27,547,377	\$55,825,613	\$83,372,990	\$103.54	\$209.83	\$313.37	\$28,676,303	\$58,873,169	\$87,549,472	\$107.78	\$221.28	\$329.07		\$110.20	\$225.46	\$335.66
CY 2019	225,947	\$24,873,851	\$49,697,803	\$74,571,654	\$110.09	\$219.95	\$330.04	\$25,218,000	\$50,539,218	\$75,757,218	\$111.61	\$223.68	\$335.29		\$111.86	\$223.86	\$335.72
CY2017 / CY 2016 Annual Increase					-2.4%	7.2%	3.8%				-5.6%	3.3%	0.1%		-5.2%	3.4%	0.4%
CY2018 / CY 2017 Annual Increase					2.5%	5.7%	4.6%				-0.8%	1.8%	0.9%		-2.5%	0.2%	-0.7%
CY2019 / CY 2018 Annual Increase					6.3%	4.8%	5.3%				3.6%	1.1%	1.9%		1.5%	-0.7%	0.0%

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

		Small Group Market - Original Claims - Removing claimants in excess of \$500,000						Small Group Market - Adjusted Claims - Normalized for Contract Changes						Small Group Market - Adjusted Claims - Normalized for Benefits, Aging, FWA and Working Days			
Month	Membership	Inpatient	Outpatient	Total	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM	Inpatient	Outpatient	Total	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM	Total Normalized Factor	Inpatient PMPM	Outpatient PMPM	Total Facility PMPM
Jan-16	20,304	\$1,442,611	\$3,335,745	\$4,778,356	\$71.05	\$164.29	\$235.34	\$1,605,425	\$3,780,388	\$5,385,813	\$79.07	\$186.19	\$265.26	1.097	\$86.71	\$204.18	\$290.90
Feb-16	20,329	\$1,391,862	\$3,084,577	\$4,476,439	\$68.47	\$151.73	\$220.20	\$1,547,516	\$3,494,447	\$5,041,964	\$76.12	\$171.89	\$248.02	1.096	\$83.47	\$188.48	\$271.95
Mar-16	20,344	\$1,536,891	\$3,489,558	\$5,026,450	\$75.55	\$171.53	\$247.07	\$1,715,874	\$3,954,645	\$5,670,519	\$84.34	\$194.39	\$278.73	0.952	\$80.29	\$185.05	\$265.34
Apr-16	20,316	\$1,663,493	\$3,098,718	\$4,762,211	\$81.88	\$152.53	\$234.41	\$1,848,274	\$3,511,340	\$5,359,613	\$90.98	\$172.84	\$263.81	1.042	\$94.76	\$180.03	\$274.79
May-16	20,314	\$1,039,917	\$3,385,959	\$4,425,876	\$51.19	\$166.68	\$217.87	\$1,153,340	\$3,854,836	\$5,008,176	\$56.78	\$189.76	\$246.54	1.040	\$59.02	\$197.28	\$256.30
Jun-16	20,320	\$1,337,849	\$3,248,116	\$4,585,964	\$65.84	\$159.85	\$225.69	\$1,498,845	\$3,699,684	\$5,198,528	\$73.76	\$182.07	\$255.83	0.992	\$73.14	\$180.54	\$253.68
Jul-16	20,331	\$1,633,214	\$3,051,064	\$4,684,279	\$80.33	\$150.07	\$230.40	\$1,812,550	\$3,476,820	\$5,289,370	\$89.15	\$171.01	\$260.16	1.089	\$97.06	\$186.18	\$283.25
Aug-16	20,314	\$1,551,827	\$3,196,498	\$4,748,325	\$76.39	\$157.35	\$233.75	\$1,723,262	\$3,628,874	\$5,352,136	\$84.83	\$178.64	\$263.47	0.946	\$80.28	\$169.04	\$249.32
Sep-16	20,280	\$1,998,192	\$3,343,321	\$5,341,514	\$98.53	\$164.86	\$263.39	\$2,212,505	\$3,783,818	\$5,996,323	\$109.10	\$186.58	\$295.68	1.034	\$112.83	\$192.95	\$305.78
Oct-16	20,289	\$1,453,297	\$3,618,084	\$5,071,381	\$71.63	\$178.33	\$249.96	\$1,626,556	\$4,073,134	\$5,699,690	\$80.17	\$200.76	\$280.93	1.032	\$82.74	\$207.20	\$289.95
Nov-16	20,274	\$1,873,221	\$3,683,744	\$5,556,966	\$92.40	\$181.70	\$274.09	\$2,078,358	\$4,133,813	\$6,212,171	\$102.51	\$203.90	\$306.41	1.083	\$111.00	\$220.77	\$331.77
Dec-16	20,232	\$2,194,147	\$3,677,209	\$5,871,356	\$108.45	\$181.75	\$290.20	\$2,453,055	\$4,127,327	\$6,580,382	\$121.25	\$204.00	\$325.25	1.027	\$124.51	\$209.50	\$334.01
Jan-17	20,509	\$1,970,720	\$3,460,769	\$5,431,489	\$96.09	\$168.74	\$264.83	\$2,140,168	\$3,816,996	\$5,957,164	\$104.35	\$186.11	\$290.47	1.034	\$107.93	\$192.49	\$300.42
Feb-17	20,464	\$1,408,723	\$3,243,301	\$4,652,024	\$68.84	\$158.49	\$227.33	\$1,534,888	\$3,580,697	\$5,115,585	\$75.00	\$174.98	\$249.98	1.084	\$81.33	\$189.73	\$271.06
Mar-17	20,419	\$1,435,067	\$3,736,353	\$5,171,420	\$70.28	\$182.98	\$253.27	\$1,547,946	\$4,115,562	\$5,663,508	\$75.81	\$201.56	\$277.36	0.942	\$71.45	\$189.96	\$261.40
Apr-17	20,458	\$1,639,000	\$3,296,079	\$4,935,080	\$80.12	\$161.11	\$241.23	\$1,774,758	\$3,638,728	\$5,413,486	\$86.75	\$177.86	\$264.61	1.084	\$94.06	\$192.85	\$286.91
May-17	20,460	\$1,672,061	\$3,586,829	\$5,258,890	\$81.72	\$175.31	\$257.03	\$1,810,713	\$3,952,375	\$5,763,088	\$88.50	\$193.18	\$281.68	0.983	\$87.01	\$189.93	\$276.94
Jun-17	20,435	\$1,725,580	\$3,482,878	\$5,208,458	\$84.44	\$170.44	\$254.88	\$1,851,959	\$3,846,421	\$5,698,380	\$90.63	\$188.23	\$278.85	0.981	\$88.86	\$184.56	\$273.43
Jul-17	20,437	\$2,393,108	\$3,464,065	\$5,857,173	\$117.10	\$169.50	\$286.60	\$2,559,159	\$3,804,152	\$6,363,311	\$125.22	\$186.14	\$311.36	1.133	\$141.91	\$210.95	\$352.86
Aug-17	20,437	\$1,582,115	\$3,542,201	\$5,124,316	\$77.41	\$173.32	\$250.74	\$1,707,840	\$3,885,461	\$5,593,301	\$83.57	\$190.12	\$273.69	0.935	\$78.16	\$177.83	\$255.99
Sep-17	20,455	\$1,487,474	\$3,483,002	\$4,970,476	\$72.72	\$170.28	\$243.00	\$1,591,791	\$3,817,789	\$5,409,580	\$77.82	\$186.64	\$264.46	1.075	\$83.68	\$200.71	\$284.39
Oct-17	20,353	\$2,801,202	\$3,911,821	\$6,713,023	\$137.63	\$192.20	\$329.83	\$2,981,020	\$4,207,184	\$7,188,204	\$146.47	\$206.71	\$353.18	0.976	\$142.93	\$201.73	\$344.66
Nov-17	20,301	\$1,460,231	\$3,845,952	\$5,306,183	\$71.93	\$189.45	\$261.38	\$1,543,553	\$4,152,390	\$5,695,944	\$76.03	\$204.54	\$280.57	1.073	\$81.57	\$219.42	\$300.99
Dec-17	20,240	\$2,091,167	\$3,566,896	\$5,658,063	\$103.32	\$176.23	\$279.55	\$2,207,791	\$3,841,085	\$6,048,875	\$109.08	\$189.78	\$298.86	1.071	\$116.82	\$203.24	\$320.06
Jan-18	19,380	\$1,863,044	\$3,847,962	\$5,711,005	\$96.13	\$198.55	\$294.69	\$1,946,409	\$4,088,874	\$6,035,283	\$100.43	\$210.98	\$311.42	0.976	\$98.02	\$205.91	\$303.93
Feb-18	19,363	\$1,903,846	\$3,642,779	\$5,546,625	\$98.32	\$188.13	\$286.45	\$1,980,753	\$3,870,211	\$5,850,964	\$102.30	\$199.88	\$302.17	1.071	\$109.60	\$214.15	\$323.74
Mar-18	19,322	\$1,497,102	\$3,760,483	\$5,257,585	\$77.48	\$194.62	\$272.10	\$1,566,850	\$3,987,446	\$5,554,296	\$81.09	\$206.37	\$287.46	0.972	\$78.85	\$200.67	\$279.52
Apr-18	19,323	\$2,547,744	\$3,716,190	\$6,263,933	\$131.85	\$192.32	\$324.17	\$2,652,533	\$3,938,594	\$6,591,127	\$137.27	\$203.83	\$341.10	1.015	\$139.36	\$206.93	\$346.29
May-18	19,328	\$1,592,959	\$3,785,445	\$5,378,404	\$82.42	\$195.85	\$278.27	\$1,646,701	\$3,998,458	\$5,645,159	\$85.20	\$206.87	\$292.07	0.967	\$82.42	\$200.14	\$282.56
Jun-18	19,296	\$1,793,305	\$3,575,686	\$5,368,991	\$92.94	\$185.31	\$278.24	\$1,851,148	\$3,785,292	\$5,636,439	\$95.93	\$196.17	\$292.10	1.013	\$97.20	\$198.76	\$295.96
Jul-18	19,309	\$2,138,376	\$3,349,778	\$5,488,154	\$110.75	\$173.48	\$284.23	\$2,213,307	\$3,532,855	\$5,746,162	\$114.63	\$182.96	\$297.59	1.013	\$116.12	\$185.35	\$301.47
Aug-18	19,306	\$2,226,922	\$3,406,755	\$5,633,677	\$115.35	\$176.46	\$291.81	\$2,307,184	\$3,598,520	\$5,905,704	\$119.51	\$186.39	\$305.90	0.922	\$110.19	\$171.87	\$282.06
Sep-18	19,268	\$1,535,081	\$3,181,812	\$4,716,892	\$79.67	\$165.13	\$244.80	\$1,600,438	\$3,353,274	\$4,953,713	\$83.06	\$174.03	\$257.10	1.115	\$92.62	\$194.07	\$286.69
Oct-18	19,276	\$1,699,904	\$3,965,839	\$5,665,744	\$88.19	\$205.74	\$293.93	\$1,740,456	\$4,122,998	\$5,863,454	\$90.29	\$213.89	\$304.18	0.922	\$83.22	\$197.14	\$280.35
Nov-18	19,284	\$1,351,747	\$3,801,820	\$5,153,567	\$70.10	\$197.15	\$267.25	\$1,391,763	\$3,951,947	\$5,343,710	\$72.17	\$204.93	\$277.11	1.060	\$76.48	\$217.18	\$293.66
Dec-18	19,254	\$1,375,864	\$3,918,624	\$5,294,488	\$71.46	\$203.52	\$274.98	\$1,412,481	\$4,069,818	\$5,482,298	\$73.36	\$211.38	\$284.74	1.113	\$81.68	\$235.35	\$317.03
Jan-19	19,203	\$1,895,480	\$4,353,046	\$6,248,526	\$98.71	\$226.69	\$325.39	\$1,949,515	\$4,471,013	\$6,420,528	\$101.52	\$232.83	\$334.35	0.966	\$98.04	\$224.84	\$322.88
Feb-19	19,133	\$1,796,039	\$3,467,117	\$5,263,156	\$93.87	\$181.21	\$275.08	\$1,838,480	\$3,559,846	\$5,398,326	\$96.09	\$186.06	\$282.15	1.063	\$102.16	\$197.81	\$299.97
Mar-19	19,090	\$2,320,482	\$3,920,654	\$6,241,136	\$121.55	\$205.38	\$326.93	\$2,350,252	\$4,019,355	\$6,369,606	\$123.11	\$210.55	\$333.66	1.011	\$124.50	\$212.91	\$337.41
Apr-19	19,024	\$1,891,357	\$3,765,132	\$5,656,488	\$99.42	\$197.91	\$297.33	\$1,926,221	\$3,861,711	\$5,787,932	\$101.25	\$202.99	\$304.24	0.965	\$97.69	\$195.85	\$293.55
May-19	19,003	\$1,888,717	\$3,614,874	\$5,503,591	\$99.39	\$190.23	\$289.62	\$1,918,519	\$3,704,898	\$5,623,418	\$100.96	\$194.96	\$295.92	0.964	\$97.28	\$187.85	\$285.13
Jun-19	18,985	\$2,286,777	\$3,630,840	\$5,917,617	\$120.45	\$191.25	\$311.70	\$2,327,903	\$3,717,927	\$6,045,831	\$122.62	\$195.83	\$318.45	1.058	\$129.72	\$207.18	\$336.90
Jul-19	19,008	\$1,781,713	\$3,934,667	\$5,716,380	\$93.73	\$207.00	\$300.74	\$1,800,537	\$4,005,957	\$5,806,494	\$94.73	\$210.75	\$305.48	1.007	\$95.42	\$212.29	\$307.71
Aug-19	18,969	\$1,424,428	\$3,630,833	\$5,055,261	\$75.09	\$191.41	\$266.50	\$1,442,955	\$3,692,510	\$5,135,465	\$76.07	\$194.66	\$270.73	0.963	\$73.23	\$187.41	\$260.64
Sep-19	18,923	\$1,649,610	\$3,754,711	\$5,404,322	\$87.17	\$198.42	\$285.60	\$1,666,249	\$3,818,991	\$5,485,241	\$88.05	\$201.82	\$289.87	1.007	\$88.68	\$203.25	\$291.93
Oct-19	18,936	\$2,634,320	\$4,031,928	\$6,666,248	\$139.12	\$212.92	\$352.04	\$2,636,340	\$4,036,029	\$6,672,369	\$139.22	\$213.14	\$352.36	0.960	\$133.66	\$204.62	\$338.27
Nov-19	18,919	\$1,645,879	\$3,559,360	\$5,205,239	\$87.00	\$188.14	\$275.13	\$1,646,207	\$3,561,814	\$5,208,021	\$87.01	\$188.27	\$275.28	1.111	\$96.65	\$209.12	\$305.77
Dec-19	18,850	\$1,513,177	\$3,735,523	\$5,248,699	\$80.27	\$198.17	\$278.45	\$1,513,177	\$3,735,523	\$5,248,699	\$80.27	\$198.17	\$278.45	1.004	\$80.59	\$198.96	\$279.55
CY 2016	243,647	\$19,116,521	\$40,212,595	\$59,329,116	\$78.46	\$165.04	\$243.50	\$21,275,562	\$45,519,125	\$66,794,687	\$87.32	\$186.82	\$274.15		\$90.47	\$193.42	\$283.89
CY 2017	244,968	\$21,666,449	\$42,620,147	\$64,286,595	\$88.45	\$173.98	\$262.43	\$23,251,588	\$46,658,839	\$69,910,427	\$94.92	\$190.47	\$285.39		\$97.96	\$196.09	\$294.05
CY 2018	231,709	\$21,525,894	\$43,953,171	\$65,479,065	\$92.90	\$189.69	\$282.59	\$22,310,022	\$46,298,286	\$68,608,309	\$96.28	\$199.81	\$296.10		\$97.16	\$202.29	\$299.45
CY 2019	228,043	\$22,727,979	\$45,398,684	\$68,126,663	\$99.67	\$199.08	\$298.74	\$23,016,356	\$46,185,574	\$69,201,931	\$100.93	\$202.53	\$303.46		\$101.49	\$203.53	\$305.02
CY2017 / CY 2016 Annual Increase					12.7%	5.4%	7.8%				8.7%	2.0%	4.1%		8.3%	1.4%	3.6%
CY2018 / CY 2017 Annual Increase					5.0%	9.0%	7.7%				1.4%	4.9%	3.8%		-0.8%	3.2%	1.8%
CY2019 / CY 2018 Annual Increase					7.3%	4.9%	5.7%				4.8%	1.4%	2.5%		4.5%	0.6%	1.9%

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

Month	Weighted Based on Inforce Membership				
	Individual Weight	Individual PMPM	Small Group Weight	Small Group PMPM	Total Weighted PMPM
Jan-16	45.0%	\$380.07	55.0%	\$290.90	46,938 \$331.00
Feb-16	45.0%	\$360.17	55.0%	\$271.95	47,237 \$311.62
Mar-16	45.0%	\$339.85	55.0%	\$265.34	47,836 \$298.85
Apr-16	45.0%	\$328.78	55.0%	\$274.79	47,870 \$299.07
May-16	45.0%	\$325.45	55.0%	\$256.30	47,939 \$287.40
Jun-16	45.0%	\$336.26	55.0%	\$253.68	48,160 \$290.82
Jul-16	45.0%	\$338.77	55.0%	\$283.25	48,431 \$308.22
Aug-16	45.0%	\$307.11	55.0%	\$249.32	48,636 \$275.31
Sep-16	45.0%	\$302.45	55.0%	\$305.78	48,828 \$304.29
Oct-16	45.0%	\$319.03	55.0%	\$289.95	48,975 \$303.03
Nov-16	45.0%	\$368.17	55.0%	\$331.77	48,994 \$348.14
Dec-16	45.0%	\$340.42	55.0%	\$334.01	48,965 \$336.89
Jan-17	45.0%	\$337.34	55.0%	\$300.42	48,690 \$317.02
Feb-17	45.0%	\$345.04	55.0%	\$271.06	49,010 \$304.33
Mar-17	45.0%	\$323.41	55.0%	\$261.40	48,755 \$289.29
Apr-17	45.0%	\$323.60	55.0%	\$286.91	48,466 \$303.41
May-17	45.0%	\$324.35	55.0%	\$276.94	48,155 \$298.26
Jun-17	45.0%	\$313.90	55.0%	\$273.43	47,819 \$291.63
Jul-17	45.0%	\$368.99	55.0%	\$352.86	47,618 \$360.12
Aug-17	45.0%	\$300.01	55.0%	\$255.99	47,308 \$275.79
Sep-17	45.0%	\$341.66	55.0%	\$284.39	47,008 \$310.15
Oct-17	45.0%	\$348.13	55.0%	\$344.66	46,604 \$346.22
Nov-17	45.0%	\$362.31	55.0%	\$300.99	46,212 \$328.57
Dec-17	45.0%	\$373.64	55.0%	\$320.06	45,999 \$344.16
Jan-18	45.0%	\$303.15	55.0%	\$303.93	43,381 \$303.58
Feb-18	45.0%	\$370.32	55.0%	\$323.74	42,874 \$344.69
Mar-18	45.0%	\$359.02	55.0%	\$279.52	42,448 \$315.27
Apr-18	45.0%	\$348.08	55.0%	\$346.29	42,121 \$347.09
May-18	45.0%	\$320.76	55.0%	\$282.56	41,839 \$299.74
Jun-18	45.0%	\$313.25	55.0%	\$295.96	41,602 \$303.73
Jul-18	45.0%	\$308.85	55.0%	\$301.47	41,355 \$304.79
Aug-18	45.0%	\$277.46	55.0%	\$282.06	41,015 \$279.99
Sep-18	45.0%	\$350.13	55.0%	\$286.69	40,680 \$315.22
Oct-18	45.0%	\$330.66	55.0%	\$280.35	40,442 \$302.98
Nov-18	45.0%	\$361.26	55.0%	\$293.66	40,150 \$324.06
Dec-18	45.0%	\$388.82	55.0%	\$317.03	39,856 \$349.31
Jan-19	45.0%	\$342.97	55.0%	\$322.88	38,937 \$331.92
Feb-19	45.0%	\$337.39	55.0%	\$299.97	38,664 \$316.80
Mar-19	45.0%	\$370.22	55.0%	\$337.41	38,420 \$352.17
Apr-19	45.0%	\$319.66	55.0%	\$293.55	38,193 \$305.29
May-19	45.0%	\$351.65	55.0%	\$285.13	38,038 \$315.04
Jun-19	45.0%	\$337.34	55.0%	\$336.90	37,905 \$337.10
Jul-19	45.0%	\$337.55	55.0%	\$307.71	37,839 \$321.13
Aug-19	45.0%	\$278.66	55.0%	\$260.64	37,674 \$268.74
Sep-19	45.0%	\$310.44	55.0%	\$291.93	37,445 \$300.25
Oct-19	45.0%	\$362.98	55.0%	\$338.27	37,223 \$349.38
Nov-19	45.0%	\$357.51	55.0%	\$305.77	37,015 \$329.04
Dec-19	45.0%	\$321.01	55.0%	\$279.55	36,637 \$298.19

Inforce 17,627 21,568 39,195

Month	Logistic Regression on Weighted PMPM	
	24 Months on Monthly	36 Months on Monthly
Jan-16	\$317.67	\$308.47
Feb-16	\$317.64	\$308.70
Mar-16	\$317.61	\$308.93
Apr-16	\$317.58	\$309.16
May-16	\$317.55	\$309.39
Jun-16	\$317.52	\$309.63
Jul-16	\$317.49	\$309.86
Aug-16	\$317.45	\$310.10
Sep-16	\$317.42	\$310.34
Oct-16	\$317.39	\$310.57
Nov-16	\$317.36	\$310.81
Dec-16	\$317.33	\$311.04
Jan-17	\$317.30	\$311.28
Feb-17	\$317.27	\$311.52
Mar-17	\$317.24	\$311.74
Apr-17	\$317.20	\$311.98
May-17	\$317.17	\$312.21
Jun-17	\$317.14	\$312.45
Jul-17	\$317.11	\$312.68
Aug-17	\$317.08	\$312.92
Sep-17	\$317.05	\$313.16
Oct-17	\$317.02	\$313.40
Nov-17	\$316.98	\$313.64
Dec-17	\$316.95	\$313.87
Jan-18	\$316.92	\$314.11
Feb-18	\$316.89	\$314.35
Mar-18	\$316.86	\$314.57
Apr-18	\$316.83	\$314.81
May-18	\$316.80	\$315.05
Jun-18	\$316.77	\$315.29
Jul-18	\$316.74	\$315.53
Aug-18	\$316.70	\$315.77
Sep-18	\$316.67	\$316.01
Oct-18	\$316.64	\$316.25
Nov-18	\$316.61	\$316.49
Dec-18	\$316.58	\$316.73
Jan-19	\$316.55	\$316.97
Feb-19	\$316.52	\$317.21
Mar-19	\$316.49	\$317.43
Apr-19	\$316.45	\$317.68
May-19	\$316.42	\$317.91
Jun-19	\$316.39	\$318.16
Jul-19	\$316.36	\$318.40
Aug-19	\$316.33	\$318.64
Sep-19	\$316.30	\$318.89
Oct-19	\$316.27	\$319.12
Nov-19	\$316.24	\$319.37
Dec-19	\$316.20	\$319.61

-0.1% 0.9% 0.0% 0.9%

Month	Linear Regression on Weighted PMPM	
	24 Months on Monthly	36 Months on Monthly
Jan-16	\$317.76	\$309.19
Feb-16	\$317.75	\$309.44
Mar-16	\$317.74	\$309.67
Apr-16	\$317.72	\$309.91
May-16	\$317.71	\$310.14
Jun-16	\$317.70	\$310.39
Jul-16	\$317.69	\$310.62
Aug-16	\$317.67	\$310.87
Sep-16	\$317.66	\$311.11
Oct-16	\$317.65	\$311.34
Nov-16	\$317.64	\$311.59
Dec-16	\$317.62	\$311.82
Jan-17	\$317.61	\$312.07
Feb-17	\$317.60	\$312.31
Mar-17	\$317.59	\$312.53
Apr-17	\$317.57	\$312.77
May-17	\$317.56	\$313.01
Jun-17	\$317.55	\$313.25
Jul-17	\$317.54	\$313.49
Aug-17	\$317.52	\$313.73
Sep-17	\$317.51	\$313.97
Oct-17	\$317.50	\$314.21
Nov-17	\$317.48	\$314.45
Dec-17	\$317.47	\$314.69
Jan-18	\$317.46	\$314.93
Feb-18	\$317.45	\$315.17
Mar-18	\$317.43	\$315.39
Apr-18	\$317.42	\$315.64
May-18	\$317.41	\$315.87
Jun-18	\$317.40	\$316.11
Jul-18	\$317.38	\$316.35
Aug-18	\$317.37	\$316.59
Sep-18	\$317.36	\$316.84
Oct-18	\$317.35	\$317.07
Nov-18	\$317.33	\$317.31
Dec-18	\$317.32	\$317.55
Jan-19	\$317.31	\$317.79
Feb-19	\$317.29	\$318.04
Mar-19	\$317.28	\$318.26
Apr-19	\$317.27	\$318.50
May-19	\$317.26	\$318.73
Jun-19	\$317.24	\$318.98
Jul-19	\$317.23	\$319.21
Aug-19	\$317.22	\$319.46
Sep-19	\$317.21	\$319.70
Oct-19	\$317.19	\$319.93
Nov-19	\$317.18	\$320.18
Dec-19	\$317.17	\$320.41

Logistic Regression on Weighted PMPM- 24 Months on Monthly		Logistic Regression on Weighted PMPM-36 Months on Monthly		Linear Regression on Weighted PMPM- 24 Months on Monthly		Linear Regression on Weighted PMPM-36 Months on Monthly	
1.000	364.461	1.000	107.808	0.000	335.366	0.008	-23.217
0.000	3.037	0.000	1.688	0.022	955.401	0.012	532.580
0.000	0.072	0.012	0.074	0.000	22.681	0.012	23.336
0.002	22.000	0.405	34.000	0.000	22.000	0.406	34.000

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

			48 Month Time Series - Facility Weighted PMPM						36 Month Time Series - Facility Weighted PMPM						24 Month Time Series - Facility Weighted PMPM					
			Holt-Winters' Multiplicative		Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Multiplicative		Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Multiplicative		Holt-Winters' Additive		Double Exponential Smoothing	
Month	Membership	Adjusted 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	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-16	46,938	\$331.00																		
Feb-16	47,237	\$311.62						\$330.93												
Mar-16	47,836	\$298.85						\$328.35												
Apr-16	47,870	\$299.07						\$324.43												
May-16	47,939	\$287.40						\$321.05												
Jun-16	48,160	\$290.82						\$316.56												
Jul-16	48,431	\$308.22						\$313.13												
Aug-16	48,636	\$275.31						\$312.45												
Sep-16	48,828	\$304.29						\$307.49												
Oct-16	48,975	\$303.03						\$307.03												
Nov-16	48,994	\$348.14						\$306.46												
Dec-16	48,865	\$336.89						\$311.96												
Jan-17	48,690	\$317.02	\$330.93		\$330.93		\$315.25						\$316.94							
Feb-17	49,010	\$304.33	\$311.51		\$311.49		\$315.46						\$316.92							
Mar-17	48,755	\$289.29	\$298.74		\$298.70		\$313.96						\$316.90							
Apr-17	48,466	\$303.41	\$298.88		\$298.81		\$310.66						\$316.91							
May-17	48,155	\$298.26	\$287.20		\$287.10		\$309.67						\$316.88							
Jun-17	47,819	\$291.63	\$290.61		\$290.52		\$308.12						\$316.86							
Jul-17	47,618	\$360.12	\$307.97		\$307.88		\$305.91						\$316.84							
Aug-17	47,308	\$275.79	\$275.19		\$275.14		\$313.07						\$316.88							
Sep-17	47,008	\$310.15	\$304.20		\$304.18		\$308.10						\$316.84							
Oct-17	46,604	\$346.22	\$303.05		\$303.07		\$308.34						\$316.83							
Nov-17	46,212	\$328.57	\$348.39		\$348.45		\$313.34						\$316.86							
Dec-17	45,599	\$344.16	\$337.23		\$337.31		\$315.34						\$316.87							
Jan-18	43,381	\$303.58	\$327.84		\$328.16		\$319.14		\$316.94		\$316.94		\$316.90						\$0.00	
Feb-18	42,874	\$344.69	\$310.22		\$310.49		\$317.06		\$304.25		\$304.25		\$316.89						\$303.52	
Mar-18	42,448	\$315.27	\$297.06		\$297.46		\$320.71		\$289.27		\$289.27		\$316.92						\$305.96	
Apr-18	42,121	\$347.09	\$301.05		\$301.33		\$319.97		\$303.41		\$303.41		\$316.91						\$306.70	
May-18	41,839	\$299.74	\$291.31		\$291.67		\$323.55		\$298.29		\$298.29		\$316.94						\$309.34	
Jun-18	41,602	\$303.73	\$292.40		\$292.99		\$320.38		\$291.69		\$291.70		\$316.93						\$309.19	
Jul-18	41,355	\$304.79	\$323.36		\$323.23		\$318.15		\$360.20		\$360.18		\$316.91						\$309.24	
Aug-18	41,015	\$279.99	\$277.11		\$277.97		\$316.36		\$275.80		\$275.80		\$316.90						\$309.33	
Sep-18	40,680	\$315.22	\$307.87		\$308.55		\$311.51		\$310.18		\$310.16		\$316.86						\$307.92	
Oct-18	40,442	\$302.98	\$316.53		\$316.74		\$311.98		\$346.24		\$346.22		\$316.86						\$308.54	
Nov-18	40,150	\$324.06	\$345.91		\$346.73		\$310.75		\$328.56		\$328.54		\$316.85						\$308.44	
Dec-18	39,856	\$349.31	\$341.70	\$310.86	\$342.22	\$311.29	\$312.49	\$316.91	\$344.15	\$313.81	\$344.13	\$313.81	\$316.86	\$316.89					\$309.56	
Jan-19	38,937	\$331.92	\$324.25	\$310.43	\$325.30	\$310.93	\$317.35	\$316.75	\$310.96	\$313.31	\$310.95	\$313.30	\$316.89	\$316.89	\$303.52			\$303.52	\$312.20	
Feb-19	38,664	\$316.80	\$321.90	\$311.35	\$322.43	\$311.88	\$319.26	\$316.92	\$322.42	\$314.83	\$322.39	\$314.82	\$316.90	\$316.89	\$344.68			\$344.68	\$313.83	
Mar-19	38,420	\$352.17	\$304.43	\$312.05	\$305.40	\$312.63	\$318.91	\$316.75	\$300.92	\$315.96	\$300.90	\$315.95	\$316.90	\$316.89	\$315.22			\$315.22	\$314.55	
Apr-19	38,193	\$305.29	\$315.83	\$313.32	\$316.30	\$313.91	\$323.31	\$316.99	\$323.00	\$317.62	\$322.97	\$317.60	\$316.94	\$316.90	\$347.07			\$347.07	\$317.35	
May-19	38,038	\$315.04	\$296.20	\$313.88	\$297.36	\$314.54	\$320.90	\$316.72	\$298.91	\$317.82	\$298.89	\$317.81	\$316.93	\$316.89	\$299.69			\$299.69	\$317.38	
Jun-19	37,905	\$337.10	\$298.12	\$314.51	\$299.40	\$315.22	\$320.10	\$316.67	\$297.07	\$318.46	\$297.05	\$318.44	\$316.92	\$316.89	\$303.70			\$303.70	\$317.92	
Jul-19	37,839	\$321.13	\$321.76	\$314.31	\$322.68	\$315.11	\$322.34	\$317.00	\$335.39	\$316.15	\$335.37	\$316.13	\$316.94	\$316.90	\$304.79			\$304.79	\$319.73	
Aug-19	37,674	\$268.74	\$280.75	\$314.87	\$282.60	\$315.75	\$322.17	\$317.47	\$277.72	\$316.59	\$277.71	\$316.57	\$316.95	\$316.90	\$280.01			\$280.01	\$320.58	
Sep-19	37,445	\$300.25	\$313.07	\$315.34	\$314.39	\$316.27	\$315.06	\$317.80	\$312.47	\$316.82	\$312.46	\$316.80	\$316.90	\$316.90	\$315.24			\$315.24	\$317.72	
Oct-19	37,223	\$349.38	\$316.42	\$315.32	\$317.61	\$316.34	\$313.07	\$317.93	\$326.86	\$315.05	\$326.85	\$315.03	\$316.88	\$316.90	\$302.94			\$302.94	\$320.05	
Nov-19	37,015	\$329.04	\$344.17	\$314.97	\$345.67	\$316.05	\$317.87	\$318.56	\$326.59	\$314.80	\$326.58	\$314.78	\$316.92	\$316.91	\$324.04			\$324.04	\$320.05	
Dec-19	36,637	\$298.19	\$347.76	\$315.27	\$348.64	\$316.38	\$319.34	\$319.15	\$346.55	\$314.78	\$346.53	\$314.76	\$316.93	\$316.92	\$349.37	\$315.82	\$349.35	\$315.81	\$321.17	\$317.52
Jan-20	36,637		\$330.10	\$315.70	\$331.67	\$316.83	\$316.52	\$319.09	\$320.37	\$315.57	\$320.35	\$315.55	\$316.91	\$316.92	\$331.83	\$318.18	\$331.82	\$318.17	\$320.44	\$318.22
Feb-20	36,637		\$324.45	\$315.88	\$325.68	\$317.07	\$316.51	\$318.87	\$319.90	\$315.33	\$319.87	\$315.31	\$316.91	\$316.92	\$316.78	\$315.79	\$316.77	\$315.78	\$320.97	\$318.82
Mar-20	36,637		\$320.59	\$317.25	\$321.52	\$318.44	\$316.50	\$318.67	\$323.88	\$317.26	\$323.85	\$317.25	\$316.91	\$316.92	\$352.07	\$318.80	\$352.06	\$318.79	\$321.50	\$319.41
Apr-20	36,637		\$316.88	\$317.34	\$318.17	\$318.60	\$316.48	\$318.10	\$315.02	\$316.59	\$315.00	\$316.57	\$316.91	\$316.92	\$305.31	\$315.28	\$305.30	\$315.27	\$322.02	\$319.80
May-20	36,637		\$304.69	\$318.11	\$306.24	\$319.40	\$316.47	\$317.72	\$306.11	\$317.24	\$306.09	\$317.22	\$316.91	\$316.92	\$314.99	\$316.59	\$314.98	\$316.58	\$322.55	\$320.23
Jun-20	36,637		\$311.82	\$319.29	\$313.08	\$320.58	\$316.46	\$317.41	\$314.96	\$318.77	\$314.94	\$318.75	\$316.91	\$316.92	\$337.01	\$319.37	\$337.00	\$319.36	\$323.08	\$320.66
Jul-20	36,637		\$325.29	\$319.58	\$326.55	\$320.90	\$316.44	\$316.91	\$328.92	\$318.19	\$328.92	\$318.18	\$316.91	\$316.91	\$321.04	\$320.76	\$321.04	\$320.75	\$323.60	\$320.98
Aug-20	36,637		\$280.77	\$319.67	\$283.34	\$321.05	\$316.43	\$316.42	\$273.63	\$317.95	\$273.62	\$317.93	\$316.91	\$316.91	\$268.68	\$319.91	\$268.67	\$319.90	\$324.13	\$321.28
Sep-20	36,637		\$313.21	\$319.70	\$314.99	\$321.11	\$316.41	\$316.54	\$306.95	\$317.50	\$306.93	\$317.48	\$316.91	\$316.91	\$300.22	\$318.67	\$300.22	\$318.67	\$324.66	\$321.82
Oct-20	36,637		\$328.49	\$320.71	\$329.39	\$322.10	\$316.40	\$316.82	\$336.93	\$318.32	\$336.92	\$318.31	\$316.91	\$316.91	\$349.29	\$322.55	\$349.29	\$322.55	\$325.19	\$322.44
Nov-20	36,637		\$343.90	\$320.66	\$345.42	\$322.06	\$316.39	\$316.70	\$327.65	\$318.41	\$327.63	\$318.39	\$316.91	\$316.91	\$328.99	\$322.97	\$328.98	\$322.96	\$325.71	\$322.92
Dec-20	36,637		\$338.53	\$319.89	\$340.06	\$321.34	\$316.37	\$316.45	\$324.84	\$316.60	\$324.84	\$316.58	\$316.91	\$316.91	\$298.25	\$318.71	\$298.25	\$318.70	\$326.24	\$323.34
Jan-21	36,637		\$333.63	\$320.19	\$335.52	\$321.66	\$316.36	\$316.44	\$320.37	\$316.60	\$320.35	\$316.58	\$316.91	\$316.91	\$331.83	\$318.71	\$331.82	\$318.70	\$326.77	\$323.87
Feb-21	36,637		\$327.91	\$320.48	\$329.54	\$321.99	\$316.35	\$316.42	\$319.90	\$316.60	\$319.87	\$316.58	\$316.91							

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Individual Market - Professional Services excluding Independent Labs							Individual Market - Monthly Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days			Individual Market - Rolling 12 Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days	
		BlueCard	Community - Independents	Community - Hospital Owned	CVMC and Porter	UVMHC	DHMC	Total	Total Normalized Factor	Total Adjusted Services	Total Adjusted Services per 1,000 Members	Total Adjusted Services per 1,000 Members	Trend
Jan-16	26,634							32,179	1.084	34,881	1,310		
Feb-16	26,908							31,412	1.085	34,093	1,267		
Mar-16	27,492							36,134	0.948	34,243	1,246		
Apr-16	27,554							32,023	1.038	33,255	1,207		
May-16	27,625							33,218	1.039	34,520	1,250		
Jun-16	27,840							33,811	0.990	33,467	1,202		
Jul-16	28,100							29,858	1.089	32,515	1,157		
Aug-16	28,322							34,476	0.948	32,669	1,153		
Sep-16	28,548							34,768	1.039	36,136	1,266		
Oct-16	28,686							37,675	1.039	39,143	1,365		
Nov-16	28,720							37,384	1.090	40,733	1,418		
Dec-16	28,633							35,350	1.035	36,605	1,278	1,260	
Jan-17	28,181							35,722	1.034	36,943	1,311	1,261	
Feb-17	28,546							31,981	1.089	34,834	1,220	1,257	
Mar-17	28,336							36,403	0.949	34,538	1,219	1,254	
Apr-17	28,008							32,306	1.090	35,217	1,257	1,259	
May-17	27,695							36,504	0.990	36,125	1,304	1,263	
Jun-17	27,384							34,215	0.988	33,808	1,235	1,266	
Jul-17	27,181							29,718	1.143	33,967	1,250	1,273	
Aug-17	26,871							33,418	0.944	31,545	1,174	1,276	
Sep-17	26,553							32,128	1.084	34,839	1,312	1,279	
Oct-17	26,251							38,010	0.984	37,414	1,425	1,283	
Nov-17	25,911							35,727	1.081	38,635	1,491	1,288	
Dec-17	25,359							31,777	1.079	34,294	1,352	1,294	2.7%
Jan-18	24,001							32,196	0.983	31,645	1,318	1,294	2.7%
Feb-18	23,511							28,634	1.080	30,917	1,315	1,302	3.6%
Mar-18	23,126							30,292	0.979	29,662	1,283	1,309	4.3%
Apr-18	22,798							28,674	1.024	29,368	1,288	1,312	4.2%
May-18	22,511							30,740	0.976	30,002	1,333	1,314	4.0%
Jun-18	22,306							28,280	1.021	28,882	1,295	1,320	4.3%
Jul-18	22,046							26,912	1.020	27,459	1,246	1,321	3.7%
Aug-18	21,709							28,671	0.931	26,689	1,229	1,328	4.1%
Sep-18	21,412							26,342	1.123	29,586	1,382	1,333	4.2%
Oct-18	21,166							33,788	0.926	31,285	1,478	1,336	4.1%
Nov-18	20,866							29,431	1.064	31,304	1,500	1,333	3.5%
Dec-18	20,602							26,897	1.120	30,124	1,462	1,342	3.7%
Jan-19	19,734							28,086	0.959	26,924	1,364	1,345	4.0%
Feb-19	19,531							24,515	1.054	25,848	1,323	1,346	3.4%
Mar-19	19,330							26,393	1.004	26,497	1,371	1,354	3.5%
Apr-19	19,169							26,325	0.957	25,204	1,315	1,357	3.5%
May-19	19,035							27,099	0.958	25,968	1,364	1,360	3.5%
Jun-19	18,920							24,149	1.054	25,446	1,345	1,365	3.4%
Jul-19	18,831							24,831	1.006	24,972	1,326	1,373	3.9%
Aug-19	18,705							24,113	0.960	23,153	1,238	1,375	3.6%
Sep-19	18,522							24,135	1.007	24,299	1,312	1,369	2.7%
Oct-19	18,287							29,141	0.961	28,019	1,532	1,372	2.8%
Nov-19	18,096							23,652	1.111	26,266	1,451	1,367	2.5%
Dec-19	17,787							24,062	1.004	24,158	1,358	1,358	1.2%
CY 2016	335,062							408,288		422,259	1,260		
CY 2017	326,276							407,909		422,158	1,294		
CY 2018	266,054							350,855		356,923	1,342		
CY 2019	225,947							306,500		306,755	1,358		

CY2017 / CY 2016 Annual Increase
CY2018 / CY 2017 Annual Increase
CY2019 / CY 2018 Annual Increase

2.7%
3.7%
1.2%

Selected Trends		
Projected CY 2020	1,370	0.9%
Projected CY 2021	1,419	3.6%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Individual Market - BlueCard							Individual Market - Community - Independents						
	Services	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend	Services	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend
Jan-16														
Feb-16														
Mar-16														
Apr-16														
May-16														
Jun-16														
Jul-16														
Aug-16														
Sep-16														
Oct-16														
Nov-16														
Dec-16														
Jan-17														
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Jan-18														
Feb-18														
Mar-18														
Apr-18														
May-18														
Jun-18														
Jul-18														
Aug-18														
Sep-18														
Oct-18														
Nov-18														
Dec-18														
Jan-19														
Feb-19														
Mar-19														
Apr-19														
May-19														
Jun-19														
Jul-19														
Aug-19														
Sep-19														
Oct-19														
Nov-19														
Dec-19														
CY 2016														
CY 2017														
CY 2018														
CY 2019														

Selected Trends	
Projected CY 2020	
Projected CY 2021	

Selected Trends	
Projected CY 2020	
Projected CY 2021	

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Individual Market	Individual Market - Monthly Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days			Individual Market - Rolling 12 Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days		Individual Market - Individual Lab Cost per Service - Normalized					
		Independent Lab Services	Total Normalized Factor	Total Adjusted Services	Total Adjusted Services per 1,000 Members	Total Adjusted Services per 1,000 Members	Trend	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend
Jan-16	26,634		1.084										
Feb-16	26,908		1.085										
Mar-16	27,492		0.948										
Apr-16	27,554		1.038										
May-16	27,625		1.039										
Jun-16	27,840		0.990										
Jul-16	28,100		1.089										
Aug-16	28,322		0.948										
Sep-16	28,548		1.039										
Oct-16	28,686		1.039										
Nov-16	28,720		1.090										
Dec-16	28,633		1.035										
Jan-17	28,181		1.034										
Feb-17	28,546		1.089										
Mar-17	28,336		0.949										
Apr-17	28,008		1.090										
May-17	27,695		0.990										
Jun-17	27,384		0.988										
Jul-17	27,181		1.143										
Aug-17	26,871		0.944										
Sep-17	26,553		1.084										
Oct-17	26,251		0.984										
Nov-17	25,911		1.081										
Dec-17	25,359		1.079										
Jan-18	24,001		0.983										
Feb-18	23,511		1.080										
Mar-18	23,126		0.979										
Apr-18	22,798		1.024										
May-18	22,511		0.976										
Jun-18	22,306		1.021										
Jul-18	22,046		1.020										
Aug-18	21,709		0.931										
Sep-18	21,412		1.123										
Oct-18	21,166		0.926										
Nov-18	20,866		1.064										
Dec-18	20,602		1.120										
Jan-19	19,734		0.959										
Feb-19	19,531		1.054										
Mar-19	19,330		1.004										
Apr-19	19,169		0.957										
May-19	19,035		0.958										
Jun-19	18,920		1.054										
Jul-19	18,831		1.006										
Aug-19	18,705		0.960										
Sep-19	18,522		1.007										
Oct-19	18,287		0.961										
Nov-19	18,096		1.111										
Dec-19	17,787		1.004										
CY 2016	335,062												
CY 2017	326,276												
CY 2018	266,054												
CY 2019	225,947												

Selected Trends	
Projected CY 2020	
Projected CY 2021	0.0%

Selected Trends	
Projected CY 2020	
Projected CY 2021	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Small Group Market - Professional Services excluding Independent Labs							Small Group Market - Monthly Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days			Small Group Market - Rolling 12 Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days	
		BlueCard	Community - Independents	Community - Hospital Owned	CMVC and Porter	UVMHC	DHMC	Total	Total Normalized Factor	Total Adjusted Services	Total Adjusted Services per 1,000 Members	Total Adjusted Services per 1,000 Members	Trend
Jan-16	20,304							21,455	1.097	23,529	1,159		
Feb-16	20,329							21,075	1.096	23,108	1,137		
Mar-16	20,344							24,687	0.952	23,501	1,155		
Apr-16	20,316							21,453	1.042	22,346	1,100		
May-16	20,314							22,114	1.040	22,990	1,132		
Jun-16	20,320							22,678	0.992	22,487	1,107		
Jul-16	20,331							19,717	1.089	21,466	1,056		
Aug-16	20,314							22,043	0.946	20,859	1,027		
Sep-16	20,280							23,150	1.034	23,941	1,181		
Oct-16	20,289							23,804	1.032	24,569	1,211		
Nov-16	20,274							24,680	1.083	26,723	1,318		
Dec-16	20,232							23,715	1.027	24,354	1,204	1,149	
Jan-17	20,509							24,293	1.034	25,126	1,225	1,154	
Feb-17	20,464							21,081	1.084	22,859	1,117	1,153	
Mar-17	20,419							24,022	0.942	22,640	1,109	1,149	
Apr-17	20,458							20,662	1.084	22,403	1,095	1,148	
May-17	20,460							23,793	0.983	23,393	1,143	1,149	
Jun-17	20,435							22,914	0.981	22,468	1,099	1,149	
Jul-17	20,437							21,177	1.133	24,000	1,174	1,158	
Aug-17	20,437							22,929	0.935	21,447	1,049	1,160	
Sep-17	20,455							22,047	1.075	23,708	1,159	1,159	
Oct-17	20,353							25,937	0.976	25,311	1,244	1,161	
Nov-17	20,301							24,727	1.073	26,527	1,307	1,160	
Dec-17	20,240							21,950	1.071	23,507	1,161	1,157	0.7%
Jan-18	19,380							24,237	0.976	23,654	1,221	1,156	0.2%
Feb-18	19,363							22,142	1.071	23,723	1,225	1,165	1.1%
Mar-18	19,322							23,004	0.972	22,368	1,158	1,169	1.8%
Apr-18	19,323							22,246	1.015	22,584	1,169	1,175	2.4%
May-18	19,328							23,482	0.967	22,718	1,175	1,178	2.5%
Jun-18	19,296							21,635	1.013	21,921	1,136	1,181	2.9%
Jul-18	19,309							21,689	1.013	21,972	1,138	1,179	1.7%
Aug-18	19,306							22,494	0.922	20,741	1,074	1,181	1.8%
Sep-18	19,268							21,220	1.115	23,663	1,228	1,187	2.5%
Oct-18	19,276							27,281	0.922	25,144	1,304	1,192	2.6%
Nov-18	19,284							23,319	1.060	24,712	1,281	1,189	2.5%
Dec-18	19,254							22,080	1.113	24,585	1,277	1,199	3.6%
Jan-19	19,203							24,574	0.966	23,731	1,236	1,200	3.8%
Feb-19	19,133							21,863	1.063	23,244	1,215	1,199	2.9%
Mar-19	19,090							23,458	1.011	23,721	1,243	1,206	3.2%
Apr-19	19,024							23,491	0.965	22,665	1,191	1,208	2.8%
May-19	19,003							23,260	0.964	22,412	1,179	1,209	2.6%
Jun-19	18,985							21,427	1.058	22,669	1,194	1,213	2.7%
Jul-19	19,008							21,746	1.007	21,904	1,152	1,215	3.1%
Aug-19	18,969							21,384	0.963	20,587	1,085	1,216	2.9%
Sep-19	18,923							21,483	1.007	21,636	1,143	1,209	1.8%
Oct-19	18,936							26,370	0.960	25,315	1,337	1,211	1.6%
Nov-19	18,919							21,626	1.111	24,021	1,270	1,210	1.8%
Dec-19	18,850							22,523	1.004	22,613	1,200	1,204	0.4%
CY 2016	243,647							270,571		279,874	1,149		
CY 2017	244,968							275,532		283,388	1,157		
CY 2018	231,709							274,831		277,785	1,199		
CY 2019	228,043							273,205		274,518	1,204		

CY2017 / CY 2016 Annual Increase
CY2018 / CY 2017 Annual Increase
CY2019 / CY 2018 Annual Increase

0.7%
3.6%
0.4%

Selected Trends		
Projected CY 2020	1,213	0.8%
Projected CY 2021	1,249	2.9%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Small Group Market - BlueCard							Small Group Market - Community - Independents						
	Services	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend	Services	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend
Jan-16	█	█	█	█	█			█	█	█	█	█		
Feb-16	█	█	█	█	█			█	█	█	█	█		
Mar-16	█	█	█	█	█			█	█	█	█	█		
Apr-16	█	█	█	█	█			█	█	█	█	█		
May-16	█	█	█	█	█			█	█	█	█	█		
Jun-16	█	█	█	█	█			█	█	█	█	█		
Jul-16	█	█	█	█	█			█	█	█	█	█		
Aug-16	█	█	█	█	█			█	█	█	█	█		
Sep-16	█	█	█	█	█			█	█	█	█	█		
Oct-16	█	█	█	█	█			█	█	█	█	█		
Nov-16	█	█	█	█	█			█	█	█	█	█		
Dec-16	█	█	█	█	█	█		█	█	█	█	█	█	
Jan-17	█	█	█	█	█	█		█	█	█	█	█	█	
Feb-17	█	█	█	█	█	█		█	█	█	█	█	█	
Mar-17	█	█	█	█	█	█		█	█	█	█	█	█	
Apr-17	█	█	█	█	█	█		█	█	█	█	█	█	
May-17	█	█	█	█	█	█		█	█	█	█	█	█	
Jun-17	█	█	█	█	█	█		█	█	█	█	█	█	
Jul-17	█	█	█	█	█	█		█	█	█	█	█	█	
Aug-17	█	█	█	█	█	█		█	█	█	█	█	█	
Sep-17	█	█	█	█	█	█		█	█	█	█	█	█	
Oct-17	█	█	█	█	█	█		█	█	█	█	█	█	
Nov-17	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Dec-17	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jan-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Feb-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Mar-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Apr-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
May-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jun-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jul-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Aug-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Sep-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Oct-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Nov-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Dec-18	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jan-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Feb-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Mar-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Apr-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
May-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jun-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Jul-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Aug-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Sep-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Oct-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Nov-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Dec-19	█	█	█	█	█	█	█	█	█	█	█	█	█	█
CY 2016	█	█		█	█			█	█		█	█		
CY 2017	█	█		█	█			█	█		█	█		
CY 2018	█	█		█	█			█	█		█	█		
CY 2019	█	█		█	█			█	█		█	█		

Selected Trends	
Projected CY 2020	█
Projected CY 2021	█

Selected Trends	
Projected CY 2020	█
Projected CY 2021	█

[illegible]

	Selected Trends	
Projected CY 2020	████	████
Projected CY 2021	████	████

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

		Small Group Market	Small Group - Monthly Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days			Small Group - Rolling 12 Adjusted Services - Normalized for Benefits, Aging, FWA and Working Days		Small Group - Individual Lab Cost per Service - Normalized					
Month	Membership	Independent Lab Services	Total Normalized Factor	Total Adjusted Services	Total Adjusted Services per 1,000 Members	Total Adjusted Services per 1,000 Members	Trend	Allowed Charges	Cost Trend Normalization	Normalized Allowed Charges	Monthly Normalized Cost per Service	Rolling 12 Normalized Cost per Service	Annual Trend
Jan-16	20,304	█	█	█	█			█	█	█	█		
Feb-16	20,329	█	█	█	█			█	█	█	█		
Mar-16	20,344	█	█	█	█			█	█	█	█		
Apr-16	20,316	█	█	█	█			█	█	█	█		
May-16	20,314	█	█	█	█			█	█	█	█		
Jun-16	20,320	█	█	█	█			█	█	█	█		
Jul-16	20,331	█	█	█	█			█	█	█	█		
Aug-16	20,314	█	█	█	█			█	█	█	█		
Sep-16	20,280	█	█	█	█			█	█	█	█		
Oct-16	20,289	█	█	█	█			█	█	█	█		
Nov-16	20,274	█	█	█	█			█	█	█	█		
Dec-16	20,232	█	█	█	█	█		█	█	█	█	█	
Jan-17	20,509	█	█	█	█	█		█	█	█	█	█	
Feb-17	20,464	█	█	█	█	█		█	█	█	█	█	
Mar-17	20,419	█	█	█	█	█		█	█	█	█	█	
Apr-17	20,458	█	█	█	█	█		█	█	█	█	█	
May-17	20,460	█	█	█	█	█		█	█	█	█	█	
Jun-17	20,435	█	█	█	█	█		█	█	█	█	█	
Jul-17	20,437	█	█	█	█	█		█	█	█	█	█	
Aug-17	20,437	█	█	█	█	█		█	█	█	█	█	
Sep-17	20,455	█	█	█	█	█		█	█	█	█	█	
Oct-17	20,353	█	█	█	█	█		█	█	█	█	█	
Nov-17	20,301	█	█	█	█	█		█	█	█	█	█	
Dec-17	20,240	█	█	█	█	█	█	█	█	█	█	█	█
Jan-18	19,380	█	█	█	█	█		█	█	█	█	█	
Feb-18	19,363	█	█	█	█	█		█	█	█	█	█	
Mar-18	19,322	█	█	█	█	█		█	█	█	█	█	
Apr-18	19,323	█	█	█	█	█		█	█	█	█	█	
May-18	19,328	█	█	█	█	█		█	█	█	█	█	
Jun-18	19,296	█	█	█	█	█		█	█	█	█	█	
Jul-18	19,309	█	█	█	█	█		█	█	█	█	█	
Aug-18	19,306	█	█	█	█	█		█	█	█	█	█	
Sep-18	19,268	█	█	█	█	█		█	█	█	█	█	
Oct-18	19,276	█	█	█	█	█		█	█	█	█	█	
Nov-18	19,284	█	█	█	█	█		█	█	█	█	█	
Dec-18	19,254	█	█	█	█	█		█	█	█	█	█	
Jan-19	19,203	█	█	█	█	█		█	█	█	█	█	
Feb-19	19,133	█	█	█	█	█		█	█	█	█	█	
Mar-19	19,090	█	█	█	█	█		█	█	█	█	█	
Apr-19	19,024	█	█	█	█	█		█	█	█	█	█	
May-19	19,003	█	█	█	█	█		█	█	█	█	█	
Jun-19	18,985	█	█	█	█	█		█	█	█	█	█	
Jul-19	19,008	█	█	█	█	█		█	█	█	█	█	
Aug-19	18,969	█	█	█	█	█		█	█	█	█	█	
Sep-19	18,923	█	█	█	█	█		█	█	█	█	█	
Oct-19	18,936	█	█	█	█	█		█	█	█	█	█	
Nov-19	18,919	█	█	█	█	█		█	█	█	█	█	
Dec-19	18,850	█	█	█	█	█		█	█	█	█	█	
CY 2016	243,647	█		█	█			█		█	█		
CY 2017	244,968	█		█	█			█		█	█		
CY 2018	231,709	█		█	█			█		█	█		
CY 2019	228,043	█		█	█			█		█	█		

Selected Trends	
Projected CY 2020	
Projected CY 2021	0.0%

Selected Trends	
Projected CY 2020	
Projected CY 2021	

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Summary of Medical Utilization Trend for Professional Services

		From 2019 to 2020					From 2020 to 2021				
Individual Market	2019	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2020	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2021
BlueCard	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Community - Independents	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Community - Hospital Owned	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
CMVC and Porter	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
UVMHC	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
DHMC	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	3.6%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Independent Labs	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.0%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Total Individual Market	\$158.09	0.7%	1.4%		2.2%	\$161.56	2.3%	3.6%		6.0%	\$171.32

		From 2019 to 2020					From 2020 to 2021				
Small Group Market	2019	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2020	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2021
BlueCard	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Community - Independents	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Community - Hospital Owned	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
CMVC and Porter	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
UVMHC	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
DHMC	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.8%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	2.9%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Independent Labs	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	0.0%	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Total Small Group Market	\$138.35	0.7%	0.9%		1.6%	\$140.58	2.3%	3.2%		5.7%	\$148.52

		From 2019 to 2020					From 2020 to 2021				
Combined Risk Pool	2019	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2020	Cost per Service Trend	Number of Services Trend	Mix of Services Trend	Total Annual Trend	2021
Individual	\$158.09	0.7%	1.4%		2.2%	\$161.56	2.3%	3.6%		6.0%	\$171.32
Small Group	\$138.35	0.7%	0.9%		1.6%	\$140.58	2.3%	3.2%		5.7%	\$148.52
Total	\$147.23	0.7%	1.1%		1.9%	\$150.01	2.3%	3.4%		5.8%	\$158.77

Individual Inforce	17,627	Annual 2.3%	
Small Group Inforce	21,568		
Total Inforce	39,195		

Summary of Total Medical Trend for Pharmaceuticals

Experience Trend	From 2017 to 2018					From 2018 to 2019			
	2017	Cost per Service Trend	Number of Services Trend	Total Annual Trend	2018	Cost per Service Trend	Number of Services Trend	Total Annual Trend	2019
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Total Pharmaceuticals	\$42.94			31.4%	\$56.42			13.6%	\$64.08

Projected Trend	From 2019 to 2020					From 2020 to 2021			
	2019	Cost per Service Trend	Number of Services Trend	Total Annual Trend	2020	Cost per Service Trend	Number of Services Trend	Total Annual Trend	2021
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Total Pharmaceuticals	\$64.08			17.4%	\$75.22			18.6%	\$89.18

Total Trend	18.0%
Cost	4.5%
Utilization and Intensity	12.9%
Pipeline	5.0%
Selected Utilization Trend	18.5%

