State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT Exchange 2020

Project Name/Number: /

## Filing at a Glance

Company: MVP Health Plan, Inc.
Product Name: VT Exchange 2020
State: VermontGMCB

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate
Date Submitted: 05/10/2019

SERFF Tr Num: MVPH-131934219 SERFF Status: Closed-Approved

State Tr Num: State Status: Co Tr Num:

Implementation 01/01/2020

Date Requested:

Author(s): Matt Lombardo, Eric Bachner, Christopher Pontiff

Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin

Aborjaily, Michael Barber

Disposition Date: 08/08/2019
Disposition Status: Approved
Implementation Date: 01/01/2020

State Filing Description:

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

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Product Name: VT Exchange 2020

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: Individual

Overall Rate Impact: 10.08% Filing Status Changed: 08/20/2019

State Status Changed:

Deemer Date: Created By: Eric Bachner

Submitted By: Eric Bachner Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Plans are proposed to be sold on the state of Vermont's

exchange.

Filing Description:

These rates are for Small Group and Individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2020

# **Company and Contact**

### **Filing Contact Information**

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

### **Filing Company Information**

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Correspondence Summary**

**Dispositions** 

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	08/20/2019	08/20/2019

## **Objection Letters and Response Letters**

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/24/2019	07/24/2019
Pending Response	Jacqueline Lee	06/20/2019	06/20/2019
Pending Response	Jacqueline Lee	06/20/2019	06/20/2019
Pending Response	Jacqueline Lee	06/03/2019	06/05/2019
Pending Response	Jacqueline Lee	05/16/2019	05/16/2019

**Response Letters** 

Responded By	Created On	Date Submitted
Eric Bachner	07/25/2019	07/25/2019
Eric Bachner	06/24/2019	06/24/2019
Eric Bachner	06/25/2019	06/25/2019
Eric Bachner	06/10/2019	06/10/2019
Eric Bachner	05/23/2019	05/23/2019

### **Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Eric Bachner	08/09/2019	08/09/2019
Supporting Document	Unified Rate Review Template	Eric Bachner	08/09/2019	08/09/2019
Supporting Document	Response to Post-Hearing Questions	Matt Lombardo	07/29/2019	07/29/2019
Supporting Document	Response to L&E Objection #5	Eric Bachner	07/25/2019	07/25/2019
Supporting Document	Update to Non-Standard Gold 2 plan	Eric Bachner	07/12/2019	07/12/2019
Supporting Document	Response to L&E Objection #3	Eric Bachner	07/08/2019	07/08/2019
Supporting Document	Actuarial Memorandum	Eric Bachner	06/10/2019	06/10/2019
Supporting Document	Response to L&E Objection #1	Eric Bachner	05/30/2019	05/30/2019

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## **Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Eric Bachner	05/21/2019	05/21/2019
Supporting Document	Actuarial Memorandum	Eric Bachner	05/13/2019	05/13/2019
Supporting Document	Consumer Disclosure Form	Eric Bachner	05/13/2019	05/13/2019

**Filing Notes** 

Subject	Note Type	Created By	Created On	Date Submitted
Request for Confidentiality- L&E Objection #1	Note To Reviewer	Eric Bachner	05/23/2019	05/23/2019
RRS and RRD submitted on 05212019	Reviewer Note	Thomas Crompton	08/20/2019	
Original RRS tab and RRD submitted on 51019	Reviewer Note	Thomas Crompton	05/23/2019	

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Disposition**

Disposition Date: 08/08/2019 Implementation Date: 01/01/2020

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: Ordered approved by the GMCB order date = 08/08/2019

	Company	Overall %	Overall %	Written	Number of Policy	Written	Maximum %	Minimum %
Company	Rate	Indicated	Rate	Premium	<b>Holders Affected</b>	Premium for	Change	Change
Name:	Change:	Change:	Impact:	Change for	for this Program:	this Program:	(where req'd)	: (where req'd):
				this Program:				
MVP Health Plan, In	c. Increase	10.080%	10.080%	\$19,024,976	11,696	\$188,668,999	13.600%	5.700%

**Percent Change Approved:** 

 Minimum:
 5.700%

 Maximum:
 13.600%

 Weighted Average:
 10.080%

Schedule	Schedule Item	Schedule Item Status	<b>Public Access</b>
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document (revised)	Consumer Disclosure Form		No
Supporting Document	Consumer Disclosure Form		No
Supporting Document	Filing Compliance Certification		No
Supporting Document	Third Party Filing Authorization		No

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number:

Schedule	Schedule Item	Schedule Item Status	<b>Public Access</b>
Supporting Document (revised)	Unified Rate Review Template		No
Supporting Document	Unified Rate Review Template		No
Supporting Document (revised)	Response to L&E Objection #1		No
Supporting Document	Response to L&E Objection #1		No
Supporting Document	Response to L&E Objection #2		No
Supporting Document	Response to L&E Objection #4		No
Supporting Document (revised)	Response to L&E Objection #3		No
Supporting Document	Response to L&E Objection #3		No
Supporting Document	Update to Non-Standard Gold 2 plan		No
Supporting Document (revised)	Response to L&E Objection #5		No
Supporting Document	Response to L&E Objection #5		No
Supporting Document	Response to Post-Hearing Questions		No

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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**Product Name:** VT Exchange 2020

Project Name/Number: /

# **Objection Letter**

Objection Letter Status Pending Response

Objection Letter Date 07/24/2019
Submitted Date 07/24/2019
Respond By Date 07/25/2019

Dear Matt Lombardo,

### Introduction:

Please see the attached letter.

### Conclusion:

Sincerely, Jacqueline Lee



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**Actuaries and Consultants** 

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

July 24, 2019

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

Re: MVP Health Plan, Inc.

2020 Vermont Exchange Rate Filing SERFF Tracking #: MVPH-131934219

Dear Mr. Bachner:

The following additional information is required for this filing.

### Notice regarding proper responses:

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

### Questions:

1. Please provide quantitative support for the impact of the 2020 hospital budget requests.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 25, 2019.

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

Sincerely,

osh Hammerquist, FSA, MAAA

Vice President Lewis & Ellis, Inc.

jhammerquist@LewisEllis.com

(972)-850-0850

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМС

Product Name: VT Exchange 2020

Project Name/Number: /

# **Objection Letter**

Objection Letter Status Pending Response

Objection Letter Date 06/20/2019
Submitted Date 06/20/2019
Respond By Date 06/24/2019

Dear Matt Lombardo,

### Introduction:

Please see the attached letter.

### Conclusion:

Sincerely, Jacqueline Lee



LEWIS<u>&</u>ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

June 20, 2019

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

Re: MVP Health Plan, Inc.

2020 Vermont Exchange Rate Filing SERFF Tracking #: MVPH-131934219

Dear Mr. Bachner:

The following additional information is required for this filing.

### Notice regarding proper responses:

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

### Questions:

- 1. Please reconcile the values in the URRT to the exhibits provided in SERFF.
- 2. Provide quantitative support for the 2.1% increase due to the revision to the estimate for providing services in 2019 in the Consumer Disclosure.
- 3. Provide detailed quantitative and qualitative support for the unit cost trends both IP and OP for 2019 and separately for 2020 for the following:
  - a. Springfield (2020 only)
  - b. Dartmouth-Hitchcock Medical Center
  - c. New York Participating Hospitals
  - d. Rental and Non-participating Hospitals
- 4. Provide detailed quantitative and qualitative support for the unit cost trends physicians for 2019 and separately for 2020 for the following:
  - a. Rental Network
- 5. Provide, for each month from January 2015 through February 2019, total allowed costs and the number of enrolled members for all individual and small group members. Additionally, provide normalization factors appropriate to this data to normalize for changes in unit costs, population age factors, and induced utilization separately.
- 6. Provide quantitative support for the bad debt assumption of 0.4%.
- 7. Provide additional support for the 1.6% trend in Exhibit 6.
- 8. Provide the average unit cost medical trend separately for facilities and providers impacted by the GMCB's Hospital Budget Review and for those facilities and providers not impacted.
- 9. Provide the monthly historical experience for Rx claims PMPM with normalization factors applied.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 24, 2019.

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

Sincerely,

Josh Hammerquist, FSA, MAAA

Vice President Lewis & Ellis, Inc.

jhammerquist@LewisEllis.com

(972)-850-0850

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМС

Product Name: VT Exchange 2020

Project Name/Number: /

# **Objection Letter**

Objection Letter Status Pending Response

Objection Letter Date 06/20/2019
Submitted Date 06/20/2019
Respond By Date 06/25/2019

Dear Matt Lombardo,

### Introduction:

Please see the attached letter.

### Conclusion:

Sincerely, Jacqueline Lee



June 18, 2019

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

Re: MVP Health Plan, Inc.

2020 Vermont Exchange Rate Filing SERFF Tracking #: MVPH-131934219

Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing and is being submitted on behalf of the Office of the Health Care Advocate.

### Notice regarding proper responses:

• A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.

LEWIS ELLIS

Actuaries and Consultants

700 Central Expressway South

Suite 550 Allen, TX 75013 **972-850-0850 lewisellis.com** 

• Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

### **Questions:**

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

Year Filed		2019	2018	2017
Docket #		GMCB-	GMCB-	GMCB-
Docket #		05-19rr	008-18rr	007-17rr
Members		30887	25223	10305
Avanaga Bata Changa	Proposed	8.5	10.9	6.7
Average Rate Change	Allowed	NA	6.6	3.5
	Proposed		3.2	4.2
Allowed Medical Trend	Allowed	NA		3.9
	Actual*	NA	NA	
	Proposed		3.2	3.5
Medical Unit Cost	Allowed	NA		
	Actual*	NA	NA	
	Proposed		0	0.7
<b>Medical Utilization</b>	Allowed	NA		
	Actual*	NA	NA	
Allowed Rx Trend	Proposed	8.2	13.3	11.9

	Allowed	NA		11.9
	Actual*	NA	NA	
Canaval Admin I and	Proposed	42	39.8	38.1
General Admin Load	Allowed	NA		
(PMPM)	Actual*	NA	NA	
CTR	Proposed	1.5	2	2
CIK	Allowed	NA	1.5	2

<sup>\*</sup>Actual is for the year that the rates are effective for. For instance, for the column "2017", the actual field should be populated with the experience of 2018 (the year the rates are effective for).

- 2. You state that MVP has assumed "that all of the groups who left [the market] migrated to the AHP market." GMCB-005-19rr, MVP Actuarial Mem. at 7. Please provide the quantitative and qualitative data that supports your assumption.
- 3. The average annual allowed Rx trend in this filing is 8.2%. GMCB-005-19rr, Actuarial Mem. at 9. You state that you chose to base this estimate on forecasts provided by MVP's pharmacy benefits manager (PBM). You further state that the forecasts provided by MVP's PBM "account for drugs coming off patent." GMCB-005-19rr, Actuarial Mem. at 9. Please expand on the PBM forecasts you chose to base MVP's Rx trend factors on. Specifically, please provide quantitative and qualitative support for the proposition that the PBM forecasts accounted for drugs coming off patent. What was the impact on Rx trend of drugs coming off patent?
- 4. What assumptions (if any) did you make about the impacts of the Green Mountain Surgery Center on outpatient surgery costs?