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Month	Membership	Individual Market			Individual Market - Adjustments for Benefits, Aging and Working Days							Individual Market - Adjusted		
		Total Non-Specialty Days Supply	Monthly Days Supply per Member	Rolling Days Supply per Member	Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	Working Days	Normalized Working Days	Total Normalized Factor	Monthly Days Supply per Member	Rolling Days Supply per Member
Jan-16	26,634	796,437	29.90		81.1%	1.087	1.027	1.388	1.027	20	0.949	1.112	33.24	
Feb-16	26,908	806,533	29.97		81.1%	1.087	1.027	1.386	1.028	20	0.949	1.113	33.37	
Mar-16	27,492	898,596	32.69		81.1%	1.086	1.027	1.380	1.033	23	1.091	0.973	31.79	
Apr-16	27,554	818,722	29.71		80.9%	1.086	1.028	1.379	1.033	21	0.996	1.067	31.70	
May-16	27,625	870,733	31.52		80.9%	1.085	1.028	1.378	1.034	21	0.996	1.068	33.66	
Jun-16	27,840	879,836	31.60		80.9%	1.086	1.028	1.381	1.032	22	1.043	1.017	32.13	
Jul-16	28,100	861,136	30.65		80.9%	1.086	1.028	1.380	1.032	20	0.949	1.119	34.29	
Aug-16	28,322	920,622	32.51		81.0%	1.086	1.028	1.379	1.033	23	1.091	0.973	31.63	
Sep-16	28,548	907,523	31.79		81.0%	1.086	1.028	1.378	1.034	21	0.996	1.067	33.91	
Oct-16	28,686	948,525	33.07		81.0%	1.086	1.028	1.379	1.034	21	0.996	1.067	35.26	
Nov-16	28,720	937,958	32.66		80.9%	1.086	1.028	1.380	1.033	20	0.949	1.119	36.55	
Dec-16	28,633	1,017,934	35.55	31.83	81.0%	1.086	1.028	1.383	1.031	21	0.996	1.063	37.81	33.80
Jan-17	28,181	909,132	32.26	32.02	80.7%	1.084	1.030	1.387	1.027	21	0.996	1.062	34.26	33.89
Feb-17	28,546	852,112	29.85	32.00	80.8%	1.085	1.029	1.383	1.030	20	0.949	1.117	33.35	33.88
Mar-17	28,336	965,627	34.08	32.11	80.9%	1.085	1.028	1.382	1.031	23	1.091	0.972	33.12	33.99
Apr-17	28,008	875,221	31.25	32.24	81.2%	1.087	1.027	1.383	1.030	20	0.949	1.115	34.84	34.24
May-17	27,695	964,675	34.83	32.51	81.4%	1.089	1.025	1.385	1.028	22	1.043	1.011	35.20	34.37
Jun-17	27,384	925,180	33.79	32.69	81.6%	1.090	1.024	1.388	1.027	22	1.043	1.008	34.06	34.53
Jul-17	27,181	886,181	32.60	32.85	81.8%	1.091	1.023	1.388	1.026	19	0.901	1.165	37.98	34.83
Aug-17	26,871	932,841	34.72	33.03	82.0%	1.092	1.022	1.389	1.025	23	1.091	0.960	33.34	34.98
Sep-17	26,553	866,836	32.65	33.10	82.2%	1.094	1.020	1.391	1.024	20	0.949	1.102	35.96	35.15
Oct-17	26,251	942,342	35.90	33.33	82.6%	1.096	1.018	1.392	1.023	22	1.043	0.999	35.85	35.19
Nov-17	25,911	903,034	34.85	33.50	82.9%	1.098	1.016	1.394	1.022	20	0.949	1.095	38.16	35.31
Dec-17	25,359	933,802	36.82	33.58	83.1%	1.100	1.015	1.397	1.020	20	0.949	1.092	40.20	35.47
Jan-18	24,001	807,088	33.63	33.70	83.5%	1.102	1.012	1.399	1.019	22	1.043	0.988	33.23	35.41
Feb-18	23,511	727,046	30.92	33.84	83.7%	1.104	1.011	1.401	1.017	20	0.949	1.084	33.52	35.45
Mar-18	23,126	800,796	34.63	33.88	84.1%	1.106	1.009	1.404	1.015	22	1.043	0.981	33.99	35.55
Apr-18	22,798	777,802	34.12	34.14	84.3%	1.108	1.008	1.407	1.013	21	0.996	1.025	34.96	35.58
May-18	22,511	822,139	36.52	34.25	84.5%	1.109	1.006	1.409	1.011	22	1.043	0.975	35.62	35.61
Jun-18	22,306	775,597	34.77	34.33	84.9%	1.112	1.004	1.411	1.009	21	0.996	1.018	35.39	35.74
Jul-18	22,046	765,202	34.71	34.52	84.9%	1.112	1.004	1.414	1.008	21	0.996	1.015	35.24	35.49
Aug-18	21,709	809,476	37.29	34.71	85.1%	1.113	1.003	1.415	1.007	23	1.091	0.925	34.51	35.62
Sep-18	21,412	721,686	33.70	34.83	85.2%	1.114	1.002	1.419	1.004	19	0.901	1.117	37.63	35.74
Oct-18	21,166	801,098	37.85	34.96	85.2%	1.114	1.002	1.423	1.001	23	1.091	0.920	34.83	35.66
Nov-18	20,866	769,059	36.86	35.12	85.1%	1.113	1.003	1.424	1.000	20	0.949	1.057	38.97	35.68
Dec-18	20,602	718,824	34.89	34.94	85.1%	1.113	1.003	1.424	1.001	19	0.901	1.114	38.86	35.49
Jan-19	19,734	688,993	34.91	35.06	85.0%	1.113	1.003	1.424	1.000	22	1.043	0.962	33.58	35.55
Feb-19	19,531	623,768	31.94	35.20	85.1%	1.113	1.003	1.424	1.001	20	0.949	1.058	33.77	35.60
Mar-19	19,330	690,348	35.71	35.29	85.2%	1.114	1.002	1.424	1.000	21	0.996	1.006	35.94	35.78
Apr-19	19,169	677,305	35.33	35.40	85.2%	1.114	1.002	1.425	1.000	22	1.043	0.960	33.93	35.71
May-19	19,035	698,765	36.71	35.40	85.2%	1.114	1.002	1.423	1.001	22	1.043	0.961	35.28	35.69
Jun-19	18,920	652,014	34.46	35.38	85.2%	1.114	1.002	1.424	1.001	20	0.949	1.058	36.44	35.77
Jul-19	18,831	679,451	36.08	35.50	85.2%	1.114	1.002	1.422	1.002	21	0.996	1.008	36.38	35.87
Aug-19	18,705	677,398	36.21	35.39	85.2%	1.114	1.002	1.422	1.002	22	1.043	0.962	34.85	35.91
Sep-19	18,522	640,035	34.56	35.48	85.2%	1.114	1.002	1.422	1.002	21	0.996	1.008	34.84	35.67
Oct-19	18,287	698,478	38.20	35.48	85.3%	1.115	1.001	1.421	1.003	22	1.043	0.962	36.74	35.83
Nov-19	18,096	630,620	34.85	35.30	85.4%	1.116	1.001	1.424	1.000	19	0.901	1.111	38.71	35.77
Dec-19	17,787	702,936	39.52	35.67	85.5%	1.116	1.000	1.425	1.000	21	0.996	1.004	39.68	35.80

CY2018 / CY 2017 Annual Increase

4.0%

0.1%

CY2019 / CY 2018 Annual Increase

2.1%

0.9%

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

		Small Group Market			Small Group Market - Adjustments for Benefits, Aging and Working Days								Small Group Market - Adjusted	
Month	Membership	Total Non-Specialty Days Supply	Monthly Days Supply per Member	Rolling Days Supply per Member	Paid to Allowed Ratio	Induced Utilization	Normalized Induced Utilization	Average Age/Gender Factor	Normalized Age/Gender Factor	Working Days	Normalized Working Days	Total Normalized Factor	Monthly Days Supply per Member	Rolling Days Supply per Member
Jan-16	20,304	564,446	27.80		83.8%	1.104	1.030	1.187	1.037	20	0.949	1.127	31.32	
Feb-16	20,329	566,239	27.85		83.6%	1.103	1.031	1.188	1.037	20	0.949	1.127	31.39	
Mar-16	20,344	619,680	30.46		83.5%	1.102	1.032	1.190	1.034	23	1.091	0.978	29.80	
Apr-16	20,316	577,168	28.41		83.2%	1.100	1.034	1.192	1.033	21	0.996	1.072	30.47	
May-16	20,314	590,226	29.06		83.3%	1.101	1.033	1.194	1.031	21	0.996	1.069	31.07	
Jun-16	20,320	591,465	29.11		83.5%	1.102	1.032	1.196	1.029	22	1.043	1.018	29.64	
Jul-16	20,331	581,030	28.58		83.6%	1.103	1.031	1.198	1.027	20	0.949	1.117	31.93	
Aug-16	20,314	610,640	30.06		83.6%	1.103	1.031	1.199	1.027	23	1.091	0.971	29.19	
Sep-16	20,280	598,835	29.53		83.7%	1.104	1.030	1.201	1.025	21	0.996	1.061	31.32	
Oct-16	20,289	611,085	30.12		84.0%	1.105	1.029	1.203	1.023	21	0.996	1.057	31.84	
Nov-16	20,274	605,453	29.86		84.2%	1.107	1.028	1.203	1.024	20	0.949	1.109	33.12	
Dec-16	20,232	647,324	32.00	29.40	84.2%	1.107	1.028	1.206	1.021	21	0.996	1.053	33.70	31.23
Jan-17	20,509	614,200	29.95	29.58	84.0%	1.106	1.029	1.200	1.026	21	0.996	1.060	31.74	31.27
Feb-17	20,464	555,171	27.13	29.52	84.1%	1.106	1.028	1.202	1.025	20	0.949	1.111	30.13	31.16
Mar-17	20,419	631,055	30.91	29.56	84.1%	1.106	1.028	1.203	1.023	23	1.091	0.964	29.81	31.16
Apr-17	20,458	573,260	28.02	29.52	84.4%	1.108	1.027	1.203	1.024	20	0.949	1.108	31.04	31.21
May-17	20,460	637,854	31.18	29.70	84.6%	1.110	1.025	1.205	1.021	22	1.043	1.003	31.28	31.23
Jun-17	20,435	605,669	29.64	29.74	84.7%	1.111	1.024	1.208	1.019	22	1.043	1.001	29.66	31.23
Jul-17	20,437	596,727	29.20	29.80	85.1%	1.113	1.022	1.208	1.019	19	0.901	1.155	33.73	31.38
Aug-17	20,437	638,420	31.24	29.89	85.4%	1.115	1.020	1.209	1.018	23	1.091	0.952	29.74	31.42
Sep-17	20,455	588,926	28.79	29.83	85.7%	1.118	1.018	1.210	1.018	20	0.949	1.092	31.43	31.43
Oct-17	20,353	632,420	31.07	29.91	86.0%	1.120	1.016	1.211	1.017	22	1.043	0.990	30.76	31.34
Nov-17	20,301	632,056	31.13	30.02	86.2%	1.121	1.015	1.212	1.016	20	0.949	1.087	33.83	31.40
Dec-17	20,240	631,839	31.22	29.95	86.4%	1.123	1.013	1.214	1.014	20	0.949	1.083	33.82	31.41
Jan-18	19,380	591,592	30.53	30.00	86.8%	1.125	1.011	1.210	1.018	22	1.043	0.986	30.09	31.28
Feb-18	19,363	550,974	28.45	30.12	87.0%	1.127	1.009	1.211	1.017	20	0.949	1.082	30.78	31.33
Mar-18	19,322	598,221	30.96	30.12	87.3%	1.129	1.007	1.213	1.015	22	1.043	0.979	30.32	31.38
Apr-18	19,323	578,778	29.95	30.28	87.6%	1.131	1.005	1.216	1.012	21	0.996	1.022	30.61	31.35
May-18	19,328	619,569	32.06	30.35	87.7%	1.132	1.005	1.217	1.011	22	1.043	0.974	31.22	31.34
Jun-18	19,296	580,082	30.06	30.39	87.9%	1.134	1.003	1.218	1.011	21	0.996	1.018	30.60	31.43
Jul-18	19,309	591,418	30.63	30.51	87.9%	1.133	1.004	1.219	1.010	21	0.996	1.018	31.17	31.21
Aug-18	19,306	622,861	32.26	30.59	87.8%	1.133	1.004	1.222	1.008	23	1.091	0.927	29.92	31.23
Sep-18	19,268	556,407	28.88	30.61	87.7%	1.132	1.005	1.223	1.006	19	0.901	1.122	32.40	31.31
Oct-18	19,276	636,308	33.01	30.76	87.7%	1.132	1.005	1.223	1.006	23	1.091	0.927	30.60	31.30
Nov-18	19,284	605,344	31.39	30.78	87.7%	1.132	1.005	1.224	1.006	20	0.949	1.065	33.44	31.26
Dec-18	19,254	563,546	29.27	30.62	87.7%	1.132	1.005	1.227	1.003	19	0.901	1.119	32.74	31.16
Jan-19	19,203	591,480	30.80	30.64	87.5%	1.130	1.006	1.219	1.010	22	1.043	0.974	30.00	31.15
Feb-19	19,133	550,112	28.75	30.67	87.3%	1.129	1.007	1.220	1.009	20	0.949	1.071	30.80	31.15
Mar-19	19,090	602,115	31.54	30.72	87.2%	1.129	1.008	1.221	1.009	21	0.996	1.021	32.19	31.31
Apr-19	19,024	599,326	31.50	30.85	87.3%	1.129	1.008	1.223	1.007	22	1.043	0.972	30.63	31.31
May-19	19,003	606,236	31.90	30.83	87.3%	1.129	1.007	1.225	1.005	22	1.043	0.970	30.95	31.29
Jun-19	18,985	577,486	30.42	30.86	87.2%	1.129	1.008	1.226	1.004	20	0.949	1.067	32.45	31.44
Jul-19	19,008	612,470	32.22	30.99	87.4%	1.130	1.006	1.227	1.003	21	0.996	1.014	32.67	31.57
Aug-19	18,969	603,134	31.80	30.95	87.5%	1.130	1.006	1.227	1.003	22	1.043	0.968	30.77	31.64
Sep-19	18,923	589,372	31.15	31.14	87.7%	1.132	1.004	1.228	1.003	21	0.996	1.011	31.49	31.56
Oct-19	18,936	642,235	33.92	31.22	88.1%	1.135	1.002	1.229	1.002	22	1.043	0.962	32.62	31.73
Nov-19	18,919	585,853	30.97	31.18	88.2%	1.136	1.001	1.230	1.001	19	0.901	1.112	34.43	31.81
Dec-19	18,850	660,494	35.04	31.66	88.4%	1.137	1.000	1.231	1.000	21	0.996	1.004	35.18	32.01

CY2018 / CY 2017 Annual Increase 2.2%
CY2019 / CY 2018 Annual Increase 3.4%

-0.8%
2.7%

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Weighted Based on Inforce Membership							Regression on Adjusted Days Supply		
Month	Individual Weight	Individual Days Supply per Member	Small Group Weight	Small Group Days Supply per Member	Total Membership	Total Weighted Days Supply	Month	36 Months on Monthly	24 months on Monthly
Jan-16	45.0%	33.24	55.0%	31.32	46,938	32.18	Jan-16	31.77	29.36
Feb-16	45.0%	33.37	55.0%	31.39	47,237	32.28	Feb-16	31.82	29.47
Mar-16	45.0%	31.79	55.0%	29.80	47,836	30.70	Mar-16	31.87	29.57
Apr-16	45.0%	31.70	55.0%	30.47	47,870	31.02	Apr-16	31.92	29.68
May-16	45.0%	33.66	55.0%	31.07	47,939	32.23	May-16	31.97	29.79
Jun-16	45.0%	32.13	55.0%	29.64	48,160	30.76	Jun-16	32.03	29.90
Jul-16	45.0%	34.29	55.0%	31.93	48,431	32.99	Jul-16	32.08	30.00
Aug-16	45.0%	31.63	55.0%	29.19	48,636	30.29	Aug-16	32.13	30.12
Sep-16	45.0%	33.91	55.0%	31.32	48,828	32.49	Sep-16	32.19	30.23
Oct-16	45.0%	35.26	55.0%	31.84	48,975	33.38	Oct-16	32.24	30.34
Nov-16	45.0%	36.55	55.0%	33.12	48,994	34.66	Nov-16	32.29	30.45
Dec-16	45.0%	37.81	55.0%	33.70	48,865	35.55	Dec-16	32.35	30.56
Jan-17	45.0%	34.26	55.0%	31.74	48,690	32.87	Jan-17	32.40	30.67
Feb-17	45.0%	33.35	55.0%	30.13	49,010	31.58	Feb-17	32.45	30.79
Mar-17	45.0%	33.12	55.0%	29.81	48,755	31.30	Mar-17	32.50	30.89
Apr-17	45.0%	34.84	55.0%	31.04	48,466	32.75	Apr-17	32.56	31.00
May-17	45.0%	35.20	55.0%	31.28	48,155	33.04	May-17	32.61	31.11
Jun-17	45.0%	34.06	55.0%	29.66	47,819	31.64	Jun-17	32.66	31.23
Jul-17	45.0%	37.98	55.0%	33.73	47,618	35.64	Jul-17	32.72	31.34
Aug-17	45.0%	33.34	55.0%	29.74	47,308	31.36	Aug-17	32.77	31.46
Sep-17	45.0%	35.96	55.0%	31.43	47,008	33.47	Sep-17	32.83	31.58
Oct-17	45.0%	35.85	55.0%	30.76	46,604	33.05	Oct-17	32.88	31.69
Nov-17	45.0%	38.16	55.0%	33.83	46,212	35.78	Nov-17	32.93	31.81
Dec-17	45.0%	40.20	55.0%	33.82	45,599	36.69	Dec-17	32.99	31.92
Jan-18	45.0%	33.23	55.0%	30.09	43,381	31.51	Jan-18	33.04	32.04
Feb-18	45.0%	33.52	55.0%	30.78	42,874	32.01	Feb-18	33.10	32.16
Mar-18	45.0%	33.99	55.0%	30.32	42,448	31.97	Mar-18	33.15	32.27
Apr-18	45.0%	34.96	55.0%	30.61	42,121	32.57	Apr-18	33.20	32.39
May-18	45.0%	35.62	55.0%	31.22	41,839	33.20	May-18	33.26	32.50
Jun-18	45.0%	35.39	55.0%	30.60	41,602	32.76	Jun-18	33.31	32.62
Jul-18	45.0%	35.24	55.0%	31.17	41,355	33.00	Jul-18	33.37	32.74
Aug-18	45.0%	34.51	55.0%	29.92	41,015	31.98	Aug-18	33.42	32.86
Sep-18	45.0%	37.63	55.0%	32.40	40,680	34.75	Sep-18	33.48	32.98
Oct-18	45.0%	34.83	55.0%	30.60	40,442	32.50	Oct-18	33.53	33.10
Nov-18	45.0%	38.97	55.0%	33.44	40,150	35.93	Nov-18	33.59	33.22
Dec-18	45.0%	38.86	55.0%	32.74	39,856	35.49	Dec-18	33.64	33.34
Jan-19	45.0%	33.58	55.0%	30.00	38,937	31.61	Jan-19	33.70	33.47
Feb-19	45.0%	33.77	55.0%	30.80	38,664	32.14	Feb-19	33.76	33.59
Mar-19	45.0%	35.94	55.0%	32.19	38,420	33.88	Mar-19	33.81	33.70
Apr-19	45.0%	33.93	55.0%	30.63	38,193	32.11	Apr-19	33.86	33.83
May-19	45.0%	35.28	55.0%	30.95	38,038	32.90	May-19	33.92	33.95
Jun-19	45.0%	36.44	55.0%	32.45	37,905	34.25	Jun-19	33.98	34.08
Jul-19	45.0%	36.38	55.0%	32.67	37,839	34.34	Jul-19	34.03	34.20
Aug-19	45.0%	34.85	55.0%	30.77	37,674	32.60	Aug-19	34.09	34.33
Sep-19	45.0%	34.84	55.0%	31.49	37,445	33.00	Sep-19	34.14	34.45
Oct-19	45.0%	36.74	55.0%	32.62	37,223	34.48	Oct-19	34.20	34.58
Nov-19	45.0%	38.71	55.0%	34.43	37,015	36.35	Nov-19	34.26	34.70
Dec-19	45.0%	39.68	55.0%	35.18	36,637	37.20	Dec-19	34.31	34.83

Inforce 17,627 21,568 39,195 2.0% 4.5%

36 Months on Monthly		24 months on Monthly	
1.000	3.234	1.000	0.186
0.000	1.053	0.000	1.675
0.126	0.046	0.304	0.040
4.910	34.000	9.602	22.000

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Month	Membership	Adjusted Days Supply	36 Month Time Series - Days Supply						24 Month Time Series - Days Supply					
			Holt-Winters' Multiplicative		Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Multiplicative		Holt-Winters' Additive		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	46,938	\$32.18												
Feb-16	47,237	\$32.28												
Mar-16	47,836	\$30.70												
Apr-16	47,870	\$31.02												
May-16	47,939	\$32.23												
Jun-16	48,160	\$30.76												
Jul-16	48,431	\$32.99												
Aug-16	48,636	\$30.29												
Sep-16	48,828	\$32.49												
Oct-16	48,975	\$33.38												
Nov-16	48,994	\$34.66												
Dec-16	48,865	\$35.55												
Jan-17	48,690	\$32.87												
Feb-17	49,010	\$31.58												
Mar-17	48,755	\$31.30						32.87						
Apr-17	48,466	\$32.75						32.84						
May-17	48,155	\$33.04						32.79						
Jun-17	47,819	\$31.64						32.76						
Jul-17	47,618	\$35.64						32.73						
Aug-17	47,308	\$31.36						32.67						
Sep-17	47,008	\$33.47						32.70						
Oct-17	46,604	\$33.05						32.66						
Nov-17	46,212	\$35.78						32.65						
Dec-17	45,599	\$36.69						32.71						
Jan-18	43,381	\$31.51	32.87		32.87		32.83							
Feb-18	42,874	\$32.01	31.51		31.50		32.87							31.51
Mar-18	42,448	\$31.97	31.22		31.21		32.91							31.71
Apr-18	42,121	\$32.57	32.69		32.68		32.94							31.82
May-18	41,839	\$33.20	32.97		32.96		32.96							32.13
Jun-18	41,602	\$32.76	31.58		31.56		33.00							32.59
Jul-18	41,355	\$33.00	35.65		35.64		33.03							32.70
Aug-18	41,015	\$31.98	31.27		31.24		33.06							32.86
Sep-18	40,680	\$34.75	33.38		33.35		33.07							32.56
Oct-18	40,442	\$32.50	33.02		32.99		33.13							33.48
Nov-18	40,150	\$35.93	35.75		35.72		33.15							33.15
Dec-18	39,856	\$35.49	36.68	33.19	36.65	33.17	33.25	33.01						34.33
Jan-19	38,937	\$31.61	31.92	33.12	31.86	33.09	33.36	33.06	31.51		31.51			34.90
Feb-19	38,664	\$32.14	31.84	33.16	31.79	33.13	33.41	33.10	32.02		32.02			33.69
Mar-19	38,420	\$33.88	31.71	33.21	31.67	33.18	33.45	33.15	31.99		31.99			33.13
Apr-19	38,193	\$32.11	32.69	33.21	32.65	33.18	33.52	33.19	32.72		32.72			33.47
May-19	38,038	\$32.90	33.23	33.24	33.19	33.20	33.54	33.24	33.38		33.39			32.97
Jun-19	37,905	\$34.25	32.47	33.32	32.44	33.29	33.57	33.29	32.96		32.97			32.97
Jul-19	37,839	\$34.34	34.06	33.18	34.02	33.14	33.62	33.34	33.33		33.34			33.51
Aug-19	37,674	\$32.60	32.07	33.25	32.09	33.22	33.68	33.39	32.44		32.48			33.90
Sep-19	37,445	\$33.00	34.74	33.36	34.75	33.33	33.71	33.44	35.38		35.37			33.44
Oct-19	37,223	\$34.48	33.06	33.37	33.07	33.34	33.73	33.50	33.05		33.07			33.30
Nov-19	37,015	\$36.35	36.42	33.41	36.40	33.38	33.78	33.55	36.69		36.64			33.81
Dec-19	36,637	\$37.20	36.51	33.37	36.49	33.34	33.88	33.60	36.32	33.46	36.27	33.46	34.89	33.66
Jan-20	36,637		32.41	33.42	32.50	33.40	34.03	33.66	32.39	33.54	32.46	33.54	35.92	33.74
Feb-20	36,637		32.87	33.51	32.97	33.51	34.14	33.72	33.02	33.63	33.08	33.64	36.05	33.93
Mar-20	36,637		34.11	33.71	34.21	33.72	34.24	33.78	33.49	33.76	33.67	33.78	36.18	34.19
Apr-20	36,637		33.24	33.76	33.35	33.78	34.35	33.85	33.63	33.84	33.63	33.86	36.31	34.42
May-20	36,637		34.05	33.83	34.15	33.86	34.46	33.93	34.42	33.92	34.41	33.95	36.44	34.71
Jun-20	36,637		34.79	34.03	34.90	34.07	34.57	34.01	34.48	34.05	34.61	34.08	36.57	35.01
Jul-20	36,637		35.39	34.14	35.47	34.19	34.68	34.10	34.78	34.17	34.88	34.21	36.70	35.28
Aug-20	36,637		33.52	34.26	33.68	34.33	34.79	34.19	33.62	34.27	33.71	34.32	36.84	35.53
Sep-20	36,637		34.71	34.26	34.83	34.34	34.89	34.29	36.04	34.33	35.85	34.36	36.97	35.83
Oct-20	36,637		35.23	34.44	35.37	34.53	35.00	34.40	34.67	34.46	34.83	34.51	37.10	36.15
Nov-20	36,637		37.67	34.54	37.71	34.64	35.11	34.51	37.99	34.57	37.87	34.61	37.23	36.43
Dec-20	36,637		38.30	34.69	38.33	34.79	35.22	34.62	37.93	34.71	37.90	34.74	37.36	36.64
Jan-21	36,637		33.56	34.79	33.84	34.90	35.33	34.73	33.61	34.81	33.78	34.85	37.49	36.77
Feb-21	36,637		34.03	34.88	34.31	35.01	35.44	34.84	34.26	34.91	34.40	34.96	37.63	36.90
Mar-21	36,637		35.31	34.98	35.55	35.12	35.55	34.95	34.75	35.02	34.99	35.07	37.76	37.03
Apr-21	36,637		34.41	35.08	34.69	35.24	35.65	35.06	34.88	35.12	34.95	35.18	37.89	37.17
May-21	36,637		35.24	35.18	35.49	35.35	35.76	35.17	35.70	35.23	35.73	35.29	38.02	37.30
Jun-21	36,637		36.00	35.28	36.24	35.46	35.87	35.27	35.77	35.33	35.93	35.40	38.15	37.43
Jul-21	36,637		36.62	35.38	36.81	35.57	35.98	35.38	36.07	35.44	36.20	35.51	38.28	37.56
Aug-21	36,637		34.68	35.48	35.02	35.68	36.09	35.49	34.86	35.54	35.03	35.62	38.41	37.69
Sep-21	36,637		35.91	35.58	36.17	35.79	36.20	35.60	37.36	35.65	37.17	35.73	38.55	37.82
Oct-21	36,637		36.45	35.68	36.71	35.91	36.30	35.71	35.94	35.76	36.15	35.84	38.68	37.95
Nov-21	36,637		38.97	35.79	39.05	36.02	36.41	35.82	39.38	35.88	39.19	35.95	38.81	38.09
Dec-21	36,637		39.62	35.90	39.67	36.13	36.52	35.93	39.32	35.99	39.23	36.06	38.94	38.22
Annual Trend			3.7%		4.1%		3.4%		3.7%		3.8%		6.5%	
RMSE			1.11		1.12		1.61		1.14		1.13		1.49	
Theils U			0.607		0.6113		0.8058		0.7105		0.7089		0.9081	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

PHARMACY TREND DEVELOPMENT - SPECIALTY

Month	Membership	Individual Market - Specialty Drug - Adjustment for Contract					Adjustment for Aging			
		Total Allowed Charges	Adjustment for Contract	Allowed Charges Adjusted for Contract	PMPM Adjusted for Contract	Rolling 12 PMPM Adjusted for Contract	Average Age/Gender Factor	Normalized Age/Gender Factor	Monthly	Rolling 12
Jan-16	26,634			\$665,390	\$24.98		1.388	1.027	\$25.65	
Feb-16	26,908			\$872,582	\$32.43		1.386	1.028	\$33.34	
Mar-16	27,492			\$903,652	\$32.87		1.380	1.033	\$33.95	
Apr-16	27,554			\$811,017	\$29.43		1.379	1.033	\$30.42	
May-16	27,625			\$911,333	\$32.99		1.378	1.034	\$34.11	
Jun-16	27,840			\$903,485	\$32.45		1.381	1.032	\$33.49	
Jul-16	28,100			\$913,128	\$32.50		1.380	1.032	\$33.55	
Aug-16	28,322			\$1,073,949	\$37.92		1.379	1.033	\$39.17	
Sep-16	28,548			\$949,087	\$33.25		1.378	1.034	\$34.37	
Oct-16	28,686			\$980,600	\$34.18		1.379	1.034	\$35.33	
Nov-16	28,720			\$1,038,447	\$36.16		1.380	1.033	\$37.34	
Dec-16	28,633			\$1,113,745	\$38.90	\$33.24	1.383	1.031	\$40.08	34.30
Jan-17	28,181			\$950,942	\$33.74	\$33.93	1.387	1.027	\$34.66	35.02
Feb-17	28,546			\$1,173,345	\$41.10	\$34.66	1.383	1.030	\$42.34	35.77
Mar-17	28,336			\$1,259,631	\$44.45	\$35.62	1.382	1.031	\$45.84	36.76
Apr-17	28,008			\$1,110,790	\$39.66	\$36.46	1.383	1.030	\$40.86	37.61
May-17	27,695			\$1,362,103	\$49.18	\$37.78	1.385	1.028	\$50.58	38.95
Jun-17	27,384			\$1,232,072	\$44.99	\$38.80	1.388	1.027	\$46.20	39.99
Jul-17	27,181			\$1,214,915	\$44.70	\$39.79	1.388	1.026	\$45.87	40.99
Aug-17	26,871			\$1,428,073	\$53.15	\$41.02	1.389	1.025	\$54.50	42.22
Sep-17	26,553			\$1,299,449	\$48.94	\$42.31	1.391	1.024	\$50.12	43.52
Oct-17	26,251			\$1,269,245	\$48.35	\$43.49	1.392	1.023	\$49.48	44.70
Nov-17	25,911			\$1,399,424	\$54.01	\$44.95	1.394	1.022	\$55.20	46.16
Dec-17	25,359			\$1,389,017	\$54.77	\$46.25	1.397	1.020	\$55.88	47.45
Jan-18	24,001			\$1,285,263	\$53.55	\$47.88	1.399	1.019	\$54.55	49.10
Feb-18	23,511			\$1,136,511	\$48.34	\$48.53	1.401	1.017	\$49.16	49.71
Mar-18	23,126			\$1,324,276	\$57.26	\$49.55	1.404	1.015	\$58.12	50.69
Apr-18	22,798			\$1,402,975	\$61.54	\$51.34	1.407	1.013	\$62.33	52.45
May-18	22,511			\$1,346,731	\$59.83	\$52.17	1.409	1.011	\$60.50	53.23
Jun-18	22,306			\$1,386,174	\$62.14	\$53.59	1.411	1.009	\$62.73	54.59
Jul-18	22,046			\$1,532,818	\$69.53	\$55.62	1.414	1.008	\$70.06	56.58
Aug-18	21,709			\$1,525,766	\$70.28	\$56.97	1.415	1.007	\$70.76	57.85
Sep-18	21,412			\$1,424,517	\$66.53	\$58.46	1.419	1.004	\$66.79	59.26
Oct-18	21,166			\$1,622,499	\$76.66	\$60.81	1.423	1.001	\$76.77	61.53
Nov-18	20,866			\$1,438,297	\$68.93	\$62.09	1.424	1.000	\$68.96	62.71
Dec-18	20,602			\$1,134,883	\$55.09	\$62.25	1.424	1.001	\$55.13	62.78
Jan-19	19,734			\$1,267,691	\$64.24	\$63.19	1.424	1.000	\$64.26	63.64
Feb-19	19,531			\$1,143,607	\$58.55	\$64.20	1.424	1.001	\$58.58	64.58
Mar-19	19,330			\$1,340,806	\$69.36	\$65.22	1.424	1.000	\$69.38	65.53
Apr-19	19,169			\$1,456,441	\$75.98	\$66.38	1.425	1.000	\$75.96	66.62
May-19	19,035			\$1,408,919	\$74.02	\$67.57	1.423	1.001	\$74.09	67.76
Jun-19	18,920			\$1,370,159	\$72.42	\$68.44	1.424	1.001	\$72.48	68.58
Jul-19	18,831			\$1,409,184	\$74.83	\$68.84	1.422	1.002	\$75.00	68.95
Aug-19	18,705			\$1,456,918	\$77.89	\$69.42	1.422	1.002	\$78.05	69.50
Sep-19	18,522			\$1,348,976	\$72.83	\$69.96	1.422	1.002	\$73.00	70.03
Oct-19	18,287			\$1,392,820	\$76.16	\$69.83	1.421	1.003	\$76.36	69.91
Nov-19	18,096			\$1,332,201	\$73.62	\$70.22	1.424	1.000	\$73.65	70.29
Dec-19	17,787			\$1,363,735	\$76.67	\$72.10	1.425	1.000	\$76.67	72.18
CY2017 / CY 2016 Annual Increase						39.1%			38.3%	
CY2018 / CY 2017 Annual Increase						34.6%			32.3%	
CY2019 / CY 2018 Annual Increase						15.8%			15.0%	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

PHARMACY TREND DEVELOPMENT - SPECIALTY

Month	Membership	Small Group Market - Specialty Drug - Adjustment for Contract					Adjustment for Aging			
		Total Allowed Charges	Adjustment for Contract	Allowed Charges Adjusted for Contract	PMPM Adjusted for Contract	Rolling 12 PMPM Adjusted for Contract	Average Age/Gender Factor	Normalized Age/Gender Factor	Monthly	Rolling 12
Jan-16	20,304			\$465,136	\$22.91		1.187	1.037	\$23.77	
Feb-16	20,329			\$647,646	\$31.86		1.188	1.037	\$33.02	
Mar-16	20,344			\$598,018	\$29.40		1.190	1.034	\$30.41	
Apr-16	20,316			\$583,284	\$28.71		1.192	1.033	\$29.66	
May-16	20,314			\$573,125	\$28.21		1.194	1.031	\$29.08	
Jun-16	20,320			\$627,085	\$30.86		1.196	1.029	\$31.77	
Jul-16	20,331			\$519,308	\$25.54		1.198	1.027	\$26.24	
Aug-16	20,314			\$700,585	\$34.49		1.199	1.027	\$35.42	
Sep-16	20,280			\$630,849	\$31.11		1.201	1.025	\$31.89	
Oct-16	20,289			\$552,258	\$27.22		1.203	1.023	\$27.86	
Nov-16	20,274			\$744,944	\$36.74		1.203	1.024	\$37.61	
Dec-16	20,232			\$784,878	\$38.79	\$30.48	1.206	1.021	\$39.60	31.36
Jan-17	20,509			\$761,878	\$37.15	\$31.67	1.200	1.026	\$38.12	32.56
Feb-17	20,464			\$682,030	\$33.33	\$31.80	1.202	1.025	\$34.15	32.65
Mar-17	20,419			\$837,010	\$40.99	\$32.77	1.203	1.023	\$41.95	33.62
Apr-17	20,458			\$580,521	\$28.38	\$32.74	1.203	1.024	\$29.05	33.56
May-17	20,460			\$713,990	\$34.90	\$33.29	1.205	1.021	\$35.64	34.11
Jun-17	20,435			\$726,238	\$35.54	\$33.68	1.208	1.019	\$36.23	34.48
Jul-17	20,437			\$675,565	\$33.06	\$34.31	1.208	1.019	\$33.68	35.10
Aug-17	20,437			\$834,155	\$40.82	\$34.84	1.209	1.018	\$41.56	35.61
Sep-17	20,455			\$815,922	\$39.89	\$35.57	1.210	1.018	\$40.59	36.34
Oct-17	20,353			\$966,582	\$47.49	\$37.25	1.211	1.017	\$48.28	38.03
Nov-17	20,301			\$891,452	\$43.91	\$37.84	1.212	1.016	\$44.60	38.61
Dec-17	20,240			\$758,882	\$37.49	\$37.74	1.214	1.014	\$38.03	38.48
Jan-18	19,380			\$944,164	\$48.72	\$38.66	1.210	1.018	\$49.58	39.39
Feb-18	19,363			\$798,066	\$41.22	\$39.31	1.211	1.017	\$41.90	40.04
Mar-18	19,322			\$931,525	\$48.21	\$39.88	1.213	1.015	\$48.92	40.58
Apr-18	19,323			\$1,020,935	\$52.84	\$41.90	1.216	1.012	\$53.49	42.60
May-18	19,328			\$1,022,855	\$52.92	\$43.39	1.217	1.011	\$53.51	44.08
Jun-18	19,296			\$920,541	\$47.71	\$44.41	1.218	1.011	\$48.21	45.09
Jul-18	19,309			\$914,464	\$47.36	\$45.63	1.219	1.010	\$47.83	46.29
Aug-18	19,306			\$948,213	\$49.11	\$46.33	1.222	1.008	\$49.50	46.97
Sep-18	19,268			\$894,164	\$46.41	\$46.90	1.223	1.006	\$46.71	47.50
Oct-18	19,276			\$1,092,169	\$56.66	\$47.65	1.223	1.006	\$57.02	48.22
Nov-18	19,284			\$924,944	\$47.96	\$48.01	1.224	1.006	\$48.26	48.54
Dec-18	19,254			\$780,138	\$40.52	\$48.30	1.227	1.003	\$40.65	48.80
Jan-19	19,203			\$984,700	\$51.28	\$48.51	1.219	1.010	\$51.80	48.98
Feb-19	19,133			\$1,035,033	\$54.10	\$49.59	1.220	1.009	\$54.58	50.04
Mar-19	19,090			\$954,341	\$49.99	\$49.74	1.221	1.009	\$50.42	50.16
Apr-19	19,024			\$1,143,974	\$60.13	\$50.33	1.223	1.007	\$60.54	50.74
May-19	19,003			\$1,185,831	\$62.40	\$51.11	1.225	1.005	\$62.72	51.49
Jun-19	18,985			\$1,046,516	\$55.12	\$51.73	1.226	1.004	\$55.35	52.09
Jul-19	19,008			\$1,230,471	\$64.73	\$53.17	1.227	1.003	\$64.96	53.51
Aug-19	18,969			\$1,220,419	\$64.34	\$54.44	1.227	1.003	\$64.56	54.76
Sep-19	18,923			\$1,059,282	\$55.98	\$55.24	1.228	1.003	\$56.12	55.55
Oct-19	18,936			\$1,177,531	\$62.18	\$55.69	1.229	1.002	\$62.29	55.98
Nov-19	18,919			\$1,087,452	\$57.48	\$56.49	1.230	1.001	\$57.53	56.76
Dec-19	18,850			\$1,461,804	\$77.55	\$59.58	1.231	1.000	\$77.55	59.84
CY2017 / CY 2016 Annual Increase						23.8%			22.7%	
CY2018 / CY 2017 Annual Increase						28.0%			26.8%	
CY2019 / CY 2018 Annual Increase						23.4%			22.6%	

PHARMACY TREND DEVELOPMENT - SPECIALTY

Month	Weighted Based on Inforce Membership						Month	Regression on Adjusted PMPM	
	Individual Weight	Individual PMPM	Small Group Weight	Small Group PMPM	Total Membership	Total Weighted PMPM		24 Months on Monthly	36 Months on Monthly
Jan-16	45.0%	\$25.65	55.0%	\$23.77	46,938	\$24.62	Jan-16	\$36.04	\$31.35
Feb-16	45.0%	\$33.34	55.0%	\$33.02	47,237	\$33.17	Feb-16	\$36.57	\$31.93
Mar-16	45.0%	\$33.95	55.0%	\$30.41	47,836	\$32.00	Mar-16	\$37.07	\$32.48
Apr-16	45.0%	\$30.42	55.0%	\$29.66	47,870	\$30.00	Apr-16	\$37.61	\$33.08
May-16	45.0%	\$34.11	55.0%	\$29.08	47,939	\$31.34	May-16	\$38.15	\$33.67
Jun-16	45.0%	\$33.49	55.0%	\$31.77	48,160	\$32.54	Jun-16	\$38.71	\$34.30
Jul-16	45.0%	\$33.55	55.0%	\$26.24	48,431	\$29.53	Jul-16	\$39.26	\$34.91
Aug-16	45.0%	\$39.17	55.0%	\$35.42	48,636	\$37.11	Aug-16	\$39.83	\$35.56
Sep-16	45.0%	\$34.37	55.0%	\$31.89	48,828	\$33.01	Sep-16	\$40.42	\$36.22
Oct-16	45.0%	\$35.33	55.0%	\$27.86	48,975	\$31.22	Oct-16	\$40.99	\$36.86
Nov-16	45.0%	\$37.34	55.0%	\$37.61	48,994	\$37.49	Nov-16	\$41.59	\$37.55
Dec-16	45.0%	\$40.08	55.0%	\$39.60	48,865	\$39.82	Dec-16	\$42.18	\$38.22
Jan-17	45.0%	\$34.66	55.0%	\$38.12	48,690	\$36.57	Jan-17	\$42.80	\$38.93
Feb-17	45.0%	\$42.34	55.0%	\$34.15	49,010	\$37.83	Feb-17	\$43.43	\$39.65
Mar-17	45.0%	\$45.84	55.0%	\$41.95	48,755	\$43.70	Mar-17	\$44.00	\$40.31
Apr-17	45.0%	\$40.86	55.0%	\$29.05	48,466	\$34.36	Apr-17	\$44.65	\$41.06
May-17	45.0%	\$50.58	55.0%	\$35.64	48,155	\$42.36	May-17	\$45.28	\$41.79
Jun-17	45.0%	\$46.20	55.0%	\$36.23	47,819	\$40.71	Jun-17	\$45.94	\$42.57
Jul-17	45.0%	\$45.87	55.0%	\$33.68	47,618	\$39.16	Jul-17	\$46.59	\$43.33
Aug-17	45.0%	\$54.50	55.0%	\$41.56	47,308	\$47.38	Aug-17	\$47.28	\$44.13
Sep-17	45.0%	\$50.12	55.0%	\$40.59	47,008	\$44.87	Sep-17	\$47.97	\$44.95
Oct-17	45.0%	\$49.48	55.0%	\$48.28	46,604	\$48.82	Oct-17	\$48.65	\$45.76
Nov-17	45.0%	\$55.20	55.0%	\$44.60	46,212	\$49.37	Nov-17	\$49.36	\$46.60
Dec-17	45.0%	\$55.88	55.0%	\$38.03	45,599	\$46.06	Dec-17	\$50.06	\$47.44
Jan-18	45.0%	\$54.55	55.0%	\$49.58	43,381	\$51.81	Jan-18	\$50.80	\$48.32
Feb-18	45.0%	\$49.16	55.0%	\$41.90	42,874	\$45.16	Feb-18	\$51.54	\$49.21
Mar-18	45.0%	\$58.12	55.0%	\$48.92	42,448	\$53.05	Mar-18	\$52.23	\$50.03
Apr-18	45.0%	\$62.33	55.0%	\$53.49	42,121	\$57.47	Apr-18	\$52.99	\$50.96
May-18	45.0%	\$60.50	55.0%	\$53.51	41,839	\$56.66	May-18	\$53.74	\$51.87
Jun-18	45.0%	\$62.73	55.0%	\$48.21	41,602	\$54.74	Jun-18	\$54.53	\$52.83
Jul-18	45.0%	\$70.06	55.0%	\$47.83	41,355	\$57.83	Jul-18	\$55.30	\$53.78
Aug-18	45.0%	\$70.76	55.0%	\$49.50	41,015	\$59.06	Aug-18	\$56.11	\$54.78
Sep-18	45.0%	\$66.79	55.0%	\$46.71	40,680	\$55.74	Sep-18	\$56.94	\$55.79
Oct-18	45.0%	\$76.77	55.0%	\$57.02	40,442	\$65.90	Oct-18	\$57.74	\$56.79
Nov-18	45.0%	\$68.96	55.0%	\$48.26	40,150	\$57.57	Nov-18	\$58.59	\$57.84
Dec-18	45.0%	\$55.13	55.0%	\$40.65	39,856	\$47.16	Dec-18	\$59.42	\$58.88
Jan-19	45.0%	\$64.26	55.0%	\$51.80	38,937	\$57.40	Jan-19	\$60.29	\$59.97
Feb-19	45.0%	\$58.58	55.0%	\$54.58	38,664	\$56.38	Feb-19	\$61.18	\$61.08
Mar-19	45.0%	\$69.38	55.0%	\$50.42	38,420	\$58.95	Mar-19	\$61.99	\$62.10
Apr-19	45.0%	\$75.96	55.0%	\$60.54	38,193	\$67.47	Apr-19	\$62.90	\$63.25
May-19	45.0%	\$74.09	55.0%	\$62.72	38,038	\$67.83	May-19	\$63.79	\$64.38
Jun-19	45.0%	\$72.48	55.0%	\$55.35	37,905	\$63.05	Jun-19	\$64.72	\$65.57
Jul-19	45.0%	\$75.00	55.0%	\$64.96	37,839	\$69.48	Jul-19	\$65.64	\$66.75
Aug-19	45.0%	\$78.05	55.0%	\$64.56	37,674	\$70.63	Aug-19	\$66.60	\$67.99
Sep-19	45.0%	\$73.00	55.0%	\$56.12	37,445	\$63.71	Sep-19	\$67.58	\$69.24
Oct-19	45.0%	\$76.36	55.0%	\$62.29	37,223	\$68.62	Oct-19	\$68.54	\$70.49
Nov-19	45.0%	\$73.65	55.0%	\$57.53	37,015	\$64.78	Nov-19	\$69.54	\$71.79
Dec-19	45.0%	\$76.67	55.0%	\$77.55	36,637	\$77.15	Dec-19	\$70.53	\$73.08

Inforce 17,627 21,568 39,195

18.7% 24.1%

Regression on Adjusted PMPM-24 Months on Monthly		Regression on Adjusted PMPM-36 Months on Monthly	
1.000	0.000	1.001	0.000
0.000	3.454	0.000	1.899
0.613	0.082	0.843	0.083
34.877	22.000	181.888	34.000

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

PHARMACY TREND DEVELOPMENT - SPECIALTY

			36 Month Time Series - Specialty PMPM		24 Month Time Series - Specialty PMPM	
			Double Exponential Smoothing		Double Exponential Smoothing	
Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-16	46,938	\$24.62				
Feb-16	47,237	\$33.17				
Mar-16	47,836	\$32.00				
Apr-16	47,870	\$30.00				
May-16	47,939	\$31.34				
Jun-16	48,160	\$32.54				
Jul-16	48,431	\$29.53				
Aug-16	48,636	\$37.11				
Sep-16	48,828	\$33.01				
Oct-16	48,975	\$31.22				
Nov-16	48,994	\$37.49				
Dec-16	48,865	\$39.82				
Jan-17	48,690	\$36.57				
Feb-17	49,010	\$37.83	\$36.57			
Mar-17	48,755	\$43.70	\$36.98			
Apr-17	48,466	\$34.36	\$39.21			
May-17	48,155	\$42.36	\$37.86			
Jun-17	47,819	\$40.71	\$39.42			
Jul-17	47,618	\$39.16	\$40.07			
Aug-17	47,308	\$47.38	\$40.04			
Sep-17	47,008	\$44.87	\$42.67			
Oct-17	46,604	\$48.82	\$43.85			
Nov-17	46,212	\$49.37	\$45.99			
Dec-17	45,599	\$46.06	\$47.77			
Jan-18	43,381	\$51.81	\$47.98			
Feb-18	42,874	\$45.16	\$49.95		\$51.81	
Mar-18	42,448	\$53.05	\$49.22		\$51.26	
Apr-18	42,121	\$57.47	\$51.17		\$51.14	
May-18	41,839	\$56.66	\$54.03		\$51.46	
Jun-18	41,602	\$54.74	\$55.88		\$51.95	
Jul-18	41,355	\$57.83	\$56.58		\$52.46	
Aug-18	41,015	\$59.06	\$58.03		\$53.29	
Sep-18	40,680	\$55.74	\$59.44		\$54.38	
Oct-18	40,442	\$65.90	\$59.34		\$55.34	
Nov-18	40,150	\$57.57	\$62.48		\$57.12	
Dec-18	39,856	\$47.16	\$62.07	\$55.39	\$58.50	
Jan-19	38,937	\$57.40	\$58.25	\$56.27	\$58.92	
Feb-19	38,664	\$56.38	\$58.58	\$57.01	\$59.69	
Mar-19	38,420	\$58.95	\$58.44	\$57.80	\$60.25	
Apr-19	38,193	\$67.47	\$59.11	\$58.49	\$60.83	
May-19	38,038	\$67.83	\$62.37	\$59.19	\$62.02	
Jun-19	37,905	\$63.05	\$64.92	\$59.94	\$63.42	
Jul-19	37,839	\$69.48	\$65.25	\$60.66	\$64.54	
Aug-19	37,674	\$70.63	\$67.51	\$61.44	\$66.09	
Sep-19	37,445	\$63.71	\$69.54	\$62.27	\$67.80	
Oct-19	37,223	\$68.62	\$68.74	\$63.05	\$69.00	
Nov-19	37,015	\$64.78	\$69.63	\$63.64	\$70.33	
Dec-19	36,637	\$77.15	\$68.97	\$64.20	\$71.21	\$64.44
Jan-20	36,637		\$72.42	\$65.38	\$72.82	\$65.59
Feb-20	36,637		\$73.44	\$66.63	\$74.18	\$66.80
Mar-20	36,637		\$74.46	\$67.97	\$75.54	\$68.08
Apr-20	36,637		\$75.49	\$69.34	\$76.90	\$69.42
May-20	36,637		\$76.51	\$70.53	\$78.27	\$70.78
Jun-20	36,637		\$77.53	\$71.59	\$79.63	\$72.14
Jul-20	36,637		\$78.56	\$72.71	\$80.99	\$73.53
Aug-20	36,637		\$79.58	\$73.72	\$82.35	\$74.89
Sep-20	36,637		\$80.60	\$74.65	\$83.71	\$76.23
Oct-20	36,637		\$81.63	\$75.73	\$85.07	\$77.58
Nov-20	36,637		\$82.65	\$76.82	\$86.43	\$78.93
Dec-20	36,637		\$83.67	\$78.05	\$87.80	\$80.31
Jan-21	36,637		\$84.70	\$79.07	\$89.16	\$81.67
Feb-21	36,637		\$85.72	\$80.09	\$90.52	\$83.03
Mar-21	36,637		\$86.74	\$81.12	\$91.88	\$84.39
Apr-21	36,637		\$87.77	\$82.14	\$93.24	\$85.75
May-21	36,637		\$88.79	\$83.16	\$94.60	\$87.12
Jun-21	36,637		\$89.82	\$84.19	\$95.97	\$88.48
Jul-21	36,637		\$90.84	\$85.21	\$97.33	\$89.84
Aug-21	36,637		\$91.86	\$86.23	\$98.69	\$91.20
Sep-21	36,637		\$92.89	\$87.26	\$100.05	\$92.56
Oct-21	36,637		\$93.91	\$88.28	\$101.41	\$93.92
Nov-21	36,637		\$94.93	\$89.30	\$102.77	\$95.29
Dec-21	36,637		\$95.96	\$90.33	\$104.13	\$96.65

Annual Trend	18.6%	22.5%
RMSE	4.95	5.31
Theils U	0.80	0.82

PHARMACY TREND DEVELOPMENT - COST

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-17	1,341,711	\$5,135,489	\$3.83	7,011	\$59,859	\$8.54	1,348,722	\$5,195,348	\$3.85
Feb-17	1,235,879	\$4,771,402	\$3.86	10,311	\$83,680	\$8.12	1,246,190	4,855,082	\$3.90
Mar-17	1,388,140	\$5,333,376	\$3.84	17,555	\$132,116	\$7.53	1,405,695	5,465,492	\$3.89
Apr-17	1,250,660	\$4,796,026	\$3.83	29,257	\$179,563	\$6.14	1,279,917	4,975,589	\$3.89
May-17	1,353,544	\$5,258,108	\$3.88	54,130	\$307,052	\$5.67	1,407,675	5,565,160	\$3.95
Jun-17	1,282,527	\$4,934,025	\$3.85	67,076	\$344,152	\$5.13	1,349,603	5,278,177	\$3.91
Jul-17	1,219,655	\$4,748,247	\$3.89	83,400	\$474,135	\$5.69	1,303,055	5,222,383	\$4.01
Aug-17	1,278,410	\$4,992,276	\$3.91	102,834	\$570,870	\$5.55	1,381,243	5,563,146	\$4.03
Sep-17	1,167,562	\$4,557,385	\$3.90	106,273	\$584,963	\$5.50	1,273,835	5,142,348	\$4.04
Oct-17	1,244,289	\$4,842,683	\$3.89	127,323	\$753,259	\$5.92	1,371,612	5,595,942	\$4.08
Nov-17	1,195,650	\$4,641,629	\$3.88	137,323	\$807,461	\$5.88	1,332,973	5,449,090	\$4.09
Dec-17	1,196,206	\$4,741,252	\$3.96	149,822	\$840,757	\$5.61	1,346,028	5,582,009	\$4.15
Jan-18	1,087,873	\$4,229,640	\$3.89	154,246	\$802,864	\$5.21	1,242,119	5,032,504	\$4.05
Feb-18	970,283	\$3,787,371	\$3.90	158,901	\$783,326	\$4.93	1,129,184	4,570,697	\$4.05
Mar-18	1,035,752	\$4,048,124	\$3.91	196,726	\$968,086	\$4.92	1,232,478	5,016,210	\$4.07
Apr-18	998,199	\$3,883,935	\$3.89	199,334	\$963,639	\$4.83	1,197,533	4,847,574	\$4.05
May-18	1,051,926	\$4,057,246	\$3.86	218,871	\$1,056,058	\$4.83	1,270,797	5,113,305	\$4.02
Jun-18	972,578	\$3,768,792	\$3.88	213,026	\$1,057,166	\$4.96	1,185,604	4,825,958	\$4.07
Jul-18	985,320	\$3,762,408	\$3.82	209,901	\$1,030,601	\$4.91	1,195,221	4,793,009	\$4.01
Aug-18	1,012,335	\$3,878,926	\$3.83	242,247	\$1,234,141	\$5.09	1,254,582	5,113,067	\$4.08
Sep-18	891,882	\$3,476,235	\$3.90	224,755	\$1,143,895	\$5.09	1,116,637	4,620,130	\$4.14
Oct-18	1,003,409	\$3,806,502	\$3.79	252,429	\$1,263,453	\$5.01	1,255,838	5,069,955	\$4.04
Nov-18	941,514	\$3,571,566	\$3.79	254,590	\$1,220,437	\$4.79	1,196,104	4,792,003	\$4.01
Dec-18	854,625	\$3,293,751	\$3.85	250,588	\$1,264,377	\$5.05	1,105,213	4,558,128	\$4.12
Jan-19	867,825	\$3,302,620	\$3.81	261,772	\$1,259,166	\$4.81	1,129,597	4,561,785	\$4.04
Feb-19	774,211	\$2,947,488	\$3.81	258,752	\$1,209,696	\$4.68	1,032,963	4,157,185	\$4.02
Mar-19	840,819	\$3,293,346	\$3.92	299,438	\$1,429,611	\$4.77	1,140,257	4,722,957	\$4.14
Apr-19	828,863	\$3,141,654	\$3.79	295,011	\$1,433,626	\$4.86	1,123,874	4,575,280	\$4.07
May-19	834,393	\$3,210,563	\$3.85	310,071	\$1,525,930	\$4.92	1,144,464	4,736,493	\$4.14
Jun-19	779,716	\$3,048,890	\$3.91	302,669	\$1,454,877	\$4.81	1,082,385	4,503,767	\$4.16
Jul-19	808,639	\$3,116,245	\$3.85	323,990	\$1,613,096	\$4.98	1,132,629	4,729,341	\$4.18
Aug-19	785,548	\$3,039,305	\$3.87	344,592	\$1,811,345	\$5.26	1,130,140	4,850,650	\$4.29
Sep-19	739,607	\$2,883,693	\$3.90	336,216	\$1,665,328	\$4.95	1,075,823	4,549,020	\$4.23
Oct-19	814,018	\$3,176,472	\$3.90	360,296	\$1,811,085	\$5.03	1,174,314	4,987,557	\$4.25
Nov-19	733,915	\$2,888,092	\$3.94	327,890	\$1,651,984	\$5.04	1,061,805	4,540,077	\$4.28
Dec-19	810,785	\$3,164,395	\$3.90	374,886	\$1,936,792	\$5.17	1,185,671	5,101,187	\$4.30

CY2018 / CY 2017 Annual Increase
CY2019 / CY 2018 Annual Increase

-0.4%
0.24%

-1.2%
-0.2%

1.9%
2.9%

Month	Regression on Cost per Days Supply on "Old" Generics	
	36 Months	24 Months
Jan-17	\$3.87	\$3.84
Feb-17	\$3.87	\$3.85
Mar-17	\$3.87	\$3.85
Apr-17	\$3.87	\$3.85
May-17	\$3.87	\$3.85
Jun-17	\$3.87	\$3.85
Jul-17	\$3.87	\$3.85
Aug-17	\$3.87	\$3.85
Sep-17	\$3.87	\$3.85
Oct-17	\$3.87	\$3.85
Nov-17	\$3.87	\$3.85
Dec-17	\$3.87	\$3.85
Jan-18	\$3.87	\$3.85
Feb-18	\$3.87	\$3.86
Mar-18	\$3.87	\$3.86
Apr-18	\$3.87	\$3.86
May-18	\$3.87	\$3.86
Jun-18	\$3.87	\$3.86
Jul-18	\$3.87	\$3.86
Aug-18	\$3.87	\$3.86
Sep-18	\$3.87	\$3.86
Oct-18	\$3.87	\$3.86
Nov-18	\$3.87	\$3.86
Dec-18	\$3.87	\$3.86
Jan-19	\$3.87	\$3.86
Feb-19	\$3.87	\$3.87
Mar-19	\$3.87	\$3.87
Apr-19	\$3.87	\$3.87
May-19	\$3.87	\$3.87
Jun-19	\$3.87	\$3.87
Jul-19	\$3.87	\$3.87
Aug-19	\$3.87	\$3.87
Sep-19	\$3.87	\$3.87
Oct-19	\$3.87	\$3.87
Nov-19	\$3.87	\$3.87
Dec-19	\$3.87	\$3.87

0.02% 0.26%

Regression on Cost per Days Supply on "Old" Generics-36 Months		Regression on Cost per Days Supply on "Old" Generics-	
1.000	3.772	1.000	2.834
0.000	0.255	0.000	0.495
0.000	0.011	0.018	0.012
0.010	34.000	0.393	22.000

PHARMACY TREND DEVELOPMENT - COST

BRAND COST TREND

Month	All Other Brands				Vaccines			Over the Counter			All Brands		
	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
Jan-17	112,919	\$1,575,958	\$13.96		851	\$27,260	\$32.03	31,707	\$70,328	\$2.22	174,610	\$2,877,948	\$16.48
Feb-17	106,240	\$1,533,156	\$14.43		509	\$10,577	\$20.78	29,116	\$76,131	\$2.61	161,093	2,009,905	\$12.48
Mar-17	124,095	\$1,813,825	\$14.62		395	\$10,791	\$27.32	35,143	\$79,827	\$2.27	190,988	3,165,432	\$16.57
Apr-17	108,100	\$1,662,796	\$15.38		179	\$5,875	\$32.82	32,783	\$72,084	\$2.20	168,563	2,140,887	\$12.70
May-17	124,168	\$1,887,731	\$15.20		233	\$10,937	\$46.94	38,966	\$90,790	\$2.33	194,855	2,434,320	\$12.49
Jun-17	117,624	\$1,752,705	\$14.90		254	\$13,889	\$54.68	34,013	\$83,524	\$2.46	181,246	2,270,611	\$12.53
Jul-17	115,484	\$1,820,597	\$15.76		124	\$8,807	\$71.02	36,188	\$88,314	\$2.44	179,853	2,328,335	\$12.95
Aug-17	124,024	\$1,895,370	\$15.28		500	\$20,290	\$40.57	37,943	\$92,712	\$2.44	190,018	2,408,178	\$12.67
Sep-17	115,457	\$1,803,594	\$15.62		1,123	\$31,590	\$28.13	36,265	\$96,603	\$2.66	181,927	2,326,620	\$12.79
Oct-17	128,433	\$1,983,440	\$15.44		2,770	\$61,492	\$22.20	39,932	\$101,338	\$2.54	203,150	2,588,074	\$12.74
Nov-17	131,556	\$2,003,132	\$15.23		1,906	\$41,479	\$21.76	40,560	\$100,766	\$2.48	202,117	3,344,957	\$16.55
Dec-17	140,466	\$2,223,844	\$15.83		979	\$25,535	\$26.08	44,793	\$113,150	\$2.53	219,613	4,441,550	\$20.22
Jan-18	100,590	\$1,626,801	\$16.17		1,061	\$19,790	\$18.65	30,173	\$58,117	\$1.93	156,561	2,046,468	\$13.07
Feb-18	98,765	\$1,615,737	\$16.36		496	\$11,430	\$23.04	27,799	\$47,289	\$1.70	148,836	1,991,145	\$13.38
Mar-18	109,922	\$1,773,375	\$16.13		329	\$14,283	\$43.41	31,633	\$60,439	\$1.91	166,539	2,204,446	\$13.24
Apr-18	104,198	\$1,825,933	\$17.52		435	\$22,766	\$52.34	30,680	\$60,424	\$1.97	159,047	2,248,473	\$14.14
May-18	110,130	\$1,821,455	\$16.54		445	\$20,808	\$46.76	35,762	\$67,916	\$1.90	170,911	2,288,239	\$13.39
Jun-18	112,131	\$2,045,221	\$18.24		310	\$19,291	\$62.23	34,340	\$61,643	\$1.80	170,075	2,478,282	\$14.57
Jul-18	104,360	\$1,886,264	\$18.07		183	\$17,123	\$93.57	33,554	\$66,075	\$1.97	161,399	2,321,569	\$14.38
Aug-18	116,843	\$2,022,842	\$17.31		372	\$25,498	\$68.54	34,934	\$68,182	\$1.95	177,755	2,527,356	\$14.22
Sep-18	104,327	\$1,848,737	\$17.72		1,513	\$45,747	\$30.24	32,100	\$60,685	\$1.89	161,456	2,323,135	\$14.39
Oct-18	118,579	\$2,162,214	\$18.23		3,475	\$92,399	\$26.59	33,160	\$58,751	\$1.77	181,568	2,709,874	\$14.92
Nov-18	117,988	\$2,062,893	\$17.48		2,114	\$60,185	\$28.47	34,049	\$70,139	\$2.06	178,299	2,549,887	\$14.30
Dec-18	115,069	\$2,017,421	\$17.53		896	\$33,616	\$37.52	34,300	\$64,210	\$1.87	177,157	2,491,329	\$14.06
Jan-19	102,160	\$1,779,724	\$17.42		764	\$33,643	\$44.04	27,656	\$43,991	\$1.59	150,876	2,153,449	\$14.27
Feb-19	95,789	\$1,728,342	\$18.04		455	\$29,608	\$65.07	28,017	\$37,752	\$1.35	140,917	2,035,769	\$14.45
Mar-19	102,750	\$1,991,216	\$19.38		388	\$26,600	\$68.56	31,345	\$52,917	\$1.69	152,206	2,301,504	\$15.12
Apr-19	102,627	\$1,949,074	\$18.99		460	\$27,405	\$59.58	32,320	\$47,932	\$1.48	152,757	2,275,123	\$14.89
May-19	106,341	\$1,932,549	\$18.17		345	\$25,585	\$74.16	36,208	\$58,856	\$1.63	160,537	2,243,809	\$13.98
Jun-19	97,796	\$1,935,820	\$19.79		355	\$25,281	\$71.21	33,740	\$51,039	\$1.51	147,115	2,217,194	\$15.07
Jul-19	107,986	\$2,084,713	\$19.31		451	\$24,260	\$53.79	33,886	\$53,053	\$1.57	159,292	2,396,661	\$15.05
Aug-19	101,530	\$1,804,276	\$17.77		510	\$29,168	\$57.19	31,941	\$48,885	\$1.53	150,392	2,076,477	\$13.81
Sep-19	107,494	\$2,040,043	\$18.98		1,490	\$51,679	\$34.68	29,692	\$46,895	\$1.58	153,584	2,317,035	\$15.09
Oct-19	113,445	\$2,267,599	\$19.99		4,282	\$109,932	\$25.67	31,355	\$53,107	\$1.69	166,399	2,717,891	\$16.33
Nov-19	104,889	\$2,113,367	\$20.15		2,209	\$68,723	\$31.11	31,503	\$44,342	\$1.41	154,668	2,406,334	\$15.56
Dec-19	123,095	\$2,436,953	\$19.80		1,136	\$50,160	\$44.14	35,444	\$61,998	\$1.75	177,758	2,886,983	\$16.24

CY2018 / CY 2017 Annual Increase 14.1%
CY2019 / CY 2018 Annual Increase 9.9%

20.3%
18.7%

-22.2%
-17.3%

-2.5%
7.1%

11.8%

10.2%

Month	Regression on Cost per Days Supply on All Other Brands Only	
	36 Months	24 Months
Jan-17	\$14.48	\$14.97
Feb-17	\$14.62	\$15.09
Mar-17	\$14.75	\$15.20
Apr-17	\$14.89	\$15.33
May-17	\$15.02	\$15.45
Jun-17	\$15.17	\$15.58
Jul-17	\$15.31	\$15.70
Aug-17	\$15.45	\$15.83
Sep-17	\$15.60	\$15.96
Oct-17	\$15.75	\$16.09
Nov-17	\$15.90	\$16.23
Dec-17	\$16.04	\$16.36
Jan-18	\$16.20	\$16.49
Feb-18	\$16.35	\$16.63
Mar-18	\$16.49	\$16.75
Apr-18	\$16.65	\$16.89
May-18	\$16.80	\$17.02
Jun-18	\$16.96	\$17.16
Jul-18	\$17.12	\$17.30
Aug-18	\$17.28	\$17.45
Sep-18	\$17.45	\$17.59
Oct-18	\$17.61	\$17.73
Nov-18	\$17.78	\$17.88
Dec-18	\$17.94	\$18.02
Jan-19	\$18.11	\$18.17
Feb-19	\$18.29	\$18.32
Mar-19	\$18.44	\$18.46
Apr-19	\$18.62	\$18.61
May-19	\$18.79	\$18.76
Jun-19	\$18.97	\$18.91
Jul-19	\$19.15	\$19.06
Aug-19	\$19.33	\$19.22
Sep-19	\$19.52	\$19.38
Oct-19	\$19.70	\$19.53
Nov-19	\$19.88	\$19.70
Dec-19	\$20.07	\$19.85

Regression on Cost per Days Supply on All Other Brands Only-36 Months		Regression on Cost per Days Supply on All Other Brands Only-24 Months	
1.000	0.000	1.000	0.000
0.000	0.746	0.000	1.494
0.903	0.033	0.731	0.035
316.479	34.000	59.635	22.000

PHARMACY TREND DEVELOPMENT
SUMMARY

		Generic	New Generics	Brands Going Generic	Brand	Vaccines	Over the Counter	Compounds	Non-Specialty Total	Specialty	Total Pharmacy
Experience Period Member Months	m										453,990
Experience Period Days Supply	a	9,618,339	3,795,583	187,260	1,265,902	12,845	383,107	17,387	15,280,424	137,479	15,417,903
Experience Period Allowed Charge per Supply	b								\$217.33		
Experience Period Total Allowed Charges	c = a x b								\$32,660,550	\$29,878,813	\$62,539,363
Experience Period PMPM	n = c / m								\$71.94	\$65.81	\$137.75
Utilization Trend	e	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%		
Projected Period Days Supply	f=c x (1+e) ²	10,204,916	4,027,058	198,680	1,343,103	13,629	406,471	18,447	16,212,304		
Calculated Annual Trend	g	0.3%	0.0%	0.0%	10.0%	20.0%	-20.0%	0.0%		20.5%	
Impact on Cost of Brands going Generic	h										
Projected Allowed Charge per Supply	i=b x (1+g) ² x h										
Projected Total Allowed Charges before Contract Changes	j = f x i										
Projection Period PMPM	k = j / m										
Annual Trend before Contract Changes	l = (k/n) ^{1/2} -1										
Reduction of Projected Claims due to Contract Changes	o										
Projected Total Allowed Charges after Contract Changes	p = j x o										
Projected PMPM after Contract Changes	q = p / m										
Impact of Contract Changes on Projected Pharmacy PMPM											
Annual Trend after Contract Changes									6.4%	20.5%	13.4%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

EXHIBIT 3J

TREND DEVELOPMENT
PROJECTION FACTOR FOR INDEX RATE CALCULATION

TREND FACTORS - FROM 2019 to 2020			
Claim Type	Cost	Utilization	Total
Medical	3.3%	3.1%	6.5%
Pharmacy	10.1%	3.0%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

TREND FACTORS - FROM 2020 to 2021			
Claim Type	Cost	Utilization	Total
Medical	3.8%	4.0%	8.0%
Pharmacy	10.1%	3.0%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

Claim Type	Experience Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2020 Allowed PMPM
Medical Claims	\$542.29	1.0331	\$560.22	1.0309	\$577.55
Pharmacy Claims	\$134.56	1.1005	\$148.08	1.0300	\$152.53
Dental Claims	\$1.99	1.0000	\$1.99	1.0071	\$2.00
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$678.93	1.0463	\$710.39	1.0307	\$732.18

Claim Type	CY 2020 Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2021 Allowed PMPM
Medical Claims	\$577.55	1.0383	\$599.68	1.0403	\$623.85
Pharmacy Claims	\$152.53	1.1005	\$167.86	1.0300	\$172.91
Dental Claims	\$2.00	1.0000	\$2.00	1.0071	\$2.02
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$732.18	1.0512	\$769.65	1.0380	\$798.87

Cost Trend Factor	Utilization Trend Factor
1+d ₁	1+d ₂
1.0727	1.0725
1.2111	1.0610
1.0000	1.0142
1.0000	1.0000
1.0999	1.0698

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

RISK ADJUSTMENT CALCULATION

Table 1	Average Premium			
	Merged		Catastrophic	
Scenario	BCBSVT	MVP	BCBSVT	MVP
Premium PMPM 2020	\$638.87	\$562.93	\$264.95	\$305.91
Adjust to billable member months	0.932	0.932	1.000	1.000
Premium adjustment factor	0.86	0.86	0.86	0.86
Projected 2021 Rate Increase	1.063	1.063	0.994	0.994
Projected Statewide Average Premium 2021	\$588.83		\$227.91	

Table 2	Plan Liability Risk Score					
	Merged			Catastrophic		
Scenario	BCBSVT	MVP	Ratio	BCBSVT	MVP	Ratio
Interim 2019	1.525	1.162	1.3125	0.261	0.144	1.8206
<i>Impact of Claims Runout & Supplemental Diagnosis</i>	1.034	1.064		1.034	1.064	
Estimated Final 2019	1.577	1.237	1.2753	0.270	0.153	1.7690
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
Projected Final 2021	1.541	1.265	1.2182	0.269	0.153	1.7624

Table 3	Other Risk Adjustment Factors*					
Factor -->	AV		IDF		ARF	
	Merged					
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP
Interim 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Estimated Final 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Membership Changes 2021	0.747	0.732	1.061	1.053	0.9806	0.9840
Projected Final 2021	0.747	0.732	1.061	1.053	0.9806	0.9840
*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 0.999 for both carriers in all scenarios						

Table 4	Risk Adjustment Transfer		
	Merged	Catastrophic	Total
Interim 2019	-\$22,478,036	-\$14,392	-\$22,492,428
Estimated Final 2019	-\$20,983,785	-\$13,872	-\$20,997,656
Membership Changes 2021	-\$23,575,837	-\$14,828	-\$23,590,665
Projected Final 2021	-\$23,575,837	-\$14,828	-\$23,590,665

Summary	
Projected Risk Adjustment Transfer	-\$23,590,665
Member Months	461,052
Net Projected Risk Adjustment PMPM	-\$51.17
Estimated Cost of High Risk Pool program	\$1.69
Paid to Allowed Ratio (from Exh 6C)	75.60%

Market Wide Adjustment for the Risk Adjustment Program	-\$65.44
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 5

INDEX RATE CALCULATION

			Medical	Pharmacy	Dental	Vision	Total
Experience	Total Experience Period Allowed Claims PMPM	a ₁	\$539.32	\$133.60	\$1.97	\$0.10	\$674.98
	Experience Period Allowed Claims PMPM for Non-EHB	a ₂	\$0.08	\$0.00	\$0.00	\$0.00	\$0.08
	Index Rate : Experience Period Allowed Claims for EHB	A	\$539.24	\$133.60	\$1.97	\$0.10	\$674.90
	Capping experience claims	a ₃	0.9966	0.9966	0.9966	0.9966	0.9966
	Capped Experience Period Allowed Claims for EHB	B = A x a ₃	\$537.42	\$133.15	\$1.97	\$0.10	\$672.63
Morbidity	Impact of the ACO Experience Settlement	1+b ₄	1.0000	1.0000	1.0000	1.0000	1.0000
	Impact of Association Health Plans	1+b ₅	0.9978	0.9993	1.0009	1.0060	0.9981
	Impact of Projected ACO Savings	1+b ₆	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in pool morbidity	1+b ₉	1.0048	1.0048	1.0048	1.0048	1.0048
Other	Impact of different benefit plans (in experience vs projection)	1+c ₁	0.9963	0.9963	0.9963	0.9963	0.9963
	Changes in provider networks	1+c ₂	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0069	1.0069	1.0069	1.0069	1.0069
Adjusted Experience Period Allowed Claims for EHB		C	\$540.46	\$134.10	\$1.98	\$0.10	\$676.65
Trend	Cost Trend	1+d ₁	1.0727	1.2111	1.0000	1.0000	1.0999
	Utilization Trend	1+d ₂	1.0725	1.0610	1.0142	1.0000	1.0698
Projected Period Allowed Claims for Experience EHB		D	\$621.75	\$172.32	\$2.01	\$0.10	\$796.18
Non-System Claims	Projected Pharmacy Rebates	e ₁					-\$29.91
	Projected Blue Print Payments	e ₂					\$3.85
	Projected ITS Fees	e ₃					\$2.64
	Projected Vaccine Payments	e ₄					\$2.11
	Contractual Fees	e ₅ , e ₇ and e ₈					\$2.06
	OneCare Care Coordination Fee	e ₆					\$1.63
Projected Index Rate : Projected Period Expected Allowed Claims for EHB		F = D + ∑ei					\$778.56
Market Wide Adjustments	Risk Adjustment Payments and Fees	g ₁					-\$65.44
	Transitional Reinsurance Payments and Recoveries	g ₂					\$0.00
	Vermont Exchange Fees	g ₃					\$0.00
Market Adjusted Index Rate		H = F + g ₁ + g ₂ + g ₃					\$713.12

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 6A

PLAN LEVEL ADJUSTMENT SUMMARY

			Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$713.12	0.9970	83.60%	1.0002	1.0000	\$594.49	1.0899	1.0148	1.0183	\$669.57	1,208
	GOLD	Vermont Select CDHP	\$713.12	1.0134	86.99%	1.0001	1.0000	\$628.73	1.0856	1.0146	1.0183	\$705.21	5,022
	SILVER	Vermont Preferred	\$713.12	0.9600	86.12%	1.0002	1.0000	\$589.65	1.0903	1.0148	1.0183	\$664.39	1,299
	SILVER	Vermont Select CDHP	\$713.12	0.9660	86.17%	1.0002	1.0000	\$593.70	1.0897	1.0148	1.0183	\$668.58	212
	BRONZE	Vermont Preferred	\$713.12	0.9377	66.50%	1.0002	1.0000	\$444.79	1.1182	1.0163	1.0183	\$514.71	520
	BRONZE	Vermont Select CDHP	\$713.12	0.9362	65.84%	1.0002	1.0000	\$439.68	1.1200	1.0163	1.0183	\$509.67	2,098
STANDARD PLANS	PLATINUM	Deductible	\$713.12	1.0908	100.13%	1.0001	1.0000	\$778.96	1.0697	1.0137	1.0183	\$860.14	6,963
	GOLD	Deductible	\$713.12	1.0248	89.19%	1.0001	1.0000	\$651.90	1.0822	1.0144	1.0183	\$728.77	4,797
	SILVER	Deductible	\$713.12	0.9692	87.49%	1.0002	1.0000	\$604.75	1.0882	1.0147	1.0183	\$679.99	3,546
	SILVER	CDHP	\$713.12	0.9790	88.24%	1.0001	1.0000	\$616.18	1.0866	1.0146	1.0183	\$691.81	824
	BRONZE	Deductible	\$713.12	0.9371	66.25%	1.0002	1.0000	\$442.83	1.1188	1.0163	1.0183	\$512.77	1,823
	BRONZE	CDHP	\$713.12	0.9407	67.74%	1.0002	1.0000	\$454.55	1.1158	1.0162	1.0183	\$524.83	1,392
	BRONZE	Integrated	\$713.12	0.9392	67.12%	1.0002	1.0000	\$449.62	1.1169	1.0162	1.0183	\$519.68	563
REFLECTIV E PLANS	Catastrophic	Deductible	\$713.12	0.9392	67.13%	1.0005	0.4469	\$201.05	1.2554	1.0224	1.0183	\$262.79	360
	SILVER	Vermont Preferred	\$713.12	0.9593	74.11%	1.0002	1.0000	\$507.06	1.1043	1.0156	1.0183	\$579.09	637
	SILVER	Vermont Select CDHP	\$713.12	0.9651	75.79%	1.0002	1.0000	\$521.70	1.1020	1.0154	1.0183	\$594.49	661
	SILVER	Deductible	\$713.12	0.9688	76.79%	1.0002	1.0000	\$530.57	1.1000	1.0153	1.0183	\$603.42	4,586
	SILVER	CDHP	\$713.12	0.9788	79.38%	1.0002	1.0000	\$554.17	1.0960	1.0151	1.0183	\$627.83	1,910
Total			\$713.12					\$599.92				\$675.13	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 6B

**PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR**

			Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	76.64%	1.0609	0.9973	1.000	\$663.27	0.9973	-\$17.62	-\$49.48	\$594.40	0.9970	1,208
	GOLD	Vermont Select CDHP	79.43%	1.0766	1.0121	1.000	\$687.45	1.0121	-\$17.62	-\$49.48	\$628.64	1.0134	5,022
	SILVER	Vermont Preferred	68.81%	1.0254	0.9639	1.000	\$681.24	0.9639	-\$17.62	-\$49.48	\$589.56	0.9600	1,299
	SILVER	Vermont Select CDHP	70.29%	1.0312	0.9693	1.000	\$681.60	0.9693	-\$17.62	-\$49.48	\$593.61	0.9660	212
	BRONZE	Vermont Preferred	62.55%	1.0057	0.9454	1.000	\$541.34	0.9454	-\$17.62	-\$49.48	\$444.70	0.9377	520
	BRONZE	Vermont Select CDHP	62.00%	1.0044	0.9442	1.000	\$536.64	0.9442	-\$17.62	-\$49.48	\$439.59	0.9362	2,098
STANDARD PLANS	PLATINUM	Deductible	90.26%	1.1521	1.0830	1.000	\$781.15	1.0830	-\$17.62	-\$49.48	\$778.87	1.0908	6,963
	GOLD	Deductible	81.24%	1.0876	1.0224	1.000	\$703.16	1.0224	-\$17.62	-\$49.48	\$651.81	1.0248	4,797
	SILVER	Deductible	71.02%	1.0342	0.9722	1.000	\$690.98	0.9722	-\$17.62	-\$49.48	\$604.66	0.9692	3,546
	SILVER	CDHP	73.16%	1.0436	0.9811	1.000	\$696.37	0.9811	-\$17.62	-\$49.48	\$616.09	0.9790	824
	BRONZE	Deductible	62.34%	1.0052	0.9449	1.000	\$539.54	0.9449	-\$17.62	-\$49.48	\$442.74	0.9371	1,823
	BRONZE	CDHP	63.57%	1.0084	0.9479	1.000	\$550.19	0.9479	-\$17.62	-\$49.48	\$454.45	0.9407	1,392
	BRONZE	Integrated	63.06%	1.0070	0.9467	1.000	\$545.73	0.9467	-\$17.62	-\$49.48	\$449.53	0.9392	563
	Catastrophic	Deductible	63.07%	1.0071	0.9467	0.447	\$545.84	0.9467	-\$17.62	-\$49.48	\$449.65	0.9392	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	68.81%	1.0254	0.9639	1.000	\$595.56	0.9639	-\$17.62	-\$49.48	\$506.97	0.9593	637
	SILVER	Vermont Select CDHP	70.20%	1.0308	0.9690	1.000	\$607.55	0.9690	-\$17.62	-\$49.48	\$521.61	0.9651	661
	SILVER	Deductible	71.02%	1.0342	0.9722	1.000	\$614.68	0.9722	-\$17.62	-\$49.48	\$530.48	0.9688	4,586
	SILVER	CDHP	73.16%	1.0436	0.9810	1.000	\$633.17	0.9810	-\$17.62	-\$49.48	\$554.08	0.9788	1,910
Total				1.0638				1.0000				0.9994	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Exhibit 6C

**PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS**

			Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$796.18	76.64%	100.00%	108.71%	\$663.27	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$596.17	83.60%	1,208
	GOLD	Vermont Select CDHP	\$796.18	79.43%	100.00%	108.71%	\$687.45	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$620.36	86.99%	5,022
	SILVER	Vermont Preferred	\$796.18	68.81%	114.39%	108.71%	\$681.24	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$614.15	86.12%	1,299
	SILVER	Vermont Select CDHP	\$796.18	70.29%	112.03%	108.71%	\$681.60	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$614.50	86.17%	212
	BRONZE	Vermont Preferred	\$796.18	62.55%	100.00%	108.71%	\$541.34	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$474.24	66.50%	520
	BRONZE	Vermont Select CDHP	\$796.18	62.00%	100.00%	108.71%	\$536.64	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$469.54	65.84%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$796.18	90.26%	100.00%	108.71%	\$781.15	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$714.06	100.13%	6,963
	GOLD	Deductible	\$796.18	81.24%	100.00%	108.71%	\$703.16	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$636.06	89.19%	4,797
	SILVER	Deductible	\$796.18	71.02%	112.41%	108.71%	\$690.98	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$623.88	87.49%	3,546
	SILVER	CDHP	\$796.18	73.16%	109.98%	108.71%	\$696.37	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$629.27	88.24%	824
	BRONZE	Deductible	\$796.18	62.34%	100.00%	108.71%	\$539.54	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$472.45	66.25%	1,823
	BRONZE	CDHP	\$796.18	63.57%	100.00%	108.71%	\$550.19	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$483.09	67.74%	1,392
	BRONZE	Integrated	\$796.18	63.06%	100.00%	108.71%	\$545.73	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$478.64	67.12%	563
	Catastrophic	Deductible	\$796.18	63.07%	100.00%	108.71%	\$545.84	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$478.75	67.13%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$796.18	68.81%	100.00%	108.71%	\$595.56	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$528.47	74.11%	637
	SILVER	Vermont Select CDHP	\$796.18	70.20%	100.00%	108.71%	\$607.55	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$540.46	75.79%	661
	SILVER	Deductible	\$796.18	71.02%	100.00%	108.71%	\$614.68	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$547.58	76.79%	4,586
	SILVER	CDHP	\$796.18	73.16%	100.00%	108.71%	\$633.17	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$566.08	79.38%	1,910
Total			\$796.18	75.60%	101.91%	108.71%	\$666.02	-\$17.62	-\$49.48	-\$65.44	\$713.12	\$598.92	83.99%	38,421

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%	\$796.18	63.1%	\$502.13
Individual Ages 30 or Less	████	████	████	████
Individual Ages over 30	████	████	████	████
Weighted Average		\$445.15	58.5%	\$260.48
<i>Allowed Charges Adjustment</i>		0.5591		
<i>Paid to Allowed Ratio Adjustment</i>			0.9278	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$796.18		
Paid to Allowed Ratio for EHB Portion		68.6%		
Benefit Richness Adjustment for EHB		0.9467		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		0.5187		
Projected Period Paid Claims for Experience EHB		\$268.06		
Non-System Claims		-\$17.62		
Market Wide Adjustments		-\$49.48		
Plans Benefits in addition to EHB		\$0.09		
Expected Claims Cost		\$201.05		
Market Adjusted Index Rate		\$713.12		
Paid to Allowed Ratio		67.1%		
Benefit Richness Adjustment		0.9392		
Plan Benefits in addition to EHB		1.0005		
For Catastrophic Only - Impact of Eligibility		0.4469		
Expected Claims Cost		\$201.05		
Total Adjustment for Catastrophic Plan			0.4469	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 6E

IMPACT OF SELECTION

			Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor				
			Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$796.18	0.9973	76.64%	1.0000	\$608.52	\$796.18	1.0295	83.54%	\$684.71	1,208
	GOLD	Vermont Select CDHP	\$796.18	1.0121	79.43%	1.0000	\$640.02	\$796.18	1.2977	86.46%	\$893.32	5,022
	SILVER	Vermont Preferred	\$796.18	0.9639	68.81%	1.0000	\$528.09	\$796.18	1.0623	76.44%	\$646.52	1,299
	SILVER	Vermont Select CDHP	\$796.18	0.9693	70.29%	1.0000	\$542.51	\$796.18	1.0623	75.67%	\$640.02	212
	BRONZE	Vermont Preferred	\$796.18	0.9454	62.55%	1.0000	\$470.81	\$796.18	0.5902	69.00%	\$324.23	520
	BRONZE	Vermont Select CDHP	\$796.18	0.9442	62.00%	1.0000	\$466.11	\$796.18	0.5902	67.52%	\$317.28	2,098
STANDARD PLANS	PLATINUM	Deductible	\$796.18	1.0830	90.26%	1.0000	\$778.22	\$796.18	1.3866	93.50%	\$1,032.16	6,963
	GOLD	Deductible	\$796.18	1.0224	81.24%	1.0000	\$661.34	\$796.18	1.0295	84.08%	\$689.16	4,797
	SILVER	Deductible	\$796.18	0.9722	71.02%	1.0000	\$549.73	\$796.18	1.0623	76.25%	\$644.93	3,546
	SILVER	CDHP	\$796.18	0.9811	73.16%	1.0000	\$571.47	\$796.18	1.0623	78.00%	\$659.73	824
	BRONZE	Deductible	\$796.18	0.9449	62.34%	1.0000	\$469.01	\$796.18	0.5902	67.76%	\$318.40	1,823
	BRONZE	CDHP	\$796.18	0.9479	63.57%	1.0000	\$479.78	\$796.18	0.5902	68.66%	\$322.63	1,392
	BRONZE	Integrated	\$796.18	0.9467	63.06%	1.0000	\$475.25	\$796.18	0.5902	69.51%	\$326.63	563
	Catastrophic	Deductible	\$796.18	0.9467	63.07%	0.5187	\$246.59	\$796.18	0.3529	69.95%	\$196.52	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$796.18	0.9639	68.81%	1.0000	\$528.09	\$796.18	0.7594	72.80%	\$440.12	637
	SILVER	Vermont Select CDHP	\$796.18	0.9690	70.20%	1.0000	\$541.56	\$796.18	0.7594	71.43%	\$431.88	661
	SILVER	Deductible	\$796.18	0.9722	71.02%	1.0000	\$549.72	\$796.18	0.7594	73.07%	\$441.76	4,586
	SILVER	CDHP	\$796.18	0.9810	73.16%	1.0000	\$571.43	\$796.18	0.7594	74.91%	\$452.89	1,910
	Total			\$603.07					\$655.57 38,421			

Impact of Selection = \$655.57 / \$603.07 1.0871

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

			BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$48.85	\$0.48	\$0.94	\$3.16	\$53.43	1.0899	7.98%	1,208
	GOLD	Vermont Select CDHP	\$48.85	\$0.73	\$0.94	\$3.33	\$53.85	1.0856	7.64%	5,022
	SILVER	Vermont Preferred	\$48.85	\$0.31	\$0.94	\$3.13	\$53.24	1.0903	8.01%	1,299
	SILVER	Vermont Select CDHP	\$48.85	\$0.31	\$0.94	\$3.15	\$53.26	1.0897	7.97%	212
	BRONZE	Vermont Preferred	\$48.85	\$0.34	\$0.94	\$2.43	\$52.55	1.1182	10.21%	520
	BRONZE	Vermont Select CDHP	\$48.85	\$0.58	\$0.94	\$2.40	\$52.77	1.1200	10.35%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$48.85	\$0.42	\$0.94	\$4.06	\$54.26	1.0697	6.31%	6,963
	GOLD	Deductible	\$48.85	\$0.36	\$0.94	\$3.44	\$53.59	1.0822	7.35%	4,797
	SILVER	Deductible	\$48.85	\$0.31	\$0.94	\$3.21	\$53.31	1.0882	7.84%	3,546
	SILVER	CDHP	\$48.85	\$0.32	\$0.94	\$3.26	\$53.37	1.0866	7.71%	824
	BRONZE	Deductible	\$48.85	\$0.42	\$0.94	\$2.42	\$52.63	1.1188	10.26%	1,823
	BRONZE	CDHP	\$48.85	\$0.38	\$0.94	\$2.47	\$52.64	1.1158	10.03%	1,392
	BRONZE	Integrated	\$48.85	\$0.32	\$0.94	\$2.45	\$52.56	1.1169	10.11%	563
	Catastrophic	Deductible	\$48.85	\$0.31	\$0.94	\$1.24	\$51.34	1.2554	19.54%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$48.85	\$0.36	\$0.94	\$2.73	\$52.88	1.1043	9.13%	637
	SILVER	Vermont Select CDHP	\$48.85	\$0.63	\$0.94	\$2.80	\$53.22	1.1020	8.95%	661
	SILVER	Deductible	\$48.85	\$0.40	\$0.94	\$2.85	\$53.03	1.1000	8.79%	4,586
	SILVER	CDHP	\$48.85	\$0.42	\$0.94	\$2.96	\$53.17	1.0960	8.47%	1,910
Total			\$48.85	\$0.44	\$0.94	\$3.18	\$53.42	1.0890	7.91%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 7B

DETAILS OF CONTRIBUTION TO RESERVE

			BCBSVT Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$10.04	\$2.01	\$12.05	1.0183	1.50%	0.30%	1,208
	GOLD	Vermont Select CDHP	\$10.58	\$2.12	\$12.69	1.0183	1.50%	0.30%	5,022
	SILVER	Vermont Preferred	\$9.97	\$1.99	\$11.96	1.0183	1.50%	0.30%	1,299
	SILVER	Vermont Select CDHP	\$10.03	\$2.01	\$12.03	1.0183	1.50%	0.30%	212
	BRONZE	Vermont Preferred	\$7.72	\$1.54	\$9.26	1.0183	1.50%	0.30%	520
	BRONZE	Vermont Select CDHP	\$7.65	\$1.53	\$9.17	1.0183	1.50%	0.30%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$12.90	\$2.58	\$15.48	1.0183	1.50%	0.30%	6,963
	GOLD	Deductible	\$10.93	\$2.19	\$13.12	1.0183	1.50%	0.30%	4,797
	SILVER	Deductible	\$10.20	\$2.04	\$12.24	1.0183	1.50%	0.30%	3,546
	SILVER	CDHP	\$10.38	\$2.08	\$12.45	1.0183	1.50%	0.30%	824
	BRONZE	Deductible	\$7.69	\$1.54	\$9.23	1.0183	1.50%	0.30%	1,823
	BRONZE	CDHP	\$7.87	\$1.57	\$9.45	1.0183	1.50%	0.30%	1,392
	BRONZE	Integrated	\$7.80	\$1.56	\$9.35	1.0183	1.50%	0.30%	563
	Catastrophic	Deductible	\$3.94	\$0.79	\$4.73	1.0183	1.50%	0.30%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$8.69	\$1.74	\$10.42	1.0183	1.50%	0.30%	637
	SILVER	Vermont Select CDHP	\$8.92	\$1.78	\$10.70	1.0183	1.50%	0.30%	661
	SILVER	Deductible	\$9.05	\$1.81	\$10.86	1.0183	1.50%	0.30%	4,586
	SILVER	CDHP	\$9.42	\$1.88	\$11.30	1.0183	1.50%	0.30%	1,910
Total			\$10.13	\$2.03	\$12.15	1.0183	1.50%	0.30%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 7C

DETAILS OF TAXES AND FEES

			0.800%	0.199%								
			State Assessment - HCCA	State Tax - VITL	GMCB Billbacks	Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$5.31	\$1.32	\$2.54	\$0.24	\$0.00	\$0.18	\$9.59	1.0148	1.43%	1,208
	GOLD	Vermont Select CDHP	\$5.59	\$1.39	\$2.54	\$0.24	\$0.00	\$0.18	\$9.93	1.0146	1.41%	5,022
	SILVER	Vermont Preferred	\$5.27	\$1.31	\$2.54	\$0.24	\$0.00	\$0.18	\$9.54	1.0148	1.44%	1,299
	SILVER	Vermont Select CDHP	\$5.31	\$1.32	\$2.54	\$0.24	\$0.00	\$0.18	\$9.58	1.0148	1.43%	212
	BRONZE	Vermont Preferred	\$4.12	\$1.02	\$2.54	\$0.24	\$0.00	\$0.18	\$8.10	1.0163	1.57%	520
	BRONZE	Vermont Select CDHP	\$4.07	\$1.01	\$2.54	\$0.24	\$0.00	\$0.18	\$8.04	1.0163	1.58%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$6.79	\$1.69	\$2.54	\$0.24	\$0.00	\$0.18	\$11.43	1.0137	1.33%	6,963
	GOLD	Deductible	\$5.77	\$1.44	\$2.54	\$0.24	\$0.00	\$0.18	\$10.16	1.0144	1.39%	4,797
	SILVER	Deductible	\$5.40	\$1.34	\$2.54	\$0.24	\$0.00	\$0.18	\$9.69	1.0147	1.43%	3,546
	SILVER	CDHP	\$5.49	\$1.36	\$2.54	\$0.24	\$0.00	\$0.18	\$9.81	1.0146	1.42%	824
	BRONZE	Deductible	\$4.10	\$1.02	\$2.54	\$0.24	\$0.00	\$0.18	\$8.08	1.0163	1.58%	1,823
	BRONZE	CDHP	\$4.19	\$1.04	\$2.54	\$0.24	\$0.00	\$0.18	\$8.19	1.0162	1.56%	1,392
	BRONZE	Integrated	\$4.15	\$1.03	\$2.54	\$0.24	\$0.00	\$0.18	\$8.14	1.0162	1.57%	563
	Catastrophic	Deductible	\$2.17	\$0.54	\$2.54	\$0.24	\$0.00	\$0.18	\$5.66	1.0224	2.15%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$4.61	\$1.15	\$2.54	\$0.24	\$0.00	\$0.18	\$8.72	1.0156	1.51%	637
	SILVER	Vermont Select CDHP	\$4.73	\$1.18	\$2.54	\$0.24	\$0.00	\$0.18	\$8.86	1.0154	1.49%	661
	SILVER	Deductible	\$4.80	\$1.19	\$2.54	\$0.24	\$0.00	\$0.18	\$8.95	1.0153	1.48%	4,586
	SILVER	CDHP	\$4.99	\$1.24	\$2.54	\$0.24	\$0.00	\$0.18	\$9.19	1.0151	1.46%	1,910
Total			\$5.36	\$1.33	\$2.54	\$0.24	\$0.00	\$0.18	\$9.65	1.0148	1.43%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 8

FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)

			Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$645.74	-\$49.48	\$3.16	\$599.42	\$669.57	-\$4.28	\$665.29	90.1%	1,208
	GOLD	Vermont Select CDHP	\$680.26	-\$49.48	\$3.17	\$633.95	\$705.21	-\$4.35	\$700.87	90.5%	5,022
	SILVER	Vermont Preferred	\$640.86	-\$49.48	\$3.15	\$594.53	\$664.39	-\$4.27	\$660.12	90.1%	1,299
	SILVER	Vermont Select CDHP	\$644.94	-\$49.48	\$3.15	\$598.61	\$668.58	-\$4.28	\$664.30	90.1%	212
	BRONZE	Vermont Preferred	\$494.84	-\$49.48	\$3.15	\$448.51	\$514.71	-\$3.98	\$510.73	87.8%	520
	BRONZE	Vermont Select CDHP	\$489.69	-\$49.48	\$3.16	\$443.38	\$509.67	-\$3.97	\$505.70	87.7%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$831.69	-\$49.48	\$3.15	\$785.36	\$860.14	-\$4.65	\$855.50	91.8%	6,963
	GOLD	Deductible	\$703.61	-\$49.48	\$3.15	\$657.28	\$728.77	-\$4.39	\$724.38	90.7%	4,797
	SILVER	Deductible	\$656.08	-\$49.48	\$3.15	\$609.75	\$679.99	-\$4.30	\$675.70	90.2%	3,546
	SILVER	CDHP	\$667.60	-\$49.48	\$3.15	\$621.27	\$691.81	-\$4.32	\$687.49	90.4%	824
	BRONZE	Deductible	\$492.87	-\$49.48	\$3.15	\$446.55	\$512.77	-\$3.98	\$508.79	87.8%	1,823
	BRONZE	CDHP	\$504.67	-\$49.48	\$3.15	\$458.35	\$524.83	-\$4.00	\$520.83	88.0%	1,392
	BRONZE	Integrated	\$499.71	-\$49.48	\$3.15	\$453.38	\$519.68	-\$3.99	\$515.69	87.9%	563
	Catastrophic	Deductible	\$249.15	-\$49.48	\$3.15	\$202.82	\$262.79	-\$3.50	\$259.29	78.2%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$557.61	-\$49.48	\$3.15	\$511.28	\$579.09	-\$4.10	\$574.98	88.9%	637
	SILVER	Vermont Select CDHP	\$572.37	-\$49.48	\$3.17	\$526.06	\$594.49	-\$4.13	\$590.36	89.1%	661
	SILVER	Deductible	\$581.31	-\$49.48	\$3.15	\$534.98	\$603.42	-\$4.15	\$599.27	89.3%	4,586
	SILVER	CDHP	\$605.09	-\$49.48	\$3.15	\$558.77	\$627.83	-\$4.20	\$623.64	89.6%	1,910
Total			\$651.21	-\$49.48	\$3.16	\$604.89	\$675.13	-\$4.29	\$670.85	90.2%	38,421

*Approximately 6.4% of current BCBSVT Administrative Charges are for health care quality plus

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 9A

CONTRACT CONVERSION FACTOR

								Preliminary Rates				Projected Contracts			
			Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	1,208	\$669.57	1.6220	1.4565	1.1137	\$745.69	\$1,491.38	\$1,439.18	\$2,095.39	522	120	26	101
	GOLD	Vermont Select CDHP	5,022	\$705.21	1.6220	1.4565	1.1137	\$785.39	\$1,570.78	\$1,515.80	\$2,206.95	1,356	563	134	551
	SILVER	Vermont Preferred	1,299	\$664.39	1.6220	1.4565	1.1137	\$739.93	\$1,479.86	\$1,428.06	\$2,079.20	714	195	30	37
	SILVER	Vermont Select CDHP	212	\$668.58	1.6220	1.4565	1.1137	\$744.60	\$1,489.20	\$1,437.08	\$2,092.33	118	32	5	6
	BRONZE	Vermont Preferred	520	\$514.71	1.6220	1.4565	1.1137	\$573.23	\$1,146.46	\$1,106.33	\$1,610.78	264	50	13	35
	BRONZE	Vermont Select CDHP	2,098	\$509.67	1.6220	1.4565	1.1137	\$567.62	\$1,135.24	\$1,095.51	\$1,595.01	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	6,963	\$860.14	1.6220	1.4565	1.1137	\$957.94	\$1,915.88	\$1,848.82	\$2,691.81	2,330	798	215	630
	GOLD	Deductible	4,797	\$728.77	1.6220	1.4565	1.1137	\$811.63	\$1,623.26	\$1,566.45	\$2,280.68	1,903	507	113	403
	SILVER	Deductible	3,546	\$679.99	1.6220	1.4565	1.1137	\$757.31	\$1,514.62	\$1,461.61	\$2,128.04	1,844	551	77	124
	SILVER	CDHP	824	\$691.81	1.6220	1.4565	1.1137	\$770.47	\$1,540.94	\$1,487.01	\$2,165.02	376	128	17	41
	BRONZE	Deductible	1,823	\$512.77	1.6220	1.4565	1.1137	\$571.07	\$1,142.14	\$1,102.17	\$1,604.71	896	193	40	119
	BRONZE	CDHP	1,392	\$524.83	1.6220	1.4565	1.1137	\$584.50	\$1,169.00	\$1,128.09	\$1,642.45	588	128	35	122
	BRONZE	Integrated	563	\$519.68	1.6220	1.4565	1.1137	\$578.77	\$1,157.54	\$1,117.03	\$1,626.34	272	53	13	40
	Catastrophic	Deductible	360	\$262.79	1.0435	1.0362	1.0070	\$264.63	\$529.26	\$510.74	\$743.61	334	7	2	2
REFLECTIVE PLANS	SILVER	Vermont Preferred	637	\$579.09	1.6220	1.4565	1.1137	\$644.93	\$1,289.86	\$1,244.71	\$1,812.25	321	45	14	48
	SILVER	Vermont Select CDHP	661	\$594.49	1.6220	1.4565	1.1137	\$662.09	\$1,324.18	\$1,277.83	\$1,860.47	208	54	12	80
	SILVER	Deductible	4,586	\$603.42	1.6220	1.4565	1.1137	\$672.03	\$1,344.06	\$1,297.02	\$1,888.40	1,977	439	110	369
	SILVER	CDHP	1,910	\$627.83	1.6220	1.4565	1.1137	\$699.22	\$1,398.44	\$1,349.49	\$1,964.81	676	174	53	191
Total			38,421	\$675.13							\$674.01				

Additional Factor for Contract Conversion Factor 100.17%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 9B
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CONSUMER ADJUSTED PREMIUM RATES

			2021 Proposed Rates						2020 Approved Rates				2021 Proposed Rate Increases			
			Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$669.57	1.1156	\$746.97	\$1,493.94	\$1,441.65	\$2,098.99	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05	6.9%	6.9%	6.9%	6.9%
	GOLD	Vermont Select CDHP	\$705.21	1.1156	\$786.73	\$1,573.46	\$1,518.39	\$2,210.71	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80	13.3%	13.3%	13.3%	13.3%
	SILVER	Vermont Preferred	\$664.39	1.1156	\$741.19	\$1,482.38	\$1,430.50	\$2,082.74	\$691.29	\$1,382.58	\$1,334.19	\$1,942.52	7.2%	7.2%	7.2%	7.2%
	SILVER	Vermont Select CDHP	\$668.58	1.1156	\$745.87	\$1,491.74	\$1,439.53	\$2,095.89	\$703.57	\$1,407.14	\$1,357.89	\$1,977.03	6.0%	6.0%	6.0%	6.0%
	BRONZE	Vermont Preferred	\$514.71	1.1156	\$574.21	\$1,148.42	\$1,108.23	\$1,613.53	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66	5.3%	5.3%	5.3%	5.3%
	BRONZE	Vermont Select CDHP	\$509.67	1.1156	\$568.59	\$1,137.18	\$1,097.38	\$1,597.74	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11	4.2%	4.2%	4.2%	4.2%
STANDARD PLANS	PLATINUM	Deductible	\$860.14	1.1156	\$959.58	\$1,919.16	\$1,851.99	\$2,696.42	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37	6.6%	6.6%	6.6%	6.6%
	GOLD	Deductible	\$728.77	1.1156	\$813.02	\$1,626.04	\$1,569.13	\$2,284.59	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06	4.6%	4.6%	4.6%	4.6%
	SILVER	Deductible	\$679.99	1.1156	\$758.60	\$1,517.20	\$1,464.10	\$2,131.67	\$723.22	\$1,446.44	\$1,395.81	\$2,032.25	4.9%	4.9%	4.9%	4.9%
	SILVER	CDHP	\$691.81	1.1156	\$771.78	\$1,543.56	\$1,489.54	\$2,168.70	\$727.00	\$1,454.00	\$1,403.11	\$2,042.87	6.2%	6.2%	6.2%	6.2%
	BRONZE	Deductible	\$512.77	1.1156	\$572.05	\$1,144.10	\$1,104.06	\$1,607.46	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04	4.1%	4.1%	4.1%	4.1%
	BRONZE	CDHP	\$524.83	1.1156	\$585.50	\$1,171.00	\$1,130.02	\$1,645.26	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55	4.7%	4.7%	4.7%	4.7%
	BRONZE	Integrated	\$519.68	1.1156	\$579.75	\$1,159.50	\$1,118.92	\$1,629.10	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	3.4%	3.4%	3.4%	3.4%
	Catastrophic	Deductible	\$262.79	1.0087	\$265.07	\$530.14	\$511.59	\$744.85	\$266.82	\$533.64	\$514.96	\$749.76	-0.7%	-0.7%	-0.7%	-0.7%
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$579.09	1.1156	\$646.03	\$1,292.06	\$1,246.84	\$1,815.34	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46	6.4%	6.4%	6.4%	6.4%
	SILVER	Vermont Select CDHP	\$594.49	1.1156	\$663.22	\$1,326.44	\$1,280.01	\$1,863.65	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52	5.3%	5.3%	5.3%	5.3%
	SILVER	Deductible	\$603.42	1.1156	\$673.17	\$1,346.34	\$1,299.22	\$1,891.61	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75	4.4%	4.4%	4.4%	4.4%
	SILVER	CDHP	\$627.83	1.1156	\$700.41	\$1,400.82	\$1,351.79	\$1,968.15	\$663.91	\$1,327.82	\$1,281.35	\$1,865.59	5.5%	5.5%	5.5%	5.5%
Total					\$311,284,496				\$292,726,577				6.34%			

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Exhibit 9B
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CONSUMER ADJUSTED PREMIUM RATES

			Inforce Contracts				Projected Contracts			
			Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	522	120	26	101	522	120	26	101
	GOLD	Vermont Select CDHP	1,356	563	134	551	1,356	563	134	551
	SILVER	Vermont Preferred	714	195	30	37	714	195	30	37
	SILVER	Vermont Select CDHP	118	32	5	6	118	32	5	6
	BRONZE	Vermont Preferred	264	50	13	35	264	50	13	35
	BRONZE	Vermont Select CDHP	834	192	37	203	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	2,866	841	234	656	2,330	798	215	630
	GOLD	Deductible	1,903	507	113	403	1,903	507	113	403
	SILVER	Deductible	1,844	551	77	124	1,844	551	77	124
	SILVER	CDHP	376	128	17	41	376	128	17	41
	BRONZE	Deductible	896	193	40	119	896	193	40	119
	BRONZE	CDHP	588	128	35	122	588	128	35	122
	BRONZE	Integrated	272	53	13	40	272	53	13	40
REFLECTIVE PLANS	Catastrophic	Deductible	334	7	2	2	334	7	2	2
	SILVER	Vermont Preferred	321	45	14	48	321	45	14	48
	SILVER	Vermont Select CDHP	208	54	12	80	208	54	12	80
	SILVER	Deductible	1,977	439	110	369	1,977	439	110	369
	SILVER	CDHP	676	174	53	191	676	174	53	191
Total			24,434				23,810			



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

May 8, 2020

Thomas Crompton
Health Systems Finance Associate Director
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2021 Vermont Individual and Small Group Rate Filing**

Dear Mr. Crompton:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2021 Vermont Individual and Small Group Rate Filing.

The average increase is 6.3 percent.

Increases for specific plans range from -0.7 percent to 13.3 percent. Apart from the Catastrophic plan and the Vermont Select CDHP Gold, the increases range from 3.4 percent to 7.2 percent.

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

Sincerely,

Ruth Greene

cc: Michael Barber/GMCB
Amerin Aborjaily/GMCB
Paul Schultz/BCBSVT
Martine Lemieux/BCBSVT
Michael Donofrio/Stris&Maher
Bridget Asay/Stris&Maher

May 26, 2020

Mr. Kevin Ruggeberg, A.S.A., M.A.A.A.
Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 05/19/2020 Questions re:
Blue Cross and Blue Shield of Vermont
2021 Vermont Individual and Small Group Rate Filing
(SERFF Tracking #: BCVT-131936226)**

Dear Mr. Ruggeberg:

In response to your requests dated May 19, 2020, here are [your questions](#) and our answers:

- 1. Exhibit 9B shows the VT standard plans, as well as plans denoted "Vermont Preferred" and "Vermont Select." This appears to agree with the actuarial memorandum which describes the "Rewards" plans as replaced by these. The URRT shows projected enrollment for all of these plans, as well as projected renewals for "Rewards". Please clarify whether there will be renewals for "Rewards" plans and if so which premiums from Exhibit 9B are applicable.*

For plan year 2020, BCBSVT removed the incentive rewards from its non-standard plans. The name "Blue Rewards" is causing confusion in the marketplace and BCBSVT decided to rename the non-standard plans for plan year 2021.

The Blue Rewards CDHPs are the same plans as the Vermont Select CDHPs, other than changes to cost sharing to meet metal AV levels. These plans are "renewing" for the purpose of the URRT and show experience and projected enrollment. We noticed that the Individual Vermont Select CDHP plans still include the old "Blue Rewards" names and will correct the URRT at the end of the review process.

The Blue Rewards Deductible plans were enhanced in 2021 with the addition of value-added benefits for members with diabetes and heart disease. These enhancements did not qualify as a uniform modification as described in 45 CFR 147.106. Therefore, BCBSVT is replacing the current Blue Rewards Deductible plans with the Vermont Preferred plans. The Blue Rewards Deductible plans are showing as "terminating" in the URRT and do not have projected enrollment. The Vermont Preferred plans are "new" and do not have experience enrollment.

For the purpose of Exhibit 9B, we assumed that all members currently enrolled in the Blue Rewards Deductible plans would enroll in the enhanced Vermont Preferred plans.

- 2. This question involves confidential and proprietary information. BCBSVT's response will be provided under separate cover.*

3. *Please clarify the statement in section 3.3 of the memorandum which states that the allowed charges are \$703.28 PMPM in the experience period. Both sections 3.1 and 3.3 appear to describe this value as \$665.15.*

The “703.28” is a typo. The correct value is \$655.15.

4. *Please reconcile the c1 factor as described in the memorandum (0.9961) to the value shown in Exhibit 5 (0.9963).*

The “0.9961” is a typo. The correct value is 0.9963 as shown in Exhibit 2C and 5.

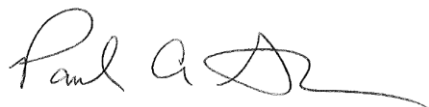
5. *The description of the GMCB billback amount appears to assume that the portion of the BCBSVT invoice attributable to VISG enrollment is unchanged between FY2019 and FY2020. In light of the substantial enrollment changes that have occurred during that period, please clarify if that is the intention.*

Yes, that is the intention. We allocate GMCB billbacks between lines of business using earned premium. The projected portion of total BCBSVT insured premium attributed to VISG in 2021 is nearly identical to the actual observed 2019 proportion.

Market	Actual CY 2019 Premium	Projected CY 2021 Premium
VISG	\$322,747,284	\$311,284,496
BCBSVT Large Group Insured	\$73,504,950	\$70,661,970
VISG percent of total BCBSVT premium for products reviewed by GMCB	81.4%	81.5%

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 16, 2020

Mr. Kevin Ruggeberg, A.S.A., M.A.A.A.
Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/11/2020 Questions re:
Blue Cross and Blue Shield of Vermont
2021 Vermont Individual and Small Group Rate Filing
(SERFF Tracking #: BCVT-131936226)**

Dear Mr. Ruggeberg:

In response to your requests dated June 11, 2020, here are [your questions](#) and our answers:

1. [Provide total claims PMPM by incurral month for the most recent three years of experience, normalized for contract changes, for individual, small group, and combined.](#)

Please see attached *Responses to BCBSVT 2021 VISG Rate Filing - Inquiry 2.xlsx*, tab Q1.

The table includes individual and small groups enrolled in a BCBSVT VISG product and small groups who enrolled in an AHP in 2019. The PMPM figures are total medical allowed charges, removing claimants in excess of \$500,000. We also excluded a sizable group that was established for a specific and temporary effort, as we do not expect them to continue enrollment into 2021.

2. [Provide total claims PMPM by incurral month for the most recent three years of experience, normalized for contract changes and changes in PLRS, for individual, small group, and combined.](#)

Please see attached *Responses to BCBSVT 2021 VISG Rate Filing - Inquiry 2.xlsx*, tab Q2.

The table includes individual and small groups enrolled in a BCBSVT VISG product and small groups who enrolled in an AHP in 2019. The PMPM figures are total medical allowed charges, removing claimants in excess of \$500,000. We also excluded a sizable group that was established for a specific and temporary effort, as we do not expect them to continue enrollment into 2021. Finally, we excluded members for which the CMS DIY risk score calculator could not produce a risk score due to invalid or incompatible data.

To adjust for changes in PLRS, BCBSVT recalculated the risk score for each year using the 2019 HHS-HCC model. This normalizes for model changes over time, although it does have the limitation of potential misalignment of expected costs by condition inasmuch as that may change over the course of the experience period (i.e. coefficient changes may be reflective of changes expected cost by calendar year, for instance where a new

pharmacological treatment is introduced). The PMPM shown in the Q2 tab divides the raw PMPM by the monthly average risk score.

The results of normalizing allowed charges for HHS-HCC risk scores are extremely sensitive to the assumed degree of coding growth implicit in the risk data. Baseline coding growth has been estimated to fall in the range of one to three percent, but coding growth can be much larger in specific situations¹. In Vermont, the following factors contribute to coding growth that is higher—potentially much higher—than average:

- The baseline level of completeness of risk coding in Vermont is much lower than that in nearby states, likely driven by one of the lowest Medicare Advantage penetration rates in the country.
- At least four major provider groups implemented new electronic medical records (EMR) platforms in 2018 through 2019.
- OneCare Vermont has encouraged improved coding, as its internal measurement of medical service areas is impacted by risk score.
- in light of the magnitude of risk adjustment transfers now that BCBSVT no longer has a dominant market share, we have engaged with providers throughout our service area to improve coding and capture more complete information on claims submissions.

It is challenging to parse coding growth from true changes in population morbidity within a small cohort. Mathematically, each one percent difference in assumed coding growth will yield a one percent difference in assumed trend. We have not attempted to normalize these data for coding growth.

Finally, we note that the HHS-HCC model is intended to apply to plan liability rather than allowed charges. Any attempt to apply HHS-HCC risk scores to allowed charges would require normalization of the data and/or the risk scores. We have not attempted to apply such normalization.

Given the difficulties in accurately gauging the impact of coding growth and the one-to-one sensitivity of results to this factor, we believe that it is inappropriate to use the HHS-HCC model to normalize claims for the purpose of crafting a utilization trend assumption specific to the Vermont market.

3. *Reconcile the market-adjusted index rate in Exhibit 5 to the market-adjusted index rate in the URRT.*

The URRT only allows three decimals while our rate development applies rounding only to the final rates.

Please see attached *Responses to BCBSVT 2021 VISG Rate Filing - Inquiry 2.xlsx, tab Q3* for the comparison of the rounded and unrounded section 2 of worksheet 1 of the URRT.

¹ <https://milliman-cdn.azureedge.net/-/media/products/mara/pdfs/shared-savings-agreements.ashx>.

4. Demonstrate that the population changes to projected claims contained in factors b₉ and c₃ were developed in a manner consistent with the projection of CY2021 risk transfers.

The 2021 risk transfer projection was developed in a similar manner to the population changes impacting the claims projections. Each projection makes assumptions about the individual and small group markets separately and blends their respective impacts to create a total impact.

In order to align the various factors in the rate projection, we ensured that we assigned the same categories to each member or group. Individuals who voluntarily cancelled their BCBSVT plan were assumed to have gone to MVP, with the exception of the 414 members who were assumed to have left the market. Their claims were excluded from b₉ and their experience risk score was transferred to MVP in the calculation of the risk transfer. Groups that were known to have left the VISG market were excluded from both b₉ and the risk transfer altogether. Groups that left BCBSVT and were known or assumed to have enrolled with MVP were excluded from b₉ and included in MVP's projected PLRS calculation.

The population adjustments made in b₉ and c₃ included in their development the AHP members that moved back to BCBSVT VISG. The risk transfer projection calculated the AHP impact explicitly, but identified experience period membership in the same fashion as the population change factors.

The population changes made for the changes in demographics (c₃) used age-gender factors applied to the projected subsets of BCBSVT membership. The risk transfer projection did not include an explicit impact for changes in demographics. While it is true that risk scores are dependent on a carrier's demographic profile, we assumed that the adjustments we made to our own claims would be proportional to the changes in MVP's demographic profile and therefore would cancel each other out from a risk transfer point of view. The calculation of c₃ also made assumptions about retirement and newborn rates. Again, we assumed that these changes would be proportional to the changes in MVP's demographic profile and therefore cancel each other.

5. *Demonstrate how the trend factor developed in Exhibit 3E is reflected in the trend compilation of trend factors in Exhibit 3J.*

While answering this question, we realized that the weights used to calculate the overall medical utilization trend were incorrect. We used the trend data, which excludes some populations and excludes claimants above \$500,000.

The correct approach is to use the PMPMs from the index rate build-up by claim category. Please see *BCBSVT 2021 VISG Rate Filing - Inquiry 2.xlsx, tab Q5* for the updated calculation for both medical utilization and cost trend components.

Changes to medical trend impact many other factors in the rate calculation, including pooling, risk adjustment, and plan level adjustments that are calculated as a percent of premium. After adjusting all factors impacted by this change, the 2021 VISG average rate increase is 6.47 percent, which is 0.12 percent higher than the filed rates.

6. *How has COVID-19 affected non-benefit costs (expenses such as claims adjudication, overhead, travel, profit, etc)?*

The impacts of COVID-19 on BCBSVT's non-benefit costs have been numerous and varied, and not all of them can be precisely quantified. In terms of administrative expenses, through May 31, BCBSVT has realized savings of approximately \$250,000 from lower claims processing transaction costs, and roughly \$100,000 from reduced travel expenditures. However, those savings are offset by both direct incremental costs incurred and indirect costs related to work being performed by BCBSVT employees. Examples of items that have directly increased administrative expenses include the costs of moving all employees out of the home office and providing them with remote access capabilities; printing and mailing a variety of COVID-related notices to both our customers and our providers; and working with our vendors to configure our claims system for the various benefit changes that have occurred, such as waiving member cost sharing for COVID-19 testing and treatment claims. To date, the incremental costs have been more than \$275,000, and that figure is likely to increase.