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 25, 2019.

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

Sincerely,

Josh Hammerquist, FSA, MAAA

Vice President Lewis & Ellis, Inc.

jhammerquist@LewisEllis.com

(972)-850-0850

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМС

Product Name: VT Exchange 2020

Project Name/Number: /

# **Objection Letter**

Objection Letter Status Pending Response

Objection Letter Date 06/03/2019
Submitted Date 06/05/2019
Respond By Date 06/10/2019

Dear Matt Lombardo,

### Introduction:

Please see the attached letter.

### Conclusion:

Sincerely, Jacqueline Lee



June 3, 2019

Actuaries and Consultants
700 Central Expressway South
Suite 550
Allen, TX 75013

LFWIS&FILIS

972-850-0850 lewisellis.com

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

Re: MVP Health Plan, Inc.

2020 Vermont Exchange Rate Filing SERFF Tracking #: MVPH-131934219

Objection #2

Dear Mr. Bachner:

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.

#### **Ouestions:**

- 1. Reconcile the 13.6% of CY2017 claims that were above \$100,000 with the 11.2% shown in last year's actuarial memorandum.
- 2. Provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the increased membership and the grandfathered small groups that will migrate to this block by 2020.
- 3. Provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.
- 4. Provide quantitative and qualitative support for the leveraged Rx trend.
- 5. Provide quantitative support for the 1.032 trend factor applied to the claims for the deductible in Exhibit 2a.
- 6. Please quantify the impact of the revised risk adjustment payment based on the analysis of the combined RATEE reports.
- 7. Provide the quantitative analysis that was done to determine that the "grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does."
- 8. Reconcile the statement above with the federal risk adjustment program impact on line 31 of Exhibit 3.
- 9. Provide quantitative and qualitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate in Exhibit 7.
- 10. Provide quantitative support for the PMPM impact of State Taxes separately for the increased membership and the changes to the funding mechanism.
- 11. Provide quantitative support for the calculation of the ACA Health Insurer Tax.

- 12. Provide an exhibit showing the membership by plan and actuarial value for 2018, 2019 and the projection for 2020; the data should include the grandfathered members.
- 13. Provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
- 14. Provide additional qualitative support for the following statement on the impact of Association Health Plans:

"MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity."

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 10, 2019.

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

Sincerely,

Josh Hammerquist, FSA, MAAA

Vice President Lewis & Ellis, Inc.

jhammerquist@LewisEllis.com

(972)-850-0850

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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**Product Name:** VT Exchange 2020

Project Name/Number: /

# **Objection Letter**

Objection Letter Status Pending Response

Objection Letter Date 05/16/2019
Submitted Date 05/16/2019
Respond By Date 05/23/2019

Dear Matt Lombardo,

### Introduction:

Please see the attached letter.

### Conclusion:

Sincerely, Jacqueline Lee



LEWIS ELLIS

Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

May 16, 2019

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

Re: MVP Health Plan, Inc.

2020 Vermont Exchange Rate Filing SERFF Tracking #: MVPH-131934219

Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

### Notice regarding proper responses:

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

### **Questions:**

- 1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by the GMCB should reconcile to the most recently approved budget changes and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.
- 2. Please provide detailed quantitative and qualitative analysis of the historical utilization trends, including any adjustments to the data.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than May 23, 2019.

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

Sincerely,

Josh Hammerquist, FSA, MAAA

Vice President Lewis & Ellis, Inc.

jhammerquist@LewisEllis.com

(972)-850-0850

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 07/25/2019
Submitted Date 07/25/2019

Dear Thomas Crompton,

Introduction:

### Response 1

### Comments:

Please see the attached supporting documentation which provides the non-redacted portion of MVP's response.

### Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Response to L&E Objection #5	
Comments:		
Attachment(s):	VT 2020 Exchange Rate Filing_072419_SERFF.xlsx VT 2020 Exchange Rate Filing_072419_SERFF.pdf Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx Rate Increase Exhibit 2019-2020_072419_SERFF.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 06/24/2019
Submitted Date 06/24/2019

Dear Thomas Crompton,

Introduction:

### Response 1

### Comments:

Please see the attached which provides MVP's responses to Objection Letter #4. Additionally, MVP has deemed two responses confidential and will be providing those outside of SERFF.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #4
Comments:	
Attachment(s):	2020 MVPHP VT Exchange URRT_Without Rounding.xlsx 2020 MVPHP VT Exchange URRT_Without Rounding.pdf Support for L&E Objection #4_SERFF.xlsx Support for L&E Objection #4_SERFF.pdf Response to 2020 VT Exchange Objection #4_SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 06/25/2019
Submitted Date 06/25/2019

Dear Thomas Crompton,

Introduction:

### Response 1

### Comments:

Please see the attached which provides MVP's response to Objection Letter #3.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #3
Comments:	
Attachment(s):	Support for L&E Objection #3_SERFF.xlsx Support for L&E Objection #3_SERFF.pdf Response to 2020 VT Exchange Objection #3_SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 06/10/2019
Submitted Date 06/10/2019

Dear Thomas Crompton,

Introduction:

### Response 1

### Comments:

Please see the attached response to L&E Objection #2.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #2
Comments:	
Attachment(s):	Response to 2020 VT Exchange Objection #2_SERFF.pdf Support for L&E Objection 2_SERFF.xlsx Support for L&E Objection 2_SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 05/23/2019
Submitted Date 05/23/2019

Dear Thomas Crompton,

Introduction:

### Response 1

### Comments:

MVP has requested that its response to this objection be made confidential. MVP's responses will be sent outside of SERFF to the pertinent parties.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #1
Comments:	
Attachment(s):	Response to 2020 VT Exchange Objection #1_REDACTED.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## **Amendment Letter**

Submitted Date: 08/09/2019

Comments:

Please see the attached documents which provide MVP's updated rate filing reflecting the GMCB Decision & Order. Also attached are the rate increase exhibit showing the 10.1% average increase and federal templates (URRT and Rates) reflecting the Board's decision.

Changed Items:

No Form Schedule Items Changed.

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

Supporting Document So Satisfied - Item:	Actuarial Memorandum
Comments:	/ totalial World and an
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf Final-Silver 2 HDHP CSR 73.pdf Non-Standard AVC Screenshots VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.xlsx Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.pdf VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.pdf VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.xlsx RateTables_VT_2020_IND_OFF_080919.xls RateTables_VT_2020_IND_ON_080919.xls RateTables_VT_2020_SM_ON_080919.xls
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_ SERFF.xlsx Actuarial Memo Dataset (2020 issues)_ SERFF.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019-2020_052119_ SERFF.pdf Rate Increase Exhibit 2019-2020_052119_ SERFF.xlsx VT 2020 Exchange Rate Filing_052119_ SERFF.pdf VT 2020 Exchange Rate Filing_052119_ SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf Final-Silver 2 HDHP CSR 73.pdf Non-Standard AVC Screenshots VT 2020 Exchange.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number:

	Rate Increase Exhibit 2019-2020_052119_SERFF.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx VT 2020 Exchange Rate Filing_052119_SERFF.pdf VT 2020 Exchange Rate Filing_052119_SERFF.xlsx
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_SERFF.pdf Rate Increase Exhibit 2019-2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_ SERFF.xlsx Actuarial Memo Dataset (2020 issues)_ SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_ VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.xlsx Rate Increase Exhibit 2019-2020_ SERFF.pdf Rate Increase Exhibit 2019-2020_ SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_ SERFF.xlsx

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template_2020_MVPHP_VT_Combined_GMCB DECISION.pdf Unified_Rate_Review_Template_2020_MVPHP_VT_Combined_GMCB DECISION.xlsm
Previous Version	
Satisfied - Item:	Unified Rate Review Template

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number:

Comments:

Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined.pdf

Attachment(s):

Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined.xlsm
UnifiedRateReviewSubmission\_201905089357.xml

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 07/29/2019

Comments:

Please see the attachment for MVP's response to the Post-Hearing Questions. There are no portions of this response that are deemed confidential by MVP.

Changed Items:

No Form Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Post-Hearing Questions
Comments:	Please see the attachment.
Attachment(s):	Response to 2020 VT Exchange Objection Post-Hearing Questions.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## **Amendment Letter**

Submitted Date: 07/25/2019

Comments:

Please see the amended Response to L&E Objection #5 which includes the file "Response to 2020 VT Exchange Objection #5" which was determined does not need to remain confidential.

Changed Items:

No Form Schedule Items Changed.

Supporting Document Schedule Item Changes			
Satisfied - Item:	Response to L&E Objection #5		
Comments:			
Attachment(s):	VT 2020 Exchange Rate Filing_072419_SERFF.xlsx VT 2020 Exchange Rate Filing_072419_SERFF.pdf Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx Rate Increase Exhibit 2019-2020_072419_SERFF.pdf Response to 2020 VT Exchange Objection #5.pdf		
Previous Version	Previous Version		
Satisfied - Item:	Response to L&E Objection #5		
Comments:			
Attachment(s):	VT 2020 Exchange Rate Filing_072419_SERFF.xlsx VT 2020 Exchange Rate Filing_072419_SERFF.pdf Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx Rate Increase Exhibit 2019-2020_072419_SERFF.pdf		

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 07/12/2019

Comments:

Please see the attached documents which provide an update to the Non-Standard Gold 2 plan per the Department of Financial Regulation's order.

Changed Items:

No Form Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Update to Non-Standard Gold 2 plan
Comments:	
Attachment(s):	Final_ 2020 AVC Gold 2.pdf Notice of Plan Design Change_Gold 2 Non-Standard.pdf VT 2020 Exchange Rate Filing_Change to Gold 2 Plan_SERFF.pdf Rate Increase Exhibit 2019-2020_071119_SERFF.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 07/08/2019

Comments:

Please see the Revised response to L&E Objection #3 which includes a document "Response to 2020 VT Exchange Objection #3 Question #1" per the GMCB's July 1 order.

Changed Items:

No Form Schedule Items Changed.

Supporting Document Schedule Item Changes			
Satisfied - Item:	Response to L&E Objection #3		
Comments:			
Attachment(s):	Support for L&E Objection #3_SERFF.xlsx Support for L&E Objection #3_SERFF.pdf Response to 2020 VT Exchange Objection #3_SERFF.pdf Response to 2020 VT Exchange Objection #3_Question #1.pdf		
Previous Version	Previous Version		
Satisfied - Item:	Response to L&E Objection #3		
Comments:			
Attachment(s):	Support for L&E Objection #3_SERFF.xlsx Support for L&E Objection #3_SERFF.pdf Response to 2020 VT Exchange Objection #3_SERFF.pdf		

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 06/10/2019

Comments:

MVP has updated the Silver 2 73% CSR Plan to incorporate a change to the deductible and MOOP. This change was required to comply with federal guidelines that the 73% CSR plan must be at least 2% higher AV than the base benefit.

Changed Items:

No Form Schedule Items Changed.

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

Supporting Document So	chedule Item Changes
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx VT 2020 Exchange Rate Filing_052119_SERFF.pdf VT 2020 Exchange Rate Filing_052119_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf Final-Silver 2 HDHP CSR 73.pdf Non-Standard AVC Screenshots VT 2020 Exchange.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx VT 2020 Exchange Rate Filing_052119_SERFF.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_SERFF.pdf Rate Increase Exhibit 2019-2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.pdf Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.xlsx Rate Increase Exhibit 2019-2020_SERFF.pdf Rate Increase Exhibit 2019-2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 05/30/2019

Comments:

Response to L&E Objection #1 edited to include the GMCB Approved Hospital Budget Document that is not confidential.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes					
Satisfied - Item: Response to L&E Objection #1					
Comments:					
Attachment(s):  Response to 2020 VT Exchange Objection #1_REDACTED.pdf GMCB Approved Hospital Budget Decisions Sept 12 2018 updated Sept 18 2018.pdf					
Previous Version					
Satisfied - Item:	Response to L&E Objection #1				
Comments:					
Attachment(s):	Response to 2020 VT Exchange Objection #1_REDACTED.pdf				

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 05/21/2019

Comments:

MVP has submitted an updated rate filing which reflect updated medical trend information. Please see the attached document "MVPH-131934219 Amendment 052119.pdf" for more information on the nature of the update.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

<b>Supporting Document Sc</b>	chedule Item Changes
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.pdf Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx VT 2020 Exchange Rate Filing_052119_SERFF.pdf VT 2020 Exchange Rate Filing_052119_SERFF.xlsx
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_SERFF.pdf Rate Increase Exhibit 2019-2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_ SERFF.xlsx Actuarial Memo Dataset (2020 issues)_ SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_ VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.xlsx Rate Increase Exhibit 2019-2020_ SERFF.pdf Rate Increase Exhibit 2019-2020_ SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_ SERFF.xlsx

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Amendment Letter**

Submitted Date: 05/13/2019

Comments:

MVP has removed the "Rate Increase Exhibit Felt by Vermonters" files and updated the Consumer Narrative per the GMCB's request.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number:

Supporting Document Schedule Item Changes						
Satisfied - Item:	Actuarial Memorandum					
Comments:						
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_SERFF.pdf Rate Increase Exhibit 2019-2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx					
Previous Version						
Satisfied - Item:	Actuarial Memorandum					
Comments:						
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_ SERFF.xlsx Actuarial Memo Dataset (2020 issues)_ SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_ VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.pdf Rate Increase Exhibit 2019-2020_ Felt by Vermonters_ SERFF.xlsx Rate Increase Exhibit 2019-2020_ SERFF.pdf Rate Increase Exhibit 2019-2020_ SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_ SERFF.xlsx					

Satisfied - Item:	Consumer Disclosure Form					
Comments:						
Attachment(s):	onsumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf					
Previous Version						
Satisfied - Item:	Consumer Disclosure Form					
Comments:						
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf					

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

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Product Name: VT Exchange 2020

Project Name/Number: /

## **Note To Reviewer**

Created By:

Eric Bachner on 05/23/2019 11:49 AM

Last Edited By:

Eric Bachner

**Submitted On:** 

05/23/2019 11:49 AM

Subject:

Request for Confidentiality- L&E Objection #1

#### **Comments:**

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential financial information which would result in a competitive disadvantage if our competitors were to learn these results. This response contains trend information that is the result of confidential negotiations between MVP and facilities performing medical services. The release of this data would place MVP at a competitive disadvantage with both other insurers in the marketplace as well as with facilities that MVP networks with. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМС

**Product Name:** VT Exchange 2020

Project Name/Number: /

# **Reviewer Note**

Created By:

Thomas Crompton on 08/20/2019 07:08 AM

Subject:

RRS and RRD submitted on 05212019

Comments: 2nd revision

# RRStab submitted 05212019 (2<sup>nd</sup>)

**Rate Information** 

Rate Info Applies: Rate Data is Required

Filing Method: SERFF

Rate Change Type: Increase

Overall Pct. of Last Revision: 6.630

Effective Date of Last Revision 01/01/2019

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: MVPH-131497138

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):	
MVP Health Plan, Inc.	Increase	8.450%	8.450%	\$15,948,590	11,696	\$188,668,999	22.600%	4.100%	

# RRD Submitted 05212019 (2<sup>nd</sup>)

Company Name: MVP Health Plan, Inc.

HHS Issuer ID: 9 \* 77566

PRODUCTS: \*\*

Product Name \* HIOS Product ID HIOS Submission ID Number of Covered Lives \*

VT Individual HMO 77566VT004 14,491 VT Small Group HMO 77566VT005 16,396

Trend Factors:

FORMS: \* @

New Policy Forms:

Affected Forms for Closed Blocks:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: \* Annual Member Months: \* 370,644 Benefit Change: \* Increase

Percent Rate Change Requested: Min: \* 4.100 Max: \* 22.600 Weighted Avg.: \* 8.500

PRIOR RATE:

Total Earned Premium: \* 188,668,999.00 Total Incurred Claims: \* 170,767,541.00

Annualized PMPM \$: Min: \*299.31 Max: \*638.18 Weighted Avg.: \*509.03

REQUESTED RATE: 9

Projected Earned Premium: \* 204,617,589.00 Projected Incurred Claims: \* 181,384,389.00

Annualized PMPM \$: Min: \*331.05 Max: \*686.54 Weighted Avg.: :\* 552.06

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМС

**Product Name:** VT Exchange 2020

Project Name/Number: /

# **Reviewer Note**

Created By:

Thomas Crompton on 05/23/2019 07:03 AM

Subject:

Original RRS tab and RRD submitted on 51019

**Comments:** 

Original RRS tab and RRD

Filing Company: MVP Health Plan, Inc.

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate

Assigned To: Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin Aborjaily,

Michael Barber

Date Submitted: 05/10/2019

SERFF Tr Num: MVPH-131934219

SERFF Status: Pending Industry

Response State Tr Num: State Status:

Co Tr Num:

Disposition Date:

#### **Company Rate Information**

Company Name:	Company Rate Change? *	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
MVP Health	Increase	9.380 %	9.380 %	\$17,700,895.00	11,696	\$188,668,999.00	23.700 %	5.000 %

#### View Rate Review Detail

Product Name *	HIOS Product ID	<b>HIOS Submission ID</b>	Number of Covered Lives*	
VT Individual HMO	77566VT004	1		14491
VT Small Group HMO	77566VT005	5		16396

Company Name: MVP Health Plan, Inc.

HHS Issuer ID: \* 77566

PRODUCTS: @\*

Product Name \* HIOS Product ID HIOS Submission ID Number of Covered Lives \*

VT Individual HMO 77566VT004 14491 VT Small Group HMO 77566VT005 16396

Trend Factors: 19

FORMS: \* \* Wew Policy Forms:

Affected Forms for Closed Blocks:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: \* Annual Member Months: \* 370644 Benefit Change: \* Increase

Percent Rate Change Requested: Min: 5% Max: 23.7% Weighted Avg.: 9.4%

PRIOR RATE:

Total Earned Premium: \* 188668999 Total Incurred Claims: \* 170767541

Annualized PMPM \$: Min: \* \$ 299.31 Max: \* \$ 638.18 Weighted Avg.: \* \$ 509.03

REQUESTED RATE:

Projected Earned Premium: \* 206369894 Projected Incurred Claims: \* 182937729

Annualized PMPM \$: Min: \* \$ 333.75 Max: \* \$ 692.7 Weighted Avg.: \* \$ 556.79

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

нмо

Product Name: VT Exchange 2020

Project Name/Number: /

# Post Submission Update Request Processed On 05/23/2019

Status: Allowed

Created By: Eric Bachner

Processed By: Thomas Crompton

Comments: This post submission update has been allowed.

## **Company Rate Information:**

Company Name: MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	8.450%	9.380%
Overall % Rate Impact	8.450%	9.380%
Written Premium Change for this Progra	m\$15948590	\$17700895
Maximum %Change (where required)	22.600%	23.700%
Minimum %Change (where required)	4.100%	5.000%

Product: NEW

Product Name VT Individual HMO HIOS Product ID 77566VT004

Number of Covered Lives 14491

Product: NEW

Product Name VT Small Group HMO

HIOS Product ID 77566VT005

Number of Covered Lives 16396

## REQUESTED RATE CHANGE INFORMATION:

 Min:
 4.100
 5.000

 Max:
 22.600
 23.7

 Weighted Avg.:
 8.500
 9.4

**REQUESTED RATE:** 

 Projected Earned Premium:
 204,617,589.000
 206,369,894.000

 Projected Incurred Claims:
 181,384,389.000
 182,937,729.000

 Min:
 331.050
 333.750

 Max:
 686.540
 692.700

 Weighted Avg.:
 552.060
 556.790

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

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Product Name: VT Exchange 2020

Project Name/Number: /

# Post Submission Update Request Processed On 08/20/2019

Status: Allowed

Created By: Eric Bachner

Processed By: Thomas Crompton

Comments: This post submission update is allowed.

**General Information:** 

Field Name Requested Change Prior Value

Overall Rate Impact 10.08 0

**Company Rate Information:** 

Company Name: MVP Health Plan, Inc.

**Field Name Prior Value Requested Change** Overall % Indicated Change 10.080% 8.450% 10.080% Overall % Rate Impact 8.450% Written Premium Change for this Program \$19024976 \$15948590 Maximum %Change (where required) 13.600% 22.600% 4.100% Minimum %Change (where required) 5.700%

Product: NEW

Product Name VT Individual HMO HIOS Product ID 77566VT004

Number of Covered Lives 14491

Product: NEW

Product Name VT Small Group HMO

HIOS Product ID 77566VT005

Number of Covered Lives 16396

REQUESTED RATE CHANGE INFORMATION:

 Min:
 5.700
 4.100

 Max:
 13.600
 22.6

 Weighted Avg.:
 10.100
 8.5

**REQUESTED RATE:** 

 Projected Earned Premium:
 207,693,975.000
 204,617,589.000

 Projected Incurred Claims:
 185,290,954.000
 181,384,389.000

 Min:
 336.240
 331.050

Max: 784.520 686.540 Weighted Avg.: 560.360 552.060

State: **VermontGMCB** Filing Company: MVP Health Plan, Inc.

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO TOI/Sub-TOI:

VT Exchange 2020 Product Name:

Project Name/Number:

# **Rate Information**

Rate data applies to filing.