Additionally, BCBSVT has incurred an enormous amount of indirect costs as a result of our employees managing the move to a remote workforce along with related business continuity tasks; communicating and disseminating critical information to customers, providers, and regulators; performing financial and other analyses; and many other tasks too numerous to list. While this aggregate cost has not been quantified and has not directly increased our administrative expenses, it has clearly reduced the amount of time we've been able to spend performing our core functions and driving other initiatives on behalf of our customers. Further, BCBSVT has made a commitment to continuing to pay all of our employees their full salary and benefits during the pandemic, including those who are unable to perform at full capacity due to the impacts of working remotely, reduced claims and call volumes, or child care challenges related to school and daycare closings. While this service to Vermonters and the economy does not add to our expenses, it similarly impacts our ability to be as efficient in providing services to our customers and other stakeholders.

The impact of COVID-19 extends beyond claims and administrative costs. In the interest of protecting our customers during the pandemic, BCBSVT has been providing payment flexibility to both individuals and groups, allowing them additional time to make their premium payments in the event they are struggling financially due to the economic slowdown, job loss or layoff, etc. As some customers may not be able to catch up fully on their premium payments even as the economy recovers, BCBSVT expects it will ultimately experience a premium shortfall due to keeping our members covered; the magnitude of that loss is likely to be much greater than the administrative expense impacts described above.

Additionally, the COVID-19 pandemic has had a significant impact on financial markets during 2020. As of May 31, BCBSVT has experienced losses in the value of its investment portfolio of approximately \$3.0 million as a result of the market volatility caused by COVID-19. Further, as a result of the lower interest rate environment, returns on BCBSVT's fixed income portfolio have been reduced as well.

7. *Describe how Vermont consumers were considered in light of the current savings due to the COVID-19 pandemic and this unprecedented time.*

The needs of our members, along with the entire Vermont community, were and will remain the guiding principle of BCBSVT's response to the COVID-19 pandemic. We are Vermonters and a Vermont company, we live and work here, and we have a strong interest in protecting our neighbors and supporting our providers as we navigate this unprecedented situation. We are stewards of the premiums and reserves entrusted to us on behalf of our members to guarantee health care coverage in any circumstance. We continue to balance many competing and urgent concerns as we get through this first phase of coronavirus infections in our state.

We are all navigating uncharted waters this year. BCBSVT is responding to highly unusual circumstances and attempting to plan for continued uncertainty. The pandemic and its impact on health care and the economy are continuing to unfold—there are many unknowns that we will not truly understand for months or years to come. *None of the expected costs of COVID-19 are included in the 2021 premiums.* While Vermonters were diligent with social distancing and other government directives to mitigate the impact of the COVID crisis, we fully expect many more claims for COVID-19 testing, treatment and, optimistically, vaccination over the next 18 months. This crisis will continue to unfold until we find a vaccine or effective treatment.

This question references “current savings” related to the pandemic. As you know, savings only accrue to BCBSVT for reduced claims costs in our insured business, which represents about a third of our total book. We don't know, and won't know for some time, the amount of claims costs that were avoided as opposed to deferred, and how that potential savings weighs against COVID-19 related costs and increased morbidity associated with deferred care.

We are working to analyze and estimate the impact to claims costs over the balance of 2020 and into 2021. We are still too early in that process to perform those analyses with sufficient certainty to present to the Board. As the balance of this response explains, we

have targeted our resources in ways that will be most effective to maintain Vermonters' access to care and alleviate financial hardship. Given the high degree of uncertainty about the future impact of the pandemic, it is our view that the most prudent course of action at this time is this targeted use of finite resources to immediately help the Vermonters who need it most.

Expanding Coverage for the benefit of patients, providers, and public health

The first response was to expand coverage. We immediately configured the claims system to identify COVID-19 cases with the new federal CPT codes, and in cooperation with federal and state regulators, applied zero cost share for COVID-19 testing and associated office, urgent care, and emergency visits. This supported the state's efforts to eliminate the financial barriers for patients that could impede the work of our health officials and our shared public health objectives.

Our pharmacy division changed the prescription drug refill policy to enable our members to receive up to a 180-day supply of essential medications—more expansive than the Department of Financial Regulation (DFR) prescription drug refill bulletin requirement. We also put a system in place to empower pharmacists to manage the supply chain and prevent shortages of essential medications. Subsequently, we worked with DFR and a large stakeholder group to waive the deductible for a targeted list of essential, preventive medications. We also developed our own Pharmacy Assistance Program to ensure our members' access to vital medications when cost sharing would otherwise be a barrier. In each of these instances we are striking a balance by responding to our members' needs, while also targeting and efficiently using limited member resources.

We worked quickly to support our members and providers by promoting telemedicine as a way for our members to get the medical care they need while maintaining social distancing. Our medical officers have substantially expanded options for telehealth services and remote alternatives for our membership and the provider community, most notably telephone visits, always taking into consideration appropriate standards of care. Like the Board, we heard from providers fearing financial ruin by the elimination of most of their patient appointments. Telemedicine simultaneously allows providers to care for patients in a safe environment and provides revenue for vital, ongoing medical and mental health care. We purposefully pursued the telephone visit option before expanding traditional telemedicine to ensure that our local providers, many of whom are not equipped to perform audio-visual telemedicine, remain the primary source for members to seek and receive care. These telephone visits are reimbursed at the same rate as an office visit to minimize cash flow disruption for providers.

BCBSVT is not merely complying with DFR regulations. We are offering suggestions, collaborating to improve the proposals, and urging our self-funded customers to comply. Implementing these changes in cooperation with the health insurance regulator ensures widespread adoption and adherence. With our strong encouragement, self-funded employers have adopted most of these modifications in recognition that they benefit not only their employees, but the public good and health of all Vermonters.

Keeping Vermonters covered during a time of financial hardship

We offered premium flexibility through grace periods and payment plans for individuals and businesses of all sizes, while continuing to pay for all health care costs. Coverage has not been terminated for anyone, regardless of the status of their premium payments. We have taken further steps to increase flexibility for large groups, with the overriding goal of keeping as many Vermonters covered as possible during this crisis. We have also joined DVHA in providing a special open enrollment period to give the uninsured an opportunity to access coverage. As noted in Question 6, we anticipate that these measures will result in a premium shortfall that must be covered from reserves.

Supporting our communities

As the pandemic has rocked Vermont businesses and our health care system, our customer service teams provided ongoing communication and support for all our constituencies, including our employer groups, members, and the provider community. We have listened and responded to the needs and concerns of the people who count on us.

We have supported our employees, Vermonters themselves, in their efforts to give back to our community. With over 450 trusted Vermont employees, we made a rapid transition to work from home to keep our community safe and flatten the curve. We matched our employee's generous Vermont Foodbank donation; company volunteers have made over 825 masks for our local hospitals (Gifford and CVMC) and community members in need; and we supported the Abbey Food Group to prepare meals for our vulnerable neighbors in transitional housing. Our employees initiated and engaged in these local efforts independently.

Supporting the economic vitality of health care providers

Along with expanded coverage for telemedicine, we have taken concrete steps to support the economic viability of our providers. These steps include continued Blueprint payments, ACO care coordination and capitated payments, and a pilot program for hospital fixed prospective monthly payments in lieu of fee-for-service payments. We have eased administrative burdens through suspending audits, credentialing, and prior authorization and utilization management during this state of emergency.

We know that protecting the financial viability of providers is critical to protecting access to care for our members. We therefore initiated an advanced payment program for both hospitals and independent practices, through which we have advanced nearly \$11 million to local providers.

Naturally, BCBSVT member reserves and resources alone cannot stabilize the Vermont health care system. Federal support is essential to seeing our hospitals and independent providers through this crisis.

Planning for uncertainty

This pandemic has demonstrated the critical importance of having an adequate reserve fund. Therefore, while we have engaged in all the activities described above and continue to act to protect members, providers, employers and the larger Vermont community, we also continue to model and forecast potential future scenarios. Policyholder reserves are

vital as Vermont approaches a likely a second or third wave of this virus. Policyholder reserves were designed for just this circumstance—they protect and support our members during unexpected events.

For more details about our programs in response to the COVID-19 pandemic, please refer also to Attachment C of the original filing.

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

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 11, 2020

Medical Allowed PMPM, excluding claimants exceeding \$500,000						
Month	Individual		Small Group*		Total	
	Members	PMPM	Members	PMPM	Members	PMPM
Jan-17	28,181	\$513.48	41,367	\$440.89	69,548	\$470.31
Feb-17	28,546	\$490.94	41,318	\$390.35	69,864	\$431.45
Mar-17	28,336	\$540.54	41,308	\$442.81	69,644	\$482.57
Apr-17	28,008	\$470.23	41,282	\$396.53	69,290	\$426.32
May-17	27,695	\$535.47	41,210	\$457.61	68,905	\$488.90
Jun-17	27,384	\$521.87	41,201	\$442.73	68,585	\$474.33
Jul-17	27,181	\$496.52	41,073	\$427.88	68,254	\$455.22
Aug-17	26,871	\$512.47	41,057	\$447.99	67,928	\$473.49
Sep-17	26,553	\$503.82	40,984	\$416.48	67,537	\$450.82
Oct-17	26,251	\$574.12	40,922	\$493.17	67,173	\$524.81
Nov-17	25,911	\$539.58	40,936	\$450.89	66,847	\$485.27
Dec-17	25,359	\$541.80	40,826	\$441.98	66,185	\$480.23
Jan-18	24,001	\$514.56	30,764	\$498.89	54,765	\$505.76
Feb-18	23,511	\$542.71	30,428	\$472.13	53,939	\$502.89
Mar-18	23,126	\$586.64	30,276	\$493.44	53,402	\$533.80
Apr-18	22,798	\$542.64	30,213	\$501.04	53,011	\$518.93
May-18	22,511	\$560.14	30,299	\$516.99	52,810	\$535.38
Jun-18	22,306	\$514.34	30,265	\$482.59	52,571	\$496.06
Jul-18	22,046	\$508.64	30,300	\$481.39	52,346	\$492.87
Aug-18	21,709	\$514.59	30,246	\$497.00	51,955	\$504.35
Sep-18	21,412	\$525.95	30,246	\$451.62	51,658	\$482.43
Oct-18	21,166	\$609.90	30,315	\$523.36	51,481	\$558.94
Nov-18	20,866	\$566.54	30,334	\$473.76	51,200	\$511.57
Dec-18	20,602	\$567.59	30,215	\$473.84	50,817	\$511.85
Jan-19	19,734	\$584.54	30,216	\$524.63	49,950	\$548.30
Feb-19	19,531	\$523.87	30,179	\$449.50	49,710	\$478.72
Mar-19	19,330	\$592.87	30,153	\$548.08	49,483	\$565.57
Apr-19	19,169	\$548.81	30,005	\$495.17	49,174	\$516.08
May-19	19,035	\$608.29	30,002	\$532.01	49,037	\$561.62
Jun-19	18,920	\$525.26	29,914	\$479.26	48,834	\$497.08
Jul-19	18,831	\$560.38	29,912	\$478.81	48,743	\$510.33
Aug-19	18,705	\$496.32	29,867	\$477.64	48,572	\$484.83
Sep-19	18,522	\$525.46	29,855	\$469.41	48,377	\$490.87
Oct-19	18,287	\$629.35	29,825	\$549.87	48,112	\$580.08
Nov-19	18,096	\$530.69	29,837	\$467.74	47,933	\$491.51
Dec-19	17,787	\$537.20	29,691	\$489.55	47,478	\$507.40

* Small Group includes groups that joined AHP in 2019 and excludes a sizable group that was established for a specific and temporary effort.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 11, 2020

Medical Allowed PMPM Normalized for Average PLRS, excluding claimants exceeding \$500,000						
Month	Individual		Small Group*		Total	
	Members	PMPM	Members	PMPM	Members	PMPM
Jan-17	28,164	\$386.99	41,361	\$377.55	69,525	\$381.67
Feb-17	28,522	\$366.35	41,309	\$333.72	69,831	\$348.14
Mar-17	28,317	\$401.73	41,288	\$378.41	69,605	\$388.69
Apr-17	27,992	\$350.12	41,256	\$340.73	69,248	\$344.85
May-17	27,682	\$398.32	41,177	\$393.18	68,859	\$395.43
Jun-17	27,360	\$389.65	41,161	\$381.85	68,521	\$385.24
Jul-17	27,154	\$370.55	41,028	\$370.83	68,182	\$370.71
Aug-17	26,840	\$383.59	41,002	\$388.76	67,842	\$386.53
Sep-17	26,527	\$375.59	40,923	\$365.43	67,450	\$369.83
Oct-17	26,223	\$433.13	40,853	\$435.02	67,076	\$434.21
Nov-17	25,879	\$408.13	40,867	\$400.10	66,746	\$403.52
Dec-17	25,327	\$409.58	40,759	\$395.36	66,086	\$401.39
Jan-18	23,997	\$362.39	30,759	\$393.24	54,756	\$378.86
Feb-18	23,509	\$376.81	30,423	\$371.19	53,932	\$373.81
Mar-18	23,125	\$406.33	30,271	\$387.13	53,396	\$396.03
Apr-18	22,797	\$372.96	30,208	\$393.27	53,005	\$383.87
May-18	22,510	\$382.47	30,294	\$405.80	52,804	\$395.05
Jun-18	22,305	\$353.45	30,260	\$381.46	52,565	\$368.61
Jul-18	22,045	\$348.56	30,295	\$383.53	52,340	\$367.50
Aug-18	21,708	\$353.99	30,239	\$396.37	51,947	\$377.12
Sep-18	21,411	\$362.24	30,239	\$363.71	51,650	\$363.04
Oct-18	21,164	\$420.38	30,300	\$426.90	51,464	\$423.95
Nov-18	20,855	\$388.65	30,309	\$387.84	51,164	\$388.20
Dec-18	20,578	\$392.41	30,171	\$386.20	50,749	\$388.97
Jan-19	19,734	\$367.21	30,212	\$398.23	49,946	\$384.55
Feb-19	19,531	\$329.27	30,173	\$338.43	49,704	\$334.43
Mar-19	19,330	\$371.84	30,147	\$413.82	49,477	\$395.53
Apr-19	19,169	\$345.16	29,999	\$374.32	49,168	\$361.65
May-19	19,035	\$381.16	29,995	\$401.46	49,030	\$392.67
Jun-19	18,920	\$330.53	29,907	\$361.46	48,827	\$348.13
Jul-19	18,831	\$355.61	29,905	\$367.17	48,736	\$362.17
Aug-19	18,705	\$319.49	29,860	\$368.65	48,565	\$347.56
Sep-19	18,522	\$344.90	29,848	\$364.82	48,370	\$356.39
Oct-19	18,287	\$414.22	29,819	\$431.92	48,106	\$424.44
Nov-19	18,096	\$350.53	29,831	\$369.38	47,927	\$361.45
Dec-19	17,784	\$360.07	29,685	\$391.08	47,469	\$378.16

* Small Group includes groups that joined AHP in 2019 and excludes a sizable group that was established for a specific and temporary effort.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 11, 2020

URRT - Worksheet 1 - Section 2 UNROUNDED						
Benefit Category	Experience Period	Year 1 Trend		Year 2 Trend		Trended EHB Allowed
	Index Rate PMPM	Cost	Utilization	Cost	Utilization	Claims PMPM
Inpatient Hospital	119.11	1.033	1.031	1.038	1.040	\$137.02
Outpatient Hospital	261.42	1.033	1.031	1.038	1.040	\$300.74
Professional	87.60	1.033	1.031	1.038	1.040	\$100.77
Other Medical	71.49	1.032	1.030	1.037	1.039	\$81.96
Capitation	10.92	1.033	1.031	1.038	1.040	\$12.56
Prescription Drug	114.53	1.101	1.030	1.101	1.030	\$147.17
Total	665.07					\$780.23
Morbidity Adjustment				1.00285		
Demographic Shift				1.00685		
Plan Design Changes				0.99628		
Other				0.99195		
Adjusted Trended EHB Allowed Claims PMPM for				\$778.56		
Manual EHB Allowed Claims PMPM				0		
Applied Credibility %				100%		
Projected Index Rate for				\$778.56		
Reinsurance				0		
Risk Adjustment Payment/Charge				\$65.44		
Exchange User Fees				0		
Market Adjusted Index Rate				\$713.12		

URRT - Worksheet 1 - Section 2 ROUNDED						
Benefit Category	Experience Period	Year 1 Trend		Year 2 Trend		Trended EHB Allowed
	Index Rate PMPM	Cost	Utilization	Cost	Utilization	Claims PMPM
Inpatient Hospital	119.11	1.033	1.031	1.038	1.040	\$136.94
Outpatient Hospital	261.42	1.033	1.031	1.038	1.040	\$300.56
Professional	87.60	1.033	1.031	1.038	1.040	\$100.71
Other Medical	71.49	1.032	1.030	1.037	1.039	\$81.88
Capitation	10.92	1.033	1.031	1.038	1.040	\$12.55
Prescription Drug	114.53	1.101	1.030	1.101	1.030	\$147.29
Total	665.07					\$779.93
Morbidity Adjustment				1.00300		
Demographic Shift				1.00700		
Plan Design Changes				0.99600		
Other				0.99200		
Adjusted Trended EHB Allowed Claims PMPM for				\$778.32		
Manual EHB Allowed Claims PMPM				0		
Applied Credibility %				100%		
Projected Index Rate for				\$778.32		
Reinsurance				0		
Risk Adjustment Payment/Charge				\$65.44		
Exchange User Fees				0		
Market Adjusted Index Rate				\$712.88		

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

RESPONSE TO ACTUARIAL INQUIRY DATED JUNE 11, 2020

Experience Medical Allowed Claims by Category		Inpatient	Outpatient	Pharmaceuticals	Professional	Total
Total Experience Period Allowed Claims PMPM	a1	\$118.58	\$208.85	\$63.37	\$148.51	\$539.32
Experience Period Allowed Claims PMPM for Non-EHB	a2	\$0.00	\$0.06	\$0.00	\$0.02	\$0.08
Index Rate : Experience Period Allowed Claims for EHB	A	\$118.58	\$208.79	\$63.37	\$148.49	\$539.24
Impact of Association Health Plans	1+b ₅	0.9916	0.9996	0.9985	0.9998	
Index Rate Projection Factors - Morbidity and Others	b and c	1.0079	1.0079	1.0079	1.0079	
Adjusted Experience Period Allowed Claims for EHB		\$118.52	\$210.36	\$63.77	\$149.63	\$542.29

Updated Exhibit 3J calculation for Medical claims	Inpatient	Outpatient	Pharmaceuticals	Professional	Total	From Original Exhibit 3J	Change from Filed
Starting PMPM	\$118.52	\$210.36	\$63.77	\$149.63	\$542.29	\$542.29	\$0.00
Selected Utilization Trend for 2019 to 2020	1.011	1.011	1.185	1.011	1.032	1.031	0.06%
Selected Utilization Trend for 2020 to 2021	1.011	1.011	1.185	1.034	1.041	1.040	0.05%
Projected Period Allowed Claims - Utilization Only	\$121.15	\$215.04	\$89.56	\$156.52	\$582.27		
Cost Trend for 2019 to 2020	1.034	1.048	1.043	1.007	1.033	1.033	0.03%
Cost Trend for 2020 to 2021	1.035	1.048	1.047	1.023	1.039	1.038	0.02%
Projected Period Allowed Claims for Experience EHB	\$129.72	\$236.01	\$97.85	\$161.37	\$624.94	\$623.85	\$1.10

June 19, 2020

Mr. Kevin Ruggeberg, A.S.A., M.A.A.A.
Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/16/2020 Questions re:
Blue Cross and Blue Shield of Vermont
2021 Vermont Individual and Small Group Rate Filing
(SERFF Tracking #: BCVT-131936226)**

Dear Mr. Ruggeberg:

In response to your requests on behalf of the Office of the Health Care Advocate dated June 15, 2020, here are [your questions](#) and our answers:

1. *Vermont Health Connect (VHC) has been responsible for billing consumers who purchased plans through VHC. The state had planned for carriers to take over billing these consumers starting in 2021. However, the planned switch was postponed. As in past years, VHC will bill these consumers in 2021.*

BCBSVT specified that it added a 0.6% increase into the 2021 VHC rate filing related to the assumption that it would take over billing for VHC enrolled members. GMCB-005-20rr, Actuarial Mem. at 5. Given the timing of the announcement that VHC will continue to be responsible for VHC enrollee billing in 2021, it is understandable that BCBSVT did not incorporate this fact into its filing. Please list all changes to the filed rate that are now needed to reflect that VHC, and not BCBSVT, will be responsible for billing VHC enrolled members in 2021.

BCBSVT was aware that the transition of the billing functions for individuals enrolled through VHC was delayed to 2022 at the time of filing. The additional 0.6 percent in rates is primarily due to the new payment options that BCBSVT will offer members directly enrolled through BCBSVT in 2021. A smaller portion of the increase is due to platform enhancements and staffing additions that will be required during 2021 so that BCBSVT can begin processing transactions when open enrollment begins in October 2021 for the 2022 benefit year. No changes to the filed rates are necessary.

2. *Do cost sharing reduction plans take more administrative time than other QHPs and therefore represent a larger portion of administrative costs? If yes, does BCBSVT silver stack these costs or spread it out among all plans?*

BCBSVT has not attempted to refine our cost accounting to this level of granularity.

3. *Vermont implemented a special enrollment period (SEP) in response to the Covid-19 crisis which is still open. Please provide the following to date:*
- the number of Vermonters who have enrolled in a BCBSVT plan using this SEP, broken out by CSR plan and metal level, and*
 - any impact this new member population had on age/demographic factors.*

BCBSVT does not track which specific special enrollment period allows a member to enroll midyear. The table below shows the number of new members in the individual market by month for 2019 and 2020. We exclude newborns and mid-month enrollments, as those are driven by special circumstances.

Month	2019	2020
March	194	239
April	297	297
May	234	211

It does not appear that the COVID-19 SEP has had a material impact on enrollment or demographic composition of the block.

4. *Please confirm the accuracy of the below-provided table that lists requested rates and rate components, allowed rates and rate components, and actual rate components. If the cell is blank or you believe the value listed is incorrect, please provide the value that you believe is correct.*

We reviewed the table and are providing corrections (in red) and additions (in green). The sources to complete the table are:

- 2019 Filing: <https://ratereview.vermont.gov/sites/dfr/files/2018/Final%20BCVT-131497882.pdf>
- 2020 Filing: <https://ratereview.vermont.gov/sites/dfr/files/SERFF%20Filing%20BCVT-131936226%20as%20of%208.20.2019.pdf>
- 2021 Filing: <https://ratereview.vermont.gov/sites/dfr/files/BCVT-132371410.pdf>

Note that we have renamed the rows that reflect the approved rates from “allowed” to “approved” to avoid confusion.

Year Filed		2020 (PY 2021)		2019 (PY 2020)		2018 (PY 2019)	
Docket #		GMCB-005-20rr		GMCB-006-19rr		GMCB-009-18rr	
		Value	Source	Value	Source	Value	Source
Members		39,195		43,939	p65	53,664	p102
Average Rate Change	Proposed	6.3%		15.6%	p55	9.6%	p335
	Approved	NA		12.4%	p602	5.8%	p445
Allowed Medical Trend	Proposed	7.3%	arithmetic	6.8% ¹	arithmetic	4.7%	p135 + arithmetic
	Approved	NA		6.2% ¹	arithmetic	4.7%	p135 + arithmetic
	Actual	NA		NA		4.8%	arithmetic
Medical Unit Cost Trend	Proposed	3.6%	p32	2.6%	p76	2.7%	p84
	Approved	NA		2.8% ²	p603	2.7%	p84
	Actual	NA		NA		2.5%	arithmetic
Medical Utilization Trend	Proposed	3.6%	p37	4.1% ¹	p603	2.0%	p86
	Approved	NA		3.3% ¹	p603	2.0%	p86
	Actual	NA		NA		2.2% ³	arithmetic
Pharmacy Allowed Trend - after Contract changes	Proposed	13.4%	p211	12.0% ⁴	p127 + arithmetic	9.9%	p135 + arithmetic
	Approved	NA		12.0% ⁴	p127 + arithmetic	9.9%	p135 + arithmetic
	Actual	NA		NA		10.9%	arithmetic
Total Administrative Charges PMPM	Proposed	\$53.42	p220	\$46.54	p135	\$40.26	p142
	Approved	NA		\$46.54	p135	\$40.29	p438
	Actual	NA		NA		\$46.73	arithmetic
Contribution to Policyholders Reserve	Proposed	1.5%	p58	1.5%	p136	1.5%	p98
	Approved	NA		1.5%	p136	0.5%	p432

¹ Original table included the impact of cost containment in the allowed medical trend. To provide a better annual comparison, we included only the medical utilization trend component.

² In their order, the GMCB allowed BCBSVT to account for new information on FY 2020 hospital budgets and increase medical unit cost trend to 2.79 percent.

³ Excludes the impact of new initiative with our Lab Benefit Manager partner.

⁴ Original table included pharmacy trends before the impact of contract changes. In order to accurately compare to the actual allowed trend, impact of contract changes should be included.

5. *On page 6 of your Contribution to Policyholder Reserves Memorandum, you state (referring to Covid-19): "These costs and risks have are [sic] counterbalanced by the deferral of non-emergent care that has taken place during the declared state of emergency." Given you have some post COVID-19 data, can you provide an exhibit to show how the costs balance out?*

"Post COVID-19 data" does not yet exist. Because of claim payment lag—that is, the time it takes providers to code and submit claims for reimbursement, and the time it takes BCBSVT to process and pay those claims—we do not yet have insight even into the fullness of the claims deferral that has taken place. As you are aware, the actual scheduling and completion of deferred care is only just now getting underway. The return of deferred services will not be fully reflected in the data for many months to come. As you are also aware, additional COVID-19 cases are being identified in Vermont and nationally. It is significantly premature—by a matter of years, in the likely event of additional waves of illness—to suggest that any carrier has access to "post COVID-19 data."

We are working to analyze and estimate the kinds of impacts referenced in this question, because those estimates are critical to understanding the impact of COVID-19 on future rate requests and on policyholder reserves in the future. In other words, it is very much in BCBSVT's interests, including and extending beyond the current rate filings, to understand these impacts as soon as possible. However, we are still too early in the process, and still facing too many COVID-related uncertainties, to perform those analyses with sufficient certainty to present to the HCA or the Board.

6. *Has BCBSVT implemented or planned to implement any risk optimization activities for years 2019, 2020, and or 2021?*

In light of the magnitude of risk adjustment transfers now that BCBSVT no longer has a dominant market share, we have taken a number of steps to ensure that the risk adjustment transfer accurately reflects the morbidity differences between the BCBSVT population and the Vermont individual and small group market as a whole. These include hiring and/or engaging additional resources with the ultimate goal of increasing engagement with providers throughout our service area to improve coding and capture more accurate information on claims submissions.

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 30, 2020

Mr. Kevin Ruggeberg, A.S.A., M.A.A.A.
Consulting Actuary
Lewis & Ellis, Inc.

**Subject: Your 06/11/2020 Questions re:
Blue Cross and Blue Shield of Vermont
2021 Vermont Individual and Small Group Rate Filing
(SERFF Tracking #: BCVT-131936226)**

Dear Mr. Ruggeberg:

In response to your requests dated June 26, 2020, here are *your questions* and our answers:

- 1. According to the actuarial memorandum, BCBSVT is only required to pay claims for the members with past-due premiums during the 30-day grace period. Are there claims being paid past this required point? If so, why?*

BCBSVT is only required to pay claims during the first 30 days of any grace period. After the first 30 days, BCBSVT suspends medical claims until payment of premium or retroactive termination of the enrollment back to the end of the 30-day grace period. Due to timing among premium payments, notices of non-payment and medical claims submission, a minimal number of medical claims are paid beyond the 30-day grace period.

Retail pharmacy claims, which are almost exclusively adjudicated at the point of sale, cannot be suspended. Therefore, a small number of retail pharmacy claims are also being paid beyond the 30-day grace period if incurred prior to the mailing of a notice of cancellation for non-payment.

- 2. If claims are not being paid past the 30-day grace period, explain why the premiums that would be payable for those members are being treated as bad debt.*

We only included the premium for the 30-day grace period in the risk margin for bad debt.

- 3. Does the reported base period enrollment and/or claims include members who had outstanding premiums past the 30-day grace period, who did not eventually return to premium-paying status?*

In 2019, the total amount of claims paid beyond the 30-day grace period was \$8,808. This comprises claims without active enrollment for members that were terminated for non-payment. It includes \$1,333 of medical claims, due to timing issues with suspending claims.

4. *The memorandum states that debit/credit card fees will amount to 2.3% of premiums paid by card. Given that the fee is projected to be 0.4715% of total premium, this would imply that 20% of members will pay using debit or credit cards. However, the URRT shows that 80% of members are projected to enroll through VHC. Please clarify whether this means BCBSVT anticipates paying credit card fees for on-exchange members, and demonstrate the calculation of the 0.4715% assumption.*

Per the URRT instructions, plans that are available on and off exchange should be marked as “yes” for the “Exchange Plan?” information. In Vermont, SHOP plans other than reflective plans are considered on-exchange even though they are not purchased through Vermont Health Connect.

Individuals who directly enroll with BCBSVT will be able to pay their premium by debit or credit card starting in 2021. Small Groups, who also directly enroll with BCBSVT even though the plans are considered “On-Exchange”, will also have the option to pay by debit or credit card.

We project that 67.9 percent of VISG enrollment, or 26,070 members, will enroll directly with BCBSVT. As noted in the actuarial memorandum, we expect 40 percent of the 25 percent of members who already use the online platform to switch from direct debit to debit or credit card payment. We also project that an additional 15 percent of members will use the online platform and that 70 percent of these new accounts will elect to pay via debit or credit card.

While responding to this inquiry, we realized that we neglected to account for VHC enrollment in calculating the projected fee.

The following table shows the corrected calculation of the fee:

	Projected Membership (estimated proportion for non-VHC enrolled)	Expected percentage of debit/credit card payment	Member Responsibility Premium PMPM (as of Feb 2020)	Total Premium PMPM (as of Feb 2020)	Credit Card Fee PMPM =
	(A)	(B)	(C)	(D)	(E) = 2.3% x (C)
VHC Enrolled	12,351	0%	\$301.60	\$663.04	\$0.00
Direct Enrolled - Currently Using Platform (25%)	6,518	40%	\$621.58	\$621.58	\$5.72
Directly Enrolled - New to Platform (15%)	3,911	70%	\$621.58	\$621.58	\$10.01
Directly Enrolled - Not using Platform (60%)	15,641	0%	\$621.58	\$621.58	\$0.00
Total Projected Members	38,421	15.3%	\$518.72	\$634.91	\$1.99

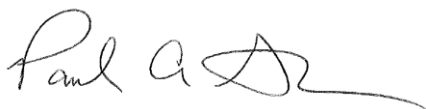
The average fee of 2.3 percent applied to the member responsibility PMPM and multiplied by the projection of 15.3 percent paying by debit or credit card yields a premium load of 0.31 percent ($\$1.99 / \$634.91 = 0.003132$). Incorporating this change will reduce the average premium increase by about 0.16 percent.

5. Explain the discrepancy between the taxes and fees shown in Exhibit 7C and those shown on WS2 of the URRT.

While populating the URRT for 2021, we unintentionally did not update the taxes and fees calculation. All plans except the first one still reflect the 2020 percentages. We will correct the URRT at the end of the review process. Exhibit 7C contains the correct taxes and fees.

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

Blue Cross and Blue Shield of Vermont
COVID-19 Modeling

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Blue Cross and Blue Shield of Vermont COVID-19 Modeling

Purpose

The COVID-19 pandemic has introduced significant uncertainty into the level of claims anticipated in 2020, 2021, and beyond. In recent months, stay at home orders have resulted in a significant drop in claims volume. Over subsequent months, there are uncertain impacts around the level and cost of testing, the presence and severity of a second wave, the availability and cost of a vaccine, and the degree to which care returns that had been deferred under the stay at home orders.

To examine the possible variance in paid claims in 2020 and 2021, we have created a model that simulates paid claims under varying scenarios for the Vermont Individual and Small Group (VISG) merged market, BCBSVT insured large groups, and TVHP insured large groups. The model and results are intended to quantify the impact varying scenarios have on BCBSVT's risk based capital ratio (RBC). BCBSVT submits this information in response to Question 2 of the July 1, 2020 Inquiry Letter 4 from Lewis & Ellis in the Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410) docket. It should not be used for any other purpose.

Not included in this modeling are a number of additional operational costs incurred by BCBSVT related to the COVID-19 pandemic. BCBSVT has implemented programming to enhance access to and affordability of retail pharmaceuticals during the crisis, extended grace periods and offered premium flexibility to customers, cancelled the recoupment of certain overpayments to providers, waived any deductible amounts applying to generic wellness drugs and insulins, suspended claims audit activity, and provided over \$10 million in advances to Vermont hospitals and provider groups. Each of these items has a material impact on BCBSVT's financial position, as demonstrated in separate documentation delivered in response to Inquiry Letter 4.

This modeling is specific to claims costs directly related to COVID-19, along with the deferral of medical care due to the pandemic and that care's eventual (partial) return. We specifically note the exclusion of retail pharmacy from this modeling; while retail pharmacy utilization has surpassed expected levels in 2020, the impact of the pandemic on retail pharmacy costs is beyond the scope of this model. We have included an estimate of the elevated retail pharmacy spending within the separate documentation referenced above.

This model does not project ongoing COVID-19 illness beyond the end of 2021. While such scenarios are certainly plausible, they have limited utility for the purpose of informing a rate review decision for the 2021 BCBSVT VISG filing. The model does produce output pertaining to the potential drift beyond 2021 of returning services that had been deferred as part of a 2020 or 2021 wave of elevated disease incidence and partial economic shutdown. It also considers potential costs for vaccine administration that may take place beyond the end of 2021. These two items can be viewed as the tail of the claims impact of the 2020 and 2021 course of the pandemic—failing to consider this tail would lead to misleading or incomplete conclusions about BCBSVT's financial position as of December 31, 2021. Because BCBSVT is committed to covering pandemic-related costs from policyholder reserves rather than through premiums, financial reporting requirements would mandate that these 2022 costs, if estimable, should be included in December 31, 2021 financials as a premium deficiency reserve. It is therefore consistent and appropriate to include the 2022 tail of these pandemic-related costs in our

Blue Cross and Blue Shield of Vermont COVID-19 Modeling

assessment of BCBSVT's financial position in response to Inquiry Letter 4 and for purposes of informing review of the 2021 VISG filing.

Data

The model and its inputs rely on several sources of information. To project 2020 and 2021 claims, we use projected claims, trend, actuarial value (AV), and membership information from the BCBSVT 2021 Vermont Individual and Small Group Rate Filing and claims, trend, and AV projections presented in or underlying the BCBSVT and TVHP Q3 2020 Large Group Rating Program Filing (SERFF: BCVT-132350241). The large group filings do not project membership, so we use membership from internal reporting for these lines of business as of January 31, 2020 to approximate 2020 and 2021 membership. We include direct costs incurred in March through May 2020 and paid through June 25, 2020.

To calculate the level of deferred care, we use claims incurred from January 2019 through May 2020 for all BCBSVT members. We apply completion factors developed from the monthly financial reporting process (best estimates before margin and before blending with trended estimates). Shelter in place restrictions were put in place in March 2020 and therefore the slowdown period was defined as the incurred period from March 2020 through May 2020. This slowdown period was quantified by comparing the PMPM of the slowdown period relative to a benchmark PMPM. For more detail, please refer to the *Deferred Care* section beginning on page 8.

Methodology

Vaccine Development

Significant uncertainty exists around the timing and cost of a COVID-19 vaccine. As of June 29, 2020, three vaccines are in a Phase III trial, eight vaccines are in a Phase II trial, and numerous other vaccines are in a Phase I trial or the preclinical phase¹. Our scenario modeling considers varying vaccine availability dates, ranging from the fourth quarter of 2020 to sometime after 2021. In each scenario, we assumed a three-month duration for the administration of the vaccine across the majority of the population, over which treatment costs and testing are assumed to ramp down in the following pattern (where "month zero" is the month in which the vaccine first becomes available):

Vaccine Availability Month	Dampening Factor
0	83.33%
1	50.00%
2	16.67%
3	0.00%

¹ <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>, accessed June 29, 2020.

Blue Cross and Blue Shield of Vermont COVID-19 Modeling

Emerging studies suggest that a vaccine may not be effective, or that any vaccine may need to be administered annually rather than only once. While both scenarios are beyond the scope of this modeling exercise, it is clear to see that an annual or ineffective vaccine would lead to higher or potentially much higher COVID-19 costs than those presented in this study.

Similarly, the cost of the vaccine is unknown and dependent on a variety of factors. We center the estimate the cost of a potential vaccine at \$60, which is approximately the average cost of a flu vaccination across our insured book of business. While there is significant uncertainty around the cost of a vaccination, we note that the flu vaccination cost has been used in other industry studies to approximate the cost of a COVID-19 vaccine². We cap the cost of the vaccine at \$150, which is the large group and small group vaccine cost amount used in the recently published modeling of the Society of Actuaries (SOA)³, and set a lower bound of \$40. We use a lognormal distribution to model the cost of the vaccine. While we find more compelling the speculation that the actual cost of a vaccine will be closer to the low end of our range, we recognize the possibility of the vaccine cost significantly deviating on the high end from the expected value of \$60 by using a distribution with a higher right-skewed curve.

To develop the estimate of the vaccination rate, we first set the lower and upper bound of a range of plausible values. We use the CDC's reported 2016 age 65+ pneumococcal vaccination rate, 67 percent, as the lower bound⁴. Given the severity and extremely contagious nature of COVID-19 and the strenuous impact of the alternative of social distancing, we consider it likely the COVID-19 vaccination rate will meet or more likely surpass the rate of a vaccine that is widely available and recommended for an adult population. At the high end, the rate of newborns with BCBSVT coverage born between 2016 and 2019 receiving any vaccination is approximately 98 percent. We use this figure—representative of the higher rate of vaccination observed when Vermonters are making choices with potentially serious implications for the health of others—as the upper bound and assume a uniform distribution within the range.

While current regulation dictates that insurers will bear the cost of a vaccine, there is some speculation that this cost may ultimately be shifted to a government entity. Appendix A presents modeling results in the circumstance that BCBSVT is not responsible for paying for the cost of a vaccine.

Similarly, the timing of the vaccine is uncertain. While there is a possibility of a vaccine being available in the fall of 2020, many experts have indicated that timing is unlikely⁵. We consider it more likely the vaccine will follow the substantially accelerated 18-month timeline, if indeed it is available before 2022⁶. Given the uncertainty around timing, we

² <https://www.ahip.org/wp-content/uploads/AHIP-COVID-19-Modeling.pdf>

³ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

⁴ <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html>

⁵ <https://www.latimes.com/california/story/2020-06-11/coronavirus-covid-vaccine-development-speed-fauci>

⁶ <https://www.nytimes.com/interactive/2020/04/30/opinion/coronavirus-covid-vaccine.html>

Blue Cross and Blue Shield of Vermont COVID-19 Modeling

model varying vaccine availability scenarios, which we provide with their respective weights in the table below.

Vaccine Timing	
Q4 2020	5%
Q1 2021	10%
Q2 2021	15%
Q3 2021	35%
Q4 2021	20%
2022+	15%

Diagnostic Testing

To estimate the cost of diagnostic testing, we calculate a weekly average of testing costs incurred by VISG and insured large group members. The assumed testing cost uses a 4-3-2-1 weighted average, wherein the week ending June 12, 2020 is weighted the most heavily and preceding three weeks weighted in descending order.

There is significant uncertainty regarding the utilization of testing. Prior lack of testing availability, emerging federal guidance, availability of public health testing, and ongoing federal funding for state-run testing all affect the testing rate. We consider a range of 0.25 to 0.50 tests per member per year (PMPY) to be a reasonable, yet not excessive range for the rate of testing. The SOA⁷ calculated testing rate of 0.50 PMPY serves as our upper bound, while we model scenarios with lower testing rates due to the presence of public health tests.

Antibody Testing

The Tri-Agencies issued guidance on June 23, 2020⁸ that indicated health plans are only responsible for diagnostic testing ordered by a provider and within the context of a plan of care. While this does not necessarily exclude antibody testing, we assume the preponderance of antibody tests will be for return-to-work purposes and therefore not the responsibility of the health plan. We include no future projected antibody testing costs in our modeling.

Treatment Costs

To estimate treatment costs, we first develop an incidence rate. We use the SOA report 'COVID-19 Trends by Hospital Referral Region'⁹ (HRR) to develop an incidence rate. We then apply the incidence rate to the VISG and insured large group populations to estimate the

⁷ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

⁸ <https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf>

⁹ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/covid-19-trends-hospital-referral-region.pdf>

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number of COVID-19 cases in a given month. We then use data from the New York City Department of Health¹⁰ to calculate the number of cases that will result in a hospital admission. Similarly detailed hospital admission data does not appear to be available in Vermont. We observed the confirmed cases and hospital admission rates in New York and Vermont near peak and determined that the hospitalization rates in each locality were similar^{11, 12, 13}. We therefore feel comfortable using the New York data as a proxy.

In the absence of additional waves, we assume the ongoing incidence of cases will be similar to the incidence in the state of Vermont over the period of the SOA report^{14, 15}. We dampen the incidence rate by 60 to 70 percent in 2020 to reflect the ongoing severity will likely be less than the eight-week period in which the incidence rates are from. Specifically, we used Vermont Department of Health data to compare the number of new cases arising in Vermont during the period studied in the SOA report to the number of new cases emerging since the further relaxation of social distancing measures as of June 1, observing that the incidence of new cases in June is approximately 60 percent of the incidence of cases in the report period. Similarly, we dampen the incidence rate in 2021 by a factor within a range from a minimum of the 2020 dampening factor to a maximum 1.0. The 2021 incidence rate is dampened to a lesser degree due to the anticipated continued lessening of social distancing measures and ongoing spread of the virus until the earlier of vaccine availability or the commencement of a second wave (see below).

To develop a treatment cost, we split admissions into those requiring an ICU stay and non-ICU admissions. Wakely has published a study¹⁶, using an approximate ICU utilization rate of 30 percent in both its low and high scenario assumptions which we use to split admissions. To develop the cost of an admission, we use a mix of BCBSVT contract terms, emerging BCBSVT experience, and industry sources, including the Wakely study. In particular, the cost of an ICU admission is heavily based on the anticipated cost given BCBSVT's contract terms, while the cost of a non-ICU admission observed within BCBSVT experience data aligns very closely with material published elsewhere in the industry.

We also estimate the potential cost of a second wave. We define a second wave not by a particular infection rate, but as a second period of extreme social distancing, economic shutdown, and the deferral of all non-elective medical procedures. A second period of more severe economic restrictions would pose a great challenge for Vermonters and Vermont small businesses in particular. The decision to issue another round of shelter-in-place orders and/or

¹⁰ <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>, accessed June 4, 2020

¹¹ https://www.scribd.com/document/455265955/Gov-Cuomo-April-6-Coronavirus-Presentation?utm_source=First+Read+Session+Update&utm_campaign=423dc566b3-EMAIL_CAMPAIGN_2020_04_06_04_51&utm_medium=email&utm_term=0_4e700ecef423dc566b3-35061864&mc_cid=423dc566b3&mc_eid=94499aa84b

¹² <https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont>

¹³ <https://www.cdc.gov/nhsn/covid19/report-overview.html>

¹⁴ The calculated state incidence is analogous to the Burlington, VT Hospital Referral Region (HRR).

¹⁵ Statewide statistics are reported by the Vermont Department of Health:

<https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont>

¹⁶ https://www.ahip.org/wp-content/uploads/AHIP-COVID-19-Modeling-Update_Wakely-2020.06.pdf

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similar restrictions will not be made lightly. We consider it unlikely that a second wave will take place in Vermont until the infection rate approaches, if not exceeds, the infection rate experienced over the two-month period examined by the SOA in its study by medical service area. It is for this reason that we allow the 2021 incidence dampening to vary up to 100 percent of the incidence reported in the SOA study, as noted above.

A second wave may present an elevated incidence of COVID-19 cases, which will increase the treatment cost. A second wave also creates additional deferred care. We model costs under varying HRR incidence levels. We model incidence under varying scenarios: cases equivalent to the level experienced in the first wave in Vermont, the Capital Region of New York, Boston, and suburban southeastern New York. Additionally, we model scenarios where a second wave does not occur. We do not attempt to predict the likelihood of any of these five levels of disease burden. Because the level of incidence experienced in a second wave is quite impactful and impossible to predict with any degree of accuracy, the focus of our modeling results independently examines each of our five potential incidence scenarios. In order to examine the sensitivity of results to other assumptions, it is useful to define an array of likelihoods for the disease incidence in a second wave; for the purpose of producing a reasonable array of simulations for that sensitivity testing, we instructed the model to produce more scenarios at incidence levels that seem to more plausibly result in another partial economic shutdown and period of deferral of non-emergent care, and fewer scenarios at either extreme. This is demonstrated in the table below:

Wave 2 Severity	Scenarios
Vermont	12%
NY Capital Region	36%
Boston	20%
Suburban SE NY	12%
Never	20%

For any simulation in which a vaccine is available before the commencement of a second wave, the severity of the second wave is adjusted to "Never."

The timing of a second wave, if it occurs at all, is uncertain. While the path of this disease changes daily across the country, at the time the modeling was performed most experts considered it likely that a second wave would start in the autumn of 2020. We model varying scenarios of the timing of a second wave, centered around the wave starting in the fall. The probability of the second wave timing by quarter are provided in the table below.

Wave 2 Timing	Probability
Q3 2020	15%
Q4 2020	45%
Q1 2020	20%
Never	20%

Similarly, the duration of a second wave is also uncertain. We model wave durations from one to four months, with the likelihood of a longer duration increasing under the higher incidence

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scenarios. In this sense, the duration refers to both the length of time during which non-emergent services are deferred as well as the time period for which the elevated incidence level persists.

Wave 2 Duration - Geographic Region	Vermont	NY Capital Region	Boston	Suburban SE NY
Wave 2 Duration - 1 Month	5%	5%	0%	0%
Wave 2 Duration - 2 Months	40%	30%	20%	10%
Wave 2 Duration - 3 Months	40%	50%	60%	60%
Wave 2 Duration - 4 Months	15%	15%	20%	30%

Baseline Claims

Given that the timing of the deferred and returning care (see subsequent sections) is variable on a monthly basis, we first need to convert the annual claim totals included in the 2021 filings to monthly totals.

To estimate VISG claims, we start with the 2021 projected allowed medical and pharmacy claims from the 2021 VISG filing. We apply paid claim seasonality factors developed as part of the monthly reserving process. We then calculate a monthly allowed trend for medical and pharmacy claims using the 2020 to 2021 allowed trend factors in Exhibit 3J of that filing. Lastly, we set the starting trend for January 2020 such that the total projected allowed claims equals the figure presented in Exhibit 5 of the filing. Finally, we apply the 2021 AV¹⁷ to convert from allowed claims to paid claims.

To estimate the insured large group claims, we start with the manual rate in the Q3 2020 BCBSVT/TVHP Large Group filing. The manual rate represents an estimated paid claim amount for the 12-month period starting January 1, 2021. We then divide by the effective AV underlying the Q3 2020 benefit relativity model to convert the manual rate to an allowed claim total. Then, we split medical and pharmacy claims using the proportion of each comprising the manual rate. We then apply paid claim seasonality factors developed as part of the reserving process and convert the annual allowed medical and pharmacy trend in the filing to monthly factors. We set the starting trend for January 2020 such that the total projected allowed claims per member for the year equals the allowed manual rate. We then apply the average AV to convert the allowed claims back to paid claims.

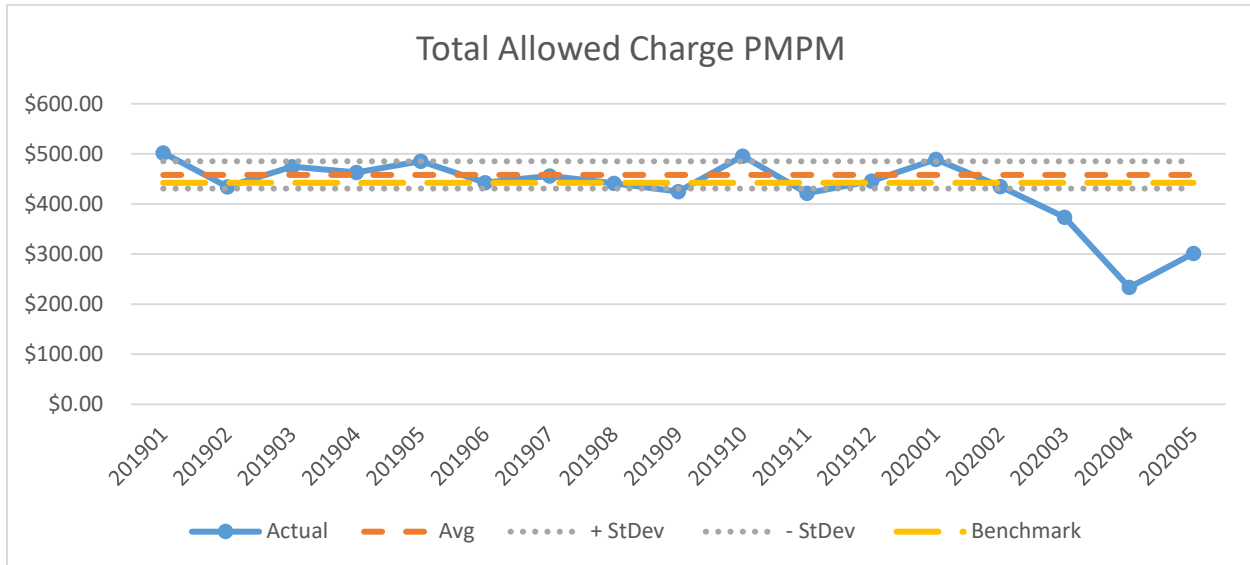
Deferred Care

Using the period identified in the *Data* section, we create the graph below showing the total monthly PMPMs spanning over the benchmark and slowdown periods. We calculate the benchmark PMPM as the monthly average PMPM less the monthly standard deviation PMPM

¹⁷ We used the AV calculated using BCBSVT population from column L of exhibit 6E of the 2021 VISG rate filing.

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divided by the cubic root of 3, to incorporate some conservatism in light of normal fluctuations.



We further subdivided our total claims by service category to make determinations about the percentage of claims in our slowdown period are likely to be rescheduled rather than foregone. We also made assumptions about changes in demand that certain claim categories will experience in the future due to the more lasting changes to the care delivery system that are likely to result from the pandemic.

We use place of service, DRG, ICD-10 procedure code, CPT/HCPCS, revenue code and ICD-10 diagnosis code to bucket the total claims into 33 sub-categories we considered in estimating the impact of deferred services. A table displaying the assumptions for each of the 33 categories can be found in Appendix B.

BCBSVT actuaries worked closely with BCBSVT medical directors to develop assumptions for the return of care for each service category. Mental health services apart from inpatient stays can be observed to be greater than the benchmark, presumably due to the availability of telehealth options as well as the increased stress the pandemic and economic disruption have inflicted upon our members. While there was a slowdown in inpatient mental health admissions, we assume that this was representative of a change in site of care rather than an indication of pent-up demand. Medical-drug services (such as injections), durable medical equipment and services at a home health & hospice location experienced very little or no slowdown; we assume that the limited amount of care that did not take place can be foregone completely or has been resolved using other methods of care. Emergency and urgent care experienced a 28 percent slowdown in services during the most recent three months while ambulance services dropped by 53 percent; we expect these services to not return because any emergent event that occurred during March to May has been handled in other ways. We assumed that influenza and pneumonia-based claims will not be made up because they are seasonal and do not result in pent-up demand. Newborns and delivery/pregnancy care for mothers cannot be deferred or made up for obvious reasons.

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Laboratory, radiology and evaluation and management services assumptions depend on whether the service was for chronic care or acute care. We assumed that 100 percent of chronic services will be made up while any acute care that did not take place in the slowdown period has been foregone. We also assumed that any oncology treatment or immunization services that were deferred during the lockdown will be made up fully due to the necessary but deferrable nature of this care.

All surgeries had relatively significant slowdowns during the period. We project that all of these services will be made up due to the necessity of this care. We note that various Vermont hospitals and surgical centers have already expanded their hours to contend with the glut of services.

Other services such as physical therapy, chiropractic, cardiology, ophthalmology, and other miscellaneous services are assumed to partially—but not fully—return.

Overall, we estimate that 56.1 percent of the services that were deferred during the slowdown period will be made up. This can be calculated by taking the weighted average of the 'percent rescheduled services' and 'slowdown PMPM' from the table by type of service provided in Appendix B.

We note the independent BCBSVT analysis is closely aligned with industry sources^{18,19}, which lends additional confidence to our assumption.

In any month where services are less than 100 percent of our non-COVID expectation, it is assumed that a mean of 56.1 percent of the claims will return at a later date, split into 100 percent of surgeries and 22.3 percent of all other care. This includes in any months during a second wave where non-emergent care is deferred such that claims are less than expected. In the stochastic model, we assume the level of deferred care is normally distributed with a mean of 56.1 percent and a standard deviation of one-tenth the mean. This standard deviation allows for a reasonable range of results around our best estimate, roughly equivalent to the "high" and "low" estimates within the above-referenced Milliman white paper.

Changes in Demand

The 'Stay Home, Stay Safe' order changed the way many Vermonters access care. BCBSVT actuarial staff again worked with medical directors to make assumptions about persistent changes in utilization resulting from the pandemic and economic crisis.

Going forward we expect a shift away from using emergency room and urgent care services due largely to the availability and increased acceptance of telehealth services as a viable alternative. We assume a drop of 14 percent in these services (i.e. 50 percent of the slowdown from pre-pandemic to Wave 1 utilization) going forward.

¹⁸ <https://milliman-cdn.azureedge.net/-/media/milliman/pdfs/articles/estimating-the-financial-impact-covid19.ashx>

¹⁹ <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/illustrative-forecasts-covid-19.pdf>

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As noted above, non-inpatient mental health services are being utilized at higher than historical levels, presumably due to the availability of telehealth options as well as the increased stress the pandemic and economic disruption have inflicted upon our members. We observed a 14 percent increase in the allowed charge PMPM for non-inpatient mental health services during the slowdown period and assume that increase represents the new norm through 2021. We assumed that inpatient mental health admissions will resume at a higher level than previously due to the fallout from the extreme stress of the pandemic, lockdown, economic crisis and social unrest. There is evidence of an increase in PTSD in the aftermath of such events. The literature notes a possible uptick of as much as 7 percent in MHSA services after a catastrophic event²⁰; we use this figure—half of the observed non-inpatient increase—as an ongoing increase in inpatient MHSA utilization. The weighted average of the “Future Demand %” and the “Benchmark PMPM” in the table below yields a \$2.63 reduction in allowed PMPM that we use as the change in ongoing demand. We treat this as a best estimate assumption and do not allow it to vary within the stochastic modeling.

Type of Service	Benchmark PMPM	Slowdown PMPM	Future Demand %
Mental Health (Inpatient)	\$4.40	\$2.23	7%
Mental Health (Other)	\$13.28	\$0.00	14%
Emergency and Urgent Care	\$34.30	\$9.65	-14%
Changes in Demand, Allowed PMPM			-\$2.63

Deferred Care Morbidity Impact

As outlined above, a broad spectrum of medical services experienced a decline during the spring. While we anticipate many of these services will be deferred to a later date, many will not occur at all. The cancellation and delay of services has created public health impacts²¹, and similar events that have impaired access to care have increased population morbidity²².

The health impacts created by the limited access to care in the spring of 2020 are unknown. Catastrophic events have a documented long-term impact on population morbidity. Given the long-term nature of the current health and economic crises, we consider it important to model possible morbidity effects created by the lack of access to care during periods of significant government restrictions. We set the stochastic model to randomly generate a morbidity factor uniformly distributed between 0.000 and 0.005 that is applied to medical and pharmacy claims. In the event of a second wave, we apply to the period following the conclusion of the second wave a factor uniformly distributed between the original factor and 0.010, due to the additional morbidity impacts that would likely be created from further barriers to receiving necessary care.

²⁰ <https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032013-182435>

²¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx>

²² <https://www.washingtonpost.com/opinions/2020/04/08/covid-19-pandemic-will-end-americas-next-health-crisis-is-already-starting/>

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Returning Care

The timing of the return of care is not only dependent on subsequent waves of COVID-19, but on the capacity of the health care system. We solicited feedback from a number of local hospitals and provider groups on their re-opening plans. The larger facilities indicated plans to expand capacity, whether through extended hours or performing services on the weekend²³.

To estimate the capacity to make up deferred services, we split medical services into surgical and non-surgical procedures. Due to procedure time, opportunities to use telehealth, a greater propensity to extend physician hours, and a loss of efficiency due to increased COVID-related safety measures for surgical procedures, we assume that capacity can be extended above a baseline level to a greater degree for non-surgical procedures. We assume a maximum capacity of 108 percent for surgical procedures and 115 percent for non-surgical procedures. These assumptions are equivalent to a plausible total maximum capacity range of 106 to 112 percent.

To model the return of care, we randomly generate capacity factors to apply for each month from June 2020 through December 2021. The capacity in a given month is not allowed to exceed the maximum noted above. For months during a second wave, the factors are dampened to reflect the deferral of care. In the two months following a wave, we apply the additive factors to account for the return of services. We also apply dampening factors that revert care to 100 percent, based on the extent to which care exceeds normal volume, to reflect that the health care system likely cannot operate at maximum capacity for an extended duration. We include an additive term that helps prevent the dampening factors from returning the maximum capacity to 100 percent before returning care reaches the percentage randomly selected for the simulation. Lastly, we end any excess capacity upon reaching the modeled percent of care returning. We assume any modeled returning care not incurred by the end of 2021 will be performed in 2022. At the median, 21 percent of returning care is modeled to not be performed by the end of 2021.

Capacity Factors	Provider Max	June 2020	Wave (1 Month from Start/End)	Wave (2 Months from Start/End)	Post Wave Additive Factor (2 Months)
Low	106%	80%	85%	75%	+15%
High	112%	100%	95%	85%	+30%

See Appendix C for a sample of capacity distributions randomly generated by these mechanics.