Filing Method of Last Filing:

Filing Method: **SERFF** 

Rate Change Type: Increase

**Overall Percentage of Last Rate Revision:** 6.630%

**Effective Date of Last Rate Revision:** 01/01/2019 SERFF

**SERFF Tracking Number of Last Filing:** MVPH-131497138

# **Company Rate Information**

Company Name:	. ,	Indicated	Overall % Rate Impact:	Premium	Number of Policy Holders Affected for this Program:	Premium for	Change	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	10.080%	10.080%	\$19,024,976	11,696	\$188,668,999	13.600%	5.700%

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

НМО

Product Name: VT Exchange 2020

Project Name/Number: /

# **Rate Review Detail**

**COMPANY:** 

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

## **PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual HMO	77566VT004		14491
VT Small Group HMO	77566VT005		16396

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT EXCHANGE COC

## **REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual
Member Months: 370,644
Benefit Change: Increase

Percent Change Requested: Min: 5.7 Max: 13.6 Avg: 10.1

**PRIOR RATE:** 

Total Earned Premium: 188,668,999.00 Total Incurred Claims: 170,767,541.00

Annual \$: Min: 299.31 Max: 638.18 Avg: 509.03

**REQUESTED RATE:** 

Projected Earned Premium: 207,693,975.00 Projected Incurred Claims: 185,290,954.00

Annual \$: Min: 336.24 Max: 784.52 Avg: 560.36

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Supporting Document Schedules**

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf Final-Silver 2 HDHP CSR 73.pdf Non-Standard AVC Screenshots VT 2020 Exchange.pdf Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.xlsx Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.pdf VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.pdf VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.xlsx RateTables_VT_2020_IND_OFF_080919.xls RateTables_VT_2020_IND_ON_080919.xls RateTables_VT_2020_SM_ON_080919.xls
Item Status:	
Status Date:	
O. C. C. L. Hann	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2020 Federal Act Memo Vermont Exchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's rating rules satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf
Item Status:	
Status Date:	

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: VermontGMCB Filing Company: State: MVP Health Plan, Inc. TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO VT Exchange 2020 Product Name: Project Name/Number: Filing Compliance Certification Satisfied - Item: Comments: Attachment(s): Certification of Compliance - VT.pdf **Item Status:** Status Date: Bypassed - Item: Third Party Filing Authorization **Bypass Reason:** N/A Attachment(s): **Item Status: Status Date:** Satisfied - Item: Unified Rate Review Template Comments: Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined\_GMCB DECISION.pdf Attachment(s): Unified Rate Review Template 2020 MVPHP VT Combined GMCB DECISION.xlsm Item Status: **Status Date:** Satisfied - Item: Response to L&E Objection #1 Comments: Response to 2020 VT Exchange Objection #1\_REDACTED.pdf Attachment(s): GMCB Approved Hospital Budget Decisions Sept 12 2018 updated Sept 18 2018.pdf **Item Status:** Status Date: Satisfied - Item: Response to L&E Objection #2 Comments: Response to 2020 VT Exchange Objection #2 SERFF.pdf Support for L&E Objection 2\_SERFF.xlsx Attachment(s): Support for L&E Objection 2\_SERFF.pdf **Item Status:** Status Date: Satisfied - Item: Response to L&E Objection #4 Comments:

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: VermontGMCB State: Filing Company: MVP Health Plan, Inc. TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO VT Exchange 2020 Product Name: Project Name/Number: 2020 MVPHP VT Exchange URRT Without Rounding.xlsx 2020 MVPHP VT Exchange URRT\_Without Rounding.pdf Support for L&E Objection #4\_SERFF.xlsx Attachment(s): Support for L&E Objection #4 SERFF.pdf Response to 2020 VT Exchange Objection #4 SERFF.pdf Item Status: **Status Date:** Satisfied - Item: Response to L&E Objection #3 Comments: Support for L&E Objection #3\_SERFF.xlsx Support for L&E Objection #3 SERFF.pdf Attachment(s): Response to 2020 VT Exchange Objection #3 SERFF.pdf Response to 2020 VT Exchange Objection #3 Question #1.pdf Item Status: Status Date: Satisfied - Item: Update to Non-Standard Gold 2 plan Comments: Final 2020 AVC Gold 2.pdf Notice of Plan Design Change Gold 2 Non-Standard.pdf Attachment(s): VT 2020 Exchange Rate Filing\_Change to Gold 2 Plan\_SERFF.pdf Rate Increase Exhibit 2019-2020 071119 SERFF.pdf Item Status: Status Date: Response to L&E Objection #5 Satisfied - Item: Comments: VT 2020 Exchange Rate Filing 072419 SERFF.xlsx VT 2020 Exchange Rate Filing 072419 SERFF.pdf Rate Increase Exhibit 2019-2020\_072419\_SERFF.xlsx Attachment(s): Rate Increase Exhibit 2019-2020 072419 SERFF.pdf Response to 2020 VT Exchange Objection #5.pdf Item Status: Status Date: Satisfied - Item: Response to Post-Hearing Questions Comments: Please see the attachment. Attachment(s): Response to 2020 VT Exchange Objection Post-Hearing Questions.pdf

Item Status:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

**Status Date:** 

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT Exchange 2020

Project Name/Number:

Attachment Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2019-2020\_v4 GMCB DECISION\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2020 Exchange Rate Filing\_v4 GMCB DECISION\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment RateTables\_VT\_2020\_IND\_OFF\_080919.xls is not a PDF document and cannot be reproduced here.

Attachment RateTables\_VT\_2020\_IND\_ON\_080919.xls is not a PDF document and cannot be reproduced here.

Attachment RateTables\_VT\_2020\_SM\_ON\_080919.xls is not a PDF document and cannot be reproduced here.

Attachment Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined\_GMCB DECISION.xlsm is not a PDF document and cannot be reproduced here.

Attachment Support for L&E Objection 2\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2020 MVPHP VT Exchange URRT\_Without Rounding.xlsx is not a PDF document and cannot be reproduced here.

Attachment Support for L&E Objection #4\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

SERFF Tracking #: MVPH-131934219 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

Attachment Support for L&E Objection #3\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2020 Exchange Rate Filing\_072419\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2019-2020\_072419\_SERFF.xlsx is not a PDF document and cannot be reproduced here.



# **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

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# ACTUARIAL MEMORANDUM 2020 Vermont Exchange Filing

### **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2020 premium rates for the State of Vermont's individual and small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2020 and 12/31/2020. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The average rate increase after removing all on-exchange Silver members from the pool (also known as the rate increase "felt by Vermonters") is 10.2%, with increases ranging from 8.2% to 23.7%. The rate increase including on-exchange Silver members (MVP's revenue increase) is 9.4%, with increases ranging from 5.0% to 23.7%.

#### Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2020)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2019, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2019 to 2020. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, form: FRVT366.

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

The book of business affected by this rate filing is 11,696 policyholders, 20,156 subscribers and 30,887 members based on February 2019 membership. This includes 458 members who are currently enrolled in MVP's Small Group Grandfathered block of business, but will have migrated to this block by 2020.

#### **Experience Period Claims**

MVP Health Plan and MVP Health Insurance Company historical claim data was the basis of the premium rate development. All ACA compliant individual and small employer group data are included in the experience period data set. Additionally, data for groups who were in MVP's grandfathered block during the experience period and are currently enrolled in an MVP plan were included.

MVP combined the experience of these separate pools of data to satisfy the single risk pool requirement of the Federal ACA as well as Vermont rating requirements. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/18 and 12/31/18, paid through 2/28/19. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/19.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid index rate PMPM separately for ACA compliant small group, ACA compliant individual and grandfathered small group data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months over the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a "per member per month" (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period. Please note that pediatric dental was not a covered benefit for the small group grandfathered population during the experience period.

Lines 4a and 4b reflect projected recoveries under the CSR subsidy program. Line 4a reflects the payments made to MVP by the federal government to cover the difference between the plan's filed cost sharing and the member's actual cost sharing under the program. Even though the federal subsidies were discontinued in October 2017, MVP is capturing the full amount of the reduction to claim expense in the filing and adding it back only on specific plans which will be discussed later. Because the state CSR program is still projected to continue in the rating period, MVP is reflecting these recoveries as a reduction to claim expense.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 2.4% which is our best estimate of ultimate liabilities as of 3/31/19. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

		Incurred	
Incurred Month	Paid Claims	Claims	IBNR Factor
201812	\$9,795,406	\$10,696,893	1.092
201811	\$10,779,254	\$11,816,888	1.096
201810	\$11,331,718	\$11,641,604	1.027
201809	\$8,844,792	\$8,984,311	1.016
201808	\$10,009,567	\$10,183,872	1.017
201807	\$8,883,179	\$8,951,655	1.008
201806	\$8,967,996	\$8,990,268	1.002
201805	\$9,506,222	\$9,532,473	1.003
201804	\$8,739,699	\$8,735,316	0.999
201803	\$8,508,419	\$8,521,294	1.002
201802	\$7,888,693	\$7,888,539	1.000
201801	\$7,306,564	\$7,320,221	1.002
Total	\$110,561,511	\$113,263,334	1.024

Line 6 reflects medical plus dental fee-for-service (FFS) claims, adjusted for CSR and completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims includes any claims which are paid through the pharmacy portion of the member's benefits.

Experience period Rx rebates are reflected in line 8 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period.

Category for Rating	Rx Rebates	Rx Claims	Rebate %
ACA Compliant Small Group	(\$2,568,656)	\$10,925,302	-23.5%
ACA Compliant Individual	(\$1,847,813)	\$8,543,550	-21.6%
Small Group Grandfathered	(\$303,260)	\$1,084,175	-28.0%
Total	(\$4,719,730)	\$20,553,028	-23.0%

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Lines 10 to 12 account for volatility in high cost claims. Claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 12.5% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2016 and December 2018.

Please see the following table for the high cost claim percentage by year. Note that while MVP actually used all of the rolling 12-month time periods during this time frame to compute the pooling charge, annual percentages are shown for simplicity:

Time Period	High Cost Claim %
CY2016	16.8%
CY2017	13.6%
CY2018	10.5%
Average	12.5%

Line 12 of Exhibit 3 reflects MVP's the experience period FFS claim expense for the rating pool, and is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3) and the impact of pooling (sum of lines 10 and 11 of Exhibit 3).

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts			
Other Medical Expenses not in claim warehouse	\$1.07		
Net Reinsurance Expense	\$0.36		
Medical Home and PCP Incentive	\$2.04		
Chiropractic and Acupuncture Cap	\$0.71		
Total Non-FFS and Capitation Amounts	\$4.15		

<sup>\*</sup>Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 \* 1.249% + the applicable value shown above.

Line 14 of Exhibit 3 represents MVP's best estimate of the costs incurred to cover members in the rating pool during the experience period.

#### Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

## Line 15- Adjustment for Average Policy Duration Reflected in Experience Period

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

MVP has changed its methodology this filing to normalize the data to the historical average policy duration instead of to a full 12 months. MVP analyzed data for small groups and individuals separately going back to 2015, and the factor in the experience period is closely aligned with factors in the recent past. As a result, MVP is not making an adjustment to the claim projection to account for policyholders being enrolled for less than 12 months.

Please note that while this adjustment is not warranted for this filing, MVP believes this adjustment is necessary in certain circumstances and will review in future rate filings accordingly.

#### Line 16- Adjustment for Pharmacy Benefit Carve-in

For plans that are considered Qualified High-Deductible Health Plans (QHDHPs), certain drugs are classified as preventive and are not subject to the member's deductible. MVP will be classifying antidepressants and antipsychotic/antimanic agents as "preventive" effective January 1, 2020.

Quantifying the effect of this benefit change takes place in two steps. First, MVP analyzed 2018 pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$79,784 under their deductible for these drugs, which was then converted to a PMPM amount using total membership for each cohort in the experience period. These amounts are \$0.11 for individual, \$0.31 for small group ACA and \$0.81 for small grandfathered and are reflected on line 16.

The second step was to adjust the benefit actuarial values to ensure that this load was only applied to QHDHPs. MVP adjusted the historical data in its benefit relativity model to capture these drugs as preventive before the benefit AVs were calculated. This loads the cost of covering the preventive drugs discussed above onto just the QHDHPs, as those plans have a higher relativity in the rating period than they did in the experience period.

#### Line 17- Adjustment for Pediatric Dental Carve-in to Small Group Grandfathered

As stated earlier, pediatric dental was not a covered benefit for small group grandfathered plans during the experience period. Therefore, MVP is adjusting the experience period claim expense for this cohort by the experience period pediatric dental claim cost for the combined small group and individual population.

## Line 18- Adjustment for Individual Mandate Penalty Set to \$0

The federal government eliminated the financial penalty for individuals not having qualifying health insurance coverage in December 2017. It was assumed that a portion of members with claim costs that are significantly less than their premium would exit the market due to the lack of a financial penalty. As healthier members drop coverage, the overall cost of the market would increase as the remaining members are higher utilizers of their health coverage.

Based on data provided by the Department of Vermont Health Access (DVHA), individual enrollment in January 2019 was unaffected by the removal of the penalty. MVP has removed this market-wide adjustment from the premium rates for 2020.

There is uncertainty as to whether a future financial penalty will be implemented at the state level. Until that penalty is signed into law, MVP will continue to monitor future experience for the impact that a lack of penalty could have on the morbidity level of the market.

# Line 19- Adjustment for Association Health Plans

On June 19, 2018, the federal Department of Labor published guidance allowing small groups to band together to purchase coverage as if they were one larger group (provided they are banding based on geography or industry). The Vermont Department of Financial Regulation established a market and rules for these Association Health Plans (AHPs) under Rule I-2018-01.

Based on January 2019 enrollment data provided by DVHA, there were 4,869 fewer members in small group plans as compared to January 2018. The appeal of AHPs is that healthier small groups can attain premium savings by banding together, which will result in a deterioration of the morbidity of the remaining small group block.

To verify this hypothesis, MVP broke its 2018 small group population into 2 subsets: those that are in groups still active with MVP in the small group market in 2019 and those in groups no longer active. Because MVP does not have detailed information on *where* the groups that left have gone, our assumption is that all of the groups who left migrated to the AHP market since MVP's competitive premium position in 2019 did not change. Based on allowed claims PMPM, the groups that are no longer active are 7.1% less expensive that the 2018 merged market population in total.

Population Segment	2018 Member Months	2018 Med + Rx Allowed PMPM
Small Groups, No Longer Active	14,116	\$428.73
Small Groups, Still Active	158,642	\$468.30
Individual, Total	130,575	\$456.93
Merged Market, Total	303,333	\$461.57

In order to make an assessment about the change in population morbidity market-wide (as opposed to MVP specifically), MVP made the assumption that this relationship holds true for MVP's competitor as well. MVP assumed that the 4,869 members leaving the market in 2019 were 7.1% less expensive. MVP then solved for the "market morbidity" factor after removing these members from the population.

# Derivation of Association Health Plan Morbidity Impact, 2018 - 2019

a) Merged Market Members, January 2018	79,652	
b) Morbidity Factor, 2018 Merged Market c) SG AHP Members, January 2019	1.000 4,869	
d) Morbidity Factor, SG AHP Members	0.929	
e) Estimated Morbidity Factor, 2019 Merged Market	1.005	= [ a) * b) - c) * d) ] / [ a) - c) ]

As these healthy groups are removed from the population and market claim costs increase, more groups will find the premium savings appealing and MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity.

# Derivation of Association Health Plan Morbidity Impact, 2019 - 2020

a) Merged Market Members, January 2019	75,037	
b) Morbidity Factor, 2019 Merged Market c) Estimated SG AHP Members, January 2020	1.005 4,869	
d) Morbidity Factor, SG AHP Members	0.929	
e) Estimated Morbidity Factor, 2020 Merged Market	1.010	= [ a) * b) - c) * d) ] / [ a) - c) ]

Therefore, MVP is assuming a 1.0% increase to market-wide average morbidity due to Association Health Plans from the experience period to the rating period. MVP recognizes that a recent ruling by the Department of Financial Regulation has halted new group enrollment in AHPs pending litigation on the federal rule. Should that litigation be finalized during the rate filing process, MVP will revisit this assumption dependent on the outcome of the ruling. However, at this point MVP's best estimate is that AHPs will be allowed in 2020 without the current cap on enrollment.

#### Line 20- Adjustment for Leap Year

Because the rating period is a leap year and the experience period is not a leap year, the rating period will have one more day than the experience period. Assuming claims are uniformly distributed among all days in the year, MVP is adjusting the experience period claim expense upward by 0.27% (366 days / 365 days).

#### Line 21- Adjustment for National High Cost Reinsurance Pool

In the 2018, 2019 and 2020 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont's merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2020 will be 0.24%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be the full 0.24% shown on line 21.

#### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 2019 and 2020 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 4.3% for 2019 and 4.2% for 2020.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to include medical utilization trend in this filing. MVP attributes this volatility to the significant membership growth for this block of business. Historical utilization was analyzed by performing a time series analysis of rolling 12-month time periods normalized for demographic changes. This analysis provided volatile results which resulted in MVP applying a medical utilization trend of 0% for this filing.

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

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 4.2%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.8%. This can be found on line 23 of Exhibit 3.

#### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2019 and 2020 can be found in Exhibit 2b.

MVP received 2020 forecasted Rx rebate information from its PBM which is reflected in the projected Rx rebate calculation. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals \$17.11 PMPM across all blocks in 2020.

The average annual allowed Rx trend in this filing is 8.2%, and the average annual paid Rx trend net of Rx rebates is 9.6% which can be found in line 24 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 25 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [ line 6 \* line 19 + line 9 \* line 20 ] / [ line 6 + line 9 ]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 27 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 28 and 29 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 29 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts			
Other Medical Expenses not in claim warehouse	\$1.71		
Net Reinsurance Expense	\$0.36		
Medical Home and PCP Incentive	\$3.86		
Chiropractic and Acupuncture Cap	\$0.71		
Total Non-FFS and Capitation Amounts	\$6.64		

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2020 and equal 0.999%.

#### **Federal Risk Adjustment Program**

Based on the Interim Risk Transfer results for 2018 provided by CMS, MVP is expected to pay \$16,331,243 into the merged market transfer pool for 2018. This is \$53.84 on a PMPM basis or approximately 14.6% of experience period claims prior to market-wide adjustments.

MVP analyzed the impact of adding the small group grandfathered membership to both MVP's membership as well as the market in total. First, MVP compared the small group grandfathered population's risk score to the current population. Because the grandfathered business was not run through the CMS HCC grouper, MVP used ACG concurrent risk scores for 2018 to compare the two populations. An assumed CMS HCC risk score for the grandfathered population was calculated as ( MVP merged market HCC risk score ) \* ( grandfathered ACG risk score ) / ( MVP merged market ACG risk score ).

Both the numerator and denominator of the federal risk adjustment formula were re-cast including the grandfathered business. The members did not have a material impact on the denominator (market in total), but did increase the numerator (MVP's data) on both the left and right side. Because both sides increased at the same rate, however, it did not materially affect MVP's relative risk position. Therefore, we are assuming that the grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does.

## Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 32 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2020. This is the starting net claim cost that will be used to set 2020 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

Adjusted Claim Cost For Pricing = Projected Paid Index Rate After Adjustments PMPM (line 32 of Exhibit 3)

(see Exhibit 7) [Avg Inforce Actuarial Value \* Induced Utilization Factor]

Plan Specific Net Claim Cost PMPM = Adjusted Claim Cost for Pricing \* Benefit Actuarial Value \* Plan Induced Utilization Factor (see Exhibit 7)

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

## **Actuarial Values and Induced Utilization Factors**

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

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.744) can be found in Exhibit 7.

#### **Non Claim Expense Plan Level Adjustments**

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

#### Federal Taxes PMPM based

A total of \$0.17 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.03 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2020. The charge is \$0.18 per billable member per month, and so the amount added to premium rates is the \$0.18 times MVP's ratio of billable to actual member months in the experience period (0.946).

#### State Taxes PMPM Based

\$1.93 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. MVP's total liability (MVPHP plus MVPHIC) for Fiscal Year 2019 is \$351,394. Due to MVP's rapid membership growth from 2017 to 2019 as well as changes to funding mechanisms for each of the programs, MVP is estimating its combined liability for 2020 to be \$758,553. This is spread across MVP's entire Vermont membership as of February 2019 to calculate the estimated PMPM payment.

#### Federal Taxes Premium based

Based on current Federal regulations, the ACA Health Insurer Tax will be reinstated for 2020. MVP has calculated its estimated payment for 2020 and found it to be 1.0% of premium for MVPHP.

#### State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$4.54 per covered child and \$0.56 covered adult for January to March 2020, followed by an estimate of \$10.07 per covered child and \$1.02 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$0.98 for the first quarter of 2020 followed by \$1.97 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$555.07) to convert the assessment to a percent of premium load of 0.30%.

#### General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$42.00 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2018 Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.52 PMPM of the \$42.00 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2016, 2017, and 2018 SHCEs.

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59
Individual	2018	\$42.78
Small Group	2018	\$39.29
Combined	2018	\$40.72

<sup>\*</sup>Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

#### Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2020. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### **Bad Debt Expense**

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

# Rider FRVT366 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in wellness-related rewards and/or be reimbursed for wellness-related activities. MVP projects the net cost of this benefit to equal \$0.88 PMPM.

#### **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.636 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 7 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.048
Single Risk Pool Total	1.647
Catastrophic Adjustment	0.636

### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2019. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

#### Silver CSR Loading

As stated previously, the Federal government has cancelled reimbursement of incurred claims under the CSR program effective October 2017. However, members are still eligible for the reduced cost sharing plans in the program, which will have to be covered by increasing premiums. The state of Vermont's solution to this problem was to create two sets of Silver plans: one set for non-CSR members with premiums that do not reflect the CSR defunding and one set for CSR members which reflect the CSR defunding in the premium. This was done so that the second-lowest cost Silver plan on the exchange would have an increased premium, which is the plan used to determine how much lower-income members will receive in premium subsidies through the federal Advance Premium Tax Credits (APTC) program. That way, premium increases for CSR defunding will be met with corresponding increases in APTC subsidies and the net policyholder premium increase will be minimized.

Total subsidies under the federal CSR program were \$5,064,694 during the experience period. In order to determine the expected federal subsidy outlay during the rating period, experience period federal CSR dollars by CSR level are reweighted based on actual February 2019 membership as this calculation reflects MVP's best estimate of the members expected to enroll in on-Exchange Silver plans during the rating period. Please see the following table which details this calculation:

CSR Level	Federal CSR	CSR	Federal CSR	Projected	Projected CSR
	Dollars	Membership,	PMPM	CSR Member	Dollars
		Experience		Months	
		Period			
Non-CSR APTC	\$0	54,879		11,976	\$0
73% CSR	\$0	8,678		4,908	\$0
77% CSR	\$411,365	17,016	\$24.18	15,504	\$374,812
87% CSR	\$3,060,250	27,689	\$110.52	33,672	\$3,721,504
94% CSR	\$1,593,080	10,427	\$152.78	12,108	\$1,849,910
TOTAL	\$5,064,694	118,689	\$42.67	78,168	\$5,946,226
				Projected	\$76.07
				CSR PMPM	

This amount was then completed with IBNR and trended at 1.6% for 24 months to get to a projected CSR load of \$80.39 PMPM for the rating period. The 1.6% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.6%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 90.6%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2020:

Target Loss Ratio for 2020 VT Exchange				
A) Claims Expense	\$479.42			
B) Taxes/Assessments	\$9.13			
C) Quality Improvement	\$2.52			
D) Premium	\$540.83			
E) Traditional Loss Ratio	88.6%			
= A) / D)				
F) Federal Loss Ratio	90.6%			
= [A) + C)] / [D) - B)]				

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. This table includes estimated risk adjustment based on the CMS Interim Risk Adjustment results. MVP does not anticipate having to rebate members for 2018 per the ACA minimum MLR requirements.

VT Data Pool	Member Months	Claims Net RA PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
ACA Compliant Small Group	172,758	\$432.70	\$475.57	\$8.50	\$2.24	91.0%	93.1%
ACA Compliant Individual	130,575	\$438.56	\$456.59	\$8.21	\$2.36	96.1%	98.3%
Small Group + Individual Single Risk Pool	303,333	\$435.22	\$467.40	\$8.37	\$2.29	93.1%	95.3%

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

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2019, the Federal URRT, and the Federal Actuarial Memorandum.

#### Projection Period Enrollment

MVP's projection period membership equals the February 2019 enrollment of the population eligible to purchase these products, or 30,887 members. On Worksheet 2 of the URRT, members are mapped based on their February 2019 benefit to the same benefits for 2019 with the exception of members currently enrolled in small group grandfathered plans. Members from grandfathered benefit VT3HDH19EXSE are mapped to Non-Standard Silver 2 Reflective plan, and the rest of the members are mapped to the Non-Standard Gold 3 plan. These were chosen based on the Exchange QHDHP that is most similar in benefit to the current benefit design.

#### **Actuarial Certification**

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

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

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2020 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate or changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2020 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#45, and ASOP#50.

Eric Bachner, ASA

<u>05/10/2019</u>

Date

Leader, Actuarial, Commercial/Gov't Programs

MVP Health Care, Inc.

#### 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 HIOS ID SERFF Filing Number Date of Submission Proposed Effective Date

Before Rate Change After Rate Change

Amount in SERFF's Rate Review Detail Sectio Explanation for differences							
Proposed Overall Rate Change	9.38%	9.38%	N/A				
Proposed Minimum Rate Change	4.95%	4.95%	N/A				
Proposed Maximum Rate Change	23,69%	23.69%	N/A				

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the

The plan that is receiving a 23.7% increase is a plan which has undergone major benefit changes to increase the benefit AV of the plan. Also, the CSR load applied to the Silver On Exchange plans is decreasing from last year, which is pushing those plans' increases down. Increase

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	Current Filing	Relativity
Source of Change	Assumption	Assumption	Current Filing / Previous filin
Base Period Experience	1.000	1.070	1.070
Impact of Policy Duration on Experience	1.007	1.000	0.993
Impact of Leap Year on Experience	1.000	1.003	1.003
Impact of Rx Benefit Carve-In	1.001	1.001	1.000
Impact of Individual Mandate Repeal	1.016	1.000	0.984
Impact of Association Plans	1.000	1.010	1.010
Adjustment for pediatric dental carve-in to Small Group Grandfathered	1.000	1.000	1.000
Adjustment for National Reinsurance	1.000	1.002	1.002
Pricing Trend	1.106	1.118	1.010
Risk Adjustment Recoveries	1.105	1.146	1.037
Change in Experience Period AV	0.979	1.000	1.021
SG&A	1.067	1.065	0.998
Taxes and Fees (PMPM Basis)	1.002	1.003	1.001
Taxes and Fees (% of Premium Basis)	1.000	1.013	1.013
Margin	1.009	1.022	1.013
Single Conversion Factor	1.092	1.091	0.999
CSR Defunding	1.042	1.034	0.993
Benefit Mix Impact	1.000	0.946	0.946
Total Rate Change			1.094
f applicable, Provide an explanation for difference between the Calculated Rate of	hange and the average rate change in cell B17		1.094

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%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	467	645	39
Increase of 5.01% to 10.00%	9,771	14,444	1,107
Increase of 10.01% to 14.99%	9,674	15,424	1,422
Increase of 15.00% or more		374	42
Total	20.156	30.887	2.610

Histor		

mistory or reale changes		
For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2016	3.00%	2.37%
2017	8.93%	3.89%
2018	6.74%	3.42%
2019	10.88%	6.63%

#### Retention

				Proposed Change in	Proposed Change in
		PMPM from Most Recent Approved Rate	Proposed PMPM for	PMPM Compared to Prio	rPMPM Compared to Most
	PMPM in effect during the experience period		Effective Date	12 months	Recently Approved Filing
Dates	1/1/2018 - 12/31/2018	1/1/2019 - 12/31/2019	1/1/2020-12/31/2019		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$7.25	\$1.06	\$9.34	28.76%	781.11%
Exchange Fee		\$0.00	\$0.00		
Reinsurance		\$0.00	\$0.00		
All Other Admin Expense	\$38.10	\$39.80	\$42.00	10.24%	5.53%
Profit/Risk Margin	\$11.05	\$9.68	\$10.58	-4.23%	9.30%
Total	\$56.40	\$50.54	\$61.92	9.79%	22.52%
Variable	\$29.56	\$26.36	\$31.54	6.69%	19.64%
Non-Variable	\$26.84	\$24.18	\$30.38	13.20%	25.65%
Total	\$56.40	\$50.54	\$61.92	9.79%	22.52%
Check	TRUE	TRUE	TRUE		

Proposed Change in % of Premium during the experience As % of Premium from Most Recent Approved Proposed As % of Premium Compared to period Rate Filing for Effective Date Prior 12 months Filing Commissions & Brokers Fees Taxes, Licenses & Fees Exchange Fee Reinsurance All Other Admin Expense Profit/Risk Margin Total 6.43% 706.15% -8.88% -20.83% -9.25% -3.45% 0.00% 12.09% 2.40% 12.25% 1.<mark>90%</mark> 9.92% 1.90% 11.12% Variable Non-Variable Total Check 6.42% 5.83% 12.25% TRUE 5.66% 5.46% 11.12% TRUE -11.81% -6.43% 9.47% 14.96% 4.75% 9.92% TRUE -9.25%

Historical Experience (ACA Only):

Incurred or Allowed Basis 41: Incurred [1] Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