²³ See, e.g., <https://www.healthleadersmedia.com/clinical-care/coronavirus-how-dartmouth-hitchcock-reopening-paused-services>

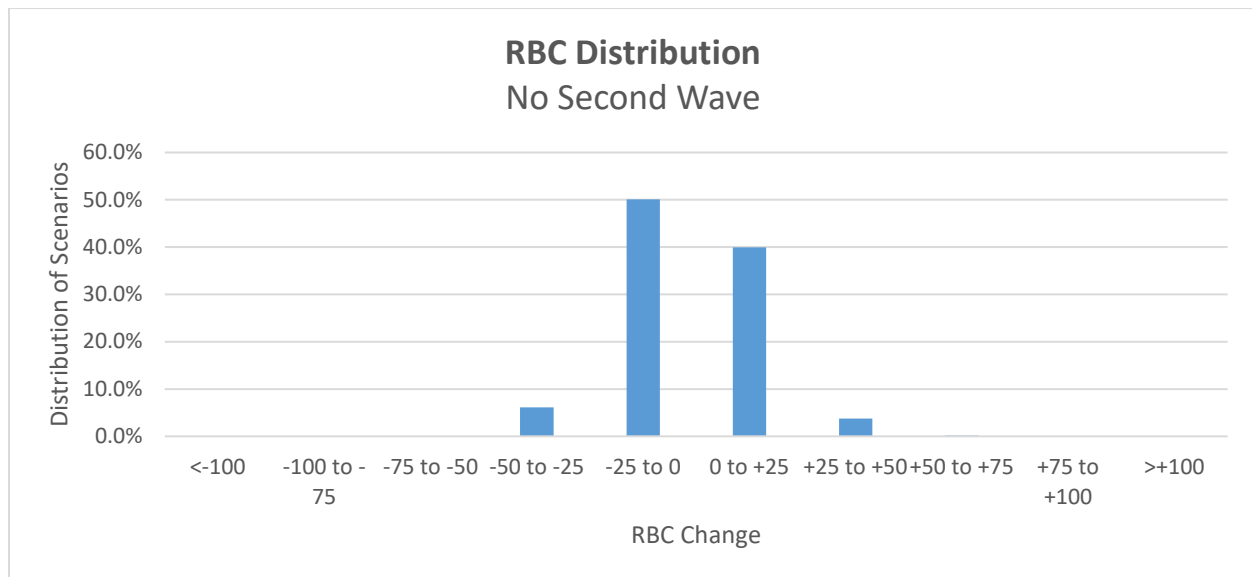
Analysis & Results

The presence and severity of a second wave is the most impactful assumption. Below, we examine the cumulative RBC impact of each of the four second wave severity scenarios described above in the *Treatment Costs* section, as well as a scenario with no second wave of illness necessitating an economic shutdown. For each of these five scenarios, we run 10,000 simulations using the inputs noted in the *Methodology* section. Appendix D provides the summary stochastics of the stochastic modeling, with the geographic distribution noted in the *Methodology* section. Note that while the modeling does not consider the minimum or maximum to be likely, and in certain instances the values are +/- three standard deviations from the mean, we believe it is important to consider their possibility in the modeling without giving them an inordinate amount of weight.

Results by Severity of Second Wave

No Second Wave

In scenarios where there is no second wave of illness necessitating an economic shutdown, the majority of scenarios fall between a -25 to +25 RBC change. In 2020, the deferral of care experienced in the spring of 2020 dampens claims, but the direct costs of COVID-19, vaccination costs, and the return of deferred services result in the RBC returning toward its beginning value in the vast majority of scenarios.



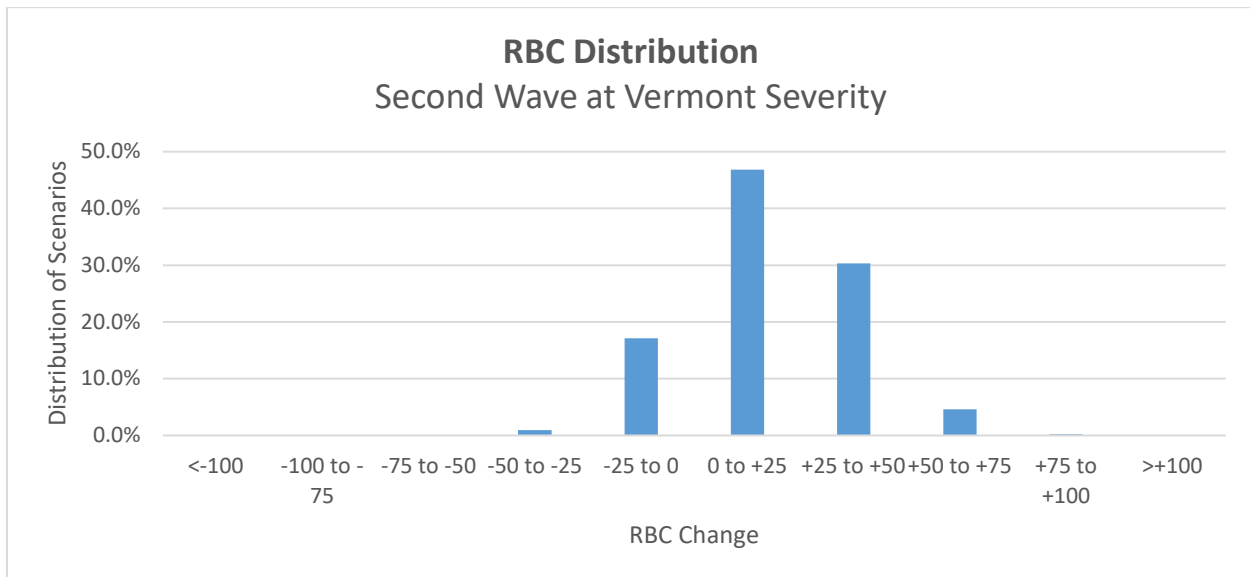
It seems unlikely, particularly in light of current events nationally, that Vermont will be able to avoid a second wave of increased incidence accompanied by stronger social distancing measures and the deferral of non-emergent services. Nonetheless, this model is useful to consider as it simulates a plausible range of outcomes in the instance that events to date represent the only significant wave of COVID infection or economic shutdown in Vermont. In

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the absence of more complete information, it may seem tempting to conclude that the tens of millions of dollars of deferred services to date are a “windfall” to BCBSVT. This simulation demonstrates that, to the contrary, even in the event that Vermont never sees another spike in COVID infection, the net claims impact of the pandemic is likely to be very close to breakeven.

Vermont Severity

In scenarios where the second wave is aligned with the severity experienced in Vermont’s first wave, the majority of scenarios produced by the stochastic model show a modest increase to RBC. As noted above, the concept of a second wave not only considers COVID-19 incidence, but a corresponding economic shutdown and the deferral of non-emergent care. As noted in the *Treatment Costs* section, we consider it likely that incidence would need to surpass the infection rate experienced during the first wave for the state to consider further periods of economic shutdown, but nevertheless consider it important to model the impact of such a scenario to RBC. In this scenario, a second wave creates additional deferred care, but the limited direct costs drive the increase to RBC in most scenarios.



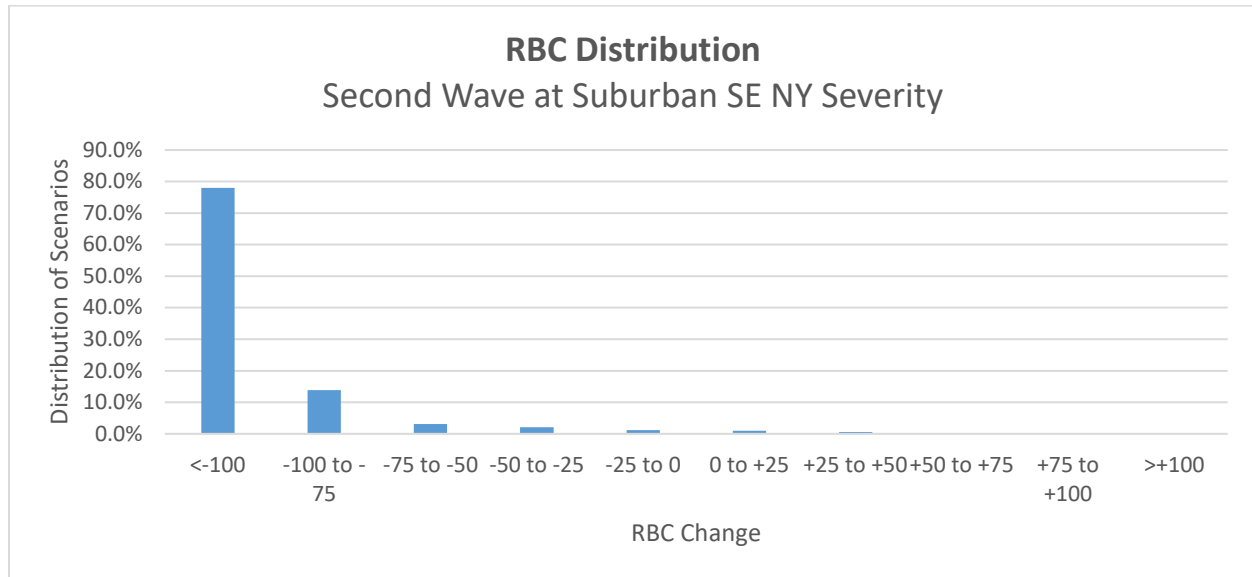
From the perspective of BCBSVT's financial position, this can be viewed as a best-case scenario, as this view maximizes the deferral of care while minimizing the realistic rate of infection that could provoke another round of severe social and economic restrictions. Even in this outlook, the improvement in claims costs has only a modestly favorable impact on BCBSVT RBC in most simulations—a vanishingly small number of simulations result in an increase in RBC of more than 75 percentage points.

Suburban Southeastern New York Severity

The New York City metropolitan area experienced some of the highest incidence of COVID-19 cases in the country during the spring of 2020. As we discuss in the *Methodology* section, we

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consider it important not to model the *probability* of a specific outcome occurring, but rather the extent to which various plausible scenarios affect BCBSVT's RBC. It is therefore critical to model the results of a severe second wave. In this set of simulations, the direct costs of COVID-19 are profound, vastly overshadowing the dampening of claims in the spring of 2020 and the deferral of care during the second wave.

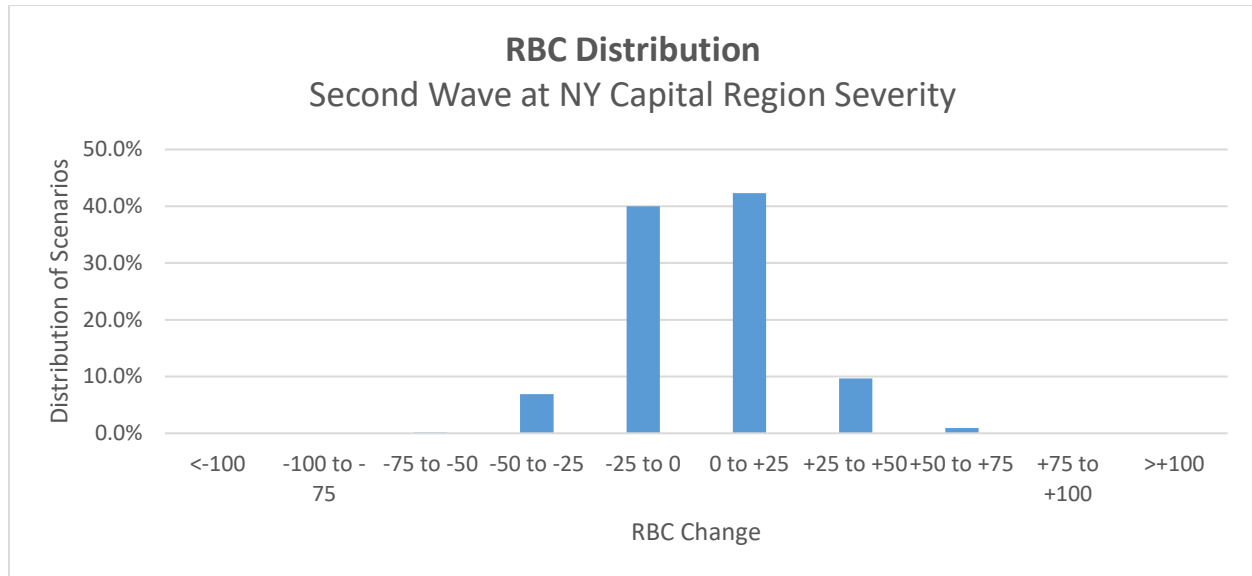


While we hope and believe that this is not the most likely path of COVID infection in Vermont, it is a plausible scenario that merits careful consideration. In almost all simulations, this level of disease burden would have a highly deleterious impact on BCBSVT's financial health.

NY Capital Region Severity

The last two scenarios examine incidence levels of geographic regions close to Vermont that exceeded Vermont's level of COVID-19 cases during the first wave. First, we consider the Capital Region of New York, which saw a case rate approximately 3.5 times that of Vermont but less than 20 percent of that experienced in suburban southeastern New York. The scenarios are largely centered between a 25-point decrease and a 25-point increase to RBC. The second wave of shutdown creates additional deferred care, but this is offset to some degree by higher direct costs than those experienced in the first wave. These results are strikingly similar to those produced using an assumption of no second wave at all.

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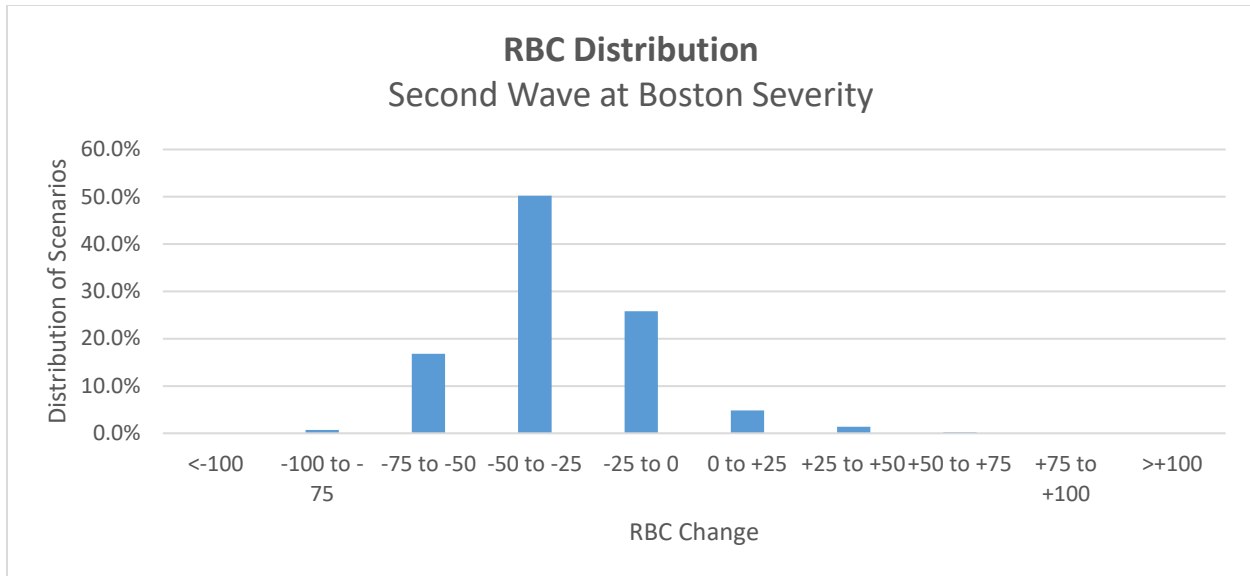


We consider this to be a reasonably plausible scenario in that an infection rate surpassing that experienced earlier this year in Vermont and tracking closer to that seen in a nearby region may very well lead to another partial shutdown of the Vermont economy and implementation of stringent social distancing measures. The impact to claims of such a scenario is neutral—it is unlikely that BCBSVT would benefit from a windfall or that financials would be significantly pressured based on the level of paid claims.

Boston Severity

Lastly, we model the RBC impact of a second wave where the incidence is analogous to that of Boston's first wave. Boston experienced an infection rate nearly nine times that of Vermont, but less than half of the incidence recorded in suburban southeastern New York. The RBC impact is centered around the -50 to -25 range, indicative of the higher direct costs exceeding the deferral of care in the second wave.

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This is a relatively severe scenario that models the outlook should the spread of the disease throughout rural New England simply be delayed relative to, but not ultimately different from, urban New England. This plausible, yet perhaps not most likely, sequence of events results in most simulations in a modest decline in RBC position due to an escalation of claims cost above the level anticipated in the 2021 VISG rate filing.

Appendix E provides summary statistics for the geographic scenarios noted above.

[Summary of Results by Year](#)

We provide the modeled RBC impact by year for the above geographic scenarios in the table below. The 2022 impact includes only the completion of returning care from waves in 2020 and 2021, along with any vaccine costs incurred in 2022 (see *Purpose* section for a more thorough description).

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Wave 2 Severity	Average RBC Impact as of December 31,			
	2020	2021	2022	Total
No Second Wave	+60	-41	-22	-2
Vermont	+98	-56	-25	+18
NY Capital Region	+91	-63	-26	+2
Boston	+74	-78	-28	-32
Suburban Southeastern New York	+33	-117	-31	-115

These results demonstrate rather dramatically the peril in considering only the 2020 impact of the pandemic on BCBSVT's financial position. To an even greater extent, BCBSVT's financial strength cannot be assessed using the RBC impact to date. This follows because the bulk of deferred care has yet to return, while ongoing COVID-related claims are likely to escalate. As BCBSVT has stressed throughout the rate review process, it has not added any COVID-related costs to its filed 2021 premiums and will instead pay any and all such costs through policyholder reserves. It is therefore necessary to consider the full projected impact through 2021 of a reasonable range of scenarios projecting the future path of the pandemic. It is only through such an assessment that one can reasonably evaluate the financial outlook of the company.

These results demonstrate that, while 2020 operating results are likely to be favorable, the claims impact of the full pandemic is likely to be fairly close to neutral in most scenarios, with the plausible outcomes ranging from modestly favorable to significantly unfavorable.

Sensitivity to Assumptions other than Severity

The timing of a vaccine directly affects the modeling results. Direct costs of COVID escalate with a later vaccine availability date, which drives the scenarios toward a decline in RBC as vaccine availability stretches later into 2021. In other words, BCBSVT's financial position will tend to deteriorate the longer it takes an effective vaccine to reach the market, all else being equal.

RBC Impact by Vaccine Availability						
Vaccine Availability	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	After 2021
RBC Points	+17	-2	-11	-20	-26	-30

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Lastly, we also consider the effects of returning care on RBC. As noted in the *Methodology* section, we consider 56.1 percent of deferred care returning to be our best estimate and set that as the mean in the stochastic model. Below, we provide the cumulative RBC impact under various ranges of returning care. Here, we find that, as expected, the deterioration of BCBSVT's financial position is directly correlated with the amount of care that ultimately returns.

RBC Impact by Deferred Care Returning Range						
Range	Above 65%	60%-65%	55%-60%	50%-55%	45%-50%	Below 45%
RBC Points	-33	-28	-19	-13	-5	+5

Appendix F provides the derivation of future costs for a single scenario.

Conclusions

The COVID-19 pandemic has created unprecedented uncertainty in the level of paid claims BCBSVT will incur in the next 18 months. There is significant uncertainty beyond 2021 as well, related to waves of infection, vaccine availability, and vaccine efficacy, all of which may present profound impacts to BCBSVT's members, employer groups, and risk-based capital position. This analysis exclusively considers direct costs in 2020 and 2021—the costs presented beyond 2021 only represent the tail of the claims impact of the 2020 and 2021 course of the pandemic. This is the most useful and appropriate information to consider in assessing BCBSVT's financial position for purposes of the 2021 VISG filing.

BCBSVT has implemented a number of programs to help our members, employer groups, providers, and community in recent months. While this analysis considers a number of scenarios over the next 18 months, it does not provide a holistic view of the COVID-19 costs or risks faced by BCBSVT in the coming months and years. The additional operating costs that have a material impact on BCBSVT's financial position are displayed in separate documentation delivered in response to Inquiry Letter 4.

The modeling outlined in the memorandum presents a number of scenarios under varying assumptions that produce disparate results. New information regarding the factors outlined in this memorandum continues to emerge and will directly affect BCBSVT's financial position. Based on the best information known at the time this modeling was performed, the COVID-19 pandemic is likely to have an impact on claims costs ranging from modestly favorable to substantially unfavorable, with the majority of simulated results being fairly neutral. The modeling also shows that the likelihood of a significantly favorable impact on claims costs resulting in a "windfall" to BCBSVT is vanishingly small. While a significant deterioration of BCBSVT's financial position due solely to escalated COVID-related claims costs may not be the most likely outcome, it would be imprudent to ignore the very real potential for such a

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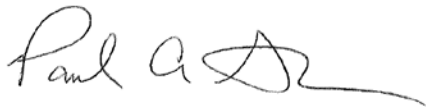
scenario in considering possible rate actions. For this reason, and in light of the more complete RBC development provided in the separate documentation referenced above, BCBSVT cannot responsibly reduce its 2021 VISG rate request below actuarially sound levels.

Actuarial Certification

The purpose of this report is to model possible scenarios related to the COVID-19 pandemic on paid claims for Blue Cross and Blue Shield of Vermont and The Vermont Health Plan insured individual, small group, and large group plans. The model and results are intended to quantify the impact varying scenarios have on BCBSVT's risk based capital ratio (RBC) as a means of additional support for its Vermont Individual and Small Group Rate Filing (SERFF #BCVT-132371410). This report is not intended to be used for other purposes.

Appendix G lists applicable limitations and disclosures.

It is my opinion that the modeling presented in this report is reasonable and has been prepared in accordance with applicable Actuarial Standards of Practice. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.



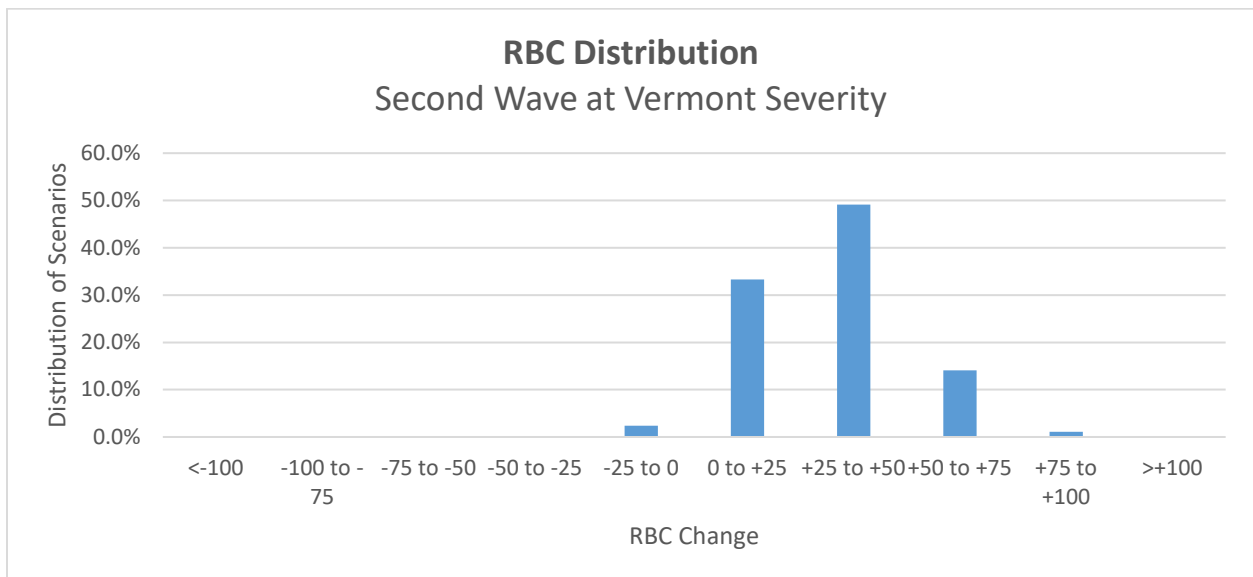
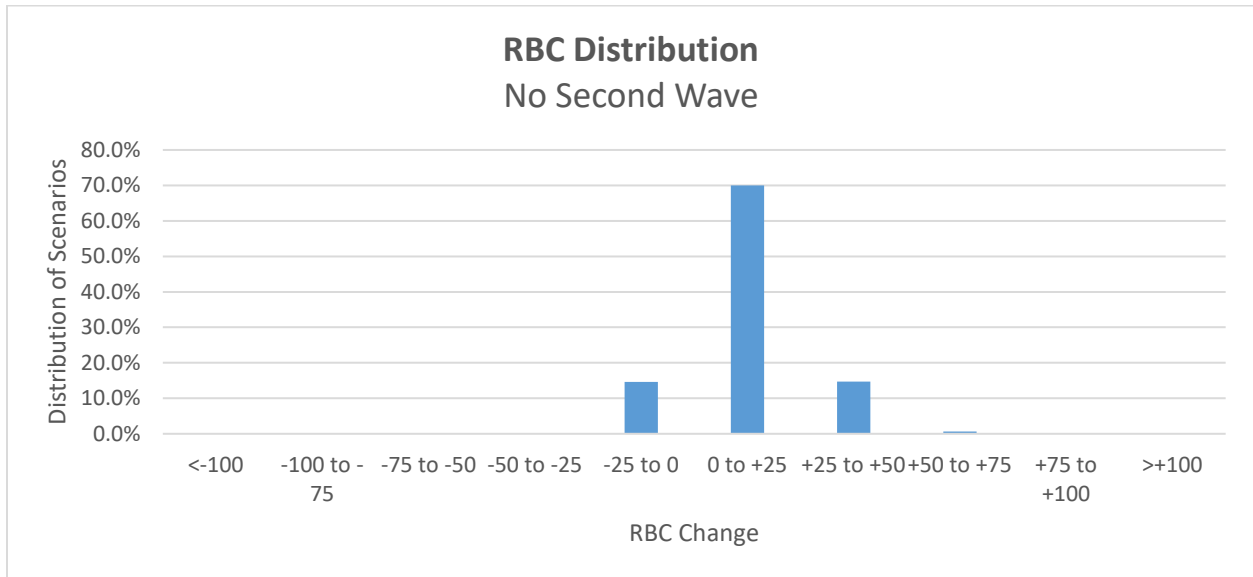
Paul A Schultz, F.S.A., M.A.A.A.

July 4, 2020

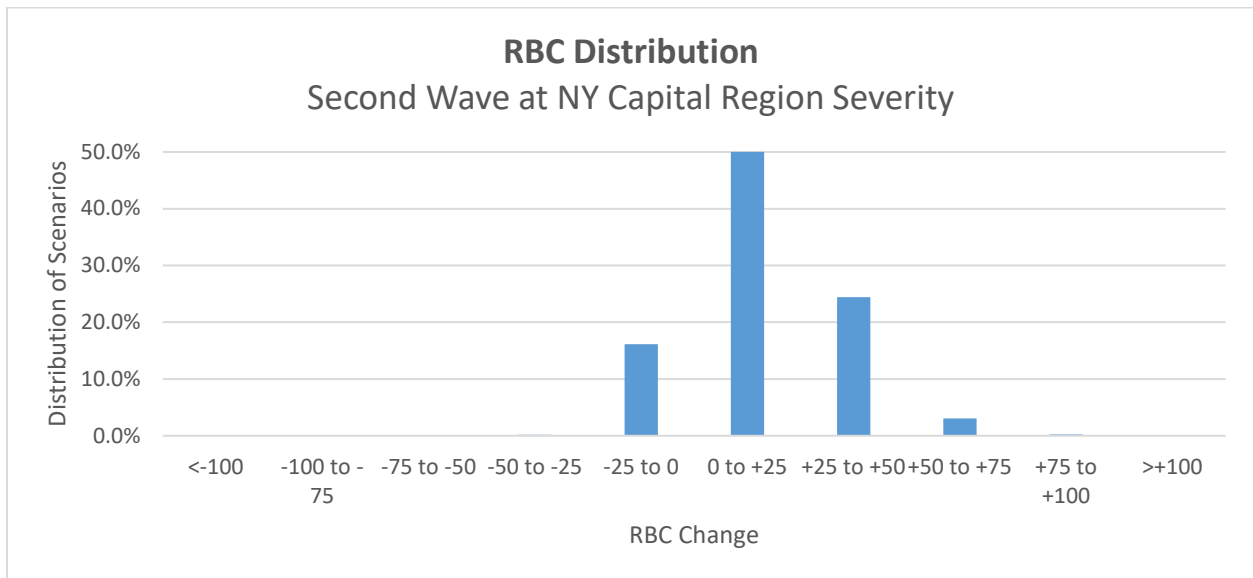
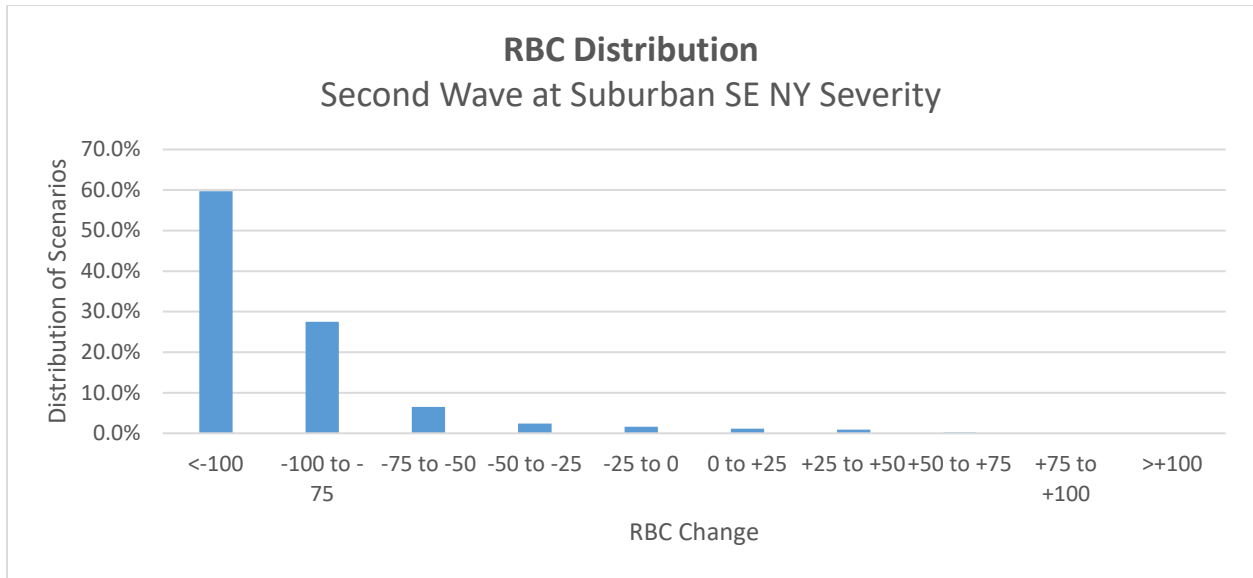
Blue Cross and Blue Shield of Vermont
COVID-19 Modeling

Appendix A: Results if Vaccine Cost is Publicly Funded

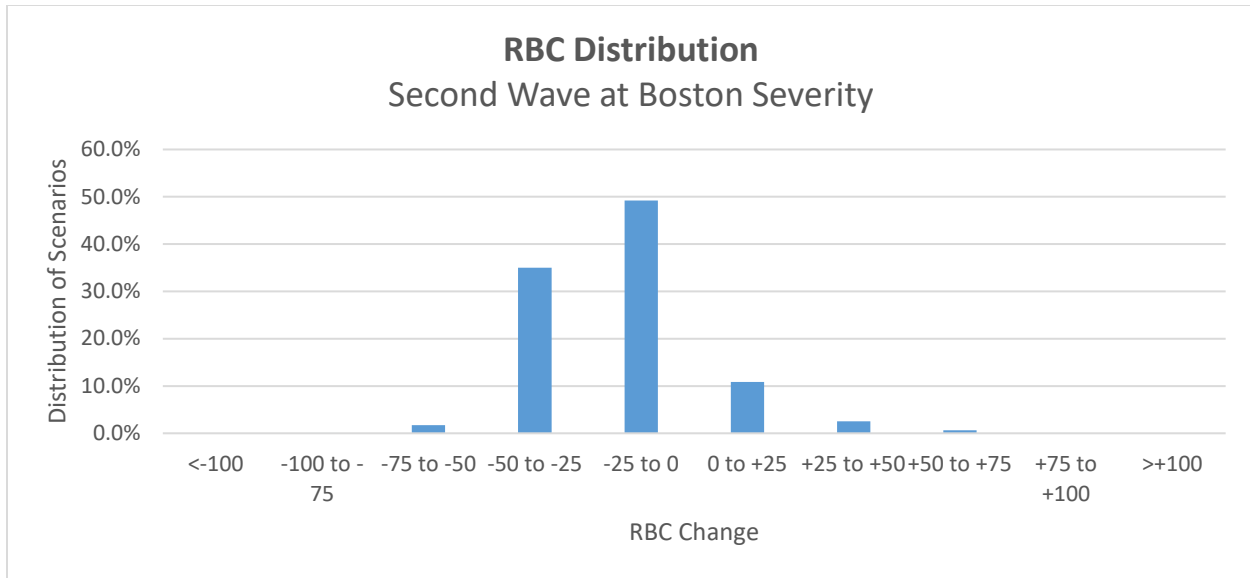
The below charts present modeling results from the *Analysis & Results* section in the circumstance that BCBSVT is not responsible for paying for the cost of a vaccine. The average impact of removing the cost of a vaccine is approximately 14 RBC points. For context, this shifts the graphs approximately a half range to the right as compared to the graphs shown in the *Results* section of the main report.



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Wave 2 Severity	Average RBC Impact as of December 31,			
	2020	2021	2022	Total
No Second Wave	+61	-30	-18	13
Vermont	+99	-45	-21	+32
NY Capital Region	+91	-52	-23	+16
Boston	+74	-67	-25	-18
Suburban Southeastern New York	+33	-106	-28	-100

RBC Impact by Vaccine Availability						
Vaccine Availability	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	After 2021
RBC Points	31	13	3	-5	-12	-15

RBC Impact by Deferred Care Returning Range						
Range	Above 65%	60%-65%	55%-60%	50%-55%	45%-50%	Below 45%
RBC Points	-19	-14	-5	2	10	20

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If current regulation changes such that the cost of a vaccine is publicly-funded rather than borne by health insurers, the impact of the pandemic on projected claims cost is modestly favorable relative to the results presented in the body of this report. The impact is sufficiently small that the conclusions within each scenario, each set of scenarios, and in an overall sense are not impacted.

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Appendix B: Derivation of the Estimated Percentage of Returning Deferred Services

Type of Service	Benchmark PMPM	Slowdown PMPM	Percent Rescheduled Services
Mental Health (Inpatient)	\$4.40	\$2.23	0%
Mental Health (Other)	\$13.28	\$0.00	0%
Pregnancy/Newborn	\$20.00	\$1.37	0%
Influenza/Pneumonia	\$1.44	\$0.66	0%
Emergency and Urgent Care	\$34.30	\$9.65	0%
Medical - Rx	\$40.49	\$0.00	0%
Ambulance	\$2.42	\$1.14	0%
DME	\$1.93	\$0.13	0%
Home Health & Hospice	\$8.50	\$0.40	0%
Laboratory - Chronic	\$8.83	\$2.56	100%
Laboratory - Other	\$13.95	\$5.77	0%
Radiology - Chronic	\$12.00	\$2.54	100%
Radiology - Other	\$28.76	\$12.40	0%
Evaluation and Management - Chronic	\$12.72	\$1.60	100%
Evaluation and Management - Other	\$22.48	\$6.53	0%
Ophthalmology Services	\$2.26	\$1.23	75%
PT & Chiropractic	\$16.53	\$8.41	40%
Immunizations	\$0.94	\$0.29	100%
Cardiology/EKG/ECG/EEG	\$8.75	\$4.52	30%
Surgery (knee/hip/shoulder + other bones)	\$34.67	\$18.46	100%
Surgery - GI	\$26.22	\$14.93	100%
Surgery - Respiratory (non-Influenza/Pneumonia)	\$4.20	\$2.12	100%
Surgery - Renal/Pancreas/Integumentary	\$13.55	\$5.22	100%
Surgery - Reproductive System/Genital	\$8.73	\$4.29	100%
Surgery - Neuro	\$7.85	\$4.13	100%
Surgery - Eye	\$2.78	\$1.41	100%
Surgery - Other	\$10.71	\$3.97	100%
Surgery - Cardiac	\$11.76	\$5.14	100%
Oncology Treatment	\$7.54	\$1.34	100%
IP - Diseases and Disorders	\$10.56	\$2.10	5%
Other Inpatient	\$10.36	\$2.31	5%
Other Outpatient	\$20.97	\$7.99	30%
Other Professional	\$4.81	\$2.08	30%
Total			56.1%

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Appendix C: Sample Deferred and Returning Care Factors

Sample Deferred and Returning Care Factors															
	<i>Example 1</i>	<i>Example 2</i>	<i>Example 3</i>	<i>Example 4</i>	<i>Example 5</i>	<i>Example 6</i>	<i>Example 7</i>	<i>Example 8</i>	<i>Example 9</i>	<i>Example 10</i>	<i>Example 11</i>	<i>Example 12</i>	<i>Example 13</i>	<i>Example 14</i>	<i>Example 15</i>
202006	91.0%	82.0%	86.0%	93.0%	81.0%	95.0%	91.0%	86.0%	93.0%	91.0%	89.0%	90.0%	82.0%	96.0%	97.0%
202007	110.0%	110.0%	107.0%	106.0%	106.0%	107.0%	109.0%	105.0%	106.0%	110.0%	108.0%	112.0%	103.0%	112.0%	106.0%
202008	107.0%	110.0%	105.3%	105.9%	104.0%	107.0%	106.8%	103.4%	104.5%	110.0%	107.9%	111.5%	102.2%	108.0%	105.5%
202009	105.3%	107.8%	103.9%	105.1%	102.7%	105.0%	104.5%	103.4%	103.3%	109.9%	105.2%	110.7%	101.6%	107.0%	104.9%
202010	104.3%	95.0%	89.0%	103.3%	101.8%	103.0%	94.0%	94.0%	102.9%	109.2%	103.7%	89.0%	87.0%	90.0%	103.9%
202011	104.3%	80.0%	80.0%	102.3%	101.5%	102.5%	83.0%	85.0%	102.2%	106.8%	103.7%	78.0%	76.0%	77.0%	103.6%
202012	88.0%	91.0%	82.0%	101.7%	101.1%	102.5%	81.0%	68.0%	102.0%	100.0%	102.5%	69.0%	83.0%	79.0%	102.4%
202101	79.0%	110.0%	94.0%	93.0%	95.0%	102.1%	92.0%	75.0%	101.4%	100.0%	102.4%	76.0%	85.0%	94.0%	102.6%
202102	90.0%	110.0%	107.0%	78.0%	78.0%	101.5%	109.0%	86.0%	101.1%	100.0%	102.3%	87.0%	106.0%	110.0%	102.5%
202103	110.0%	108.8%	107.0%	84.0%	84.0%	87.0%	109.0%	108.0%	101.2%	100.0%	102.3%	102.0%	106.0%	112.0%	101.9%
202104	110.0%	105.6%	105.5%	92.0%	94.0%	75.0%	108.9%	108.0%	101.1%	100.0%	101.8%	112.0%	104.2%	107.7%	101.6%
202105	108.2%	103.9%	104.4%	106.0%	106.0%	85.0%	108.8%	108.0%	101.1%	100.0%	101.6%	111.7%	102.9%	104.8%	101.6%
202106	108.3%	102.0%	103.9%	106.0%	106.0%	89.0%	106.4%	107.5%	101.1%	100.0%	101.3%	111.6%	102.4%	104.2%	101.7%
202107	108.1%	100.0%	103.3%	104.8%	104.5%	106.0%	106.1%	107.4%	101.1%	100.0%	101.0%	107.7%	102.1%	103.7%	101.7%
202108	102.7%	100.0%	103.0%	104.0%	103.9%	107.0%	105.3%	107.0%	100.9%	100.0%	100.9%	105.4%	101.8%	103.4%	101.0%
202109	100.0%	100.0%	102.9%	103.5%	102.6%	104.9%	103.6%	105.0%	100.9%	100.0%	100.8%	104.3%	101.9%	103.5%	100.0%
202110	100.0%	100.0%	103.0%	103.0%	102.0%	104.4%	103.6%	104.1%	100.6%	100.0%	100.5%	103.8%	101.4%	102.9%	100.0%
202111	100.0%	100.0%	102.1%	102.5%	102.0%	103.8%	102.3%	102.6%	100.4%	100.0%	100.0%	103.6%	101.3%	101.9%	100.0%
202112	100.0%	100.0%	101.5%	101.7%	102.0%	102.7%	100.0%	102.1%	100.5%	100.0%	100.0%	103.3%	101.2%	101.4%	100.0%

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Appendix D: Stochastic Modeling Summary Statistics

Stochastic Modeling Summary Statistics ²⁴				
Component	Year	Mean	Min	Max
Diagnostic Testing	2020	\$1,509,073	\$977,170	\$1,972,964
	2021	\$1,579,506	\$22,464	\$3,033,586
	Total	\$3,088,579	\$1,034,025	\$4,961,124
Vaccine	2020	\$97,135	\$0	\$4,639,124
	2021	\$2,322,204	\$0	\$6,958,686
	2022+	\$671,818	\$0	\$6,958,686
	Total	\$3,091,157	\$1,268,658	\$6,958,686
Morbidity Impact Deferred Care	2020	\$459,855	\$0	\$1,536,880
	2021	\$1,560,779	\$0	\$3,847,882
	Total	\$2,020,634	\$0	\$5,204,758
Treatment	2020	\$6,375,550	\$2,142,345	\$39,845,555
	2021	\$5,988,348	\$39,867	\$41,302,844
	Total	\$12,363,898	\$2,183,498	\$44,320,984
Delayed Care	2020	(\$29,190,229)	(\$50,349,612)	(\$21,010,308)
	2021	(\$4,865,075)	(\$26,535,937)	\$0
	Total	(\$34,055,304)	(\$53,071,047)	(\$21,010,308)
Returning Care	2020	\$5,458,029	\$0	\$15,147,964
	2021	\$8,886,333	\$0	\$22,097,478
	2022+	\$4,784,548	\$0	\$26,410,460
	Total	\$19,128,910	\$8,268,772	\$35,072,890

²⁴ We do not provide summary statistics for 'Changes in Demand' since its value is assumed to be constant across all scenarios.

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Appendix E: Breakout of Claims by Year

Projected Paid Claims			
2020	2021	Subtotal	2022
\$339,991,579	\$370,168,089	\$710,159,668	\$403,022,964 ²⁵

Claims by Year - No Second Wave				
	2020	2021	2022	Total
Direct Costs	\$3,939,130	\$4,165,943		\$8,105,073
Vaccination Costs	\$94,461	\$2,348,869	\$679,093	\$3,122,423
Delayed Claims	(\$23,352,114)	(\$173,726)		(\$23,525,840)
Returning Claims	\$6,593,707	\$2,692,825	\$3,918,811	\$13,205,342
Changes in Demand and Deferred Care Morbidity Impact	(\$160,204)	(\$318,931)		(\$479,136)
Net Impact by Year	(\$12,885,021)	\$8,714,980	\$4,597,904	\$427,863

Claims by Year - Vermont				
	2020	2021	2022	Total
Direct Costs	\$4,207,590	\$4,330,322		\$8,537,912
Vaccination Costs	\$76,897	\$2,303,485	\$659,244	\$3,039,627
Delayed Claims	(\$30,333,370)	(\$5,613,017)		(\$35,946,387)
Returning Claims	\$5,240,162	\$10,394,633	\$4,588,808	\$20,223,603
Changes in Demand and Deferred Care Morbidity Impact	(\$158,599)	\$504,075		\$345,476
Net Impact by Year	(\$20,967,319)	\$11,919,498	\$5,248,052	(\$3,799,769)

Claims by Year - Suburban Southeastern New York				
	2020	2021	2022	Total
Direct Costs	\$19,493,467	\$18,647,651		\$38,141,118
Vaccination Costs	\$78,719	\$2,339,139	\$680,408	\$3,098,266
Delayed Claims	(\$31,384,962)	(\$7,361,151)		(\$38,746,113)
Returning Claims	\$4,992,183	\$10,841,606	\$5,917,859	\$21,751,648
Changes in Demand and Deferred Care Morbidity Impact	(\$167,967)	\$480,646		\$312,679
Net Impact by Year	(\$6,988,560)	\$24,947,890	\$6,598,267	\$24,557,597

²⁵ Straightforwardly estimated by applying the 2021-over-2020 increase to 2021 claims; useful simply for comparison to the magnitude of the 2022 tail of returning services and vaccinations.

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Claims by Year - NY Capital Region				
	2020	2021	2022	Total
Direct Costs	\$6,219,525	\$5,944,833		\$12,164,358
Vaccination Costs	\$77,646	\$2,319,631	\$673,259	\$3,070,535
Delayed Claims	(\$30,619,065)	(\$5,792,809)		(\$36,411,873)
Returning Claims	\$5,140,645	\$10,497,751	\$4,813,893	\$20,452,288
Changes in Demand and Deferred Care Morbidity Impact	(\$160,894)	\$499,371		\$338,477
Net Impact by Year	(\$19,342,143)	\$13,468,777	\$5,487,151	(\$386,215)

Claims by Year - Boston				
	2020	2021	2022	Total
Direct Costs	\$10,244,335	\$9,688,119		\$19,932,454
Vaccination Costs	\$75,680	\$2,312,317	\$669,171	\$3,057,168
Delayed Claims	(\$31,005,470)	(\$6,621,526)		(\$37,626,996)
Returning Claims	\$5,064,828	\$10,732,632	\$5,328,489	\$21,125,949
Changes in Demand and Deferred Care Morbidity Impact	(\$167,714)	\$483,989		\$316,274
Net Impact by Year	(\$15,788,342)	\$16,595,531	\$5,997,661	\$6,804,850

Claims by Year - All				
	2020	2021	2022	Total
Direct Costs	\$7,889,720	\$7,567,854		\$15,457,575
Vaccination Costs	\$97,135	\$2,322,204	\$671,818	\$3,091,157
Delayed Claims	(\$29,190,229)	(\$4,865,075)		(\$34,055,304)
Returning Claims	\$5,458,029	\$8,886,333	\$4,784,548	\$19,128,910
Changes in Demand and Deferred Care Morbidity Impact	(\$163,779)	\$313,512		\$149,733
Net Impact by Year	(\$15,909,124)	\$14,224,829	\$5,456,365	\$3,772,070

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Appendix F: Detailed Calculations

The below tables provide a calculation of future costs under an illustrative scenario.

Table 1: Model Inputs	
Vaccine Timing	Q2 2021
Wave 2 Start	202010
Wave 2 End	202012
Wave 2 Severity	Capital Region NY
Members	47,338

Table 2: Vaccine Dampening Factors	
202102	83.33%
202103	50.00%
202104	16.67%
202105	0.00%

Vaccine

Table 3: Vaccine		
Vaccine Cost	a	\$90.00
Vaccine Immunization Rate	b	82.0%
Members	c	47,338
Vaccine Total	$d = a \times b \times c$	\$3,493,544

Direct Costs

Table 4: 2020 Testing		
Diagnostic Test Cost	a	\$98.28
Diagnostic Testing Rate (Annual)	b	0.36
Diagnostic Test Months	c	7
Members	d	47,338
Diagnostic Test Total	$e = b/12 \times c \times d \times a$	\$977,047

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Table 5: 2021 Testing				
Month	Cost	Monthly Rate	Vaccine Dampening Factor	Product
202101	\$98.28	0.03	1	\$2.95
202102	\$98.28	0.03	0.833	\$2.46
202103	\$98.28	0.03	0.5	\$1.47
202104	\$98.28	0.03	0.167	\$0.49
202105	\$98.28	0.03	0	\$0.00
Total x Members (47,338)				\$348,945

Table 6: Treatment Case Rate			
		Vermont	Capital Region NY
Case Rate Per Million	a	1,531	5,516
Monthly Conversion Factor	b	1.84	1.84
Monthly Case Rate	$c = a / b / 1,000,000$	0.08316%	0.29960%

Table 7: Admit per Case Rate		
Age Band	Age Distribution	NYC Admit/Case Rate
0-17	11.6%	8.9%
18-44	37.6%	11.0%
45-64	48.8%	24.1%
65-74	1.8%	46.6%
75+	0.2%	61.3%
Weighted Average	17.9%	

Table 8: Cost per Admit		
Non-ICU Cost	a	\$30,000
Non-ICU Distribution	b	0.7
ICU Cost	c	\$110,000
ICU Distribution	d	0.3
Estimated Admit Cost	$e = (a \times b) + (c \times d)$	\$54,000

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Table 9: 2020 Treatment Costs							
Month	Geographic Region	Case Rate	Dampening Factor	Vaccine Dampening Factor	Admit Rate	Admit Cost	Product
202006	Vermont	0.08316%	0.6	1	17.9%	\$54,000	\$4.82
202007	Vermont	0.08316%	0.6	1	17.9%	\$54,000	\$4.82
202008	Vermont	0.08316%	0.6	1	17.9%	\$54,000	\$4.82
202009	Vermont	0.08316%	0.6	1	17.9%	\$54,000	\$4.82
202010	Capital Region NY	0.29960%	N/A	1	17.9%	\$54,000	\$28.94
202011	Capital Region NY	0.29960%	N/A	1	17.9%	\$54,000	\$28.94
202012	Capital Region NY	0.29960%	N/A	1	17.9%	\$54,000	\$28.94
Total x Members (47,338)						\$5,022,215	

Table 10: 2021 Treatment Costs							
Month	Geographic Region	Case Rate	Dampening Factor	Vaccine Dampening Factor	Admit Rate	Admit Cost	Product
202101	Vermont	0.08316%	0.8	1	17.9%	\$54,000	\$6.43
202102	Vermont	0.08316%	0.8	0.833	17.9%	\$54,000	\$5.35
202103	Vermont	0.08316%	0.8	0.5	17.9%	\$54,000	\$3.21
202104	Vermont	0.08316%	0.8	0.167	17.9%	\$54,000	\$1.07
202105	Vermont	0.08316%	0.8	0	17.9%	\$54,000	\$0.00
Total x Members (47,338)						\$760,445	

Table 11: Direct Costs by Year			
	2020	2021	Total
Testing (tables 4 and 5)	\$977,047	\$348,945	\$1,325,992
Treatment (tables 9 and 10)	\$5,022,215	\$760,445	\$5,782,660
Net Impact by Year	\$5,999,262	\$1,109,390	\$7,108,652

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Deferred and Returning Care

Table 12: 2020 Deferred and Returning Care				
Month	Medical Claims PMPM	Claim Level	Deferred Care	Returning Care
202001	\$417.34	100.0%		
202002	\$419.33	100.0%		
202003	\$451.06	84.5%	-\$70.03	
202004	\$464.75	52.8%	-\$219.50	
202005	\$484.74	68.2%	-\$154.31	
202006	\$471.89	95.0%	-\$23.59	
202007	\$482.07	106.5%		\$31.16
202008	\$469.06	106.5%		\$30.32
202009	\$471.40	106.5%		\$30.47
202010	\$536.74	80.0%	-\$107.35	
202011	\$503.73	70.0%	-\$151.12	
202012	\$523.58	80.0%	-\$104.72	
Total x Members (47,338)			-\$39,319,454	\$4,352,270

Table 13: 2021 Deferred and Returning Care				
Month	Medical Claims PMPM	Claim Level	Deferred Care	Returning Care
202101	\$450.01	90.0%	-\$45.00	
202102	\$452.14	100.0%		
202103	\$486.46	106.5%		\$31.44
202104	\$501.17	110.7%		\$53.56
202105	\$522.69	110.7%		\$55.86
202106	\$508.88	110.7%		\$54.38
202107	\$519.82	106.5%		\$33.60
202108	\$505.76	106.5%		\$32.69
202109	\$508.29	106.5%		\$32.85
202110	\$578.70	106.5%		\$37.40
202111	\$543.16	105.3%		\$29.02
202112	\$564.53	103.8%		\$21.40
Total x Members (47,338)			-\$2,130,267	\$18,093,175

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Table 14: Deferred Care Returning After 2021		
Deferred Care Returning: Expected	a	56.15%
Deferred Care (tables 12 and 13)	b	\$41,449,721
Returning Care (tables 12 and 13)	c	\$22,445,445
Deferred Care Returning: Modeled	$d = c / a$	54.15%
Deferred Care Returning after 2021	$e = (a - d) \times b$	\$828,274

Table 15: Deferred and Returning Care by Year				
	2020	2021	2022	Total
Deferred Care (tables 12 and 13)	(\$39,319,454)	(\$2,130,267)		(\$41,449,721)
Returning Care (tables 12 to 14)	\$4,352,270	\$18,093,175	\$828,274	\$23,273,719
Net Impact by Year	(\$34,967,184)	(\$15,962,908)	\$828,274	(\$18,176,001)

Other

Table 16: 2020 Changes in Demand		
Allowed PMPM	a	-\$2.63
Average AV	b	83.35%
Members	c	47,338
Months	d	6
Change in Demand Total	$e = a \times b \times c \times d$	(\$623,633)

Table 17: 2021 Changes in Demand		
Allowed PMPM	a	-\$2.63
Average AV	b	83.35%
Members	c	47,338
Months	d	12
Change in Demand Total	$e = b \times c \times d$	(\$1,247,267)

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Table 18: 2020 Deferred Care Morbidity Impact			
Month	Medical and Pharmacy Claims PMPM ²⁶	Deferred Care Morbidity Factor	Product
202007	\$643.98	0.0025	\$1.61
202008	\$625.61	0.0025	\$1.56
202009	\$630.31	0.0025	\$1.58
202010	\$565.57	0.0025	\$1.41
202011	\$488.51	0.0025	\$1.22
202012	\$568.65	0.0025	\$1.42
Total x Members			\$416,884

Table 19: 2021 Deferred Care Morbidity Impact			
Month	Medical and Pharmacy Claims PMPM	Deferred Care Morbidity Factor	Product
202101	\$516.32	0.0050	\$2.58
202102	\$564.96	0.0050	\$2.82
202103	\$646.53	0.0050	\$3.23
202104	\$691.31	0.0050	\$3.46
202105	\$715.87	0.0050	\$3.58
202106	\$703.33	0.0050	\$3.52
202107	\$701.00	0.0050	\$3.50
202108	\$680.95	0.0050	\$3.40
202109	\$686.14	0.0050	\$3.43
202110	\$769.85	0.0050	\$3.85
202111	\$725.60	0.0050	\$3.63
202112	\$755.03	0.0050	\$3.78
Total x Members			\$1,930,655

Table 20: Changes in Demand and Deferred Care Morbidity Impact			
	2020	2021	Total
Changes in Demand (tables 16 and 17)	(\$623,633)	(\$1,247,267)	(\$1,870,900)
Deferred Care Morbidity Impact (tables 18 and 19)	\$416,884	\$1,930,665	\$2,347,539
Net Impact by Year	(\$206,749)	\$683,388	\$476,639

²⁶ Seasonally-adjusted, and adjusted for deferred/returning service level

Blue Cross and Blue Shield of Vermont
COVID-19 Modeling

Appendix G: Disclosures and Limitations

Information Date: The analysis provided in the report is based on information as known on July 1, 2020.

Scope: This result is intended to communicate the effect of possible scenarios related to the COVID-19 pandemic in 2020 and 2021 on BCBSVT's risk-based capital position. This modeling is not intended to predict the likelihood of any specific scenario or set of scenarios.

Uncertainty or Risk: Future events will affect the results presented in the report. The level of testing, treatment, infection, vaccine availability, vaccine efficacy, presence and severity of subsequent waves, future federal and state legislation, and additional factors related to the COVID-19 pandemic are unknown. Actual results may vary from the results presented herein, potentially to a significant degree.

Reliance on Other Sources for Data and Other Information: This report relies upon data from the BCBSVT data warehouse. I have reviewed the data for reasonableness, but no audit was performed. We also rely on knowledge provided by BCBSVT medical directors to develop the deferred care anticipated to return and longer-lasting changes to the care delivery system that will result from the pandemic. Lastly, this report relies upon several sources of information, which are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the results presented herein. The degree to which future events may materially change the results is unknown.

Intended Users: This material has been prepared for consideration by DFR and the GMCB, and their respective actuaries, relative to the BCBSVT 2021 Vermont Individual and Small Group rate filing (SERFF #BCVT-132371410). BCBSVT understands that the report will be made public. Distribution of this report to any third party should be made in its entirety. The report should be evaluated only by qualified users. The parties receiving this report should retain actuarial expertise in interpreting results.

BCBSVT RBC Outlook 2020-2021

Prepared for DFR/GMCB

July 4, 2020

Future COVID Wave Severity¹

	Vermont	New York Capital Region	No Second Wave	Boston	Suburban SE New York	Firmness of Amount	Expected Timing	Notes
RBC as of December 31, 2019			567%			actual		
Impact of changes in insured volume			75%			baseline		
\$8.7M AMT credit expected in 2020			42%			firm		
Projected impact of 2020 operating results			-17%			baseline		
Projected impact of 2020 investment results			16%			baseline		
\$3.6M investment in Vermont Blue Advantage start-up costs			-20%			firm		
\$1.1M founding investment in CivicaRx			-6%			firm		
Subtotal: "Baseline" 2020 View			657%					
Equity market losses (\$3M through May 2020)			-14%			actual	5/31/2020	
Acceleration of remaining AMT credit refund (CARES Act)			42%			firm	Sep-20	
2019 Final & 2020 Projected Risk Adjustment true-up			2%			firm	6/30/2020	Actual 2019: \$20,273,879 (vs. booked \$17,876,616)
Litigation recovery – risk corridor judgement (90% of \$11M)			46%			firm	2020?	Projected 2020: \$20,300,000 (vs. forecast estimate of \$22,219,351)
Surplus impact of 1/1/21 pension valuation (year-end 2020)			-180%			estimate	12/31/2020	Timing of recovery not 100% certain
								BCBSVT's pension assets recently experienced a substantial loss of value—as of May 31, 2020, approximately \$40.6M
Subtotal: 2020 View before COVID impacts on operations			553%					
Estimated RBC impact of COVID related claims and deferred care in 2020	98%	91%	60%	74%	33%	mean of stochastic modeling	2020	See <i>BCBSVT Actuarial Report_COVID-19 Modeling</i>
Uncollectible premiums due to COVID Emergency Order			-21%			estimate	2020	
Cancelled recoupment of Blueprint overpayments			-6%			actual	2020	
Uncollectible provider advances (50% RBC at risk)			TBD				12/31/2020	
COVID response cost - for deductibles waived on wellness generics and insulins through 12/31/2020			-7%			estimate	2020	
COVID response cost - increased retail pharmacy utilization (driven in part by the loosening of early refill edits and other measures to enhance access and affordability for members)			-18%			projection	2020	We do not consider retail pharmacy in our COVID modeling. Based on 2020 actual experience through June, we estimate that pharmacy claims will be about \$4M higher than expected in the 2020 forecast.
COVID response cost - waived cost sharing for emergent telehealth visits through our telehealth partner			0%			estimate	2020	Very low impact to date
COVID response cost - BCBSVT Pharmacy Assistance Program			0%			estimate	2020	Very low impact to date
COVID response cost - suspension of claims audit activity (FWA)			-19%			estimate	2020	The 2020 forecast assumed that FWA recoveries would continue at the same rate as 2018, about 1.42% of medical claims. The suspension of the program will increase claims by about \$4M above projections.
Estimated RBC as of December 31, 2020	581%	574%	543%	557%	516%			
Estimated RBC impact of COVID related claims in 2021	-56%	-63%	-41%	-78%	-117%	mean of stochastic modeling	2021	See <i>BCBSVT Actuarial Report_COVID-19 Modeling</i> Note an additional RBC impact of -22% to -31% in 2022
Litigation recovery – CSR (90% of \$7M)			29%			firm	2021?	Timing of recoveries not 100% certain
Additional capital needed for Group Medicare Advantage growth			-9%			estimate	2021	Market demand is emerging
Cost of COVID response support 2021			-TBD					Depends on duration of support programs
GMCB approves hospital COVID allowances			-TBD					This amount could be large
2021 operating and investment results (net of COVID impacts and ACL increase due to health care cost trend)			0%			estimate	2021	Our long-term CTR assumption of 1.5% is selected to allow RBC to remain flat if rates are approved as filed and membership remains at current levels
Estimated RBC as of December 31, 2021	545%	531%	522%	499%	419%			
Notes:								
Estimated RBC impact of tail of returning care and vaccinations extending into 2022	-25%	-26%	-22%	-28%	-31%	mean of stochastic modeling	TBD	See <i>BCBSVT Actuarial Report_COVID-19 Modeling</i> Could be reflected in 12/31/2021 financials as a premium deficiency reserve if estimable at that time
Total impact of COVID claim scenarios	17%	2%	-3%	-32%	-115%			Sum of rows 21, 31 and 40
RBC as of May 31, 2020	695%							

Key Assumptions:

- 2021 VISG rate increase is approved as filed
- No significant loss of membership due to economic downturn

¹ See *BCBSVT Actuarial Report_COVID-19 Modeling* for a definition and detailed description of these scenarios.