			Monthly Incurred Claims \$		Annualized Rolling 6 Mo	)				Normalized Monthly Incurred Claims \$		Normalized Annualized	Annualized Rolling 3 Mo
Monthly Trend Analysis Based on Experience Data Time Period	Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	PMPM*	Normalized Rolling 12 Mo Trend	Rolling 6 Mo Trend	Trend
used for Rate Development (ACA Only)	Jan-2016	5,836	\$232.92				1.00	1.00	1.00	\$232.92			
	Feb-2016	6,018	\$353.48				1.00	1.00	1.00	\$353.01			
	Mar-2016	6,513	\$314.09				1.01	1.01	1.00	\$310.29			
	Apr-2016	6,698	\$323.18				1.00	1.01	1.00	\$319.81			
	May-2016	6,903	\$331.97				1.01	1.01	1.00	\$328.37			
	Jun-2016	7,061	\$335.11			44.43%	1.01	1.01	1.00	\$330.97			40.83%
	Jul-2016	7,134	\$395.96			34.09%	1.01	1.00	1.00	\$391.60			32.22%
	Aug-2016	7,164	\$400.52			85.74%	1.01	1.00	1.00	\$396.46			85.75%
	Sep-2016	7,235	\$366.58			89.88%	1.01	1.00	1.00	\$363.51			90.93%
	Oct-2016	7,250	\$356.92			24.43%	1.01	1.00	1.00	\$355.12			26.17%
	Nov-2016	7,290	\$389.05			-6.70%	1.01	1.00	1.00	\$387.41			-4.71%
	Dec-2016	7,525	\$404.16		48.38%	-4.02%	1.01	0.99	1.00	\$405.55		49.18%	-0.82%
	Jan-2017	9,781	\$285.54		12.10%	-21.56%	1.02	1.01	1.00	\$275.92		12.16%	-22.54%
	Feb-2017	10,303	\$243.35		-10.36%	-55.97%	1.02	1.02	1.00	\$233.74		-10.88%	-58.74%
	Mar-2017	11,249	\$348.81		-15.09%	-65.33%	1.03	1.02	1.00	\$330.88		-17.24%	-70.70%
	Apr-2017	11,325	\$280.47		-23.98%	-52.78%	1.03	1.02	1.00	\$266.40		-27.14%	-59.43%
	May-2017	11,393	\$329.85		-30.53%	25.33%	1.03	1.02	1.00	\$313.63		-34.60%	11.41%
	Jun-2017	11,435	\$335.82		-37.28%	31.89%	1.03	1.02	1.00	\$319.11		-42.31%	28.14%
	Jul-2017	11,593	\$310.31		-27.42%	53.47%	1.03	1.02	1.00	\$294.63		-33.08%	52.24%
	Aug-2017	11,703	\$339.01		-4.97%	11.35%	1.03	1.02	1.00	\$321.43		-11.88%	11.14%
	Sep-2017	11,727	\$340.15		-5.06%	19.57%	1.03	1.02	1.00	\$323.59		-10.22%	19.24%
	Oct-2017	11,763	\$351.78		10.67%	24.63%	1.03	1.02	1.00	\$334.85		6.32%	24.78%
	Nov-2017	11,675	\$415.96		25.23%	59.81%	1.03	1.02	1.00	\$397.67		22.47%	62.51%
	Dec-2017	11,597	\$367.09	-6.36%	34.43%	72.81%	1.03	1.01	1.00	\$352.59	-10.11%	34.33%	77.60%
	Jan-2018	25,019	\$273.90	-8.32%	18.23%	-14.33%	1.01	1.03	1.00	\$262.10	-11.77%	19.09%	-11.72%
	Feb-2018	25,021 25,121	\$296.25 \$315.36	-4.72%	0.86%	-56.11%	1.01	1.03 1.03	1.00	\$284.05	-7.98%	2.32%	-55.14%
	Mar-2018	25,121 25.026	\$315.36 \$351.35	-6.31%	-0.73%	-62.90%	1.01		1.00	\$302.61	-8.98%	0.88%	-62.53%
	Apr-2018 May-2018	25,026 25.101	\$351.35 \$387.13	-2.86% -0.63%	-5.77%	-11.17% 86.70%	1.01	1.03	1.00	\$337.91 \$372.59	-5.17% -2.51%	-4.02% -9.77%	-10.23% 88.93%
		25,101 25,200	\$387.13 \$359.70		-11.41%		1.01		1.00				
	Jun-2018	25,200	\$359.70	0.20%	-12.78%	136.48%	1.01 1.01	1.03 1.03	1.00	\$346.89 \$352.14	-1.22%	-11.35%	140.81%
	Jul-2018	25,341 25,424	\$365.19 \$411.06	3.45%	5.90%	77.78%	1.01			\$352.14 \$396.53	2.46%	7.57%	80.43%
	Aug-2018	25,424 25,568	\$411.06 \$358.29	6.73% 7.48%	25.81% 33.91%	35.12% 13.88%		1.03	1.00	\$396.53 \$345.57	6.24%	27.56% 35.61%	36.87%
	Sep-2018 Oct-2018	25,568 25,520	\$358.29 \$460.02	10.35%	33.91% 44.45%	13.88%	1.01	1.03	1.00	\$345.57 \$444.56	7.42%	35.61% 46.08%	14.65% 50.36%
		25,520	\$460.02 \$465.44				1.01	1.02	1.00				
Land Marsh in Eur 1 2 2	Nov-2018	25,507	\$405.44 \$424.28	10.98%	50.88%	62.91%	1.01	1.02	1.00	\$450.20	11.80%	52.51%	64.09%
Last Month in Experience Period	Dec-2018	20,485	\$424.28	12.75%	56.81%	100.38%	1.01	1.02	1.00	\$411.58	14.01%	58.58%	103.20%

If applicable, please provide an explanation for the Other normalization factor.

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.

Please see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (IP/OP/PHY/OTR) and Rx category (Generic/Brand/Specialty).

#### Solvency

		Most Recent Annual
	Most Recent Quarterly Financial Statement	Financial Statement
Total Adjusted Capital	404,730,554	404,730,554
Authorized Control Level	91,627,533	91,627,533
RBC Ratio	441.71%	441.71%

#### Loss Ratio

Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
1/1/2014	12/31/2014	55,654	20,107,463	22,402,354	89.8%
1/1/2015	12/31/2015	63,884	22,841,257	26,703,077	85.5%
1/1/2016	12/31/2016	82,627	31,173,390	35,126,637	88.7%
1/1/2017	12/31/2017	135,544	53,702,587	60,176,917	89.2%
1/1/2018	12/31/2018	303,333	132,040,184	141,777,586	93.1%
		641,042	259,864,882	286,186,571	90.8%
			,		
	1/1/2014 1/1/2015 1/1/2016 1/1/2017	1/1/2014 12/31/2014 11/2015 12/31/2015 11/1/2016 12/31/2016 1/1/2017 12/31/2017	11/12014 12/31/2014 55,654 11/1/2015 12/31/2015 63,884 11/12016 12/31/2016 82,627 11/12017 12/31/2017 135,544 11/12018 12/31/2018 303,333	1/1/2014 12/31/2014 55.654 20,107,463 11/1/2015 12/31/2015 83.884 22_841_257 11/1/2016 12/31/2016 82_627 31,173.390 11/1/2017 12/31/2017 135,544 53,702_587 11/1/2018 12/31/2018 300,333 132_040.184	11/2014         12/31/2014         55.654         20.107.463         22.402.354           11/2015         12/31/2015         63.884         22.841.257         26.703.077           11/2016         12/31/2016         82.627         31,173.350         35,126.637           11/2017         12/31/2017         135.544         53,702.587         60,176.917           11/2018         303.333         132,040.184         141,777.586

Interim Time Period	1/1/2019	3/31/2019	61,547	26,059,645	31,348,121	83.1%
Future Year 1	1/1/2020	12/31/2020	370,644	182,937,729	206,369,894	88.6%

Anticipated Pricing Loss Ratio (no adjustments)	88.6%	
Anticipated I R using Federally-prescribed MI R methodology	90.6%	

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 the most recent date available allowing for the appropriate amount of run-out. The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development
Section III of WS2 of the 2020 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. Please see the example below.

Actuarial value and cost-sharing design of the plan	
Actuarial value and cost-sharing design of the plan (From the URR	0.900

Expected	A-to-E
Incurred Claims	Claims Ratio
19,080,250	105.4%
22,944,918	99.5%
30,777,242	101.3%
54,136,410	99.2%
124,886,347	105.7%
251,825,167	103.2%

28,373,721	91.8%
182,937,729	100.0%

Quality		
Improvement	Adjustments	Adj Medical
Expenses	to Earned Premium	Loss Ratio
268,828	754,144	94.1%
320,437	857,959	89.6%
261,019	1,125,644	92.5%
475,759	412,031	90.7%
1,155,699	2,232,830	95.5%
2,481,742	5,382,608	93.4%
	•	

Normalized

65,240	84.1%
3,384,810	90.6%
	50,5.0

Paid/Allowed Ratio (Cost-Sharing only	0.783
Used Induced utilization factors	1.150
Calculated	0.900

In the text box, please state where in the filing it is located.

Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing. In addition, note that this value in the URRT also includes the value of the CSR load on the On Exchange Silver plans.

#### Risk Adiustment

	Actual Risk Adjustment Received (2018 Interim RA Results)	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing		Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period		1/1/2019	1/1/2020		
Total Risk adjustment (Dollar amount	(\$16,331,243)	(\$12,407,704)	(\$22,650,989)		
Membership Member Months	303,333	302,676	370,644	22.19%	22.46%
PMPM	(\$53.84)	(\$40.99)	(\$61.11)	13.51%	49.08%
Premium	\$141,777,586	\$154,189,523	\$206,369,894	45.56%	33.84%
As a % of Premium	-11.52%	-8.05%	-10.98%	-4.71%	36.40%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filling, please provide details on how the current risk adjustment estimate has addressed prior results.

MVP's risk position changed materially from 2017 (which was used to set the premium rates for 2019) to 2018. The current rates reflect the updated risk position as of the 2018 CMS interim results.