July 4, 2020

Mr. Kevin Ruggeberg, A.S.A., M.A.A.A.
Consulting Actuary
Lewis & Ellis, Inc.

Subject: Your 07/01/2020 Questions re:
Blue Cross and Blue Shield of Vermont
2021 Vermont Individual and Small Group Rate Filing
(SERFF Tracking #: BCVT-131936226)

Dear Mr. Ruggeberg:

In response to your requests dated July 1, 2020, here are *your questions* and our answers:

1. *Please provide revised URRT and filing exhibits representing the following updates:*
 - a. *Updated 2019 risk adjustment figures communicated by L&E.*
 - b. *Correction to weighted average medical trend calculation as noted in a prior objection response.*
 - c. *Correcting URRT taxes and fees as noted in a prior objection response. Please also confirm the Profit & Risk Load and the Administrative Expense line items of URRT worksheet 2.*
 - d. *Reduced credit card fees as noted in your prior response.*

Please see attached *2021 BCBSVT Revised Exhibits 3J to 9B.xlsx* and *Revised 2021 BCBSVT URRT.xlsx*.

The updated average rate increase is 6.5 percent.

We updated the medical cost and utilization to reflect the new weights by category, as described in our response to question 5 of your June 11, 2020 request. These changes are shown on the revised exhibit 3J.

We updated the credit card fees to reflect the updated calculation described in our response to question 4 of your June 26, 2020 request. This change is reflected on the revised exhibit 7A.

We updated the 2019 risk adjustment transfer total by using the final RATEE information for BCBSVT and adjusting MVP's PLRS to arrive at the transfer amounts L&E provided via email on June 13, 2020. We also adjusted the 2021 premium increase to reflect the other changes described above. The result of this change is shown on the revised exhibit 4.

The table below demonstrates the incremental impacts to the average rate increase.

Step	Average Rate Increase	Incremental Impact (multiplicative)
Filed	6.340%	
Updated Medical Trends	6.470%	0.122%
Updated Credit Card Fees	6.298%	-0.162%
Updated Risk Adjustment	6.536%	0.224%

We updated the URRT for the changes listed above. We also corrected the plan names, as described in our response to question 1 of your May 19, 2020 request, as well as correcting the plan adjustment factors (worksheet 2, section III) to reflect 2021 information, as noted in our response to question 5 of your June 26, 2020 request. Profit & Risk Load, Administration Expenses, and Taxes and Fees in that section of the URRT now represent the 2021 factors, matching exhibits 7A through 7C.

2. *Please provide the currently expected 2020 claims, premiums, membership, Total Adjusted Capital (TAC), and Authorized Control Level (ACL), as of 6/30/2020 and 12/31/2020 in light of the impact of COVID19.*

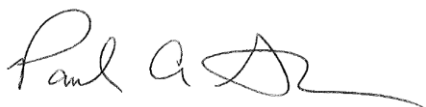
In the interest of time and completeness, we are providing two documents that are more fully responsive to this question than a literal interpretation could be, understanding that certain specific elements of your request are not directly enumerated in our response. If we have misinterpreted the intent of your inquiry, we will promptly follow up with any specific data elements you require that are not already incorporated within the attachments.

We have completed an actuarial evaluation of the effect of plausible scenarios related to the COVID-19 pandemic in 2020 and 2021 on BCBSVT's risk-based capital position. Please see attached *BCBSVT Actuarial Report_COVID-19 Modeling.pdf*.

We have also completed a projection of RBC to December 31, 2021, based on our best knowledge at this time of significant impacts to BCBSVT's financial position over the next 18 months. The actuarial modeling of the COVID-19 impact feeds into the RBC projection. Please see attached *RBC Outlook.pdf*.

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

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED EXHIBIT 3J

TREND DEVELOPMENT
PROJECTION FACTOR FOR INDEX RATE CALCULATION

TREND FACTORS - FROM 2019 to 2020			
Claim Type	Cost	Utilization	Total
Medical	3.3%	3.2%	6.6%
Pharmacy	10.1%	3.0%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

TREND FACTORS - FROM 2020 to 2021			
Claim Type	Cost	Utilization	Total
Medical	3.9%	4.1%	8.1%
Pharmacy	10.1%	3.0%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

Claim Type	Experience Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2020 Allowed PMPM
Medical Claims	\$542.29	1.0334	\$560.41	1.0316	\$578.11
Pharmacy Claims	\$134.56	1.1005	\$148.08	1.0300	\$152.53
Dental Claims	\$1.99	1.0000	\$1.99	1.0071	\$2.00
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$678.93	1.0466	\$710.57	1.0312	\$732.74

Claim Type	CY 2020 Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2021 Allowed PMPM
Medical Claims	\$578.11	1.0386	\$600.41	1.0409	\$624.94
Pharmacy Claims	\$152.53	1.1005	\$167.86	1.0300	\$172.91
Dental Claims	\$2.00	1.0000	\$2.00	1.0071	\$2.02
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$732.74	1.0514	\$770.38	1.0384	\$799.97

Cost Trend Factor	Utilization Trend Factor
1+d ₁	1+d ₂
1.0733	1.0737
1.2111	1.0610
1.0000	1.0142
1.0000	1.0000
1.1004	1.0708

RISK ADJUSTMENT CALCULATION

Table 1		Average Premium			
		Merged		Catastrophic	
Scenario		BCBSVT	MVP	BCBSVT	MVP
Premium PMPM 2020		\$638.87	\$562.93	\$264.95	\$305.91
Adjust to billable member months		0.932	0.932	1.000	1.000
Premium adjustment factor		0.86	0.86	0.86	0.86
Projected 2021 Rate Increase		1.065	1.065	0.994	0.994
Projected Statewide Average Premium 2021		\$590.71		\$227.91	

Table 2		Plan Liability Risk Score					
		Merged			Catastrophic		
Scenario		BCBSVT	MVP	Ratio	BCBSVT	MVP	Ratio
Interim 2019		1.525	1.162	1.3125	0.261	0.144	1.8206
<i>Impact of Claims Runout & Supplemental Diagnosis</i>		1.021	1.059		1.061	1.004	
Estimated Final 2019		1.558	1.231	1.2659	0.277	0.144	1.9246
Projected Final 2021		1.523	1.257	1.2114	0.254	0.144	1.7624

Table 3	Other Risk Adjustment Factors*					
Factor -->	AV		IDF		ARF	
	Merged					
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP
Interim 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Estimated Final 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Membership Changes 2021	0.747	0.732	1.061	1.053	0.9807	0.9840
Projected Final 2021	0.747	0.732	1.061	1.053	0.9807	0.9840

*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 0.999 for both carriers in all scenarios

Table 4		Risk Adjustment Transfer		
		Merged	Catastrophic	Total
Interim 2019		-\$22,478,036	-\$14,392	-\$22,492,428
Estimated Final 2019		-\$20,258,520	-\$15,359	-\$20,273,879
Membership Changes 2021		-\$22,942,044	-\$16,902	-\$22,958,946
Projected Final 2021		-\$22,942,044	-\$16,902	-\$22,958,946

Summary	
Projected Risk Adjustment Transfer	-\$22,958,946
Member Months	461,052
Net Projected Risk Adjustment PMPM	-\$49.80
Estimated Cost of High Risk Pool program	\$1.69
Paid to Allowed Ratio (from Exh 6C)	75.60%

Market Wide Adjustment for the Risk Adjustment Program	-\$63.63
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 5

INDEX RATE CALCULATION

			Medical	Pharmacy	Dental	Vision	Total
Experience	Total Experience Period Allowed Claims PMPM	a ₁	\$539.32	\$133.60	\$1.97	\$0.10	\$674.98
	Experience Period Allowed Claims PMPM for Non-EHB	a ₂	\$0.08	\$0.00	\$0.00	\$0.00	\$0.08
	Index Rate : Experience Period Allowed Claims for EHB	A	\$539.24	\$133.60	\$1.97	\$0.10	\$674.90
	Capping experience claims	a ₃	0.9966	0.9966	0.9966	0.9966	0.9966
	Capped Experience Period Allowed Claims for EHB	B = A x a ₃	\$537.41	\$133.15	\$1.97	\$0.10	\$672.62
Morbidity	Impact of the ACO Experience Settlement	1+b ₄	1.0000	1.0000	1.0000	1.0000	1.0000
	Impact of Association Health Plans	1+b ₅	0.9978	0.9993	1.0009	1.0060	0.9981
	Impact of Projected ACO Savings	1+b ₆	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in pool morbidity	1+b ₉	1.0048	1.0048	1.0048	1.0048	1.0048
Other	Impact of different benefit plans (in experience vs projection)	1+c ₁	0.9963	0.9963	0.9963	0.9963	0.9963
	Changes in provider networks	1+c ₂	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0069	1.0069	1.0069	1.0069	1.0069
Adjusted Experience Period Allowed Claims for EHB		C	\$540.45	\$134.10	\$1.98	\$0.10	\$676.63
Trend	Cost Trend	1+d ₁	1.0733	1.2111	1.0000	1.0000	1.1004
	Utilization Trend	1+d ₂	1.0737	1.0610	1.0142	1.0000	1.0708
Projected Period Allowed Claims for Experience EHB		D	\$622.83	\$172.32	\$2.01	\$0.10	\$797.25
Non-System Claims	Projected Pharmacy Rebates	e ₁					-\$29.91
	Projected Blue Print Payments	e ₂					\$3.85
	Projected ITS Fees	e ₃					\$2.65
	Projected Vaccine Payments	e ₄					\$2.11
	Contractual Fees	e ₅ , e ₇ and e ₈					\$2.06
	OneCare Care Coordination Fee	e ₆					\$1.63
Projected Index Rate : Projected Period Expected Allowed Claims for EHB		F = D + ∑ei					\$779.64
Market Wide Adjustments	Risk Adjustment Payments and Fees	g ₁					-\$63.63
	Transitional Reinsurance Payments and Recoveries	g ₂					\$0.00
	Vermont Exchange Fees	g ₃					\$0.00
Market Adjusted Index Rate		H = F + g ₁ + g ₂ + g ₃					\$716.01

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

REVISED Exhibit 6A

PLAN LEVEL ADJUSTMENT SUMMARY

			Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$716.01	0.9970	83.58%	1.0002	1.0000	\$596.76	1.0878	1.0148	1.0183	\$670.81	1,208
	GOLD	Vermont Select CDHP	\$716.01	1.0133	86.96%	1.0001	1.0000	\$631.05	1.0836	1.0145	1.0183	\$706.44	5,022
	SILVER	Vermont Preferred	\$716.01	0.9601	86.09%	1.0002	1.0000	\$591.91	1.0882	1.0148	1.0183	\$665.63	1,299
	SILVER	Vermont Select CDHP	\$716.01	0.9661	86.14%	1.0002	1.0000	\$595.97	1.0876	1.0148	1.0183	\$669.82	212
	BRONZE	Vermont Preferred	\$716.01	0.9379	66.53%	1.0002	1.0000	\$446.86	1.1158	1.0163	1.0183	\$515.99	520
	BRONZE	Vermont Select CDHP	\$716.01	0.9364	65.87%	1.0002	1.0000	\$441.74	1.1176	1.0163	1.0183	\$510.95	2,098
STANDARD PLANS	PLATINUM	Deductible	\$716.01	1.0906	100.07%	1.0001	1.0000	\$781.48	1.0677	1.0137	1.0183	\$861.34	6,963
	GOLD	Deductible	\$716.01	1.0247	89.16%	1.0001	1.0000	\$654.25	1.0802	1.0144	1.0183	\$730.00	4,797
	SILVER	Deductible	\$716.01	0.9693	87.46%	1.0002	1.0000	\$607.03	1.0861	1.0147	1.0183	\$681.23	3,546
	SILVER	CDHP	\$716.01	0.9791	88.21%	1.0001	1.0000	\$618.47	1.0845	1.0146	1.0183	\$693.04	824
	BRONZE	Deductible	\$716.01	0.9373	66.28%	1.0002	1.0000	\$444.90	1.1165	1.0163	1.0183	\$514.05	1,823
	BRONZE	CDHP	\$716.01	0.9409	67.77%	1.0002	1.0000	\$456.62	1.1135	1.0161	1.0183	\$526.11	1,392
	BRONZE	Integrated	\$716.01	0.9394	67.14%	1.0002	1.0000	\$451.69	1.1146	1.0162	1.0183	\$520.96	563
REFLECTIV E PLANS	Catastrophic	Deductible	\$716.01	0.9394	67.16%	1.0005	0.4487	\$202.79	1.2512	1.0223	1.0183	\$264.14	360
	SILVER	Vermont Preferred	\$716.01	0.9594	74.11%	1.0002	1.0000	\$509.21	1.1021	1.0155	1.0183	\$580.35	637
	SILVER	Vermont Select CDHP	\$716.01	0.9652	75.79%	1.0002	1.0000	\$523.87	1.0998	1.0154	1.0183	\$595.75	661
	SILVER	Deductible	\$716.01	0.9688	76.78%	1.0002	1.0000	\$532.75	1.0978	1.0153	1.0183	\$604.68	4,586
	SILVER	CDHP	\$716.01	0.9789	79.37%	1.0002	1.0000	\$556.38	1.0938	1.0151	1.0183	\$629.09	1,910
Total			\$716.01					\$602.19				\$676.38	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

REVISED Exhibit 6B

**PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR**

			Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	76.64%	1.0609	0.9973	1.000	\$664.17	0.9973	-\$17.62	-\$48.11	\$596.67	0.9970	1,208
	GOLD	Vermont Select CDHP	79.43%	1.0766	1.0121	1.000	\$688.38	1.0121	-\$17.62	-\$48.11	\$630.96	1.0133	5,022
	SILVER	Vermont Preferred	68.81%	1.0254	0.9639	1.000	\$682.16	0.9639	-\$17.62	-\$48.11	\$591.82	0.9601	1,299
	SILVER	Vermont Select CDHP	70.29%	1.0312	0.9693	1.000	\$682.52	0.9693	-\$17.62	-\$48.11	\$595.88	0.9661	212
	BRONZE	Vermont Preferred	62.55%	1.0057	0.9454	1.000	\$542.07	0.9454	-\$17.62	-\$48.11	\$446.77	0.9379	520
	BRONZE	Vermont Select CDHP	62.00%	1.0044	0.9442	1.000	\$537.36	0.9442	-\$17.62	-\$48.11	\$441.65	0.9364	2,098
STANDARD PLANS	PLATINUM	Deductible	90.26%	1.1521	1.0830	1.000	\$782.21	1.0830	-\$17.62	-\$48.11	\$781.39	1.0906	6,963
	GOLD	Deductible	81.24%	1.0876	1.0224	1.000	\$704.10	1.0224	-\$17.62	-\$48.11	\$654.15	1.0247	4,797
	SILVER	Deductible	71.02%	1.0342	0.9722	1.000	\$691.91	0.9722	-\$17.62	-\$48.11	\$606.94	0.9693	3,546
	SILVER	CDHP	73.16%	1.0436	0.9811	1.000	\$697.31	0.9811	-\$17.62	-\$48.11	\$618.38	0.9791	824
	BRONZE	Deductible	62.34%	1.0052	0.9449	1.000	\$540.27	0.9449	-\$17.62	-\$48.11	\$444.80	0.9373	1,823
	BRONZE	CDHP	63.57%	1.0084	0.9479	1.000	\$550.93	0.9479	-\$17.62	-\$48.11	\$456.53	0.9409	1,392
	BRONZE	Integrated	63.06%	1.0070	0.9467	1.000	\$546.47	0.9467	-\$17.62	-\$48.11	\$451.60	0.9394	563
	Catastrophic	Deductible	63.07%	1.0071	0.9467	0.449	\$546.58	0.9467	-\$17.62	-\$48.11	\$451.72	0.9394	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	68.81%	1.0254	0.9639	1.000	\$596.37	0.9639	-\$17.62	-\$48.11	\$509.12	0.9594	637
	SILVER	Vermont Select CDHP	70.20%	1.0308	0.9690	1.000	\$608.37	0.9690	-\$17.62	-\$48.11	\$523.78	0.9652	661
	SILVER	Deductible	71.02%	1.0342	0.9722	1.000	\$615.51	0.9722	-\$17.62	-\$48.11	\$532.66	0.9688	4,586
	SILVER	CDHP	73.16%	1.0436	0.9810	1.000	\$634.03	0.9810	-\$17.62	-\$48.11	\$556.29	0.9789	1,910
Total				1.0638				1.0000				0.9994	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

REVISED Exhibit 6C

**PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS**

			Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$797.25	76.64%	100.00%	108.71%	\$664.17	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$598.44	83.58%	1,208
	GOLD	Vermont Select CDHP	\$797.25	79.43%	100.00%	108.71%	\$688.38	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$622.66	86.96%	5,022
	SILVER	Vermont Preferred	\$797.25	68.81%	114.39%	108.71%	\$682.16	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$616.44	86.09%	1,299
	SILVER	Vermont Select CDHP	\$797.25	70.29%	112.03%	108.71%	\$682.52	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$616.80	86.14%	212
	BRONZE	Vermont Preferred	\$797.25	62.55%	100.00%	108.71%	\$542.07	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$476.34	66.53%	520
	BRONZE	Vermont Select CDHP	\$797.25	62.00%	100.00%	108.71%	\$537.36	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$471.64	65.87%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$797.25	90.26%	100.00%	108.71%	\$782.21	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$716.49	100.07%	6,963
	GOLD	Deductible	\$797.25	81.24%	100.00%	108.71%	\$704.10	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$638.38	89.16%	4,797
	SILVER	Deductible	\$797.25	71.02%	112.41%	108.71%	\$691.91	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$626.19	87.46%	3,546
	SILVER	CDHP	\$797.25	73.16%	109.98%	108.71%	\$697.31	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$631.59	88.21%	824
	BRONZE	Deductible	\$797.25	62.34%	100.00%	108.71%	\$540.27	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$474.55	66.28%	1,823
	BRONZE	CDHP	\$797.25	63.57%	100.00%	108.71%	\$550.93	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$485.21	67.77%	1,392
	BRONZE	Integrated	\$797.25	63.06%	100.00%	108.71%	\$546.47	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$480.75	67.14%	563
	Catastrophic	Deductible	\$797.25	63.07%	100.00%	108.71%	\$546.58	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$480.86	67.16%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$797.25	68.81%	100.00%	108.71%	\$596.37	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$530.64	74.11%	637
	SILVER	Vermont Select CDHP	\$797.25	70.20%	100.00%	108.71%	\$608.37	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$542.65	75.79%	661
	SILVER	Deductible	\$797.25	71.02%	100.00%	108.71%	\$615.51	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$549.79	76.78%	4,586
	SILVER	CDHP	\$797.25	73.16%	100.00%	108.71%	\$634.03	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$568.31	79.37%	1,910
Total			\$797.25	75.60%	101.91%	108.71%	\$666.92	-\$17.62	-\$48.11	-\$63.63	\$716.01	\$601.20	83.96%	38,421

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%	\$797.25	63.1%	\$502.81
Individual Ages 30 or Less	██████	██████	██████	██████
Individual Ages over 30	██████	██████	██████	██████
Weighted Average		\$445.75	58.5%	\$260.83
<i>Allowed Charges Adjustment</i>		0.5591		
<i>Paid to Allowed Ratio Adjustment</i>			0.9278	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$797.25		
Paid to Allowed Ratio for EHB Portion		68.6%		
Benefit Richness Adjustment for EHB		0.9467		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		0.5187		
Projected Period Paid Claims for Experience EHB		\$268.42		
Non-System Claims		-\$17.62		
Market Wide Adjustments		-\$48.11		
Plans Benefits in addition to EHB		\$0.09		
Expected Claims Cost		\$202.79		
Market Adjusted Index Rate		\$716.01		
Paid to Allowed Ratio		67.2%		
Benefit Richness Adjustment		0.9394		
Plan Benefits in addition to EHB		1.0005		
For Catastrophic Only - Impact of Eligibility		0.4487		
Expected Claims Cost		\$202.79		
Total Adjustment for Catastrophic Plan			0.4487	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 6E

IMPACT OF SELECTION

			Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor					
			Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership	
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$797.25	0.9973	76.64%	1.0000	\$609.35	\$797.25	1.0295	83.54%	\$685.63	1,208	
	GOLD	Vermont Select CDHP	\$797.25	1.0121	79.43%	1.0000	\$640.89	\$797.25	1.2977	86.46%	\$894.53	5,022	
	SILVER	Vermont Preferred	\$797.25	0.9639	68.81%	1.0000	\$528.81	\$797.25	1.0623	76.44%	\$647.39	1,299	
	SILVER	Vermont Select CDHP	\$797.25	0.9693	70.29%	1.0000	\$543.24	\$797.25	1.0623	75.67%	\$640.88	212	
	BRONZE	Vermont Preferred	\$797.25	0.9454	62.55%	1.0000	\$471.45	\$797.25	0.5902	69.00%	\$324.66	520	
	BRONZE	Vermont Select CDHP	\$797.25	0.9442	62.00%	1.0000	\$466.74	\$797.25	0.5902	67.52%	\$317.71	2,098	
STANDARD PLANS	PLATINUM	Deductible	\$797.25	1.0830	90.26%	1.0000	\$779.27	\$797.25	1.3866	93.50%	\$1,033.55	6,963	
	GOLD	Deductible	\$797.25	1.0224	81.24%	1.0000	\$662.23	\$797.25	1.0295	84.08%	\$690.10	4,797	
	SILVER	Deductible	\$797.25	0.9722	71.02%	1.0000	\$550.47	\$797.25	1.0623	76.25%	\$645.80	3,546	
	SILVER	CDHP	\$797.25	0.9811	73.16%	1.0000	\$572.24	\$797.25	1.0623	78.00%	\$660.62	824	
	BRONZE	Deductible	\$797.25	0.9449	62.34%	1.0000	\$469.64	\$797.25	0.5902	67.76%	\$318.83	1,823	
	BRONZE	CDHP	\$797.25	0.9479	63.57%	1.0000	\$480.43	\$797.25	0.5902	68.66%	\$323.06	1,392	
	BRONZE	Integrated	\$797.25	0.9467	63.06%	1.0000	\$475.89	\$797.25	0.5902	69.51%	\$327.07	563	
	Catastrophic	Deductible	\$797.25	0.9467	63.07%	0.5187	\$246.92	\$797.25	0.3529	69.95%	\$196.79	360	
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$797.25	0.9639	68.81%	1.0000	\$528.81	\$797.25	0.7594	72.80%	\$440.72	637	
	SILVER	Vermont Select CDHP	\$797.25	0.9690	70.20%	1.0000	\$542.29	\$797.25	0.7594	71.43%	\$432.46	661	
	SILVER	Deductible	\$797.25	0.9722	71.02%	1.0000	\$550.46	\$797.25	0.7594	73.07%	\$442.36	4,586	
	SILVER	CDHP	\$797.25	0.9810	73.16%	1.0000	\$572.20	\$797.25	0.7594	74.91%	\$453.50	1,910	
	Total			\$603.88					\$656.45				

Impact of Selection = \$656.45 / \$603.88 1.0871

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

			BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$48.85	\$0.48	\$0.94	\$2.10	\$52.37	1.0878	7.81%	1,208
	GOLD	Vermont Select CDHP	\$48.85	\$0.73	\$0.94	\$2.21	\$52.74	1.0836	7.47%	5,022
	SILVER	Vermont Preferred	\$48.85	\$0.31	\$0.94	\$2.09	\$52.19	1.0882	7.84%	1,299
	SILVER	Vermont Select CDHP	\$48.85	\$0.31	\$0.94	\$2.10	\$52.20	1.0876	7.79%	212
	BRONZE	Vermont Preferred	\$48.85	\$0.34	\$0.94	\$1.62	\$51.74	1.1158	10.03%	520
	BRONZE	Vermont Select CDHP	\$48.85	\$0.58	\$0.94	\$1.60	\$51.97	1.1176	10.17%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$48.85	\$0.42	\$0.94	\$2.70	\$52.91	1.0677	6.14%	6,963
	GOLD	Deductible	\$48.85	\$0.36	\$0.94	\$2.29	\$52.44	1.0802	7.18%	4,797
	SILVER	Deductible	\$48.85	\$0.31	\$0.94	\$2.13	\$52.24	1.0861	7.67%	3,546
	SILVER	CDHP	\$48.85	\$0.32	\$0.94	\$2.17	\$52.28	1.0845	7.54%	824
	BRONZE	Deductible	\$48.85	\$0.42	\$0.94	\$1.61	\$51.82	1.1165	10.08%	1,823
	BRONZE	CDHP	\$48.85	\$0.38	\$0.94	\$1.65	\$51.81	1.1135	9.85%	1,392
	BRONZE	Integrated	\$48.85	\$0.32	\$0.94	\$1.63	\$51.75	1.1146	9.93%	563
	Catastrophic	Deductible	\$48.85	\$0.31	\$0.94	\$0.83	\$50.93	1.2512	19.28%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$48.85	\$0.36	\$0.94	\$1.82	\$51.97	1.1021	8.96%	637
	SILVER	Vermont Select CDHP	\$48.85	\$0.63	\$0.94	\$1.87	\$52.29	1.0998	8.78%	661
	SILVER	Deductible	\$48.85	\$0.40	\$0.94	\$1.89	\$52.08	1.0978	8.61%	4,586
	SILVER	CDHP	\$48.85	\$0.42	\$0.94	\$1.97	\$52.19	1.0938	8.30%	1,910
Total			\$48.85	\$0.44	\$0.94	\$2.12	\$52.35	1.0869	7.74%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 7B

DETAILS OF CONTRIBUTION TO RESERVE

			BCBSVT Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$10.06	\$2.01	\$12.07	1.0183	1.50%	0.30%	1,208
	GOLD	Vermont Select CDHP	\$10.60	\$2.12	\$12.72	1.0183	1.50%	0.30%	5,022
	SILVER	Vermont Preferred	\$9.98	\$2.00	\$11.98	1.0183	1.50%	0.30%	1,299
	SILVER	Vermont Select CDHP	\$10.05	\$2.01	\$12.06	1.0183	1.50%	0.30%	212
	BRONZE	Vermont Preferred	\$7.74	\$1.55	\$9.29	1.0183	1.50%	0.30%	520
	BRONZE	Vermont Select CDHP	\$7.66	\$1.53	\$9.20	1.0183	1.50%	0.30%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$12.92	\$2.58	\$15.50	1.0183	1.50%	0.30%	6,963
	GOLD	Deductible	\$10.95	\$2.19	\$13.14	1.0183	1.50%	0.30%	4,797
	SILVER	Deductible	\$10.22	\$2.04	\$12.26	1.0183	1.50%	0.30%	3,546
	SILVER	CDHP	\$10.40	\$2.08	\$12.47	1.0183	1.50%	0.30%	824
	BRONZE	Deductible	\$7.71	\$1.54	\$9.25	1.0183	1.50%	0.30%	1,823
	BRONZE	CDHP	\$7.89	\$1.58	\$9.47	1.0183	1.50%	0.30%	1,392
	BRONZE	Integrated	\$7.81	\$1.56	\$9.38	1.0183	1.50%	0.30%	563
	Catastrophic	Deductible	\$3.96	\$0.79	\$4.75	1.0183	1.50%	0.30%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$8.71	\$1.74	\$10.45	1.0183	1.50%	0.30%	637
	SILVER	Vermont Select CDHP	\$8.94	\$1.79	\$10.72	1.0183	1.50%	0.30%	661
	SILVER	Deductible	\$9.07	\$1.81	\$10.88	1.0183	1.50%	0.30%	4,586
	SILVER	CDHP	\$9.44	\$1.89	\$11.32	1.0183	1.50%	0.30%	1,910
Total			\$10.15	\$2.03	\$12.17	1.0183	1.50%	0.30%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 7C

DETAILS OF TAXES AND FEES

			0.800%	0.199%								
			State Assessment - HCCA	State Tax - VITL	GMCB Billbacks	Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$5.32	\$1.32	\$2.54	\$0.24	\$0.00	\$0.18	\$9.60	1.0148	1.43%	1,208
	GOLD	Vermont Select CDHP	\$5.59	\$1.39	\$2.54	\$0.24	\$0.00	\$0.18	\$9.94	1.0145	1.41%	5,022
	SILVER	Vermont Preferred	\$5.28	\$1.31	\$2.54	\$0.24	\$0.00	\$0.18	\$9.55	1.0148	1.43%	1,299
	SILVER	Vermont Select CDHP	\$5.31	\$1.32	\$2.54	\$0.24	\$0.00	\$0.18	\$9.59	1.0148	1.43%	212
	BRONZE	Vermont Preferred	\$4.12	\$1.03	\$2.54	\$0.24	\$0.00	\$0.18	\$8.10	1.0163	1.57%	520
	BRONZE	Vermont Select CDHP	\$4.08	\$1.01	\$2.54	\$0.24	\$0.00	\$0.18	\$8.05	1.0163	1.58%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$6.80	\$1.69	\$2.54	\$0.24	\$0.00	\$0.18	\$11.45	1.0137	1.33%	6,963
	GOLD	Deductible	\$5.78	\$1.44	\$2.54	\$0.24	\$0.00	\$0.18	\$10.17	1.0144	1.39%	4,797
	SILVER	Deductible	\$5.40	\$1.34	\$2.54	\$0.24	\$0.00	\$0.18	\$9.70	1.0147	1.42%	3,546
	SILVER	CDHP	\$5.49	\$1.37	\$2.54	\$0.24	\$0.00	\$0.18	\$9.82	1.0146	1.42%	824
	BRONZE	Deductible	\$4.11	\$1.02	\$2.54	\$0.24	\$0.00	\$0.18	\$8.08	1.0163	1.57%	1,823
	BRONZE	CDHP	\$4.20	\$1.04	\$2.54	\$0.24	\$0.00	\$0.18	\$8.20	1.0161	1.56%	1,392
	BRONZE	Integrated	\$4.16	\$1.03	\$2.54	\$0.24	\$0.00	\$0.18	\$8.15	1.0162	1.56%	563
	Catastrophic	Deductible	\$2.17	\$0.54	\$2.54	\$0.24	\$0.00	\$0.18	\$5.66	1.0223	2.14%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$4.62	\$1.15	\$2.54	\$0.24	\$0.00	\$0.18	\$8.73	1.0155	1.50%	637
	SILVER	Vermont Select CDHP	\$4.74	\$1.18	\$2.54	\$0.24	\$0.00	\$0.18	\$8.87	1.0154	1.49%	661
	SILVER	Deductible	\$4.81	\$1.20	\$2.54	\$0.24	\$0.00	\$0.18	\$8.96	1.0153	1.48%	4,586
	SILVER	CDHP	\$5.00	\$1.24	\$2.54	\$0.24	\$0.00	\$0.18	\$9.20	1.0151	1.46%	1,910
Total			\$5.36	\$1.33	\$2.54	\$0.24	\$0.00	\$0.18	\$9.65	1.0147	1.43%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 8

FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)

			Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$646.64	-\$48.11	\$3.16	\$601.69	\$670.81	-\$4.28	\$666.53	90.3%	1,208
	GOLD	Vermont Select CDHP	\$681.20	-\$48.11	\$3.17	\$636.27	\$706.44	-\$4.35	\$702.10	90.6%	5,022
	SILVER	Vermont Preferred	\$641.75	-\$48.11	\$3.15	\$596.79	\$665.63	-\$4.27	\$661.36	90.2%	1,299
	SILVER	Vermont Select CDHP	\$645.84	-\$48.11	\$3.15	\$600.88	\$669.82	-\$4.28	\$665.54	90.3%	212
	BRONZE	Vermont Preferred	\$495.54	-\$48.11	\$3.15	\$450.58	\$515.99	-\$3.98	\$512.01	88.0%	520
	BRONZE	Vermont Select CDHP	\$490.38	-\$48.11	\$3.16	\$445.44	\$510.95	-\$3.97	\$506.98	87.9%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$832.84	-\$48.11	\$3.15	\$787.89	\$861.34	-\$4.65	\$856.69	92.0%	6,963
	GOLD	Deductible	\$704.59	-\$48.11	\$3.15	\$659.63	\$730.00	-\$4.39	\$725.60	90.9%	4,797
	SILVER	Deductible	\$656.99	-\$48.11	\$3.15	\$612.03	\$681.23	-\$4.30	\$676.93	90.4%	3,546
	SILVER	CDHP	\$668.53	-\$48.11	\$3.15	\$623.57	\$693.04	-\$4.32	\$688.72	90.5%	824
	BRONZE	Deductible	\$493.56	-\$48.11	\$3.15	\$448.61	\$514.05	-\$3.98	\$510.08	87.9%	1,823
	BRONZE	CDHP	\$505.38	-\$48.11	\$3.15	\$460.43	\$526.11	-\$4.00	\$522.11	88.2%	1,392
	BRONZE	Integrated	\$500.41	-\$48.11	\$3.15	\$455.45	\$520.96	-\$3.99	\$516.97	88.1%	563
	Catastrophic	Deductible	\$249.52	-\$48.11	\$3.15	\$204.56	\$264.14	-\$3.50	\$260.64	78.5%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$558.39	-\$48.11	\$3.15	\$513.43	\$580.35	-\$4.11	\$576.25	89.1%	637
	SILVER	Vermont Select CDHP	\$573.17	-\$48.11	\$3.17	\$528.23	\$595.75	-\$4.13	\$591.62	89.3%	661
	SILVER	Deductible	\$582.12	-\$48.11	\$3.15	\$537.16	\$604.68	-\$4.15	\$600.52	89.4%	4,586
	SILVER	CDHP	\$605.94	-\$48.11	\$3.15	\$560.99	\$629.09	-\$4.20	\$624.89	89.8%	1,910
Total			\$652.12	-\$48.11	\$3.16	\$607.17	\$676.38	-\$4.29	\$672.08	90.3%	38,421

*Approximately 6.4% of current BCBSVT Administrative Charges are for health care quality

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 9A

CONTRACT CONVERSION FACTOR

								Preliminary Rates				Projected Contracts			
			Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	1,208	\$670.81	1.6220	1.4565	1.1137	\$747.08	\$1,494.16	\$1,441.86	\$2,099.29	522	120	26	101
	GOLD	Vermont Select CDHP	5,022	\$706.44	1.6220	1.4565	1.1137	\$786.77	\$1,573.54	\$1,518.47	\$2,210.82	1,356	563	134	551
	SILVER	Vermont Preferred	1,299	\$665.63	1.6220	1.4565	1.1137	\$741.31	\$1,482.62	\$1,430.73	\$2,083.08	714	195	30	37
	SILVER	Vermont Select CDHP	212	\$669.82	1.6220	1.4565	1.1137	\$745.98	\$1,491.96	\$1,439.74	\$2,096.20	118	32	5	6
	BRONZE	Vermont Preferred	520	\$515.99	1.6220	1.4565	1.1137	\$574.66	\$1,149.32	\$1,109.09	\$1,614.79	264	50	13	35
	BRONZE	Vermont Select CDHP	2,098	\$510.95	1.6220	1.4565	1.1137	\$569.05	\$1,138.10	\$1,098.27	\$1,599.03	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	6,963	\$861.34	1.6220	1.4565	1.1137	\$959.27	\$1,918.54	\$1,851.39	\$2,695.55	2,330	798	215	630
	GOLD	Deductible	4,797	\$730.00	1.6220	1.4565	1.1137	\$813.00	\$1,626.00	\$1,569.09	\$2,284.53	1,903	507	113	403
	SILVER	Deductible	3,546	\$681.23	1.6220	1.4565	1.1137	\$758.69	\$1,517.38	\$1,464.27	\$2,131.92	1,844	551	77	124
	SILVER	CDHP	824	\$693.04	1.6220	1.4565	1.1137	\$771.84	\$1,543.68	\$1,489.65	\$2,168.87	376	128	17	41
	BRONZE	Deductible	1,823	\$514.05	1.6220	1.4565	1.1137	\$572.50	\$1,145.00	\$1,104.93	\$1,608.73	896	193	40	119
	BRONZE	CDHP	1,392	\$526.11	1.6220	1.4565	1.1137	\$585.93	\$1,171.86	\$1,130.84	\$1,646.46	588	128	35	122
	BRONZE	Integrated	563	\$520.96	1.6220	1.4565	1.1137	\$580.20	\$1,160.40	\$1,119.79	\$1,630.36	272	53	13	40
	Catastrophic	Deductible	360	\$264.14	1.0435	1.0362	1.0070	\$265.99	\$531.98	\$513.36	\$747.43	334	7	2	2
REFLECTIVE PLANS	SILVER	Vermont Preferred	637	\$580.35	1.6220	1.4565	1.1137	\$646.34	\$1,292.68	\$1,247.44	\$1,816.22	321	45	14	48
	SILVER	Vermont Select CDHP	661	\$595.75	1.6220	1.4565	1.1137	\$663.49	\$1,326.98	\$1,280.54	\$1,864.41	208	54	12	80
	SILVER	Deductible	4,586	\$604.68	1.6220	1.4565	1.1137	\$673.43	\$1,346.86	\$1,299.72	\$1,892.34	1,977	439	110	369
	SILVER	CDHP	1,910	\$629.09	1.6220	1.4565	1.1137	\$700.61	\$1,401.22	\$1,352.18	\$1,968.71	676	174	53	191
	Total			38,421	\$676.38							\$675.25			

Additional Factor for Contract Conversion Factor 100.17%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 9B
Page 1

CONSUMER ADJUSTED PREMIUM RATES

			Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2021 Proposed Rates				2020 Approved Rates				2021 Proposed Rate Increases			
					Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$670.81	1.1156	\$748.35	\$1,496.70	\$1,444.32	\$2,102.86	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05	7.1%	7.1%	7.1%	7.1%
	GOLD	Vermont Select CDHP	\$706.44	1.1156	\$788.11	\$1,576.22	\$1,521.05	\$2,214.59	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80	13.5%	13.5%	13.5%	13.5%
	SILVER	Vermont Preferred	\$665.63	1.1156	\$742.58	\$1,485.16	\$1,433.18	\$2,086.65	\$691.29	\$1,382.58	\$1,334.19	\$1,942.52	7.4%	7.4%	7.4%	7.4%
	SILVER	Vermont Select CDHP	\$669.82	1.1156	\$747.25	\$1,494.50	\$1,442.19	\$2,099.77	\$703.57	\$1,407.14	\$1,357.89	\$1,977.03	6.2%	6.2%	6.2%	6.2%
	BRONZE	Vermont Preferred	\$515.99	1.1156	\$575.64	\$1,151.28	\$1,110.99	\$1,617.55	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66	5.5%	5.5%	5.5%	5.5%
	BRONZE	Vermont Select CDHP	\$510.95	1.1156	\$570.02	\$1,140.04	\$1,100.14	\$1,601.76	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11	4.5%	4.5%	4.5%	4.5%
STANDARD PLANS	PLATINUM	Deductible	\$861.34	1.1156	\$960.91	\$1,921.82	\$1,854.56	\$2,700.16	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37	6.8%	6.8%	6.8%	6.8%
	GOLD	Deductible	\$730.00	1.1156	\$814.39	\$1,628.78	\$1,571.77	\$2,288.44	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06	4.7%	4.7%	4.7%	4.7%
	SILVER	Deductible	\$681.23	1.1156	\$759.99	\$1,519.98	\$1,466.78	\$2,135.57	\$723.22	\$1,446.44	\$1,395.81	\$2,032.25	5.1%	5.1%	5.1%	5.1%
	SILVER	CDHP	\$693.04	1.1156	\$773.16	\$1,546.32	\$1,492.20	\$2,172.58	\$727.00	\$1,454.00	\$1,403.11	\$2,042.87	6.3%	6.3%	6.3%	6.3%
	BRONZE	Deductible	\$514.05	1.1156	\$573.48	\$1,146.96	\$1,106.82	\$1,611.48	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04	4.4%	4.4%	4.4%	4.4%
	BRONZE	CDHP	\$526.11	1.1156	\$586.93	\$1,173.86	\$1,132.77	\$1,649.27	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55	4.9%	4.9%	4.9%	4.9%
	BRONZE	Integrated	\$520.96	1.1156	\$581.19	\$1,162.38	\$1,121.70	\$1,633.14	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	3.7%	3.7%	3.7%	3.7%
	Catastrophic	Deductible	\$264.14	1.0087	\$266.44	\$532.88	\$514.23	\$748.70	\$266.82	\$533.64	\$514.96	\$749.76	-0.1%	-0.1%	-0.1%	-0.1%
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$580.35	1.1156	\$647.44	\$1,294.88	\$1,249.56	\$1,819.31	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46	6.6%	6.6%	6.6%	6.6%
	SILVER	Vermont Select CDHP	\$595.75	1.1156	\$664.62	\$1,329.24	\$1,282.72	\$1,867.58	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52	5.5%	5.5%	5.5%	5.5%
	SILVER	Deductible	\$604.68	1.1156	\$674.58	\$1,349.16	\$1,301.94	\$1,895.57	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75	4.6%	4.6%	4.6%	4.6%
	SILVER	CDHP	\$629.09	1.1156	\$701.81	\$1,403.62	\$1,354.49	\$1,972.09	\$663.91	\$1,327.82	\$1,281.35	\$1,865.59	5.7%	5.7%	5.7%	5.7%
Total					\$311,858,486				\$292,726,577				6.536%			

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

REVISED Exhibit 9B
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CONSUMER ADJUSTED PREMIUM RATES

			Inforce Contracts				Projected Contracts			
			Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	522	120	26	101	522	120	26	101
	GOLD	Vermont Select CDHP	1,356	563	134	551	1,356	563	134	551
	SILVER	Vermont Preferred	714	195	30	37	714	195	30	37
	SILVER	Vermont Select CDHP	118	32	5	6	118	32	5	6
	BRONZE	Vermont Preferred	264	50	13	35	264	50	13	35
	BRONZE	Vermont Select CDHP	834	192	37	203	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	2,866	841	234	656	2,330	798	215	630
	GOLD	Deductible	1,903	507	113	403	1,903	507	113	403
	SILVER	Deductible	1,844	551	77	124	1,844	551	77	124
	SILVER	CDHP	376	128	17	41	376	128	17	41
	BRONZE	Deductible	896	193	40	119	896	193	40	119
	BRONZE	CDHP	588	128	35	122	588	128	35	122
	BRONZE	Integrated	272	53	13	40	272	53	13	40
REFLECTIVE PLANS	Catastrophic	Deductible	334	7	2	2	334	7	2	2
	SILVER	Vermont Preferred	321	45	14	48	321	45	14	48
	SILVER	Vermont Select CDHP	208	54	12	80	208	54	12	80
	SILVER	Deductible	1,977	439	110	369	1,977	439	110	369
	SILVER	CDHP	676	174	53	191	676	174	53	191
Total			24,434				23,810			

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Unified Rate Review v5.1

Company Legal Name:Blue Cross and Blue Shield of Vermont

HIOS Issuer ID:13627

Effective Date of Rate Change(s):1/1/2021

State:VT

Market:Combined

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2019to12/31/2019

TotalPMPM

Allowed Claims	\$346,262,636.11	\$665.15
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$291,932,566.60	\$560.78
Risk Adjustment	\$20,665,540.89	\$39.70
Experience Period Premium	\$309,718,620.32	\$594.95
Experience Period Member Months	520,581	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$119.11	1.033	1.032	1.039	1.041	\$137.34
Outpatient Hospital	\$261.42	1.033	1.032	1.039	1.041	\$301.43
Professional	\$87.60	1.033	1.032	1.039	1.041	\$101.01
Other Medical	\$71.49	1.032	1.031	1.038	1.040	\$82.11
Capitation	\$10.92	1.033	1.032	1.039	1.041	\$12.59
Prescription Drug	\$114.53	1.101	1.030	1.101	1.030	\$147.29
Total	\$665.07					\$781.77

Morbidity Adjustment	1.003
Demographic Shift	1.007
Plan Design Changes	0.996
Other	0.991
Adjusted Trended EHB Allowed Claims PMPM for1/1/2021	\$779.37
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for1/1/2021	\$779.37	\$359,330,097.24
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$63.63	\$29,336,738.76
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$715.74	\$329,993,358.48

Projected Member Months	461,052
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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.

Company Legal Name:	Blue Cross and Blue Shield of Vermont
HIOS Issuer ID:	13627
Effective Date of Rate Change(s):	1/1/2021

To add a product to Worksheet 2 - Plan Product Info, select
To add a plan to Worksheet 2 - Plan Product Info, select the
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product
To remove a plan, navigate to the corresponding Plan Name

Field #	Section I: General Product and Plan Information
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1.1 Product Name	BCBSVT EPO (Small Group)										BCBSVT EPO DHP (Small Group)						BCBSVT EPO (Individual)									
1.2 Product ID	13627VT032										13627VT033						13627VT034									
1.3 Plan Name	BCBSVT Platinum		BCBSVT Gold Plan		BCBSVT Silver Plan		BCBSVT Silver		BCBSVT Bronze		BCBSVT Silver		BCBSVT Silver		BCBSVT Bronze		BCBSVT Blue		BCBSVT Platinum		BCBSVT Gold Plan		BCBSVT Silver Plan		BCBSVT Silver	
1.4 Plan ID (Standard Component ID)	13627VT0320001		13627VT0320002		13627VT0320003		13627VT0320006		13627VT0320004		13627VT0320005		13627VT0330001		13627VT0330003		13627VT0330002		13627VT0340001		13627VT0340002		13627VT0340003		13627VT0340004	
1.5 Metal	Platinum		Gold		Silver		Silver		Silver		Bronze		Silver		Silver		Bronze		Catastrophic		Platinum		Gold		Silver	
1.6 AV Metal Value	0.897		0.819		0.718		0.718		0.641		0.648		0.712		0.712		0.638		0.570		0.897		0.819		0.718	
1.7 Plan Category	Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing	
1.8 Plan Type	EPO		EPO		EPO		EPO		EPO		EPO		Renewing		EPO		EPO		EPO		Renewing		EPO		Renewing	
1.9 Exchange Plan?	Yes		Yes		Yes		No		Yes		Yes		Yes		No		Yes		Yes		Yes		Yes		No	
1.10 Effective Date of Proposed Rates	1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
1.11 Cumulative Rate Change % (over 12 mos prior)	6.60%		4.56%		4.89%		4.41%		4.11%		3.44%		6.16%		5.50%		4.69%		-0.66%		6.60%		4.56%		4.89%	
1.12 Product Rate Increase %	5.52%										5.28%										5.02%					
1.13 Submission Level Rate Increase %																										

Worksheet 1 Totals

[illegible]

3.1 Plan ID (Standard Component ID)

3.1 Plan ID (Standard Component ID)	13627V70320001	13627V70320002	13627V70320003	13627V70320006	13627V70320004	13627V70320005	13627V70330001	13627V70330003	13627V70330002	13627V70340001	13627V70340002	13627V70340003	13627V70340004	13627V70340007
3.2 Market Adjusted Index Rate														
3.3 AV and Cost Sharing Design of Plan	1.0913	0.9136	0.8477	0.7439	0.6212	0.6307	0.8637	0.7769	0.6376	0.6309	1.0913	0.9136	0.8477	0.7439
3.4 Provider Network Adjustment	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	1.0000
3.5 Benefits in Addition to FHB	1.0001	1.0001	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0005	1.0001	1.0001	1.0002	1.0002
Administrative Costs														
3.6 Administrative Expense	6.14%	7.18%	7.67%	10.08%	8.61%	9.93%	7.54%	8.30%	9.85%	19.28%	6.04%	6.14%	7.18%	8.61%
3.7 Taxes and Fees	1.33%	1.39%	1.42%	1.48%	1.57%	1.56%	1.42%	1.46%	1.56%	2.14%	1.33%	1.39%	1.42%	1.48%
3.8 Profit & Risk Load	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4487	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$860.98	\$729.63	\$681.02	\$604.41	\$513.81	\$520.71	\$692.79	\$628.87	\$525.92	\$264.02	\$860.98	\$729.63	\$681.02	\$604.41
3.11 Age Calibration Factor	1.0000													
3.12 Geographic Calibration Factor	1.0000													
3.13 Tobacco Calibration Factor	1.0000													
3.14 Calibrated Plan Adjusted Index Rate	\$860.98	\$729.63	\$681.02	\$604.41	\$513.81	\$520.71	\$692.79	\$628.87	\$525.92	\$264.02	\$860.98	\$729.63	\$681.02	\$604.41

4.1 Plan ID (Standard Component ID)

4.2 Allowed Claims	\$330,116,555	\$41,972,343	\$24,659,288	\$0	\$29,582,554	\$7,346,234	\$1,477,839	\$0	\$13,566,905	\$5,876,987	\$3,093,151	\$17,854,356	\$16,556,951	\$30,467,539	\$9,820,755
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,473,850	-\$3,838,019	\$2,127,073	\$0	\$7,571,445	\$2,781,595	\$545,553	\$0	\$3,024,586	\$2,129,020	\$2,217,108	-\$1,632,631	\$1,428,178	\$4,637,143	\$2,513,553
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$277,642,705	\$45,810,361	\$22,532,215	\$0	\$22,011,109	\$4,564,639	\$932,286	\$0	\$10,542,319	\$3,747,967	\$876,043	\$19,486,987	\$15,128,773	\$25,830,396	\$7,307,202
4.7 Risk Adjustment Transfer Amount	\$22,179,336	\$8,136,385	-\$723,091	\$0	\$4,805,806	-\$2,005,134	-\$478,153	\$0	-\$1,424,343	\$1,044,049	\$15,025,751	\$1,378,535	\$8,339,751	-\$760,747	\$0
4.8 Premium	\$311,844,066	\$50,491,520	\$25,141,440	\$0	\$24,982,827	\$5,274,190	\$1,075,266	\$0	\$11,919,947	\$4,318,292	\$1,141,078	\$21,478,276	\$16,880,486	\$28,987,988	\$8,293,747
4.9 Projected Member Months	461,052	58,620	34,440	0	41,316	10,260	2,064	0	18,948	8,208	4,320	24,936	23,124	42,552	13,716
4.10 Loss Ratio	83.12%	78.14%	92.28%	#DIV/0!	109.09%	139.63%	156.13%	#DIV/0!	100.45%	117.29%	75.84%	53.38%	82.86%	69.20%	97.00%
Per Member Per Month															
4.11 Allowed Claims	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01
4.12 Reinsurance	\$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
4.13 Member Cost Sharing	\$113.81	-\$65.47	\$61.76	\$0.00	\$183.26	\$27.11	\$264.32	\$0.00	\$159.63	\$259.38	\$513.22	-\$65.47	\$61.76	\$108.98	\$183.26
4.14 Cost Sharing Reduction	\$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
4.15 Incurred Claims	\$602.19	\$781.48	\$654.25	\$0.00	\$532.75	\$444.90	\$451.69	\$556.38	\$456.62	\$202.79	\$781.48	\$654.25	\$607.03	\$532.75	\$532.75
4.16 Risk Adjustment Transfer Amount	\$48.11	\$138.80	-\$21.00	\$0.00	-\$116.32	-\$195.43	-\$231.66	\$0.00	-\$75.17	-\$136.78	\$3.25	\$602.57	\$59.61	\$195.99	-\$55.46
4.17 Premium	\$676.38	\$861.34	\$730.00	\$0.00	\$604.68	\$514.05	\$520.96	\$629.09	\$11.11	\$264.14	\$861.34	\$730.00	\$681.23	\$604.68	\$604.68

Product-Plan Data Collection

the Add Product button or Ctrl + Shift + P.
-Add Plan button or Ctrl + Shift + L.

Company Legal Name:

Blue Cross and Blue

HIOS Issuer ID:

13627

Effective Date of Rate Change(s):

1/1/2021

1 Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
a/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name			BCBSVT EPO CDHP (Individual)					BCBSVT EPO Vermont Preferred (Small Group)								BCBSVT EPO Vermont Se	
1.2 Product ID			13627VT035					13627VT036								13627	
1.3 Plan Name			BCBSVT Bronze	BCBSVT Bronze	BCBSVT Silver	BCBSVT Silver	BCBSVT Bronze	BCBSVT Blue	BCBSVT Blue	BCBSVT Blue	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Blue	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Vermont
1.4 Plan ID (Standard Component ID)			13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
1.5 Metal			Bronze	Bronze	Silver	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Silver	Silver	Bronze	Gold	Silver
1.6 AV Metal Value			0.641	0.648	0.712	0.712	0.638	0.770	0.693	0.627	0.789	0.696	0.696	0.648	0.648	0.813	0.719
1.7 Plan Category			Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	New	New	New	New	New	Renewing	Renewing
1.8 Plan Type			EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?			Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates			1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.11 Cumulative Rate Change % (over 12 mos prior)			4.11%	3.44%	1.1%	6.16%	5.50%	4.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.27%	6.01%
1.12 Product Rate Increase %																	
1.13 Submission Level Rate Increase %							5.56%						0.00%				11.1%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
2.2 Allowed Claims	\$346,262,636	\$4,431,180	\$573,486	\$9,088,613	\$2,899,485	\$3,207,590	\$3,995,688	\$0	\$1,705,375	\$299,944	\$0	\$0	\$0	\$0	\$35,112,969	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$1,395,264	\$237,827	\$1,229,368	\$647,951	\$1,127,436	\$607,544	\$0	\$579,151	\$164,596	\$0	\$0	\$0	\$0	\$5,782,143	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$3,035,916	\$335,659	\$7,859,245	\$2,251,534	\$2,080,154	\$3,388,144	\$0	\$1,126,224	\$135,348	\$0	\$0	\$0	\$0	\$29,330,826	\$0
2.7 Risk Adjustment Transfer Amount	\$20,665,541	-\$1,479,260	-\$532,717	\$1,322,706	-\$238,422	-\$1,114,783	-\$62,840	\$0	-\$757,409	-\$448,375	\$0	\$0	\$0	\$0	\$3,224,191	\$0
2.8 Premium	\$309,718,620	\$5,829,269	\$1,288,944	\$8,309,733	\$2,447,262	\$4,170,947	\$3,225,463	\$0	\$2,777,929	\$861,664	\$0	\$0	\$0	\$0	\$24,011,162	\$0
2.9 Experience Period Member Months	520,581	11,634	2,530	12,586	4,791	8,754	5,383	0	5,375	1,813	0	0	0	0	45,367	0
2.10 Current Enrollment	39,195	968	91	824	331	708	573	0	412	174	0	0	0	0	3,633	0
2.11 Current Premium PMPM	\$636.85	\$491.66	\$501.48	\$650.50	\$594.05	\$590.42	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54
2.12 Loss Ratio	88.36%	69.79%	44.39%	81.59%	101.93%	68.06%	107.13%	#DIV/0!	55.74%	32.75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	107.69%	#DIV/0!
Per Member Per Month																
2.13 Allowed Claims	\$665.15	\$380.88	\$226.67	\$722.12	\$605.19	\$366.41	\$742.28	#DIV/0!	\$317.28	\$165.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$773.98	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.15 Member Cost Sharing	\$104.36	\$119.93	\$94.00	\$97.68	\$135.24	\$128.79	\$112.86	#DIV/0!	\$107.75	\$90.79	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$127.45	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.17 Incurred Claims	\$560.78	\$260.95	\$132.67	\$624.44	\$469.95	\$237.62	\$629.42	#DIV/0!	\$209.53	\$74.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$646.52	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$127.15	-\$210.56	\$105.09	-\$49.76	-\$127.35	-\$11.67	#DIV/0!	-\$140.91	-\$247.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$71.07	#DIV/0!
2.19 Premium	\$594.95	\$501.05	\$509.46	\$660.24	\$510.80	\$476.46	\$599.19	#DIV/0!	\$516.82	\$475.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$529.26	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
3.2 Market Adjusted Index Rate									\$715.74							
3.3 AV and Cost Sharing Design of Plan		0.6212	0.6307	0.8637	0.7769	0.6376	0.0000	0.0000	0.0000	0.0000	0.8333	0.8266	0.7111	0.6240	0.8812	0.8322
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0002	1.0002	1.0001	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002
Administrative Costs																
3.6 Administrative Expense		10.08%	9.93%	7.54%	8.30%	9.85%	0.00%	0.00%	0.00%	0.00%	7.81%	7.84%	8.96%	10.03%	7.47%	7.79%
3.7 Taxes and Fees		1.57%	1.56%	1.42%	1.46%	1.56%	0.00%	0.00%	0.00%	0.00%	1.43%	1.43%	1.50%	1.57%	1.41%	1.43%
3.8 Profit & Risk Load		1.80%	1.80%	1.80%	1.80%	1.80%	0.00%	0.00%	0.00%	0.00%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$513.81	\$520.71	\$692.79	\$628.87	\$525.92	\$0.00	\$0.00	\$0.00	\$0.00	\$670.58	\$665.41	\$580.20	\$515.83	\$706.19	\$669.54
Calibrated Plan Adjusted Index Rate																
3.11 Age Calibration Factor	1.0000								1.0000							
3.12 Geographic Calibration Factor	1.0000								1.0000							
3.13 Tobacco Calibration Factor	1.0000								1.0000							

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
4.2 Allowed Claims	\$330,116,555	\$8,317,140	\$3,359,506	\$7,079,879	\$2,843,981	\$6,083,197	\$0	\$0	\$0	\$4,923,266	\$0	\$3,539,940	\$1,495,023	\$31,215,050	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,473,850	\$3,149,221	\$1,240,182	\$964,406	\$634,033	\$2,203,723	\$0	\$0	\$0	\$819,949	\$0	\$1,022,405	\$561,983	\$3,703,887	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$277,642,705	\$5,167,919	\$2,119,324	\$6,115,474	\$2,209,948	\$3,879,474	\$0	\$0	\$0	\$4,103,317	\$0	\$2,517,535	\$933,040	\$27,511,163	\$0	\$0
4.7 Risk Adjustment Transfer Amount	\$22,179,336	-\$1,744,815	-\$1,115,857	\$1,249,203	-\$237,539	-\$1,273,991	\$0	\$0	\$0	-\$111,814	\$0	-\$791,821	-\$604,810	\$3,763,570	\$0	\$0
4.8 Premium	\$311,844,069	\$5,971,246	\$2,444,355	\$6,852,825	\$2,498,735	\$4,469,811	\$0	\$0	\$0	\$4,612,471	\$0	\$2,869,266	\$1,077,392	\$30,798,152	\$0	\$0
4.9 Projected Member Months	461,052	11,616	4,692	9,888	3,972	8,496	0	0	0	6,876	0	4,944	2,088	43,596	0	0
4.10 Loss Ratio	83.12%	122.28%	159.53%	75.48%	97.73%	121.39%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	91.17%	#DIV/0!	121.18%	197.43%	79.60%	#DIV/0!
Per Member Per Month																
4.11 Allowed Claims	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	#DIV/0!	#DIV/0!	#DIV/0!	\$716.01	#DIV/0!	\$716.01	\$716.01	\$716.01	\$716.01	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.13 Member Cost Sharing	\$113.81	\$271.11	\$264.32	\$97.53	\$159.63	\$259.38	#DIV/0!	#DIV/0!	#DIV/0!	\$119.25	#DIV/0!	\$206.80	\$269.15	\$84.96	\$0.00	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.15 Incurred Claims	\$602.19	\$444.90	\$451.69	\$618.47	\$556.38	\$456.62	#DIV/0!	#DIV/0!	#DIV/0!	\$596.76	#DIV/0!	\$509.21	\$446.86	\$631.05	\$0.00	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$48.11	-\$150.21	-\$237.82	\$126.34	-\$59.80	-\$149.95	#DIV/0!	#DIV/0!	#DIV/0!	-\$16.26	#DIV/0!	-\$160.16	-\$289.66	\$86.33	\$0.00	#DIV/0!
4.17 Premium	\$676.38	\$514.05	\$520.96	\$693.04	\$629.09	\$526.11	#DIV/0!	#DIV/0!	#DIV/0!	\$670.81	#DIV/0!	\$580.35	\$515.99	\$706.44	\$0.00	#DIV/0!

Product-Plan Data Collection

Company Legal Name: Blue Cross and Blue
 HIOS Issuer ID: 13627
 Effective Date of Rate Change(s): 1/1/2021

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	lect CDHP (Small Group)				BCBSVT EPO Vermont Preferred (Individual)								BCBSVT Vermont Select CDHP (Individual)			
1.2 Product ID	VT037				13627VT038								13627VT039			
1.3 Plan Name	BCBSVT Vermont				BCBSVT Blue				BCBSVT Vermont				BCBSVT Vermont			
1.4 Plan ID (Standard Component ID)	13627VT0370004				13627VT0380001				13627VT0380005				13627VT0390001			
1.5 Metal	Silver				Silver				Silver				Silver			
1.6 AV Metal Value	0.718				0.650				0.696				0.696			
1.7 Plan Category	Renewing				Terminated				New				Renewing			
1.8 Plan Type	EPO				EPO				EPO				EPO			
1.9 Exchange Plan?	No				Yes				Yes				Yes			
1.10 Effective Date of Proposed Rates	1/1/2021				1/1/2021				1/1/2021				1/1/2021			
1.11 Cumulative Rate Change % (over 12 mos prior)	5.26%				4.22%				0.00%				0.00%			
1.12 Product Rate Increase %	94%								0.00%				13.27%			
1.13 Submission Level Rate Increase %													9.26%			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
2.2 Allowed Claims	\$346,262,636	\$778,800	\$5,642,394	\$5,045,705	\$9,821,211	\$907,355	\$1,149,659	\$0	\$0	\$0	\$0	\$18,542,886	\$1,630,244	\$1,099,053	\$4,047,010
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$237,400	\$1,677,930	\$753,591	\$1,167,454	\$317,496	\$373,733	\$0	\$0	\$0	\$0	\$2,437,110	\$185,106	\$336,937	\$1,226,531
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$541,399	\$3,964,464	\$4,292,113	\$8,653,757	\$589,859	\$775,925	\$0	\$0	\$0	\$0	\$16,105,776	\$1,445,138	\$762,116	\$2,820,480
2.7 Risk Adjustment Transfer Amount	\$20,665,541	\$248,728	-\$509,697	\$599,809	-\$333,661	-\$440,784	-\$716,932	\$0	\$0	\$0	\$0	\$4,140,102	\$271,357	-\$169,173	-\$1,472,269
2.8 Premium	\$309,718,620	\$977,325	\$4,624,667	\$3,684,758	\$11,589,127	\$1,501,377	\$1,653,827	\$0	\$0	\$0	\$0	\$9,711,642	\$1,064,352	\$1,236,365	\$5,228,489
2.9 Experience Period Member Months	520,581	2,012	10,456	5,724	16,662	2,913	3,382	0	0	0	0	16,730	1,572	2,425	10,770
2.10 Current Enrollment	39,195	445	1,069	635	1,299	225	246	0	0	0	0	1,389	212	216	1,029
2.11 Current Premium PMPM	\$636.85	\$563.78	\$488.18	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54	\$563.78	\$488.18
2.12 Loss Ratio	88.36%	74.31%	96.34%	100.18%	76.88%	55.62%	82.82%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	116.27%	108.19%	71.41%	75.09%
Per Member Per Month															
2.13 Allowed Claims	\$665.15	\$387.08	\$539.63	\$881.50	\$589.44	\$311.48	\$339.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,108.36	\$1,037.05	\$453.22	\$375.77
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$104.36	\$117.99	\$160.48	\$131.65	\$70.07	\$108.99	\$110.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$145.67	\$117.75	\$138.94	\$113.88
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$560.78	\$269.09	\$379.16	\$749.85	\$519.37	\$202.49	\$229.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$962.69	\$919.30	\$314.27	\$261.88
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$123.62	-\$48.75	\$104.79	-\$20.03	-\$151.32	-\$211.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$247.47	\$172.62	-\$69.76	-\$136.70
2.19 Premium	\$594.95	\$485.75	\$442.30	\$643.74	\$695.54	\$515.41	\$489.01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$580.49	\$677.07	\$509.84	\$485.47

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
3.2 Market Adjusted Index Rate														
3.3 AV and Cost Sharing Design of Plan	0.7315	0.6168	0.0000	0.0000	0.0000	0.0000	0.8333	0.8266	0.7111	0.6240	0.8812	0.8322	0.7315	0.6168
3.4 Provider Network Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0002
Administrative Costs														
3.6 Administrative Expense	8.78%	10.17%	0.00%	0.00%	0.00%	0.00%	7.81%	7.84%	8.96%	10.03%	7.47%	7.79%	8.78%	10.17%
3.7 Taxes and Fees	1.49%	1.58%	0.00%	0.00%	0.00%	0.00%	1.43%	1.43%	1.50%	1.57%	1.41%	1.43%	1.49%	1.58%
3.8 Profit & Risk Load	1.80%	1.80%	0.00%	0.00%	0.00%	0.00%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%
3.9 Catastrophic Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$595.55	\$510.77	\$0.00	\$0.00	\$0.00	\$0.00	\$670.58	\$665.41	\$580.20	\$515.83	\$706.19	\$669.54	\$595.55	\$510.77
3.11 Age Calibration Factor	1.0000													
3.12 Geographic Calibration Factor	1.0000													
3.13 Tobacco Calibration Factor	1.0000													
3.14 Calibrated Plan Adjusted Index Rate	\$595.55	\$510.77	\$0.00	\$0.00	\$0.00	\$0.00	\$670.58	\$665.41	\$580.20	\$515.83	\$706.19	\$669.54	\$595.55	\$510.77

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
4.2 Allowed Claims	\$330,116,555	\$3,823,478	\$9,184,940	\$0	\$0	\$0	\$0	\$5,455,975	\$11,161,120	\$1,933,219	\$2,972,862	\$11,934,408	\$1,821,522	\$1,855,891	\$8,841,257
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,473,850	\$1,026,009	\$3,518,317	\$0	\$0	\$0	\$0	\$908,669	\$1,934,438	\$558,352	\$1,117,507	\$1,416,102	\$305,376	\$498,018	\$3,386,668
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$277,642,705	\$2,797,470	\$5,666,623	\$0	\$0	\$0	\$0	\$4,547,305	\$9,226,682	\$1,374,867	\$1,855,355	\$10,518,306	\$1,516,146	\$1,357,873	\$5,454,589
4.7 Risk Adjustment Transfer Amount	\$22,179,336	-\$779,998	-\$596,533	\$0	\$0	\$0	\$0	\$1,081,552	-\$367,457	-\$445,610	-\$1,023,451	\$5,206,198	\$562,962	-\$206,022	-\$1,958,917
4.8 Premium	\$311,844,069	\$3,181,327	\$6,554,530	\$0	\$0	\$0	\$0	\$5,111,552	\$10,375,870	\$1,566,954	\$2,142,400	\$11,775,016	\$1,704,025	\$1,544,195	\$6,309,272
4.9 Projected Member Months	461,052	5,340	12,828	0	0	0	0	7,620	15,588	2,700	4,152	16,668	2,544	2,592	12,348
4.10 Loss Ratio	83.12%	116.50%	95.11%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	73.43%	92.19%	122.61%	165.81%	61.94%	66.88%	101.47%	125.38%
Per Member Per Month															
4.11 Allowed Claims	\$716.01	\$716.01	\$716.01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01	\$716.01
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$113.81	\$192.14	\$274.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$119.25	\$124.10	\$206.80	\$269.15	\$84.96	\$120.04	\$192.14	\$274.27
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$602.19	\$523.87	\$441.74	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$596.76	\$591.91	\$509.21	\$446.86	\$631.05	\$595.97	\$523.87	\$441.74
4.16 Risk Adjustment Transfer Amount	\$48.11	-\$146.07	-\$46.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$141.94	-\$23.57	-\$165.04	-\$246.50	\$312.35	\$221.29	-\$79.48	-\$158.64
4.17 Premium	\$676.38	\$595.75	\$510.95	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$670.81	\$665.63	\$580.35	\$515.99	\$706.44	\$669.82	\$595.75	\$510.95

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 1	1.0000

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: BlueCross and BlueShield
Vermont 2021 Individual and Small
Group Rate Filing

GMCB-005-20rr

SERFF No. BCVT-132371410

RESPONSE TO POST-HEARING QUESTIONS

BCBSVT provides the following responses to the Board's post-hearing questions.

- 1. Provide a table that shows monthly paid claims and incurred claims by major service category for the period beginning January 2019 and ending June 2020, as well as the completion factor(s) used.**

Please see attached *BCBSVT Responses to Post-Hearing GMCB Questions.xlsx* spreadsheet at tab Q1.

Please note that allowed claims include BCBSVT payments, member cost share, and capitation paid in lieu of fee-for-service for some PCP and laboratory claims. Paid claims included BCBSVT payments, along with capitation paid in lieu of fee-for-service for some PCP and laboratory claims.

- 2. Please provide data showing any change in utilization of home infusion following the policy changes for home infusion during the COVID-19 response. Is there a cost savings associated with any expansion of home infusion? If not, wouldn't the 2019 educational effort suspended during the COVID-19 response be more successful than removing prior authorization? What was the savings associated with the 2019 education effort?**

BCBSVT does not require prior authorization for home infusion services. BCBSVT only requires prior approval for certain medications, to ensure that the treatment is medically necessary.

The Convenient Care Program is a voluntary program where members are targeted, contacted, and educated on the value and convenience of switching to home infusion. In 2019, BCBSVT had four members enrolled in VISG switch from receiving facility infusions to home infusions through this program. Patient or provider preference were the reasons most often cited for reasons why home

infusion was refused, suggesting that education alone may not be sufficient to promote home infusion. The small cohort of members switching from facility infusion to home infusion generated savings of approximately \$62,240.

The table below shows the monthly number of home infusion visits per 1,000 members for the VISG population.

Month	Visits per 1,000		Month	Visits per 1,000		Month	Visits per 1,000
201901	10.84		201907	19.92		202001	15.54
201902	13.90		201908	14.44		202002	15.65
201903	16.71		201909	15.32		202003	21.06
201904	14.87		201910	17.89		202004	26.03
201905	10.76		201911	13.72		202005	30.07
201906	13.84		201912	22.00		202006	25.09

The average number of visits per 1,000 members in 2019 was 15.33. This increased to 27.06 in the second quarter of 2020.

- 3. What, if any, savings have resulted from the opening of the ambulatory surgical center? Given that the center opened mid-way through 2019, please explain how any savings from its operation have been accounted for in the proposed rates.**

To calculate the savings from services being performed at the ambulatory surgical center, we compared the actual allowed charges to average costs at other outpatient facilities for the same procedures. In 2019, for the VISG population, we realized approximately \$360,000 in savings. These savings are included in the experience used for this filing, while the reduced claims dampened our facility trend.

- 4. Please provide more specific information regarding the financial impact of the decision to forgo raises for executives, including the expected duration and BCBSVT's position on pay-out of bonuses for both 2020 and 2021. Also provide the dollar amount and % of payroll (excluding bonus) the freeze impacts.**

As noted at the rate hearing, BCBSVT has decided to forgo 2021 salary increases for its executives. Compared to BCBSVT's usual practice of providing for average salary increases of 3% for all employees each year, which was already low by most state and national benchmarks prior to the pandemic, the financial impact of this decision is a savings of approximately \$85,000 in 2021, or about 0.25% of payroll. At this time, no decision has been made regarding 2022 salary increases.

BCBSVT does not regularly distribute bonuses, which are paid out on a discretionary and infrequent basis. We do have a performance-based variable compensation program that pays out annually based on actual corporate results relative to pre-determined targets. We have not yet made any decisions regarding variable compensation in 2020 or 2021.

5. What percentage of total premium (not premium increase) is driven by Vermont hospitals? What percentage of total premium is driven by inpatient, outpatient, physician, or other services at Vermont hospitals?

The table below shows the percentage of the total projected premium, after adjusting for L&E's recommendations, for claims projected to be paid to Vermont hospitals, including their affiliated professionals.

Inpatient	Outpatient	Pharmaceuticals	Facility Owned Professional	Total Percent of Premium for Vermont Facilities
9.5%	21.0%	7.4%	5.8%	43.6%

6. Please provide a list of hospitals that received advance payments during COVID-19 response and amounts of payments and what percentage this represents of their annual projected payments.

The list of providers that have received advance payments as part of BCBSVT's COVID-19 response is as follows:

Hospital	Advance Payments	Percentage of annual projected payments for all BCBSVT members	Percentage of annual projected insured payments
North Country	\$1,090,833	6.72%	32.91%
NVRH	\$500,000	3.00%	14.23%
Copley	\$2,309,951	13.51%	51.03%
Gifford	\$1,845,950	14.09%	58.57%
SVMC	\$1,900,000	8.44%	26.23%
NMC	\$2,975,196	14.78%	88.59%
Total	\$10,621,930		

Annual projected payments consist of all BCBSVT and TVHP insured and self-funded lines of business, except the Federal Employee Program. This percentage shows the portion the advance payments represent of payments from all sources for BCBSVT members.

Annual projected insured payments consist of fully-insured large group, individual and small group lines of business only; in other words, payments for which BCBSVT has financial responsibility. This shows the portion the advance payments represent of BCBSVT's projected annual financial obligation to these hospitals.

BCBSVT contacted most Vermont hospitals and 35 other provider organizations to offer advance payments in response to COVID-19. The table above reflects the hospitals who responded and opted to accept the advance payments. Five non-hospital providers accepted a total of nearly \$250,000 of advance payments.

7. Please provide a list of BCBSVT Board Members, committee composition, compensation, and the number of meetings of the board and of the finance committee in 2019 and 2020.

(1) The following table lists BCBSVT Board members in 2019 and 2020. Because Board membership changes over the course of a year, the individuals listed may not have served for the entire calendar year.

BCBSVT Board Members in 2019	BCBSVT Board Members in 2020
Jo Bradley	Jo Bradley
James Chandler	James Chandler
Robert Miller	Robert Miller
Peter Crosby, Vice Chair	Peter Crosby
Nancy Eldridge	Nancy Eldridge
Don George	Don George
Scott Giles	Scott Giles, Vice Chair
Thomas Huebner	Thomas Huebner
John Kassel	John Kassel
Eileen Peltier	Eileen Peltier
Mary Powell	Kate Williams
Kate Williams	Amy Putnam
Amy Putnam	Charlie Smith, Chair
Charlie Smith, Chair	Rebecca Towne

(2) The following table provides Board committee assignments for two time periods.

Committee Assignments (3/27/19 - 4/1/20)	Committee Assignments (4/1/20 - 4/7/21)
<u>Executive & Compensation</u>	<u>Executive & Compensation</u>
Charlie Smith, Chair	Charlie Smith, Chair
John Kassel	John Kassel
Peter Crosby, Vice Chair	Jim Chandler
Jim Chandler	Nancy Eldridge
Nancy Eldridge	Scott Giles, Vice Chair
Scott Giles	Eileen Peltier
Eileen Peltier	
<u>Finance</u>	<u>Finance</u>
Scott Giles, Chair	Scott Giles, Chair
Tom Huebner	Tom Huebner
Amy Putnam	Amy Putnam
Rob Miller	Rob Miller
Jo Bradley	Jo Bradley
	Rebecca Towne
<u>Audit</u>	<u>Audit</u>
Eileen Peltier, Chair	Eileen Peltier, Chair
John Kassel	John Kassel
Scott Giles	Scott Giles
Rob Miller	Rob Miller
Kate Williams	Kate Williams
<u>Governance</u>	<u>Governance</u>
Jim Chandler, Chair	Jim Chandler, Chair
Nancy Eldridge	Nancy Eldridge
Amy Putnam	Amy Putnam
Tom Huebner	Tom Huebner
Jo Bradley	Jo Bradley
<u>Health Policy</u>	<u>Health Policy</u>
John Kassel, Chair	John Kassel, Chair
Nancy Eldridge	Nancy Eldridge
Jim Chandler	Jim Chandler
Eileen Peltier	Eileen Peltier
Kate Williams	Kate Williams
Deb Granquist (Ret. Member)	Rebecca Towne
Karen Meyer (Ret. Member)	Deb Granquist (Ret. Member)
	Karen Meyer (Ret. Member)

(3) In 2019, the BCBSVT Board met six times, with each meeting lasting at least a half day and the June meeting lasting a day and a half. The Finance Committee met eight times, generally for two to three hours per meeting.

To date in 2020, the BCBSVT Board has met four times, with each meeting lasting at least a half day and the June meeting lasting a full day. To date in 2020, the Finance Committee has met three times, generally for two to three hours per meeting.

(4) Table 10.2 from BCBSVT's Act 152 Report to the Department of Financial Regulation (May 19, 2020) shows compensation to Board members.

Table 10.2: Direct Compensation			
(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Chairperson	\$ -	\$ -	\$ 47,750
Board Member	-	-	37,750
Board Member	-	-	30,250
Board Member	-	-	29,250
Board Member	-	-	27,750
Board Member	-	-	25,750
Board Member	-	-	25,500
Board Member	-	-	24,750
Board Member	-	-	23,750
Board Member	-	-	22,500
Board Member	-	-	21,750
Board Member	-	-	12,750
Board Member	-	-	7,500
Board Member	-	-	6,750
Board Member	-	-	6,750

8. To the extent BCBSVT is assuming increased after-hours services/surgeries to make up for deferred utilization, please identify the sources for this assumption, including, if based on communications with providers, the types of Vermont providers that were contacted and the number of each type of provider contacted.

During the rate development process, BCBSVT contacted 15 provider groups (14 hospitals – including 13 Vermont hospitals plus Dartmouth Hitchcock Medical Center), and the Green Mountain Surgery Center. Of the nine who responded, five facilities stated that they did not anticipate implementing increased after-hours services/surgeries to make up for deferred utilization. The remaining four provider groups all expressed their intention to expand capacity through implementing a

range of expanded hours on weekdays and weekends and/or bringing additional procedure rooms online.

Consistent with the evidence and testimony presented at hearing, increased utilization due to the return of deferred services is more than just an assumption: June data show that medical claim costs are already running higher than expected norms.

9. Given the DFR's withdrawal of Insurance Bulletin 211 effective August 3, 2020, we assume BCBSVT will restart routine provider audits and any other fraud, waste, and abuse (FWA) programs that were suspended in connection with COVID-19. Please provide the associated premium rate reduction and update the 2020-2021 RBC Outlook.

The 2021 premiums already assume a full resumption of FWA activities in 2021. The resumption of 2020 FWA activities has no bearing on 2021 premiums.

Due to the four-month suspension of FWA activities, we estimate that 2020 recoveries will be reduced by one-third. An updated 2020-2021 RBC outlook is attached as *BCBSVT RBC Outlook_Updated.pdf*. You will note that we have also updated this version of the outlook to incorporate the more current COVID-19 modeling results presented in Exhibit 17 of the hearing binder. We have retained all other quantities as originally presented, as these remain the most current estimates on the record.

10. Please provide information about other value-based payment programs you have pursued, including the status of a program with Planned Parenthood.

BCBSVT has developed and launched several value-based care programs in collaboration with Vermont healthcare providers. We are committed to expanding this work. These programs include payment incentives linked to quality or outcomes measures and programs employing bundled payment or similar fixed payment structures. Some are in early stages and have not yet progressed to payment reform, but instead focus on experimenting with covered services in an attempt to improve outcomes. These initiatives include reimbursement support for the Spokes in Vermont's Hub and Spoke model, a home-care pilot with the Visiting Nurses Association, a value-based payment initiative with the UVMMC Integrative Pain and Rehab Clinic, and continued support for the adoption and use of Feedback Informed Therapy (FIT) among providers caring for our members with mental health or substance use related illnesses.

In addition to these programs, BCBSVT has several additional value-based care programs that are close to launching or still in the design phase. One of these is a

program with Planned Parenthood of Northern New England. Development work for that pilot was delayed by the pandemic, but BCBSVT's provider team expects to restart this important work in the very near future. BCBSVT cannot provide further specifics on programs that are still in negotiations.

11. What has been BCBSVT's loss of membership since the beginning of the COVID-19 pandemic and how does that compare to the same period last year?

Please see attached *BCBSVT Responses to Post-Hearing GMCB Questions.xlsx* spreadsheet, at tab Q11. The first table at tab Q11 shows the monthly membership for BCBSVT and TVHP combined. The second table shows the cumulative membership changes.

12. What is the current balance of arrears and number of policyholders in arrears in the QHP book of business and how do these compare to last year at this time?

As of June 30, 2020, there were 662 QHP policyholders (including small groups) that were behind on their premium payments. The total balance due from those customers was \$1.1 million. This compares to 565 policyholders with an outstanding balance of approximately \$580,000 as of June 30, 2019.

The 17% increase in the number of policyholders in arrears, and the 88% increase in the outstanding premium balance due, have occurred even though BCBSVT's total QHP membership declined by 13% from June 30, 2019 to June 30, 2020. This clearly demonstrates BCBSVT's commitment to keeping our members covered, and absorbing financial risk of our own, during this time when Vermonters are counting on us to support them.

13. Please provide BCBSVT's administrative expenses inclusive of lines 8.3 and 10.5 from the SHCE's for 2015 to 2018.

BCBSVT's statutory basis administrative expenses for the requested years were:

- 2015 – \$53,032,035
- 2016 – \$56,040,465
- 2017 – \$46,144,496
- 2018 – \$57,205,968

Note that there was no ACA insurer fee assessed in 2017, which is why expenses that year were lower than the preceding and subsequent years. The administrative expenses above are reported in the SHCE in lines 1.5, 1.6, 1.7, 6.1, 6.2, 6.3, 6.4, 6.5, 8.1, 8.2 (line 8.3 is the total of lines 8.1 and 8.2), 10.1, 10.2, 10.3 and 10.4 (line 10.5

is the total of lines 10.1 through 10.4). However, line 1.5 also includes an allocation of Federal income tax expense in accordance with the SHCE instructions, so those line items cannot simply be summed to calculate administrative expenses.

14. What specific “right sizing” of staff has occurred since 2016 given BCBSVT’s loss of members and what specifically will be done in 2021 to accommodate the reduction in membership?

Since 2016, BCBSVT has experienced a material reduction in membership in two different years. In 2018, the enterprise lost approximately 13,000 members, all in the VISG market segment. In 2020, prior to the COVID pandemic, BCBSVT lost approximately 10,000 members, mostly from the AHP and insured large group segments. In total, from 2016 through 2020, the membership loss was 12 percent.

Roughly one-half of BCBSVT’s work functions are fixed in nature, meaning the required level of work effort is not impacted by changes in membership. That portion of staff does not increase as membership grows, and similarly, it cannot be proportionately reduced as membership declines.

For that reason, “right sizing” of staff generally occurs in the areas that are variable in nature, or where the work effort is driven by transaction volumes that generally increase or decrease in rough proportion to membership. In response to the 2018 and 2020 membership losses, BCBSVT eliminated an aggregate total of 14 budgeted staff positions in the volume-driven customer service and enrollment departments, representing approximately 13 percent of the workforce in those areas. During the same time period, BCBSVT also reduced its fixed costs by eliminating the Chief Marketing Officer position and consolidating marketing and sales under one executive; by reorganizing its IT team to remove two Director level positions; and by consolidating its provider teams under one Director rather than two.

At this time, BCBSVT is not projecting any material membership losses in 2021. While management is always looking for efficiencies and opportunities to reduce costs on behalf of our members, specific 2021 actions related to membership changes have not been planned at this time.

15. In last year’s filing, BCBSVT estimated that cost containment programs aimed at reducing inpatient admissions (by 4%) and emergency room visits (by 5%) would save approximately \$3.23 million and reduce medical claims by 1.1%. Actuarial Memo, 33. In this year’s filing, BCBSVT states that these programs were delayed and that BCBSVT therefore did not meet its goals of reducing inpatient admissions and emergency room visits for the VISG population. BCBSVT further states that cost containment programming came to a halt in March 2020 due to COVID-19 and BCBSVT does not expect to focus on this programming in

the time period covered by the filing. Actuarial Memo, 27. Mr. Schutz seemed to testify that the impact of these cost containment programs has already manifested itself in the claims experience used to develop the filing and, as a result, resuming these programs before 2021 would not have an impact on rates. Tr., 200. Please provide the actual impact of the cost containment programs for 2019 and clarify why resumption of this programming would not result in a rate decrease.

Last year's filing referred to new cost containment programming implemented in 2019. In contrast to the lab benefit management program that greatly exceeded expectations, this pilot program was not successful in reducing inpatient admissions or emergency room visits. The table below shows annual emergency room visits per 1,000 members and annual inpatient admissions and readmissions per 1,000 members for local, non-maternity admissions at local facilities. Calendar year 2018 was adjusted to reflect 2019 weights between the individual and small group markets.

Per 1,000 members	Adjusted ER Visits	Adjusted Admissions	Adjusted Readmissions
2018	41.34	2.77	0.48
2019	41.40	2.77	0.49

It is more difficult to quantify the impact these cost containment programs may have had on trend, as it is difficult to project what experience would have been in the absence of the programs or to normalize experience for other drivers of changes in utilization. Inasmuch as the 2019 programming was able to mitigate trends that would otherwise have been higher, the 2021 pricing will have already included the full impact of the programs.

Although the 2019 efforts did not reduce readmissions or ER utilization, BCBSVT learned a great deal about the available tools and vendors and what would potentially make such a program work better. BCBSVT is working on enhancing this programming through assessing different tools and working more closely with providers, with the goal of making these cost containment efforts more successful over time. A necessary first step, changing vendors, was delayed pre-COVID because BCBSVT relies on VITL transitioning to the new vendor first.

At this point, the COVID-19 pandemic makes implementation of any potential enhancements impractical and highly uncertain. Inpatient admissions and emergency room utilization are both in flux due to the pandemic. This type of program requires collaboration with providers, and providers do not have the bandwidth to focus on new initiatives. It is still not clear when VITL will transition to the new vendor. Even if the course of the pandemic allows these programs to be

fully operational by 2021, it is far too early to assume that any impact will surpass what the programs were able to achieve in 2019.

BCBSVT further notes that initiatives like these require significant investments in staff time and technology to develop, implement, and assess. BCBSVT has necessarily redirected resources enterprise-wide to address the logistics of the pandemic, including developing and implementing new rules and coverage requirements and staying closely informed about medical and scientific issues to ensure that its members are getting the highest quality, most cost effective tests and treatments. At the hearing, some Board members questioned whether BCBSVT's exceptionally low administrative costs need to be further reduced. Trying to cut those costs further, especially at this challenging time, only makes it more difficult to implement new cost containment programs.

Dated: July 30, 2020

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CERTIFICATE OF SERVICE

I certify that I have served the above Response to Post-Hearing Questions on Michael Barber, Amerin Aborjaily, Thomas Crompton, and Christina McLaughlin of the Green Mountain Care Board; and on Kaili Kuiper, Jay Angoff, and Eric Schultheis, counsel for the HCA, by electronic mail, Delivery Receipt requested via Microsoft Outlook, on July 30, 2020.

/s/ Bridget Asay

Bridget Asay

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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Responses to Post-Hearing GMCB Questions

The tables below show the completed allowed and paid claims by category for Insured Large Group (BCBSVT and TVHP), AHP and VISG

Completed Medical Allowed Claims											
Month	Enrollment	Inpatient	Outpatient	Professional	Capitations	Total	Medical Completion Factor	Month	Enrollment	Completed Retail Pharmacy Allowed Claims	Retail Pharmacy Completion Factor
201901	64,869	8,500,426.03	17,479,562.31	10,474,840.43	161,557.42	36,616,386.19	0.9999	201901	64,869	7,626,167.99	1.0000
201902	64,386	7,411,564.15	14,953,404.67	9,274,880.95	165,579.49	31,805,429.26	0.9999	201902	64,386	7,052,751.83	1.0000
201903	64,031	8,642,388.11	16,111,965.21	10,199,290.47	164,615.04	35,118,258.83	0.9999	201903	64,031	7,787,814.05	1.0000
201904	63,530	6,939,277.69	15,967,202.28	10,330,947.61	165,782.70	33,403,210.28	0.9997	201904	63,530	8,257,124.67	1.0000
201905	63,408	9,370,849.34	16,951,887.39	10,647,492.75	166,039.50	37,136,268.98	0.9995	201905	63,408	8,185,617.53	1.0000
201906	63,200	8,503,535.56	14,867,007.32	9,543,347.02	165,169.08	33,079,058.98	0.9995	201906	63,200	7,751,104.12	1.0000
201907	62,228	7,051,531.62	15,922,560.70	9,650,375.90	164,505.82	32,788,974.04	0.9972	201907	62,228	8,427,297.75	1.0000
201908	62,051	7,108,993.02	14,813,653.32	9,382,584.50	164,970.82	31,470,201.66	0.9989	201908	62,051	8,053,915.46	1.0000
201909	61,838	5,638,385.92	14,912,065.37	9,394,513.67	164,541.03	30,109,505.99	0.9988	201909	61,838	7,887,446.40	1.0000
201910	60,591	8,576,926.79	17,132,507.30	10,920,905.88	169,002.27	36,799,342.24	0.9983	201910	60,591	8,450,305.01	1.0000
201911	60,474	5,719,065.53	15,201,321.66	9,152,737.82	169,008.95	30,242,133.96	0.9970	201911	60,474	7,808,505.90	1.0000
201912	60,081	5,939,783.08	16,020,754.47	9,563,151.57	168,016.63	31,691,705.75	0.9958	201912	60,081	9,077,361.11	1.0000
202001	48,297	5,890,419.56	13,292,376.64	7,700,285.99	123,382.54	27,006,464.73	0.9934	202001	48,297	6,778,577.60	1.0000
202002	47,966	5,013,107.95	12,051,196.94	6,581,335.74	122,699.71	23,768,340.34	0.9901	202002	47,966	6,641,726.98	1.0000
202003	47,593	4,725,783.47	10,304,268.79	6,003,783.62	122,393.98	21,156,229.86	0.9805	202003	47,593	7,871,454.86	1.0000
202004	45,772	3,434,936.04	6,964,402.56	3,914,785.72	121,787.33	14,435,911.65	0.9409	202004	45,772	6,658,580.98	0.9992
202005	45,295	4,325,644.91	10,206,042.95	5,402,071.02	120,862.10	20,054,620.98	0.8875	202005	45,295	6,882,734.68	0.9988
202006	45,124	3,949,605.57	13,017,228.11	8,255,125.72	120,353.39	25,342,312.79	0.5000	202006	45,124	7,042,659.27	0.8188

Completed Medical Paid Claims											
Month	Enrollment	Inpatient	Outpatient	Professional	Capitations	Total	Medical Completion Factor	Month	Enrollment	Completed Retail Pharmacy Paid Claims	Retail Pharmacy Completion Factor
201901	64,869	8,075,465.24	12,238,416.19	6,129,736.98	161,557.42	26,605,175.83	0.9998	201901	64,869	5,967,839.78	1.0000
201902	64,386	7,067,147.55	10,885,624.67	5,637,131.57	165,579.49	23,755,483.28	0.9999	201902	64,386	5,946,649.50	1.0000
201903	64,031	8,247,608.24	12,285,241.55	6,691,266.57	164,615.04	27,388,731.40	0.9998	201903	64,031	6,762,489.57	1.0000
201904	63,530	6,639,537.55	12,634,309.62	7,172,654.12	165,782.70	26,612,283.99	0.9998	201904	63,530	7,349,228.83	1.0000
201905	63,408	9,100,959.97	13,733,653.95	7,798,517.64	166,039.50	30,799,171.06	0.9998	201905	63,408	7,430,688.42	1.0000
201906	63,200	8,208,099.84	12,115,350.51	7,066,003.32	165,169.08	27,554,622.75	0.9995	201906	63,200	7,099,328.90	1.0000
201907	62,228	6,779,771.02	13,219,821.76	7,258,602.29	164,505.82	27,422,700.89	0.9970	201907	62,228	7,787,866.73	1.0000
201908	62,051	6,853,394.45	12,357,251.16	7,215,454.80	164,970.82	26,591,071.23	0.9985	201908	62,051	7,468,333.71	1.0000
201909	61,838	5,404,496.60	12,673,579.67	7,370,569.70	164,541.03	25,613,187.00	0.9980	201909	61,838	7,336,321.84	1.0000
201910	60,591	8,275,989.96	14,735,873.05	8,750,336.68	169,002.27	31,931,201.96	0.9970	201910	60,591	7,913,658.59	1.0000
201911	60,474	5,510,803.20	13,329,820.71	7,428,095.84	169,008.95	26,437,728.70	0.9959	201911	60,474	7,326,493.07	1.0000
201912	60,081	5,780,155.16	14,235,642.73	7,894,106.82	168,016.63	28,077,921.34	0.9943	201912	60,081	8,575,016.95	1.0000
202001	48,297	5,488,073.55	8,819,621.90	4,208,978.87	123,382.54	18,640,056.86	0.9919	202001	48,297	5,405,048.02	1.0000
202002	47,966	4,702,959.34	8,822,347.92	4,015,261.74	122,699.71	17,663,268.71	0.9872	202002	47,966	5,755,287.96	1.0000
202003	47,593	4,556,971.85	8,171,541.66	3,984,886.70	122,393.98	16,835,794.19	0.9744	202003	47,593	6,985,681.97	1.0000
202004	45,772	3,328,570.50	5,981,582.91	2,639,796.11	121,787.33	12,071,736.85	0.9337	202004	45,772	6,057,922.34	0.9988
202005	45,295	4,206,640.48	8,569,789.27	3,842,178.49	120,862.10	16,739,470.34	0.8779	202005	45,295	6,360,773.47	0.9984
202006	45,124	3,844,488.44	10,789,908.46	5,920,281.43	120,353.39	20,675,031.72	0.4783	202006	45,124	6,475,074.37	0.8188

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Responses to Post-Hearing GMCB Questions

Table 1 Monthly membership for BCBSVT and TVHP

Reported Date	VISG		AHP		Insured Large Group		Self-Funded		Medicare Supplement		Total	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Feb 28/29	44,039	39,093	5,665	0	14,674	8,869	113,426	116,083	11,563	12,384	189,367	176,429
Mar 31	43,799	38,743	5,698	0	14,671	8,860	113,404	116,162	11,600	12,442	189,172	176,207
April 30	43,577	38,268	5,678	0	14,451	8,763	113,425	116,154	11,638	12,502	188,769	175,687
May 31	43,487	37,912	5,675	0	14,401	8,642	113,434	116,086	11,702	12,562	188,699	175,202
June 30	43,358	37,785	5,651	0	14,207	8,582	113,491	115,995	11,780	12,631	188,487	174,993
Jul 27	43,359	37,683	5,615	0	13,497	7,864	112,813	114,632	11,934	12,724	187,218	172,903

Table 2 Cumulative membership changes from the end of February

Reported Date	VISG		AHP		Insured Large Group		Self-Funded		Medicare Supplement		Total	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Feb 28/29	-240	-350	33	0	-3	-9	-22	79	37	58	-195	-222
Mar 31	-462	-825	13	0	-223	-106	-1	71	75	118	-598	-742
April 30	-552	-1,181	10	0	-273	-227	8	3	139	178	-668	-1,227
May 31	-681	-1,308	-14	0	-467	-287	65	-88	217	247	-880	-1,436
June 30	-680	-1,410	-50	0	-1,177	-1,005	-613	-1,451	371	340	-2,149	-3,526

BCBSVT RBC Outlook 2020-2021

Prepared for GMCB

July 30, 2020

	Future COVID Wave Severity ¹								
	Vermont	New York Capital Region	No Second Wave	Boston	Suburban SE New York	Firmness of Amount	Expected Timing	Notes	
RBC as of December 31, 2019			567%			actual			
Impact of changes in insured volume			75%			baseline			
\$8.7M AMT credit expected in 2020			42%			firm			
Projected impact of 2020 operating results			-17%			baseline			
Projected impact of 2020 investment results			16%			baseline			
\$3.6M investment in Vermont Blue Advantage start-up costs			-20%			firm			
\$1.1M founding investment in CivicaRx			-6%			firm			
Subtotal: "Baseline" 2020 View			657%						
Equity market losses (\$3M through May 2020)			-14%			actual	5/31/2020		
Acceleration of remaining AMT credit refund (CARES Act)			42%			firm	Sep-20		
2019 Final & 2020 Projected Risk Adjustment true-up			2%			firm	6/30/2020	Actual 2019: \$20,273,879 (vs. booked \$17,876,616)	
Litigation recovery – risk corridor judgement (90% of \$11M)			46%			firm	2020?	Projected 2020: \$20,300,000 (vs. forecast estimate of \$22,219,351)	
Surplus impact of 1/1/21 pension valuation (year-end 2020)			-180%			estimate	12/31/2020	Timing of recovery not 100% certain	
								BCBSVT's pension assets recently experienced a substantial loss of value—as of May 31, 2020, approximately \$40.6M	
Subtotal: 2020 View before COVID impacts on operations			553%						
Estimated RBC impact of COVID related claims and deferred care in 2020	60%	56%	35%	50%	27%	mean of stochastic modeling	2020	See Exhibit 17 of hearing binder: Addendum to Supplemental Actuarial Memorandum on COVID-19 modeling dated 07/14/2020	
Uncollectible premiums due to COVID Emergency Order			-21%			estimate	2020		
Cancelled recoupment of Blueprint overpayments			-6%			actual	2020		
Uncollectible provider advances (50% RBC at risk)			TBD				12/31/2020		
COVID response cost - for deductibles waived on wellness generics and insulins through 12/31/2020			-7%			estimate	2020		
COVID response cost - increased retail pharmacy utilization (driven in part by the loosening of early refill edits and other measures to enhance access and affordability for members)			-18%			projection	2020	We do not consider retail pharmacy in our COVID modeling. Based on 2020 actual experience through June, we estimate that pharmacy claims will be about \$4M higher than expected in the 2020 forecast.	
COVID response cost -waived cost sharing for emergent telehealth visits through our telehealth partner			0%			estimate	2020	Very low impact to date	
COVID response cost - BCBSVT Pharmacy Assistance Program			0%			estimate	2020	Very low impact to date	
COVID response cost - suspension of claims audit activity (FWA)			-6%			estimate	2020	The 2020 forecast assumed that FWA recoveries would continue at the same rate as 2018, about 1.42% of medical claims. The suspension of the program will increase claims by about \$4M above projections. Resumption of the programs in August pursuant to the DFR order will reduce the impact to one-third of the original calculation.	
Estimated RBC as of December 31, 2020	555%	551%	530%	545%	522%				
Estimated RBC impact of COVID related claims in 2021	-52%	-58%	-37%	-73%	-107%	mean of stochastic modeling	2021	See Exhibit 17 of hearing binder: Addendum to Supplemental Actuarial Memorandum on COVID-19 modeling dated 07/14/2020	
Litigation recovery – CSR (90% of \$7M)			29%			firm	2021?	Note additional RBC impact of -5% to -7% in 2022.	
Additional capital needed for Group Medicare Advantage growth			-9%			estimate	2021	Timing of recoveries not 100% certain	
Cost of COVID response support 2021			-TBD					Market demand is emerging	
GMCB approves hospital COVID allowances			-TBD					Depends on duration of support programs	
2021 operating and investment results (net of COVID impacts and ACL increase due to health care cost trend)			0%			estimate	2021	This amount could be large	
Estimated RBC as of December 31, 2021	523%	513%	513%	492%	435%			Our long-term CTR assumption of 1.5% is selected to allow RBC to remain flat if rates are approved as filed and membership remains at current levels	
Notes:									
Estimated RBC impact of tail of returning care and vaccinations extending into 2022	-6%	-6%	-5%	-7%	-7%	mean of stochastic modeling	TBD	See Exhibit 17 of hearing binder: Addendum to Supplemental Actuarial Memorandum on COVID-19 modeling dated 07/14/2020	
Total impact of COVID claim scenarios	2%	-8%	-7%	-30%	-87%			Could be reflected in 12/31/2021 financials as a premium deficiency reserve if estimable at that time	
								Sum of rows 21, 31 and 40	

Key Assumptions:

- 2021 VISG rate increase is approved as filed
- No significant loss of membership due to economic downturn

¹ See BCBSVT Actuarial Report_COVID-19 Modeling for a definition and detailed description of these scenarios.

August 21, 2020

Tom Crompton
Health Systems Finance Associate Director
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2021 Vermont Individual and Small Group Rate Filing - Amended per GMCB Order
(SERFF #BCVT-131371410, GMCB-005-20rr)**

Dear Mr. Crompton:

Enclosed are amended exhibits for the Blue Cross and Blue Shield 2021 Vermont Individual and Small Group Rate Filing. These rates have been developed in response to the Green Mountain Care Board order dated August 14, 2020. The rates were modified as ordered, resulting in a reduction of the total projected average rate increase to 4.2 percent.

To help with your review, we step through each component of the order below:

1. *Reflect the correct trend weighting in the development of the projected index rate*

The medical cost trend on amended exhibit 3J reflects the correct trend weights among inpatient, outpatient, pharmaceuticals and professional services. The weights were calculated using the same methodology described in our response to Question 5 from Inquiry 2 and incorporate the cost trends from component 7 of the Order.

2. *Correct reporting of non-claims items in the URRT*

The amended URRT reflects the correct non-claims items.

3. *Reduce the utilization trend for medical services from 3.6% to 3.0%*

As shown on amended exhibit 3J, the medical utilization trend was reduced to 3.0 percent.

4. *Change the projected risk adjustment receivable to reflect CMS's final published numbers on the 2019 risk transfer*

We recalculated the projected 2021 risk adjustment transfer to reflect the final 2019 numbers. This is reflected on amended exhibit 4.

5. *Remove credit card fees for VHC members*

The credit card fees, after removing the fee for VHC members, are 0.3132 percent of premium. This is reflected on amended exhibit 7A.

6. Increase its FWA recovery assumption to the 2018 value of 1.42% of claims

The filing included an assumption that the 2021 FWA recoveries would continue at the same rates as experience in 2019. This rate was 0.765 percent. To reflect an estimated recovery percentage of 1.42, we reduced the projected medical claims by 0.65 percent¹. This is reflected on line 1+d_{2a} on amended exhibit 5 and in the utilization trend component of the amended URRT.

7. Lower its unit cost assumptions for facilities and providers affected by the Board's hospital budget review process to the midpoint between last year's approved hospital budget rates and this year's submitted hospital budget rates

The unit cost trend on amended exhibit 3J reflects an average increase from 2020 to 2021 for hospitals under the GMCB review of 5.7 percent, which is the midpoint between the original filing, which assumed budget increases at the same level as the previous year, and the 2021 hospital budget submissions.

Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims in Experience	Cost Trend from 2019 to 2020	Cost Trend from 2020 to 2021	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	53.2%	4.2%	5.7%	4.2%
Other facilities and providers	46.8%	2.3%	3.4%	2.9%
Total	100.0%	3.3%	4.7%	4.0%

This is reflected on amended exhibit 3J

8. Reduce the overall annual rate increase by 0.2% to reflect flat base administrative costs

We reduced the base administrative costs to \$47.80 to reflect the current 2020 projected administrative costs. This is reflected on amended exhibit 7A.

9. Reduce its risk margin for bad debt by 0.2%

We reduced the risk margin for bad debt from 0.3 percent to 0.1 percent. This is reflected on amended exhibit 7B.

10. Lower its CTR assumption from 1.5% to 0.5%

We reduced the contribution to member reserves from 1.5 percent to 0.5 percent.

¹ 1.0142/1.00765=1.0065.

Enclosed are amended Exhibits 3J through 9B, the amended Unified Rate Review Template and the amended Rate Data template. The enclosed amended exhibits contain confidential information, which is highlighted where it appears. That information is simply an updated version of information in the original filing that the Board has already deemed confidential. Therefore, BCBSVT requests that the highlighted information in the enclosed amended exhibits also be deemed confidential.

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 2021 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, 2020. Specifically, the changes in medical utilization and unit cost trends, the expected return of FWA recoveries to 2018 level, the impact of risk adjustment, the reductions to projected credit card fees, administrative charges, risk margin for bad debt and contribution to member reserves, were prescribed by the aforementioned GMCB order.

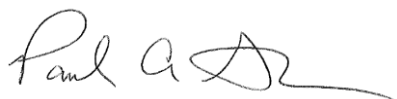
I, Paul A. Schultz, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience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

In my opinion, the final premium rates are in compliance with the GMCB order of August 14, 2020. The calculations and results are appropriate for the purpose intended.

In submitting this amendment, BCBSVT does not waive any potential recourse and reserves all legal rights with respect to the aforementioned GMCB order, including the right to pursue the remedies noted in the order.

Please let us know if you have any 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 A. Schultz", with a stylized flourish at the end.

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

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
EXHIBIT 3J

TREND DEVELOPMENT
PROJECTION FACTOR FOR INDEX RATE CALCULATION

TREND FACTORS - FROM 2019 to 2020			
Claim Type	Cost	Utilization	Total
Medical	3.3%	3.0%	6.4%
Pharmacy	10.3%	2.8%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

TREND FACTORS - FROM 2020 to 2021			
Claim Type	Cost	Utilization	Total
Medical	4.7%	3.0%	7.8%
Pharmacy	10.3%	2.8%	13.4%
Dental	0.0%	0.7%	0.7%
Vision	0.0%	0.0%	0.0%

Claim Type	Experience Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2020 Allowed PMPM
Medical Claims	\$542.29	1.0335	\$560.43	1.0300	\$577.25
Pharmacy Claims	\$134.56	1.1030	\$148.42	1.0277	\$152.53
Dental Claims	\$1.99	1.0000	\$1.99	1.0071	\$2.00
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$678.93	1.0471	\$710.94	1.0295	\$731.88

Claim Type	CY 2020 Allowed PMPM	Cost Trend	Adding Cost Trend	Utilization Trend	CY 2021 Allowed PMPM
Medical Claims	\$577.25	1.0466	\$604.16	1.0300	\$622.28
Pharmacy Claims	\$152.53	1.1030	\$168.24	1.0277	\$172.91
Dental Claims	\$2.00	1.0000	\$2.00	1.0071	\$2.02
Vision claims	\$0.10	1.0000	\$0.10	1.0000	\$0.10
Total	\$731.88	1.0582	\$774.51	1.0294	\$797.31

Cost Trend Factor	Utilization Trend Factor
1+d ₁	1+d ₂
1.0816	1.0609
1.2166	1.0562
1.0000	1.0142
1.0000	1.0000
1.1082	1.0598

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 4

RISK ADJUSTMENT CALCULATION

Table 1		Average Premium			
		Merged		Catastrophic	
Scenario		BCBSVT	MVP	BCBSVT	MVP
Premium PMPM 2020		\$638.87	\$562.93	\$264.95	\$305.91
Adjust to billable member months		0.932	0.932	1.000	1.000
Premium adjustment factor		0.86	0.86	0.86	0.86
Projected 2021 Rate Increase		1.065	1.065	0.994	0.994
Projected Statewide Average Premium 2021		\$590.71		\$227.91	

Table 2		Plan Liability Risk Score					
		Merged			Catastrophic		
Scenario		BCBSVT	MVP	Ratio	BCBSVT	MVP	Ratio
Interim 2019		1.525	1.162	1.3125	0.261	0.144	1.8206
<i>Impact of Claims Runout & Supplemental Diagnosis</i>		1.021	1.059		1.061	1.004	
Estimated Final 2019		1.558	1.231	1.2659	0.277	0.144	1.9245
Projected Final 2021		1.523	1.257	1.2114	0.254	0.144	1.7624

Table 3	Other Risk Adjustment Factors*					
Factor -->	AV		IDF		ARF	
	Merged					
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP
Interim 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Estimated Final 2019	0.756	0.723	1.065	1.048	0.9806	0.9840
Membership Changes 2021	0.747	0.732	1.061	1.053	0.9807	0.9840
Projected Final 2021	0.747	0.732	1.061	1.053	0.9807	0.9840
*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 0.999 for both carriers in all scenarios						

*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 0.999 for both carriers in all scenarios

Table 4		Risk Adjustment Transfer		
		Merged	Catastrophic	Total
Interim 2019		-\$22,478,036	-\$14,392	-\$22,492,428
Estimated Final 2019		-\$20,258,362	-\$15,358	-\$20,273,720
Membership Changes 2021		-\$22,941,802	-\$16,901	-\$22,958,703
Projected Final 2021		-\$22,941,802	-\$16,901	-\$22,958,703

Summary	
Projected Risk Adjustment Transfer	-\$22,958,703
Member Months	461,052
Net Projected Risk Adjustment PMPM	-\$49.80
Estimated Cost of High Risk Pool program	\$1.69
Paid to Allowed Ratio (from Exh 6C)	75.59%

Market Wide Adjustment for the Risk Adjustment Program	-\$63.64
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 5

INDEX RATE CALCULATION

			Medical	Pharmacy	Dental	Vision	Total
Experience	Total Experience Period Allowed Claims PMPM	a_1	\$539.32	\$133.60	\$1.97	\$0.10	\$674.98
	Experience Period Allowed Claims PMPM for Non-EHB	a_2	\$0.08	\$0.00	\$0.00	\$0.00	\$0.08
	Index Rate : Experience Period Allowed Claims for EHB	A	\$539.24	\$133.60	\$1.97	\$0.10	\$674.90
	Capping experience claims	a_3	0.9966	0.9966	0.9966	0.9966	0.9966
	Capped Experience Period Allowed Claims for EHB	$B = A \times a_3$	\$537.41	\$133.15	\$1.97	\$0.10	\$672.62
Morbidity	Impact of the ACO Experience Settlement	$1+b_4$	1.0000	1.0000	1.0000	1.0000	1.0000
	Impact of Association Health Plans	$1+b_5$	0.9978	0.9993	1.0009	1.0060	0.9981
	Impact of Projected ACO Savings	$1+b_6$	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in pool morbidity	$1+b_9$	1.0048	1.0048	1.0048	1.0048	1.0048
Other	Impact of different benefit plans (in experience vs projection)	$1+c_1$	0.9963	0.9963	0.9963	0.9963	0.9963
	Changes in provider networks	$1+c_2$	1.0000	1.0000	1.0000	1.0000	1.0000
	Changes in demographics (age, gender, region, etc.)	$1+c_3$	1.0069	1.0069	1.0069	1.0069	1.0069
	Adjusted Experience Period Allowed Claims for EHB	C	\$540.45	\$134.10	\$1.98	\$0.10	\$676.63
Trend	Cost Trend	$1+d_1$	1.0816	1.2166	1.0000	1.0000	1.1082
	Utilization Trend	$1+d_2$	1.0609	1.0562	1.0142	1.0000	1.0598
	Impact of FWA programs returning to 2018 levels	$1+d_{2b}$	0.9935	1.0000	1.0000	1.0000	0.9949
	Projected Period Allowed Claims for Experience EHB	D	\$616.14	\$172.32	\$2.01	\$0.10	\$790.57
Non-System Claims	Projected Pharmacy Rebates	e_1					-\$29.91
	Projected Blue Print Payments	e_2					\$3.85
	Projected ITS Fees	e_3					\$2.61
	Projected Vaccine Payments	e_4					\$2.11
	Contractual Fees	e_5, e_7 and e_8					\$2.06
	OneCare Care Coordination Fee	e_6					\$1.63
	Projected Index Rate : Projected Period Expected Allowed Claims for EHB	$F = D + \sum e_i$					\$772.92
Market Wide Adjustments	Risk Adjustment Payments and Fees	g_1					-\$63.64
	Transitional Reinsurance Payments and Recoveries	g_2					\$0.00
	Vermont Exchange Fees	g_3					\$0.00
	Market Adjusted Index Rate	$H = F + g_1 + g_2 + g_3$					\$709.28

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Amended per GMCB Order
Exhibit 6A

PLAN LEVEL ADJUSTMENT SUMMARY

			Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$709.28	0.9971	83.58%	1.0002	1.0000	\$591.17	1.0867	1.0149	1.0060	\$655.93	1,208
	GOLD	Vermont Select CDHP	\$709.28	1.0134	86.97%	1.0001	1.0000	\$625.17	1.0826	1.0146	1.0060	\$690.84	5,022
	SILVER	Vermont Preferred	\$709.28	0.9598	86.03%	1.0002	1.0000	\$585.76	1.0872	1.0149	1.0060	\$650.24	1,299
	SILVER	Vermont Select CDHP	\$709.28	0.9661	86.15%	1.0002	1.0000	\$590.39	1.0866	1.0149	1.0060	\$654.96	212
	BRONZE	Vermont Preferred	\$709.28	0.9379	66.51%	1.0002	1.0000	\$442.53	1.1145	1.0163	1.0060	\$504.27	520
	BRONZE	Vermont Select CDHP	\$709.28	0.9364	65.85%	1.0002	1.0000	\$437.45	1.1163	1.0164	1.0060	\$499.34	2,098
STANDARD PLANS	PLATINUM	Deductible	\$709.28	1.0907	100.08%	1.0001	1.0000	\$774.35	1.0669	1.0138	1.0060	\$842.57	6,963
	GOLD	Deductible	\$709.28	1.0248	89.16%	1.0001	1.0000	\$648.18	1.0792	1.0145	1.0060	\$713.91	4,797
	SILVER	Deductible	\$709.28	0.9691	87.43%	1.0002	1.0000	\$601.05	1.0851	1.0148	1.0060	\$665.83	3,546
	SILVER	CDHP	\$709.28	0.9791	88.21%	1.0001	1.0000	\$612.70	1.0835	1.0147	1.0060	\$677.71	824
	BRONZE	Deductible	\$709.28	0.9373	66.26%	1.0002	1.0000	\$440.58	1.1152	1.0164	1.0060	\$502.37	1,823
	BRONZE	CDHP	\$709.28	0.9409	67.75%	1.0002	1.0000	\$452.21	1.1122	1.0162	1.0060	\$514.18	1,392
	BRONZE	Integrated	\$709.28	0.9393	67.13%	1.0002	1.0000	\$447.32	1.1132	1.0163	1.0060	\$509.14	563
REFLECTIV E PLANS	Catastrophic	Deductible	\$709.28	0.9394	67.14%	1.0005	0.4480	\$200.51	1.2487	1.0225	1.0060	\$257.55	360
	SILVER	Vermont Preferred	\$709.28	0.9592	74.03%	1.0002	1.0000	\$503.75	1.1010	1.0156	1.0060	\$566.70	637
	SILVER	Vermont Select CDHP	\$709.28	0.9652	75.78%	1.0002	1.0000	\$518.90	1.0987	1.0155	1.0060	\$582.41	661
	SILVER	Deductible	\$709.28	0.9687	76.74%	1.0002	1.0000	\$527.40	1.0967	1.0154	1.0060	\$590.84	4,586
	SILVER	CDHP	\$709.28	0.9789	79.37%	1.0002	1.0000	\$551.13	1.0927	1.0152	1.0060	\$615.06	1,910
Total			\$709.28					\$596.47				\$661.29	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Amended per GMCB Order
Exhibit 6B

**PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR**

			Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	76.64%	1.0609	0.9974	1.000	\$658.57	0.9974	-\$17.65	-\$48.11	\$591.08	0.9971	1,208
	GOLD	Vermont Select CDHP	79.43%	1.0766	1.0121	1.000	\$682.59	1.0121	-\$17.65	-\$48.11	\$625.08	1.0134	5,022
	SILVER	Vermont Preferred	68.75%	1.0252	0.9637	1.000	\$675.94	0.9637	-\$17.65	-\$48.11	\$585.67	0.9598	1,299
	SILVER	Vermont Select CDHP	70.29%	1.0312	0.9694	1.000	\$676.77	0.9694	-\$17.65	-\$48.11	\$590.30	0.9661	212
	BRONZE	Vermont Preferred	62.55%	1.0057	0.9455	1.000	\$537.50	0.9455	-\$17.65	-\$48.11	\$442.44	0.9379	520
	BRONZE	Vermont Select CDHP	62.00%	1.0044	0.9442	1.000	\$532.84	0.9442	-\$17.65	-\$48.11	\$437.36	0.9364	2,098
STANDARD PLANS	PLATINUM	Deductible	90.26%	1.1521	1.0830	1.000	\$775.62	1.0830	-\$17.65	-\$48.11	\$774.25	1.0907	6,963
	GOLD	Deductible	81.24%	1.0876	1.0224	1.000	\$698.18	1.0224	-\$17.65	-\$48.11	\$648.09	1.0248	4,797
	SILVER	Deductible	70.99%	1.0341	0.9721	1.000	\$685.85	0.9721	-\$17.65	-\$48.11	\$600.96	0.9691	3,546
	SILVER	CDHP	73.16%	1.0436	0.9811	1.000	\$691.44	0.9811	-\$17.65	-\$48.11	\$612.61	0.9791	824
	BRONZE	Deductible	62.34%	1.0052	0.9450	1.000	\$535.72	0.9450	-\$17.65	-\$48.11	\$440.49	0.9373	1,823
	BRONZE	CDHP	63.57%	1.0084	0.9480	1.000	\$546.30	0.9480	-\$17.65	-\$48.11	\$452.12	0.9409	1,392
	BRONZE	Integrated	63.06%	1.0070	0.9467	1.000	\$541.87	0.9467	-\$17.65	-\$48.11	\$447.23	0.9393	563
REFLECTIV E PLANS	Catastrophic	Deductible	63.07%	1.0071	0.9467	0.448	\$541.98	0.9467	-\$17.65	-\$48.11	\$447.35	0.9394	360
	SILVER	Vermont Preferred	68.75%	1.0252	0.9637	1.000	\$590.85	0.9637	-\$17.65	-\$48.11	\$503.66	0.9592	637
	SILVER	Vermont Select CDHP	70.20%	1.0308	0.9690	1.000	\$603.25	0.9690	-\$17.65	-\$48.11	\$518.81	0.9652	661
	SILVER	Deductible	70.99%	1.0341	0.9721	1.000	\$610.08	0.9721	-\$17.65	-\$48.11	\$527.31	0.9687	4,586
	SILVER	CDHP	73.16%	1.0436	0.9811	1.000	\$628.69	0.9811	-\$17.65	-\$48.11	\$551.04	0.9789	1,910
Total				1.0638				1.0000				0.9994	38,421

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING**

Amended per GMCB Order
Exhibit 6C

**PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS**

			Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$790.57	76.64%	100.00%	108.70%	\$658.57	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$592.82	83.58%	1,208
	GOLD	Vermont Select CDHP	\$790.57	79.43%	100.00%	108.70%	\$682.59	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$616.83	86.97%	5,022
	SILVER	Vermont Preferred	\$790.57	68.75%	114.40%	108.70%	\$675.94	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$610.19	86.03%	1,299
	SILVER	Vermont Select CDHP	\$790.57	70.29%	112.03%	108.70%	\$676.77	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$611.02	86.15%	212
	BRONZE	Vermont Preferred	\$790.57	62.55%	100.00%	108.70%	\$537.50	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$471.75	66.51%	520
	BRONZE	Vermont Select CDHP	\$790.57	62.00%	100.00%	108.70%	\$532.84	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$467.09	65.85%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$790.57	90.26%	100.00%	108.70%	\$775.62	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$709.87	100.08%	6,963
	GOLD	Deductible	\$790.57	81.24%	100.00%	108.70%	\$698.18	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$632.42	89.16%	4,797
	SILVER	Deductible	\$790.57	70.99%	112.42%	108.70%	\$685.85	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$620.09	87.43%	3,546
	SILVER	CDHP	\$790.57	73.16%	109.97%	108.70%	\$691.44	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$625.68	88.21%	824
	BRONZE	Deductible	\$790.57	62.34%	100.00%	108.70%	\$535.72	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$469.97	66.26%	1,823
	BRONZE	CDHP	\$790.57	63.57%	100.00%	108.70%	\$546.30	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$480.54	67.75%	1,392
	BRONZE	Integrated	\$790.57	63.06%	100.00%	108.70%	\$541.87	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$476.12	67.13%	563
	Catastrophic	Deductible	\$790.57	63.07%	100.00%	108.70%	\$541.98	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$476.22	67.14%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$790.57	68.75%	100.00%	108.70%	\$590.85	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$525.09	74.03%	637
	SILVER	Vermont Select CDHP	\$790.57	70.20%	100.00%	108.70%	\$603.25	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$537.50	75.78%	661
	SILVER	Deductible	\$790.57	70.99%	100.00%	108.70%	\$610.08	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$544.33	76.74%	4,586
	SILVER	CDHP	\$790.57	73.16%	100.00%	108.70%	\$628.69	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$562.94	79.37%	1,910
Total			\$790.57	75.59%	101.91%	108.70%	\$661.23	-\$17.65	-\$48.11	-\$63.64	\$709.28	\$595.47	83.95%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
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%	\$790.57	63.1%	\$498.59
Individual Ages 30 or Less	████	████	████	████
Individual Ages over 30	████	████	████	████
Weighted Average		\$442.01	58.5%	\$258.64
<i>Allowed Charges Adjustment</i>		0.5591		
<i>Paid to Allowed Ratio Adjustment</i>			0.9278	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$790.57		
Paid to Allowed Ratio for EHB Portion		68.6%		
Benefit Richness Adjustment for EHB		0.9467		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		0.5187		
Projected Period Paid Claims for Experience EHB		\$266.17		
Non-System Claims		-\$17.65		
Market Wide Adjustments		-\$48.11		
Plans Benefits in addition to EHB		\$0.09		
Expected Claims Cost		\$200.51		
Market Adjusted Index Rate		\$709.28		
Paid to Allowed Ratio		67.1%		
Benefit Richness Adjustment		0.9394		
Plan Benefits in addition to EHB		1.0005		
For Catastrophic Only - Impact of Eligibility		0.4480		
Expected Claims Cost		\$200.51		
Total Adjustment for Catastrophic Plan			0.4480	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 6E

IMPACT OF SELECTION

			Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor					
			Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership	
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$790.57	0.9974	76.64%	1.0000	\$604.26	\$790.57	1.0295	83.54%	\$679.88	1,208	
	GOLD	Vermont Select CDHP	\$790.57	1.0121	79.43%	1.0000	\$635.54	\$790.57	1.2977	86.46%	\$887.03	5,022	
	SILVER	Vermont Preferred	\$790.57	0.9637	68.75%	1.0000	\$523.84	\$790.57	1.0623	76.41%	\$641.74	1,299	
	SILVER	Vermont Select CDHP	\$790.57	0.9694	70.29%	1.0000	\$538.71	\$790.57	1.0623	75.67%	\$635.51	212	
	BRONZE	Vermont Preferred	\$790.57	0.9455	62.55%	1.0000	\$467.51	\$790.57	0.5902	69.00%	\$321.94	520	
	BRONZE	Vermont Select CDHP	\$790.57	0.9442	62.00%	1.0000	\$462.84	\$790.57	0.5902	67.52%	\$315.04	2,098	
STANDARD PLANS	PLATINUM	Deductible	\$790.57	1.0830	90.26%	1.0000	\$772.77	\$790.57	1.3866	93.50%	\$1,024.88	6,963	
	GOLD	Deductible	\$790.57	1.0224	81.24%	1.0000	\$656.70	\$790.57	1.0295	84.08%	\$684.31	4,797	
	SILVER	Deductible	\$790.57	0.9721	70.99%	1.0000	\$545.59	\$790.57	1.0623	76.20%	\$639.94	3,546	
	SILVER	CDHP	\$790.57	0.9811	73.16%	1.0000	\$567.46	\$790.57	1.0623	78.00%	\$655.08	824	
	BRONZE	Deductible	\$790.57	0.9450	62.34%	1.0000	\$465.72	\$790.57	0.5902	67.76%	\$316.15	1,823	
	BRONZE	CDHP	\$790.57	0.9480	63.57%	1.0000	\$476.42	\$790.57	0.5902	68.66%	\$320.35	1,392	
	BRONZE	Integrated	\$790.57	0.9467	63.06%	1.0000	\$471.92	\$790.57	0.5902	69.51%	\$324.33	563	
	Catastrophic	Deductible	\$790.57	0.9467	63.07%	0.5187	\$244.86	\$790.57	0.3529	69.95%	\$195.14	360	
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$790.57	0.9637	68.75%	1.0000	\$523.84	\$790.57	0.7594	72.77%	\$436.86	637	
	SILVER	Vermont Select CDHP	\$790.57	0.9690	70.20%	1.0000	\$537.77	\$790.57	0.7594	71.43%	\$428.83	661	
	SILVER	Deductible	\$790.57	0.9721	70.99%	1.0000	\$545.59	\$790.57	0.7594	73.01%	\$438.29	4,586	
	SILVER	CDHP	\$790.57	0.9811	73.16%	1.0000	\$567.42	\$790.57	0.7594	74.91%	\$449.70	1,910	
Total			\$598.75					\$650.85					38,421

Impact of Selection = \$650.85 / \$598.75 1.0870

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

			BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$47.80	\$0.48	\$0.94	\$2.05	\$51.28	1.0867	7.82%	1,208
	GOLD	Vermont Select CDHP	\$47.80	\$0.73	\$0.94	\$2.16	\$51.64	1.0826	7.47%	5,022
	SILVER	Vermont Preferred	\$47.80	\$0.31	\$0.94	\$2.04	\$51.09	1.0872	7.86%	1,299
	SILVER	Vermont Select CDHP	\$47.80	\$0.31	\$0.94	\$2.05	\$51.11	1.0866	7.80%	212
	BRONZE	Vermont Preferred	\$47.80	\$0.34	\$0.94	\$1.58	\$50.66	1.1145	10.05%	520
	BRONZE	Vermont Select CDHP	\$47.80	\$0.58	\$0.94	\$1.56	\$50.88	1.1163	10.19%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$47.80	\$0.42	\$0.94	\$2.64	\$51.80	1.0669	6.15%	6,963
	GOLD	Deductible	\$47.80	\$0.36	\$0.94	\$2.24	\$51.34	1.0792	7.19%	4,797
	SILVER	Deductible	\$47.80	\$0.31	\$0.94	\$2.09	\$51.14	1.0851	7.68%	3,546
	SILVER	CDHP	\$47.80	\$0.32	\$0.94	\$2.12	\$51.18	1.0835	7.55%	824
	BRONZE	Deductible	\$47.80	\$0.42	\$0.94	\$1.57	\$50.73	1.1152	10.10%	1,823
	BRONZE	CDHP	\$47.80	\$0.38	\$0.94	\$1.61	\$50.73	1.1122	9.87%	1,392
	BRONZE	Integrated	\$47.80	\$0.32	\$0.94	\$1.59	\$50.66	1.1132	9.95%	563
	Catastrophic	Deductible	\$47.80	\$0.31	\$0.94	\$0.81	\$49.86	1.2487	19.36%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$47.80	\$0.36	\$0.94	\$1.78	\$50.88	1.1010	8.98%	637
	SILVER	Vermont Select CDHP	\$47.80	\$0.63	\$0.94	\$1.82	\$51.20	1.0987	8.79%	661
	SILVER	Deductible	\$47.80	\$0.40	\$0.94	\$1.85	\$50.99	1.0967	8.63%	4,586
	SILVER	CDHP	\$47.80	\$0.42	\$0.94	\$1.93	\$51.09	1.0927	8.31%	1,910
Total			\$47.80	\$0.44	\$0.94	\$2.07	\$51.25	1.0859	7.75%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 7B

DETAILS OF CONTRIBUTION TO RESERVE

			BCBSVT Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$3.28	\$0.66	\$3.94	1.0060	0.50%	0.10%	1,208
	GOLD	Vermont Select CDHP	\$3.45	\$0.69	\$4.15	1.0060	0.50%	0.10%	5,022
	SILVER	Vermont Preferred	\$3.25	\$0.65	\$3.90	1.0060	0.50%	0.10%	1,299
	SILVER	Vermont Select CDHP	\$3.27	\$0.65	\$3.93	1.0060	0.50%	0.10%	212
	BRONZE	Vermont Preferred	\$2.52	\$0.50	\$3.03	1.0060	0.50%	0.10%	520
	BRONZE	Vermont Select CDHP	\$2.50	\$0.50	\$3.00	1.0060	0.50%	0.10%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$4.21	\$0.84	\$5.06	1.0060	0.50%	0.10%	6,963
	GOLD	Deductible	\$3.57	\$0.71	\$4.28	1.0060	0.50%	0.10%	4,797
	SILVER	Deductible	\$3.33	\$0.67	\$3.99	1.0060	0.50%	0.10%	3,546
	SILVER	CDHP	\$3.39	\$0.68	\$4.07	1.0060	0.50%	0.10%	824
	BRONZE	Deductible	\$2.51	\$0.50	\$3.01	1.0060	0.50%	0.10%	1,823
	BRONZE	CDHP	\$2.57	\$0.51	\$3.09	1.0060	0.50%	0.10%	1,392
	BRONZE	Integrated	\$2.55	\$0.51	\$3.05	1.0060	0.50%	0.10%	563
	Catastrophic	Deductible	\$1.29	\$0.26	\$1.55	1.0060	0.50%	0.10%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$2.83	\$0.57	\$3.40	1.0060	0.50%	0.10%	637
	SILVER	Vermont Select CDHP	\$2.91	\$0.58	\$3.49	1.0060	0.50%	0.10%	661
	SILVER	Deductible	\$2.95	\$0.59	\$3.55	1.0060	0.50%	0.10%	4,586
	SILVER	CDHP	\$3.08	\$0.62	\$3.69	1.0060	0.50%	0.10%	1,910
Total			\$3.31	\$0.66	\$3.97	1.0060	0.50%	0.10%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 7C

DETAILS OF TAXES AND FEES

			0.800%	0.199%								
			State Assessment - HCCA	State Tax - VITL	GMCB Billbacks	Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$5.28	\$1.31	\$2.54	\$0.24	\$0.00	\$0.18	\$9.54	1.0149	1.46%	1,208
	GOLD	Vermont Select CDHP	\$5.55	\$1.38	\$2.54	\$0.24	\$0.00	\$0.18	\$9.88	1.0146	1.43%	5,022
	SILVER	Vermont Preferred	\$5.23	\$1.30	\$2.54	\$0.24	\$0.00	\$0.18	\$9.49	1.0149	1.46%	1,299
	SILVER	Vermont Select CDHP	\$5.27	\$1.31	\$2.54	\$0.24	\$0.00	\$0.18	\$9.54	1.0149	1.46%	212
	BRONZE	Vermont Preferred	\$4.09	\$1.02	\$2.54	\$0.24	\$0.00	\$0.18	\$8.06	1.0163	1.60%	520
	BRONZE	Vermont Select CDHP	\$4.05	\$1.01	\$2.54	\$0.24	\$0.00	\$0.18	\$8.01	1.0164	1.60%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$6.74	\$1.68	\$2.54	\$0.24	\$0.00	\$0.18	\$11.37	1.0138	1.35%	6,963
	GOLD	Deductible	\$5.73	\$1.43	\$2.54	\$0.24	\$0.00	\$0.18	\$10.11	1.0145	1.42%	4,797
	SILVER	Deductible	\$5.35	\$1.33	\$2.54	\$0.24	\$0.00	\$0.18	\$9.64	1.0148	1.45%	3,546
	SILVER	CDHP	\$5.45	\$1.36	\$2.54	\$0.24	\$0.00	\$0.18	\$9.76	1.0147	1.44%	824
	BRONZE	Deductible	\$4.07	\$1.01	\$2.54	\$0.24	\$0.00	\$0.18	\$8.04	1.0164	1.60%	1,823
	BRONZE	CDHP	\$4.16	\$1.04	\$2.54	\$0.24	\$0.00	\$0.18	\$8.16	1.0162	1.59%	1,392
	BRONZE	Integrated	\$4.12	\$1.03	\$2.54	\$0.24	\$0.00	\$0.18	\$8.11	1.0163	1.59%	563
	Catastrophic	Deductible	\$2.15	\$0.53	\$2.54	\$0.24	\$0.00	\$0.18	\$5.64	1.0225	2.19%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$4.58	\$1.14	\$2.54	\$0.24	\$0.00	\$0.18	\$8.67	1.0156	1.53%	637
	SILVER	Vermont Select CDHP	\$4.70	\$1.17	\$2.54	\$0.24	\$0.00	\$0.18	\$8.82	1.0155	1.51%	661
	SILVER	Deductible	\$4.77	\$1.19	\$2.54	\$0.24	\$0.00	\$0.18	\$8.91	1.0154	1.51%	4,586
	SILVER	CDHP	\$4.96	\$1.23	\$2.54	\$0.24	\$0.00	\$0.18	\$9.14	1.0152	1.49%	1,910
Total			\$5.32	\$1.32	\$2.54	\$0.24	\$0.00	\$0.18	\$9.60	1.0148	1.45%	38,421

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 8

FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)

			Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$641.04	-\$48.11	\$3.09	\$596.02	\$655.93	-\$4.27	\$651.66	91.5%	1,208
	GOLD	Vermont Select CDHP	\$675.31	-\$48.11	\$3.11	\$630.31	\$690.84	-\$4.34	\$686.51	91.8%	5,022
	SILVER	Vermont Preferred	\$635.59	-\$48.11	\$3.08	\$590.56	\$650.24	-\$4.26	\$645.99	91.4%	1,299
	SILVER	Vermont Select CDHP	\$640.25	-\$48.11	\$3.08	\$595.22	\$654.96	-\$4.27	\$650.69	91.5%	212
	BRONZE	Vermont Preferred	\$491.21	-\$48.11	\$3.08	\$446.18	\$504.27	-\$3.97	\$500.30	89.2%	520
	BRONZE	Vermont Select CDHP	\$486.09	-\$48.11	\$3.10	\$441.08	\$499.34	-\$3.96	\$495.38	89.0%	2,098
STANDARD PLANS	PLATINUM	Deductible	\$825.68	-\$48.11	\$3.09	\$780.66	\$842.57	-\$4.63	\$837.94	93.2%	6,963
	GOLD	Deductible	\$698.50	-\$48.11	\$3.08	\$653.48	\$713.91	-\$4.38	\$709.53	92.1%	4,797
	SILVER	Deductible	\$650.99	-\$48.11	\$3.08	\$605.97	\$665.83	-\$4.29	\$661.54	91.6%	3,546
	SILVER	CDHP	\$662.74	-\$48.11	\$3.08	\$617.72	\$677.71	-\$4.31	\$673.40	91.7%	824
	BRONZE	Deductible	\$489.25	-\$48.11	\$3.09	\$444.23	\$502.37	-\$3.97	\$498.40	89.1%	1,823
	BRONZE	CDHP	\$500.97	-\$48.11	\$3.08	\$455.95	\$514.18	-\$3.99	\$510.19	89.4%	1,392
	BRONZE	Integrated	\$496.04	-\$48.11	\$3.08	\$451.01	\$509.14	-\$3.98	\$505.16	89.3%	563
	Catastrophic	Deductible	\$247.25	-\$48.11	\$3.08	\$202.22	\$257.55	-\$3.49	\$254.06	79.6%	360
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$552.92	-\$48.11	\$3.08	\$507.90	\$566.70	-\$4.09	\$562.61	90.3%	637
	SILVER	Vermont Select CDHP	\$568.19	-\$48.11	\$3.10	\$523.18	\$582.41	-\$4.13	\$578.28	90.5%	661
	SILVER	Deductible	\$576.75	-\$48.11	\$3.09	\$531.73	\$590.84	-\$4.14	\$586.70	90.6%	4,586
	SILVER	CDHP	\$600.68	-\$48.11	\$3.09	\$555.66	\$615.06	-\$4.19	\$610.87	91.0%	1,910
Total			\$646.38	-\$48.11	\$3.09	\$601.36	\$661.29	-\$4.28	\$657.01	91.5%	38,421

*Approximately 6.4% of current BCBSVT Administrative Charges are for health care quality plus

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 9A

CONTRACT CONVERSION FACTOR

								Preliminary Rates				Projected Contracts			
			Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	1,208	\$655.93	1.6220	1.4565	1.1137	\$730.51	\$1,461.02	\$1,409.88	\$2,052.73	522	120	26	101
	GOLD	Vermont Select CDHP	5,022	\$690.84	1.6220	1.4565	1.1137	\$769.39	\$1,538.78	\$1,484.92	\$2,161.99	1,356	563	134	551
	SILVER	Vermont Preferred	1,299	\$650.24	1.6220	1.4565	1.1137	\$724.18	\$1,448.36	\$1,397.67	\$2,034.95	714	195	30	37
	SILVER	Vermont Select CDHP	212	\$654.96	1.6220	1.4565	1.1137	\$729.43	\$1,458.86	\$1,407.80	\$2,049.70	118	32	5	6
	BRONZE	Vermont Preferred	520	\$504.27	1.6220	1.4565	1.1137	\$561.61	\$1,123.22	\$1,083.91	\$1,578.12	264	50	13	35
	BRONZE	Vermont Select CDHP	2,098	\$499.34	1.6220	1.4565	1.1137	\$556.11	\$1,112.22	\$1,073.29	\$1,562.67	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	6,963	\$842.57	1.6220	1.4565	1.1137	\$938.37	\$1,876.74	\$1,811.05	\$2,636.82	2,330	798	215	630
	GOLD	Deductible	4,797	\$713.91	1.6220	1.4565	1.1137	\$795.09	\$1,590.18	\$1,534.52	\$2,234.20	1,903	507	113	403
	SILVER	Deductible	3,546	\$665.83	1.6220	1.4565	1.1137	\$741.53	\$1,483.06	\$1,431.15	\$2,083.70	1,844	551	77	124
	SILVER	CDHP	824	\$677.71	1.6220	1.4565	1.1137	\$754.77	\$1,509.54	\$1,456.71	\$2,120.90	376	128	17	41
	BRONZE	Deductible	1,823	\$502.37	1.6220	1.4565	1.1137	\$559.49	\$1,118.98	\$1,079.82	\$1,572.17	896	193	40	119
	BRONZE	CDHP	1,392	\$514.18	1.6220	1.4565	1.1137	\$572.64	\$1,145.28	\$1,105.20	\$1,609.12	588	128	35	122
	BRONZE	Integrated	563	\$509.14	1.6220	1.4565	1.1137	\$567.03	\$1,134.06	\$1,094.37	\$1,593.35	272	53	13	40
	Catastrophic	Deductible	360	\$257.55	1.0435	1.0362	1.0070	\$259.36	\$518.72	\$500.56	\$728.80	334	7	2	2
REFLECTIVE PLANS	SILVER	Vermont Preferred	637	\$566.70	1.6220	1.4565	1.1137	\$631.14	\$1,262.28	\$1,218.10	\$1,773.50	321	45	14	48
	SILVER	Vermont Select CDHP	661	\$582.41	1.6220	1.4565	1.1137	\$648.63	\$1,297.26	\$1,251.86	\$1,822.65	208	54	12	80
	SILVER	Deductible	4,586	\$590.84	1.6220	1.4565	1.1137	\$658.02	\$1,316.04	\$1,269.98	\$1,849.04	1,977	439	110	369
	SILVER	CDHP	1,910	\$615.06	1.6220	1.4565	1.1137	\$684.99	\$1,369.98	\$1,322.03	\$1,924.82	676	174	53	191
Total			38,421	\$661.29							\$660.18				

Additional Factor for Contract Conversion Factor 100.17%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 9B
Page 1

CONSUMER ADJUSTED PREMIUM RATES

			Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2021 Proposed Rates				2020 Approved Rates				2021 Proposed Rate Increases			
					Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	\$655.93	1.1156	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05	4.7%	4.7%	4.7%	4.7%
	GOLD	Vermont Select CDHP	\$690.84	1.1156	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80	11.0%	11.0%	11.0%	11.0%
	SILVER	Vermont Preferred	\$650.24	1.1156	\$725.41	\$1,450.82	\$1,400.04	\$2,038.40	\$691.29	\$1,382.58	\$1,334.19	\$1,942.52	4.9%	4.9%	4.9%	4.9%
	SILVER	Vermont Select CDHP	\$654.96	1.1156	\$730.67	\$1,461.34	\$1,410.19	\$2,053.18	\$703.57	\$1,407.14	\$1,357.89	\$1,977.03	3.9%	3.9%	3.9%	3.9%
	BRONZE	Vermont Preferred	\$504.27	1.1156	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66	3.1%	3.1%	3.1%	3.1%
	BRONZE	Vermont Select CDHP	\$499.34	1.1156	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11	2.1%	2.1%	2.1%	2.1%
STANDARD PLANS	PLATINUM	Deductible	\$842.57	1.1156	\$939.97	\$1,879.94	\$1,814.14	\$2,641.32	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37	4.4%	4.4%	4.4%	4.4%
	GOLD	Deductible	\$713.91	1.1156	\$796.44	\$1,592.88	\$1,537.13	\$2,238.00	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06	2.4%	2.4%	2.4%	2.4%
	SILVER	Deductible	\$665.83	1.1156	\$742.80	\$1,485.60	\$1,433.60	\$2,087.27	\$723.22	\$1,446.44	\$1,395.81	\$2,032.25	2.7%	2.7%	2.7%	2.7%
	SILVER	CDHP	\$677.71	1.1156	\$756.05	\$1,512.10	\$1,459.18	\$2,124.50	\$727.00	\$1,454.00	\$1,403.11	\$2,042.87	4.0%	4.0%	4.0%	4.0%
	BRONZE	Deductible	\$502.37	1.1156	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04	2.0%	2.0%	2.0%	2.0%
	BRONZE	CDHP	\$514.18	1.1156	\$573.62	\$1,147.24	\$1,107.09	\$1,611.87	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55	2.6%	2.6%	2.6%	2.6%
	BRONZE	Integrated	\$509.14	1.1156	\$568.00	\$1,136.00	\$1,096.24	\$1,596.08	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	1.3%	1.3%	1.3%	1.3%
	Catastrophic	Deductible	\$257.55	1.0087	\$259.79	\$519.58	\$501.39	\$730.01	\$266.82	\$533.64	\$514.96	\$749.76	-2.6%	-2.6%	-2.6%	-2.6%
REFLECTIV E PLANS	SILVER	Vermont Preferred	\$566.70	1.1156	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46	4.1%	4.1%	4.1%	4.1%
	SILVER	Vermont Select CDHP	\$582.41	1.1156	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52	3.1%	3.1%	3.1%	3.1%
	SILVER	Deductible	\$590.84	1.1156	\$659.14	\$1,318.28	\$1,272.14	\$1,852.18	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75	2.2%	2.2%	2.2%	2.2%
	SILVER	CDHP	\$615.06	1.1156	\$686.16	\$1,372.32	\$1,324.29	\$1,928.11	\$663.91	\$1,327.82	\$1,281.35	\$1,865.59	3.4%	3.4%	3.4%	3.4%
Total					\$304,897,529				\$292,726,577				4.2%			

BLUE CROSS AND BLUE SHIELD OF VERMONT
2021 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILING

Amended per GMCB Order
Exhibit 9B
Page 2

CONSUMER ADJUSTED PREMIUM RATES

			Inforce Contracts				Projected Contracts			
			Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	GOLD	Vermont Preferred	522	120	26	101	522	120	26	101
	GOLD	Vermont Select CDHP	1,356	563	134	551	1,356	563	134	551
	SILVER	Vermont Preferred	714	195	30	37	714	195	30	37
	SILVER	Vermont Select CDHP	118	32	5	6	118	32	5	6
	BRONZE	Vermont Preferred	264	50	13	35	264	50	13	35
	BRONZE	Vermont Select CDHP	834	192	37	203	834	192	37	203
STANDARD PLANS	PLATINUM	Deductible	2,866	841	234	656	2,330	798	215	630
	GOLD	Deductible	1,903	507	113	403	1,903	507	113	403
	SILVER	Deductible	1,844	551	77	124	1,844	551	77	124
	SILVER	CDHP	376	128	17	41	376	128	17	41
	BRONZE	Deductible	896	193	40	119	896	193	40	119
	BRONZE	CDHP	588	128	35	122	588	128	35	122
	BRONZE	Integrated	272	53	13	40	272	53	13	40
REFLECTIVE PLANS	Catastrophic	Deductible	334	7	2	2	334	7	2	2
	SILVER	Vermont Preferred	321	45	14	48	321	45	14	48
	SILVER	Vermont Select CDHP	208	54	12	80	208	54	12	80
	SILVER	Deductible	1,977	439	110	369	1,977	439	110	369
			676	174	53	191	676	174	53	191
Total			24,434				23,810			

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Unified Rate Review v5.1

Company Legal Name:Blue Cross and Blue Shield of Vermont

HIOS Issuer ID:13627

Effective Date of Rate Change(s):1/1/2021

State:VT

Market:Combined

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2019to12/31/2019

TotalPMPM

Allowed Claims	\$346,262,636.11	\$665.15
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$291,932,566.60	\$560.78
Risk Adjustment	\$20,665,540.89	\$39.70
Experience Period Premium	\$309,718,620.32	\$594.95
Experience Period Member Months	520,581	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$119.11	1.033	1.030	1.047	1.023	\$135.74
Outpatient Hospital	\$261.42	1.033	1.030	1.047	1.023	\$297.92
Professional	\$87.60	1.033	1.030	1.047	1.023	\$99.83
Other Medical	\$71.49	1.032	1.029	1.046	1.023	\$81.24
Capitation	\$10.92	1.033	1.030	1.047	1.023	\$12.44
Prescription Drug	\$114.53	1.101	1.030	1.101	1.030	\$147.29
Total	\$665.07					\$774.46

Morbidity Adjustment	1.003
Demographic Shift	1.007
Plan Design Changes	0.996
Other	0.992
Adjusted Trended EHB Allowed Claims PMPM for1/1/2021	\$772.86
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for1/1/2021	\$772.86	\$356,328,648.72
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$63.64	\$29,341,349.28
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$709.22	\$326,987,299.44

Projected Member Months	461,052
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Information Not Releasable to the Public Unless Authorized by Law:

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Product-Plan Data Collection

Company Legal Name: Blue Cross and Blue Shield of Vermont
 HIOS Issuer ID: 13627
 Effective Date of Rate Change(s): 1/1/2021

State: VT
 Market: Combined

To add a product to Worksheet 2 - Plan Product Info, select
 To add a plan to Worksheet 2 - Plan Product Info, select the
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product
 To remove a plan, navigate to the corresponding Plan Nam

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	BCBSVT EPO (Small Group)						BCBSVT EPO CDHP (Small Group)			BCBSVT EPO (Individual)					
	13627VT032						13627VT033			13627VT034					
1.2 Product ID	13627VT0320001						13627VT0330001			13627VT0340001					
1.3 Plan Name	BCBSVT Platinum	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Silver	BCBSVT Bronze	BCBSVT Bronze	BCBSVT Silver	BCBSVT Silver	BCBSVT Bronze	BCBSVT Blue	BCBSVT Platinum	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Silver	BCBSVT Silver
1.4 Plan ID (Standard Component ID)	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340007	13627VT0340007
1.5 Metal	Platinum	Gold	Silver	Silver	Bronze	Bronze	Silver	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Silver	Silver
1.6 AV Metal Value	0.897	0.819	0.718	0.718	0.641	0.648	0.712	0.712	0.638	0.570	0.897	0.819	0.718	0.718	0.718
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
1.10 Effective Date of Proposed Rates	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.11 Cumulative Rate Change % (over 12 mos prior)	4.43%	2.42%	2.71%	2.23%	2.00%	2.00%	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.12 Product Rate Increase %	3.36%						3.14%			2.86%					
1.13 Submission Level Rate Increase %															

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total														
	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340007	13627VT0340007
2.2 Allowed Claims	\$346,262,636	\$61,237,972	\$27,924,248	\$0	\$23,171,083	\$3,959,455	\$356,711	\$0	\$14,019,792	\$3,194,550	\$813,364	\$35,980,998	\$19,534,222	\$38,782,752	\$7,308,842
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$4,929,160	\$4,377,030	\$0	\$6,132,871	\$1,476,401	\$145,735	\$0	\$3,240,948	\$1,048,828	\$250,688	\$2,074,840	\$3,246,361	\$4,999,777	\$1,922,862
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$56,308,811	\$23,547,218	\$0	\$17,038,212	\$2,483,054	\$210,976	\$0	\$10,778,845	\$2,145,722	\$562,676	\$33,906,158	\$16,287,861	\$33,782,975	\$5,385,980
2.7 Risk Adjustment Transfer Amount	\$20,665,541	\$8,434,352	\$1,064,545	-\$3,570	-\$5,321,058	-\$1,908,787	-\$217,026	\$4,783	-\$1,896,179	-\$1,082,343	\$11,931	\$13,810,078	\$1,431,629	\$8,264,154	-\$830,992
2.8 Premium	\$309,718,620	\$57,020,420	\$26,882,626	\$0	\$26,473,743	\$5,060,436	\$495,963	\$0	\$13,608,653	\$3,891,395	\$923,348	\$20,884,137	\$17,654,408	\$35,365,653	\$7,263,539
2.9 Experience Period Member Months	520,581	81,736	44,927	0	50,515	10,976	1,099	0	26,452	8,523	3,657	28,090	27,287	52,041	14,399
2.10 Current Enrollment	39,195	5,659	2,870	0	3,443	855	172	0	1,579	684	360	2,078	1,927	3,546	1,143
2.11 Current Premium PMPM	\$636.85	\$805.41	\$695.78	\$647.12	\$576.91	\$491.66	\$501.48	\$650.50	\$594.05	\$500.42	\$265.36	\$805.41	\$695.78	\$647.12	\$576.91
2.12 Loss Ratio	88.36%	86.03%	91.20%	0.00%	80.55%	78.79%	75.64%	0.00%	92.03%	76.39%	60.16%	97.73%	85.34%	77.43%	83.73%
Per Member Per Month															
2.13 Allowed Claims	\$665.15	\$749.22	\$621.55	#DIV/0!	\$458.70	\$360.74	\$324.58	#DIV/0!	\$530.01	\$374.82	\$222.41	\$1,280.92	\$715.88	\$745.23	\$507.59
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$104.36	\$60.31	\$97.43	#DIV/0!	\$121.41	\$134.51	\$132.61	#DIV/0!	\$122.52	\$123.06	\$68.55	\$73.86	\$118.97	\$96.07	\$133.54
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$560.78	\$688.91	\$524.12	#DIV/0!	\$337.29	\$226.23	\$191.97	#DIV/0!	\$407.49	\$251.76	\$153.86	\$1,207.05	\$596.91	\$649.16	\$374.05
2.18 Risk Adjustment Transfer Amount	\$39.70	\$103.19	-\$23.69	#DIV/0!	-\$105.34	-\$173.91	-\$197.48	#DIV/0!	-\$71.68	-\$126.99	\$3.26	\$491.64	\$52.47	\$158.80	-\$57.71
2.19 Premium	\$594.95	\$697.62	\$598.36	#DIV/0!	\$524.08	\$461.05	\$451.29	#DIV/0!	\$514.47	\$456.58	\$252.49	\$743.47	\$646.99	\$679.57	\$504.45

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	Total														
	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340007	13627VT0340007
3.2 Market Adjusted Index Rate															
3.3 AV and Cost Sharing Design of Plan	1.0916	0.9137	0.8473	0.7434	0.6210	0.6305	0.8637	0.7769	0.6374	0.6307	1.0916	0.9137	0.8473	0.7434	0.7434
3.4 Provider Network Adjustment	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	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0001	1.0001	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0005	1.0001	1.0001	1.0001	1.0002	1.0002
Administrative Costs															
3.6 Administrative Expense	6.15%	7.19%	7.68%	8.63%	10.10%	9.95%	7.55%	8.31%	9.87%	19.36%	6.15%	7.19%	7.68%	8.63%	8.63%
3.7 Taxes and Fees	1.35%	1.42%	1.45%	1.51%	1.60%	1.59%	1.44%	1.49%	1.59%	2.19%	1.35%	1.42%	1.45%	1.51%	1.51%
3.8 Profit & Risk Load	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4480	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$842.50	\$713.82	\$665.83	\$590.79	\$502.30	\$509.05	\$677.60	\$615.07	\$514.15	\$257.54	\$842.50	\$713.82	\$665.83	\$590.79	\$590.79
Calibrated Plan Adjusted Index Rate															
3.11 Age Calibration Factor	1.0000														
3.12 Geographic Calibration Factor	1.0000														
3.13 Tobacco Calibration Factor	1.0000														
3.14 Calibrated Plan Adjusted Index Rate	\$842.50	\$713.82	\$665.83	\$590.79	\$502.30	\$509.05	\$677.60	\$615.07	\$514.15	\$257.54	\$842.50	\$713.82	\$665.83	\$590.79	\$590.79

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total														
	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0340001	13627VT0340002	13627VT0340003	13627VT0340004	13627VT0340007	13627VT0340007
4.2 Allowed Claims	\$327,016,508	\$41,578,190	\$24,427,719	\$0	\$29,304,751	\$7,277,247	\$1,463,961	\$0	\$13,439,501	\$5,821,798	\$3,064,104	\$17,686,690	\$16,401,468	\$30,181,425	\$9,728,530
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,014,126	-\$3,813,945	\$2,104,477	\$0	\$7,514,793	\$2,756,857	\$540,694	\$0	\$2,996,607	\$2,110,035	\$2,197,922	-\$1,622,390	\$1,413,006	\$4,605,599	\$2,494,745
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$275,002,382	\$45,392,135	\$22,323,241	\$0	\$21,789,958	\$4,520,390	\$923,267	\$0	\$10,442,894	\$3,711,763	\$866,182	\$19,309,080	\$14,988,462	\$25,575,826	\$7,233,785
4.7 Risk Adjustment Transfer Amount	\$22,828,446	\$7,981,559	-\$577,524	\$0	-\$4,763,598	-\$2,034,948	-\$468,060	\$0	-\$1,435,713	-\$1,172,274	\$12,046	\$14,885,477	\$1,709,972	\$8,458,117	-\$809,751
4.8 Premium	\$304,887,600	\$49,391,620	\$24,587,172	\$0	\$24,411,070	\$5,154,341	\$1,050,864	\$0	\$11,654,167	\$4,220,394	\$1,112,630	\$21,010,397	\$16,508,530	\$28,332,262	\$8,103,936
4.9 Projected Member Months	461,052	58,620	34,440	0	41,316	10,260	2,064	0	18,948	8,208	4,320	24,936	23,124	42,552	13,716
4.10 Loss Ratio	83.91%	79.12%	92.98%	#DIV/0!	110.90%	144.91%	158.42%	#DIV/0!	102.20%	121.77%	77.02%	53.79%	82.27%	69.52%	99.17%
Per Member Per Month															
4.11 Allowed Claims	\$709.28	\$709.28	\$709.28	#DIV/0!	\$709.28	\$709.28	\$709.28	#DIV/0!	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$112.82	-\$65.06	\$61.11	#DIV/0!	\$181.89	\$268.70	\$261.96	#DIV/0!	\$158.15	\$257.07	\$508.78	-\$65.06	\$118.97	\$108.23	\$181.89
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Product-Plan Data Collection

the Add Product button or Ctrl + Shift + P.
-Add Plan button or Ctrl + Shift + L.

Company Legal Name:

Blue Cross and Blue

HIOS Issuer ID:

13627

Effective Date of Rate Change(s):

1/1/2021

1 Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
a/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name		BCBSVT EPO CDHP (Individual)					BCBSVT EPO Vermont Preferred (Small Group)										BCBSVT EPO Vermont Se
1.2 Product ID		13627VT035					13627VT036										13627
1.3 Plan Name		BCBSVT Bronze	BCBSVT Bronze	BCBSVT Silver	BCBSVT Silver	BCBSVT Bronze	BCBSVT Blue	BCBSVT Blue	BCBSVT Blue	Blue Rewards	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Vermont	Blue Vermont	BCBSVT Vermont	BCBSVT Vermont	BCBSVT Vermont
1.4 Plan ID (Standard Component ID)		13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002	
1.5 Metal		Bronze	Bronze	Silver	Silver	Bronze	Gold	Gold	Silver	Bronze	Gold	Silver	Silver	Bronze	Gold	Silver	
1.6 AV Metal Value		0.641	0.648	0.712	0.712	0.638	0.770	0.693	0.627	0.693	0.627	0.696	0.696	0.648	0.813	0.719	
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	New	New	New	New	Renewing	Renewing	
1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	
1.10 Effective Date of Proposed Rates		1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	
1.11 Cumulative Rate Change % (over 12 mos prior)		2.00%	1.35%	4.00%	3.35%	2.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.85%	
1.12 Product Rate Increase %																	8.7
1.13 Submission Level Rate Increase %					3.41%						0.00%						

4.18%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
2.2 Allowed Claims	\$346,262,636	\$4,431,180	\$573,486	\$9,088,613	\$2,899,485	\$3,207,590	\$3,995,688	\$0	\$1,705,375	\$299,944	\$0	\$0	\$0	\$0	\$35,112,969	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$1,395,264	\$237,827	\$1,229,368	\$647,951	\$1,127,436	\$607,544	\$0	\$579,151	\$164,596	\$0	\$0	\$0	\$0	\$5,782,143	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$3,035,916	\$335,659	\$7,859,245	\$2,251,534	\$2,080,154	\$3,388,144	\$0	\$1,126,224	\$135,348	\$0	\$0	\$0	\$0	\$29,330,826	\$0
2.7 Risk Adjustment Transfer Amount	\$20,665,541	-\$1,479,260	-\$532,717	\$1,322,706	-\$238,422	-\$1,114,783	-\$62,840	\$0	-\$757,409	-\$448,375	\$0	\$0	\$0	\$0	\$3,224,191	\$0
2.8 Premium	\$309,718,620	\$5,829,269	\$1,288,944	\$8,309,733	\$2,447,262	\$4,170,947	\$3,225,463	\$0	\$2,777,929	\$861,664	\$0	\$0	\$0	\$0	\$24,011,162	\$0
2.9 Experience Period Member Months	520,581	11,634	2,530	12,586	4,791	8,754	5,383	0	5,375	1,813	0	0	0	0	45,367	0
2.10 Current Enrollment	39,195	968	0	824	331	0	573	0	412	174	0	0	0	0	3,633	0
2.11 Current Premium PMPM	\$636.85	\$491.66	\$501.48	\$650.50	\$594.05	\$500.42	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54
2.12 Loss Ratio	88.36%	69.79%	44.39%	81.59%	101.93%	68.06%	107.13%	#DIV/0!	55.74%	32.75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	107.69%	#DIV/0!
Per Member Per Month																
2.13 Allowed Claims	\$665.15	\$380.88	\$226.67	\$722.12	\$605.19	\$366.41	\$742.28	#DIV/0!	\$317.28	\$165.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$773.98	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.15 Member Cost Sharing	\$104.36	\$119.93	\$94.00	\$97.68	\$135.24	\$128.79	\$112.86	#DIV/0!	\$107.75	\$90.79	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$127.45	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!
2.17 Incurred Claims	\$560.78	\$260.95	\$132.67	\$624.44	\$469.95	\$237.62	\$629.42	#DIV/0!	\$209.53	\$74.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$646.52	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$127.15	-\$210.56	\$105.09	-\$49.76	-\$127.35	-\$11.67	#DIV/0!	-\$140.91	-\$247.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$71.07	#DIV/0!
2.19 Premium	\$594.95	\$501.05	\$509.46	\$660.24	\$510.80	\$476.46	\$599.19	#DIV/0!	\$156.82	\$475.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$529.26	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
3.2 Market Adjusted Index Rate									\$709.22							
3.3 AV and Cost Sharing Design of Plan		0.6210	0.6305	0.8637	0.7769	0.6374	0.0000	0.0000	0.0000	0.0000	0.8334	0.8257	0.7101	0.6238	0.8813	0.8322
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0002	1.0002	1.0001	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002
Administrative Costs																
3.6 Administrative Expense		10.10%	9.95%	7.55%	8.31%	9.87%	0.00%	0.00%	0.00%	0.00%	7.82%	7.86%	8.98%	10.05%	7.47%	7.80%
3.7 Taxes and Fees		1.60%	1.59%	1.44%	1.49%	1.59%	0.00%	0.00%	0.00%	0.00%	1.46%	1.46%	1.53%	1.60%	1.43%	1.46%
3.8 Profit & Risk Load		0.60%	0.60%	0.60%	0.60%	0.60%	0.00%	0.00%	0.00%	0.00%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$502.30	\$509.05	\$677.60	\$615.07	\$514.15	\$0.00	\$0.00	\$0.00	\$0.00	\$655.99	\$650.22	\$566.68	\$504.27	\$690.72	\$654.90
3.11 Age Calibration Factor	1.0000															
3.12 Geographic Calibration Factor	1.0000															
3.13 Tobacco Calibration Factor	1.0000															
3.14 Calibrated Plan Adjusted Index Rate		\$502.30	\$509.05	\$677.60	\$615.07	\$514.15	\$0.00	\$0.00	\$0.00	\$0.00	\$655.99	\$650.22	\$566.68	\$504.27	\$690.72	\$654.90

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0340005	13627VT0340006	13627VT0350001	13627VT0350003	13627VT0350002	13627VT0360001	13627VT0360002	13627VT0360004	13627VT0360003	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002
4.2 Allowed Claims	\$327,016,508	\$8,239,035	\$3,327,957	\$7,013,394	\$2,817,273	\$6,026,071	\$0	\$0	\$0	\$0	\$4,877,032	\$0	\$3,506,697	\$1,480,984	\$30,921,917	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,014,126	\$3,121,213	\$1,229,135	\$954,973	\$628,168	\$2,184,071	\$0	\$0	\$0	\$0	\$812,124	\$0	\$1,016,139	\$556,983	\$3,666,805	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$275,002,382	\$5,117,822	\$2,098,822	\$6,058,420	\$2,189,106	\$3,842,000	\$0	\$0	\$0	\$0	\$4,064,909	\$0	\$2,490,558	\$924,001	\$27,255,112	\$0
4.7 Risk Adjustment Transfer Amount	\$22,828,446	-\$1,651,779	-\$1,134,659	\$1,333,122	-\$197,034	-\$1,213,672	\$0	\$0	\$0	\$0	-\$15,097	\$0	-\$779,585	-\$595,693	\$4,027,575	\$0
4.8 Premium	\$304,887,600	\$5,835,558	\$2,388,883	\$6,701,200	\$2,443,020	\$4,368,478	\$0	\$0	\$0	\$0	\$4,510,176	\$0	\$2,801,781	\$1,052,918	\$30,117,977	\$0
4.9 Projected Member Months	461,052	11,616	4,692	9,888	3,972	8,496	0	0	0	6,876	0	0	4,944	2,088	43,596	0
4.10 Loss Ratio	83.91%	122.33%	167.34%	75.41%	97.47%	121.78%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90.43%	#DIV/0!	123.16%	202.09%	79.82%	#DIV/0!
Per Member Per Month																
4.11 Allowed Claims	\$709.28	\$709.28	\$209.28	\$709.28	\$709.28	\$709.28	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$709.28	#DIV/0!	\$709.28	\$709.28	\$709.28	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
4.13 Member Cost Sharing	\$112.82	\$268.70	\$261.96	\$96.58	\$158.15	\$257.07	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$118.11	#DIV/0!	\$205.53	\$266.75	\$84.11	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
4.15 Incurred Claims	\$596.47	\$440.58	\$447.32	\$612.70	\$551.13	\$452.21	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$591.17	#DIV/0!	\$503.75	\$442.53	\$625.17	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$49.51	-\$142.20	-\$241.83	\$134.82	-\$49.61	-\$142.85	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$2.20	#DIV/0!	-\$157.68	-\$285.29	\$92.38	#DIV/0!
4.17 Premium	\$661.29	\$502.37	\$509.14	\$677.71	\$615.06	\$514.18	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$655.93	#DIV/0!	\$566.70	\$504.27	\$690.84	#DIV/0!

Product-Plan Data Collection

Company Legal Name: Blue Cross and Blue
 HIOS Issuer ID: 13627
 Effective Date of Rate Change(s): 1/1/2021

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	lect CDHP (Small Group)				BCBSVT EPO Vermont Preferred (Individual)								BCBSVT Vermont Select CDHP (Individual)			
1.2 Product ID	VT037				13627VT038								13627VT039			
1.3 Plan Name	BCBSVT Vermont				BCBSVT Vermont								BCBSVT Vermont			
1.4 Plan ID (Standard Component ID)	13627VT0370004				13627VT0380001								13627VT0390001			
1.5 Metal	Silver				Silver								Silver			
1.6 AV Metal Value	0.718				0.693								0.696			
1.7 Plan Category	Renewing				Terminated								Renewing			
1.8 Plan Type	EPO				EPO								EPO			
1.9 Exchange Plan?	No				Yes								Yes			
1.10 Effective Date of Proposed Rates	1/1/2021				1/1/2021								1/1/2021			
1.11 Cumulative Rate Change % (over 12 mos prior)	3.12%				0.00%								0.00%			
1.12 Product Rate Increase %	8%				0.00%								7.03%			
1.13 Submission Level Rate Increase %																

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
2.2 Allowed Claims	\$346,262,636	\$778,800	\$5,642,394	\$5,045,705	\$9,821,211	\$907,355	\$1,149,659	\$0	\$0	\$0	\$0	\$18,542,886	\$1,630,244	\$1,099,053	\$4,047,010
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$54,330,069	\$237,400	\$1,677,930	\$753,591	\$1,167,454	\$317,496	\$373,733	\$0	\$0	\$0	\$0	\$2,437,110	\$185,106	\$336,937	\$1,226,531
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$291,932,567	\$541,399	\$3,964,464	\$4,292,113	\$8,653,757	\$589,859	\$775,925	\$0	\$0	\$0	\$0	\$16,105,776	\$1,445,138	\$762,116	\$2,820,480
2.7 Risk Adjustment Transfer Amount	\$20,665,541	\$248,728	-\$509,697	\$599,809	-\$333,661	-\$440,784	-\$716,932	\$0	\$0	\$0	\$0	\$4,140,102	\$271,357	-\$169,173	-\$1,472,269
2.8 Premium	\$309,718,620	\$977,325	\$4,624,667	\$3,684,758	\$11,589,127	\$1,501,377	\$1,653,827	\$0	\$0	\$0	\$0	\$9,711,642	\$1,064,352	\$1,236,366	\$5,228,489
2.9 Experience Period Member Months	520,581	2,012	10,456	5,724	16,662	2,913	3,382	0	0	0	0	16,730	1,572	2,425	10,770
2.10 Current Enrollment	39,195	445	1,069	635	1,299	225	246	0	0	0	0	1,389	212	216	1,029
2.11 Current Premium PMPM	\$636.85	\$563.78	\$488.18	\$625.40	\$618.55	\$543.38	\$488.04	\$0.00	\$0.00	\$0.00	\$0.00	\$621.50	\$629.54	\$563.78	\$488.18
2.12 Loss Ratio	88.36%	74.31%	96.34%	100.18%	76.88%	55.62%	82.82%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	116.27%	108.19%	71.41%	75.09%
Per Member Per Month															
2.13 Allowed Claims	\$665.15	\$387.08	\$539.63	\$881.50	\$589.44	\$311.48	\$339.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,108.36	\$1,037.05	\$453.22	\$375.77
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$104.36	\$117.99	\$160.48	\$131.65	\$70.07	\$108.99	\$110.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$145.67	\$117.75	\$138.94	\$113.88
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$560.78	\$269.09	\$379.16	\$749.85	\$519.37	\$202.49	\$229.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$962.69	\$919.30	\$314.27	\$261.88
2.18 Risk Adjustment Transfer Amount	\$39.70	-\$123.62	-\$48.75	\$104.79	-\$20.03	-\$151.32	-\$211.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$247.47	\$172.62	-\$69.76	-\$136.70
2.19 Premium	\$594.95	\$485.75	\$442.30	\$643.74	\$695.54	\$515.41	\$489.01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$580.49	\$677.07	\$509.84	\$485.47

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
3.2 Market Adjusted Index Rate														
3.3 AV and Cost Sharing Design of Plan	0.7314	0.6166	0.0000	0.0000	0.0000	0.0000	0.8334	0.8257	0.7101	0.6238	0.8813	0.8322	0.7314	0.6166
3.4 Provider Network Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0002	1.0002	0.0000	0.0000	0.0000	0.0000	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0000	1.0002
Administrative Costs														
3.6 Administrative Expense	8.79%	10.19%	0.00%	0.00%	0.00%	0.00%	7.82%	7.86%	8.98%	10.05%	7.47%	7.80%	8.79%	10.19%
3.7 Taxes and Fees	1.51%	1.60%	0.00%	0.00%	0.00%	0.00%	1.46%	1.46%	1.53%	1.60%	1.43%	1.46%	1.51%	1.60%
3.8 Profit & Risk Load	0.60%	0.60%	0.00%	0.00%	0.00%	0.00%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%
3.9 Catastrophic Adjustment	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$582.30	\$499.25	\$0.00	\$0.00	\$0.00	\$0.00	\$655.99	\$650.22	\$566.68	\$504.27	\$690.72	\$654.90	\$582.30	\$499.25
3.11 Age Calibration Factor	1.0000													
3.12 Geographic Calibration Factor	1.0000													
3.13 Tobacco Calibration Factor	1.0000													
3.14 Calibrated Plan Adjusted Index Rate	\$582.30	\$499.25	\$0.00	\$0.00	\$0.00	\$0.00	\$655.99	\$650.22	\$566.68	\$504.27	\$690.72	\$654.90	\$582.30	\$499.25

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13627VT0370004	13627VT0370003	13627VT0380001	13627VT0380002	13627VT0380004	13627VT0380003	13627VT0380005	13627VT0380006	13627VT0380008	13627VT0380007	13627VT0390001	13627VT0390002	13627VT0390004	13627VT0390003
4.2 Allowed Claims	\$327,016,508	\$3,787,573	\$9,098,687	\$0	\$0	\$0	\$0	\$5,404,739	\$11,056,309	\$1,915,065	\$2,944,944	\$11,822,335	\$1,804,417	\$1,838,462	\$8,758,231
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$52,014,126	\$1,016,668	\$3,487,045	\$0	\$0	\$0	\$0	\$899,997	\$1,925,465	\$554,930	\$1,107,563	\$1,401,925	\$302,470	\$493,484	\$3,356,566
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$275,002,382	\$2,770,905	\$5,611,642	\$0	\$0	\$0	\$0	\$4,504,742	\$9,130,844	\$1,360,135	\$1,837,381	\$10,420,410	\$1,501,947	\$1,344,979	\$5,401,665
4.7 Risk Adjustment Transfer Amount	\$22,828,446	-\$735,543	-\$641,998	\$0	\$0	\$0	\$0	\$1,038,107	-\$464,322	-\$458,507	-\$1,009,076	\$5,082,067	\$547,856	-\$189,977	-\$1,898,643
4.8 Premium	\$304,887,600	\$3,110,064	\$6,405,515	\$0	\$0	\$0	\$0	\$4,998,188	\$10,136,005	\$1,530,099	\$2,093,734	\$11,514,966	\$1,666,219	\$1,509,604	\$6,165,832
4.9 Projected Member Months	461,052	5,340	12,828	0	0	0	0	7,620	15,588	2,700	4,152	16,668	2,544	2,592	12,348
4.10 Loss Ratio	83.91%	116.69%	97.36%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	74.63%	94.41%	126.93%	169.40%	62.78%	67.84%	101.92%	126.59%
Per Member Per Month															
4.11 Allowed Claims	\$709.28	\$709.28	\$709.28	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28	\$709.28
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$112.82	\$190.39	\$271.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$118.11	\$123.52	\$205.53	\$266.75	\$84.11	\$118.90	\$190.39	\$271.83
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$596.47	\$518.90	\$437.45	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$591.17	\$585.76	\$503.75	\$442.53	\$625.17	\$590.39	\$518.90	\$437.45
4.16 Risk Adjustment Transfer Amount	\$49.51	-\$137.74	-\$50.05	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$136.23	-\$29.79	-\$169.82	-\$243.03	\$304.90	\$215.35	-\$73.29	-\$153.76
4.17 Premium	\$661.29	\$582.41	\$499.34	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$655.93	\$650.24	\$566.70	\$504.27	\$690.84	\$654.96	\$582.41	\$499.34

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 1	1.0000

2021 Rates Table Template v10.0		<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										
Rate Effective Date*	1/1/2021										
Rate Expiration Date*	12/31/2021										
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	939.97	1879.94	1814.14	1814.14	1814.14	2641.32	2641.32	2641.32		
13627VT0320002	Rating Area 1	796.44	1592.88	1537.13	1537.13	1537.13	2238.00	2238.00	2238.00		
13627VT0320003	Rating Area 1	742.80	1485.60	1433.60	1433.60	1433.60	2087.27	2087.27	2087.27		
13627VT0320006	Rating Area 1	659.14	1318.28	1272.14	1272.14	1272.14	1852.18	1852.18	1852.18		
13627VT0320004	Rating Area 1	560.45	1120.90	1081.67	1081.67	1081.67	1574.86	1574.86	1574.86		
13627VT0320005	Rating Area 1	568.00	1136.00	1096.24	1096.24	1096.24	1596.08	1596.08	1596.08		
13627VT0330001	Rating Area 1	756.05	1512.10	1459.18	1459.18	1459.18	2124.50	2124.50	2124.50		
13627VT0330003	Rating Area 1	686.16	1372.32	1324.29	1324.29	1324.29	1928.11	1928.11	1928.11		
13627VT0330002	Rating Area 1	573.62	1147.24	1107.09	1107.09	1107.09	1611.87	1611.87	1611.87		
13627VT0340001	Rating Area 1	259.79	519.58	501.39	501.39	501.39	730.01	730.01	730.01		
13627VT0340002	Rating Area 1	939.97	1879.94	1814.14	1814.14	1814.14	2641.32	2641.32	2641.32		
13627VT0340003	Rating Area 1	796.44	1592.88	1537.13	1537.13	1537.13	2238.00	2238.00	2238.00		
13627VT0340004	Rating Area 1	742.80	1485.60	1433.60	1433.60	1433.60	2087.27	2087.27	2087.27		
13627VT0340007	Rating Area 1	659.14	1318.28	1272.14	1272.14	1272.14	1852.18	1852.18	1852.18		
13627VT0340005	Rating Area 1	560.45	1120.90	1081.67	1081.67	1081.67	1574.86	1574.86	1574.86		
13627VT0340006	Rating Area 1	568.00	1136.00	1096.24	1096.24	1096.24	1596.08	1596.08	1596.08		
13627VT0350001	Rating Area 1	756.05	1512.10	1459.18	1459.18	1459.18	2124.50	2124.50	2124.50		
13627VT0350003	Rating Area 1	686.16	1372.32	1324.29	1324.29	1324.29	1928.11	1928.11	1928.11		
13627VT0350002	Rating Area 1	573.62	1147.24	1107.09	1107.09	1107.09	1611.87	1611.87	1611.87		
13627VT0360005	Rating Area 1	731.76	1463.52	1412.30	1412.30	1412.30	2056.25	2056.25	2056.25		
13627VT0360006	Rating Area 1	725.41	1450.82	1400.04	1400.04	1400.04	2038.40	2038.40	2038.40		
13627VT0360008	Rating Area 1	632.21	1264.42	1220.17	1220.17	1220.17	1776.51	1776.51	1776.51		
13627VT0360007	Rating Area 1	562.56	1125.12	1085.74	1085.74	1085.74	1580.79	1580.79	1580.79		
13627VT0370001	Rating Area 1	770.70	1541.40	1487.45	1487.45	1487.45	2165.67	2165.67	2165.67		
13627VT0370002	Rating Area 1	730.67	1461.34	1410.19	1410.19	1410.19	2053.18	2053.18	2053.18		
13627VT0370004	Rating Area 1	649.74	1299.48	1254.00	1254.00	1254.00	1825.77	1825.77	1825.77		
13627VT0370003	Rating Area 1	557.06	1114.12	1075.13	1075.13	1075.13	1565.34	1565.34	1565.34		
13627VT0380005	Rating Area 1	731.76	1463.52	1412.30	1412.30	1412.30	2056.25	2056.25	2056.25		
13627VT0380006	Rating Area 1	725.41	1450.82	1400.04	1400.04	1400.04	2038.40	2038.40	2038.40		
13627VT0380008	Rating Area 1	632.21	1264.42	1220.17	1220.17	1220.17	1776.51	1776.51	1776.51		
13627VT0380007	Rating Area 1	562.56	1125.12	1085.74	1085.74	1085.74	1580.79	1580.79	1580.79		
13627VT0390001	Rating Area 1	770.70	1541.40	1487.45	1487.45	1487.45	2165.67	2165.67	2165.67		
13627VT0390002	Rating Area 1	730.67	1461.34	1410.19	1410.19	1410.19	2053.18	2053.18	2053.18		
13627VT0390004	Rating Area 1	649.74	1299.48	1254.00	1254.00	1254.00	1825.77	1825.77	1825.77		
13627VT0390003	Rating Area 1	557.06	1114.12	1075.13	1075.13	1075.13	1565.34	1565.34	1565.34		