Trend & Projection	Assumptions	For Inpatien	t Claims
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Member Months 5,836 6,018 6,513	Monthly Incurred Claims \$ PMPM*	(1) Choose the option based	on how pricing is Annualized			d trends a		n projections, so Monthly	elect "Allow ed		
5,836 6,018	Incurred Claims \$		Annualized		Averag	Average		Monthly	- 1		
5,836 6,018	Claims \$		Annualized					Monthly	ea	d	d
5,836 6,018			,alli260	Annualized	e	Age/Gen		Incurred	Rolling	Annualized	Annualized
5,836 6,018	DMDM*		Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
6,018		Rolling 12 Mo Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
	\$21.85				1.00	1.00	1.00	\$21.85			
6.513	\$127.38				1.00	1.00	1.00	\$127.21			
	\$45.51				1.01	1.01	1.00	\$44.96			
6,698	\$51.17				1.00	1.01	1.00	\$50.63			
6,903	\$57.95				1.01	1.01	1.00	\$57.32			
7,061	\$41.84			-63.89%	1.01	1.01	1.00	\$41.32			-64.93%
7,134	\$138.09			40.97%	1.01	1.00	1.00	\$136.58			37.94%
7,164	\$79.82			694.05%	1.01	1.00	1.00	\$79.01			694.40%
7,235	\$63.01			1097.96%	1.01	1.00	1.00	\$62.48			1102.69%
7,250	\$65.87			-41.96%	1.01	1.00	1.00	\$65.53			-41.20%
7,290	\$110.55			-28.04%	1.01	1.00	1.00	\$110.08			-26.45%
7,525	\$94.71		159.30%	-12.28%	1.01	0.99	1.00	\$95.03		159.99%	-9.24%
9,781	\$76.37		13.51%	208.04%	1.02	1.01	1.00	\$73.80		13.20%	203.67%
10,303	\$63.50		25.24%	-15.58%	1.02	1.02	1.00	\$60.99		24.20%	-21.35%
11,249	\$103.30		39.44%	-33.13%	1.03	1.02	1.00	\$97.99		35.38%	-43.58%
11,325	\$48.04		16.63%	-63.10%	1.03	1.02	1.00	\$45.63		11.89%	-68.23%
11,393	\$67.45		-19.92%	-18.03%	1.03	1.02	1.00	\$64.13		-24.61%	-26.87%
11,435	\$65.59		-40.99%	-70.30%	1.03	1.02	1.00	\$62.32		-45.66%	-71.10%
11,593	\$57.96		-31.23%	-38.27%	1.03	1.02	1.00	\$55.03		-36.49%	-38.77%
11,703	\$58.74		-26.87%	-51.70%	1.03	1.02	1.00	\$55.69		-32.04%	-51.74%
11,727	\$60.88		-50.97%	-7.66%	1.03	1.02	1.00	\$57.91		-53.45%	-7.92%
11,763	\$50.47		-44.20%	-37.02%	1.03	1.02	1.00	\$48.04		-46.44%	-36.97%
11,675	\$99.71		-22.64%	79.41%	1.03	1.02	1.00	\$95.32		-24.32%	82.72%
11,597	\$70.47	-9.37%	-11.77%	137.61%	1.03	1.01	1.00	\$67.68	-13.01%	-11.86%	144.51%
25,019	\$60.06	-16.02%	-5.80%	162.33%	1.01	1.03	1.00	\$57.48	-19.18%	-5.07%	170.24%
25,021	\$70.71	-9.29%	3.18%	-20.63%	1.01	1.03	1.00	\$67.80	-12.32%	4.75%	-19.03%
25,121	\$57.02	-20.06%	22.09%	-47.40%	1.01	1.03	1.00	\$54.72	-22.17%	24.08%	-46.97%
25,026	\$66.38	-16.72%	26.45%	-35.34%	1.01	1.03	1.00	\$63.84	-18.61%	28.77%	-34.65%
25,101	\$63.43	-17.32%	-4.33%	-22.38%	1.01	1.03	1.00	\$61.05	-18.85%	-2.66%	-21.45%
25,200	\$71.99	-17.40%	-4.22%	33.45%	1.01	1.03	1.00	\$69.42	-18.60%	-2.74%	35.95%
25,341		-8.90%	5.44%	37.61%	1.01	1.03	1.00	\$72.07	-9.77%	7.01%	39.76%
25,424		-4.45%		108.59%	1.01	1.03	1.00		-4.96%	3.76%	111.31%
25,568		-4.63%		19.42%	1.01	1.03	1.00	\$56.48	-4.81%	9.86%	20.20%
25,520	\$79.82	0.26%	10.45%	11.67%	1.01	1.02	1.00		0.41%	11.74%	12.36%
25 507		-1.29%	30.04%	-17.22%	1.01	1.02	1.00		-0.67%	31.48%	-16.62%
	\$51.08	-1.65%	14.93%	-7.82%	1.01	1.02	1.00	\$49.55	-0.63%	16.20%	-6.62%
	25,424 25,568 25,520 25,507	25,424 \$77.76 25,568 \$58.56 25,520 \$79.82 25,507 \$75.80	25.341 \$74.74 8.90% 25.424 \$77.76 4.45% 25.668 \$58.56 4.63% 25.520 \$79.82 0.26% 25.507 \$75.80 1.29%	25,341 \$74,74 -8.90% 5.44% 25,424 \$77.76 -4.45% 2.40% 25,568 \$58.56 -4.63% 8.50% 25,520 \$79.82 0.26% 10.45% 25,507 \$75.80 -1.29% 30.04%	25,341 \$74.74 -8.90% 5.44% 37.61% 25,424 \$77.76 -4.45% 2.40% 108.59% 19.82% 25,568 \$85.856 -4.63% 8.50% 19.42% 25,520 \$79.82 0.26% 10.45% 11.67% 25,507 \$75.80 -1.29% 30.04% -17.22%	25,341   \$74.74   8.9.90%   5.44%   37.61%   1.01     25,424   \$77.76   4.45%   2.40%   108.59%   1.01     25,568   \$56.56   4.65%   8.50%   19.42%   1.01     25,520   \$79.82   0.26%   10.45%   11.67%   1.01     25,507   \$75.80   1.29%   30.04%   17.22%   1.01     25,507   \$75.80   1.29%   30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01     30.04%   17.22%   1.01	25,541 \$74,74 -8.90% 5.44% 37,61% 101 1.03 25,424 \$77,76 -4.45% 2.40% 108.59% 1.01 1.03 25,568 \$58.56 -4.63% 8.50% 19.42% 1.01 1.03 25,520 \$79,82 0.26% 10.45% 11.67% 1.01 1.02 25,507 \$75.50 1.29% 30.04% -17.22% 1.01 1.02	25.341         \$74.74         -8.90%         5.44%         37.61%         1.01         1.03         1.00           25.424         \$77.76         -4.45%         2.40%         108.59%         1.01         1.03         1.00           25,568         \$85.56         -4.63%         8.50%         19.42%         1.01         1.03         1.00           25,520         \$79.82         0.26%         10.45%         11.67%         1.01         1.02         1.00           25,507         \$75.80         -1.29%         30.04%         -17.22%         1.01         1.02         1.00	25.541 \$74.74	25.541 \$74.74 -8.90% 5.44% 37.61% 1.01 1.03 1.00 \$72.07 9.77% 25.424 \$77.76 -4.45% 2.40% 108.59% 1.01 1.03 1.00 \$75.01 4.96% 25.568 \$58.56 -4.63% 8.50% 19.42% 1.01 1.03 1.00 \$55.48 -4.81% 25.520 \$79.92 0.26% 10.45% 11.67% 1.01 1.02 1.00 \$77.14 0.41% 25.507 \$75.50 1.29% 30.04% -17.22% 1.01 1.02 1.00 \$77.14 0.41%	25.541         \$7.474         -8.90%         5.44%         37.61%         1.01         1.03         1.00         \$72.07         -9.77%         7.01%           25.424         \$77.76         -4.45%         2.40%         108.59%         1.01         1.03         1.00         \$75.01         4.96%         3.76%           25,568         \$56.66         -4.63%         8.50%         19.42%         1.01         1.03         1.00         \$56.48         -4.81%         9.86%           25,520         \$79.82         0.26%         10.45%         11.67%         1.01         1.02         1.00         \$77.14         0.41%         11.74%           25,507         \$75.50         -1.29%         30.04%         -17.22%         1.01         1.02         1.00         \$77.14         0.67%         31.84%

Trend & Projection Assumptions For Outpatient Claims		

Hi	storical Experience (ACA Only)	Incurred or Allowed Basis 91		(1) Choose the option based	on how pricing i.	s developed (i.e.,	if allowe	d trends a	re used in			ved").	
			Monthly					Average		Monthly	ed	d	d
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred		Annualized	l Annualized
			Claims \$		Rolling 6 Mo		Benefit	der	Other	Claims \$	12 Mo		Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor			PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2016	5,836	\$126.20				1.00	1.00	1.00	\$126.20			
	Feb-2016	6,018	\$119.93				1.00	1.00	1.00	\$119.77			
	Mar-2016	6,513	\$150.70				1.01	1.01	1.00	\$148.88			
	Apr-2016	6,698	\$155.94				1.00	1.01	1.00	\$154.32			
	May-2016	6,903	\$154.46				1.01	1.01	1.00	\$152.78			
	Jun-2016	7,061	\$172.29			116.01%	1.01	1.01	1.00	\$170.16			110.83%
	Jul-2016	7,134	\$139.19			39.37%	1.01	1.00	1.00	\$137.65			37.79%
	Aug-2016	7,164	\$174.36			23.07%	1.01	1.00	1.00	\$172.59			23.04%
	Sep-2016	7,235	\$170.63			1.04%	1.01	1.00	1.00	\$169.20			1.66%
	Oct-2016	7,250	\$147.36			24.69%	1.01	1.00	1.00	\$146.61			26.45%
	Nov-2016	7,290	\$150.85			-13.28%	1.01	1.00	1.00	\$150.22			-11.45%
	Dec-2016	7,525	\$167.26		14.83%	-14.39%	1.01	0.99	1.00	\$167.83		15.52%	-11.56%
	Jan-2017	9,781	\$121.68		5.66%	-40.22%	1.02	1.01	1.00	\$117.58		5.77%	-41.03%
	Feb-2017	10,303	\$101.38		-21.85%	-57.01%	1.02	1.02	1.00	\$97.37		-22.32%	-59.73%
	Mar-2017	11,249	\$136.04		-30.24%	-64.16%	1.03	1.02	1.00	\$129.04		-32.00%	-69.68%
	Apr-2017	11,325	\$132.02		-31.13%	-45.79%	1.03	1.02	1.00	\$125.39		-34.05%	-53.37%
	May-2017	11,393	\$142.59		-30.88%	37.03%	1.03	1.02	1.00	\$135.58		-34.94%	21.91%
	Jun-2017	11,435	\$139.73		-33.08%	74.63%	1.03	1.02	1.00	\$132.78		-38.45%	69.44%
	Jul-2017	11,593	\$132.52		-27.00%	55.56%	1.03	1.02	1.00	\$125.83		-32.67%	54.32%
	Aug-2017	11,703	\$149.49		-1.23%	11.32%	1.03	1.02	1.00	\$141.73		-8.38%	11.08%
	Sep-2017	11,727	\$142.90		7.93%	10.64%	1.03	1.02	1.00	\$135.94		2.05%	10.33%
	Oct-2017	11,763	\$159.54		18.87%	41.00%	1.03	1.02	1.00	\$151.86		14.31%	41.16%
	Nov-2017	11,675	\$166.45		26.09%	52.60%	1.03	1.02	1.00	\$159.14		23.34%	55.14%
	Dec-2017	11,597	\$156.17	-8.23%	36.26%	65.70%	1.03	1.01	1.00	\$150.00	-11.89%	36.13%	70.26%
	Jan-2018	25,019	\$111.04	-9.60%	16.77%	-34.98%	1.01	1.03	1.00	\$106.26	-12.99%	17.59%	-33.00%
	Feb-2018	25,021	\$123.96	-7.24%	-3.64%	-59.37%	1.01	1.03	1.00	\$118.85	-10.42%	-2.26%	-58.45%
	Mar-2018	25,121	\$136.47	-6.26%	-6.12%	-64.76%	1.01	1.03	1.00	\$130.96	-8.97%	-4.60%	-64.39%
	Apr-2018	25,026	\$146.81	-3.71%	-12.01%	1.40%	1.01	1.03	1.00	\$141.19	-6.00%	-10.37%	2.45%
	May-2018	25,101	\$174.33	-0.28%	-11.07%	123.37%	1.01	1.03	1.00	\$167.79	-2.14%	-9.40%	126.03%
	Jun-2018	25,200	\$142.04	1.36%	-15.33%	141.52%	1.01	1.03	1.00	\$136.98	-0.05%	-13.93%	145.87%
	Jul-2018	25,341	\$139.16	1.98%	2.90%	56.33%	1.01	1.03	1.00	\$134.19	1.01%	4.53%	58.61%
	Aug-2018	25,424	\$166.24	4.32%	22.63%	-8.53%	1.01	1.03	1.00	\$160.36	3.85%	24.33%	-7.35%
	Sep-2018	25,568	\$143.78	5.43%	25.78%	-11.53%	1.01	1.03	1.00	\$138.68	5.41%	27.37%	-10.92%
	Oct-2018	25,520	\$183.47	6.42%	36.14%	37.88%	1.01	1.02	1.00	\$177.31	6.85%	37.65%	38.83%
	Nov-2018	25,507	\$182.82	6.73%	29.94%	68.67%	1.01	1.02	1.00	\$176.83	7.53%	31.34%	69.88%
Last Month in Experience Period	Dec-2018	25,485	\$172.85	8.03%	40.20%	107.57%	1.01	1.02	1.00	\$167.68	9.24%	41.79%	110.49%

Trend & Projection Assumptions	For Physician Claims
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rena & Frojection Assumptions For Friysician Gaints	Historical Experience (ACA On	ly);Incurred or Allowed Basis; <sup>(1)</sup> :	Incurred	(1) Choose the option based	l on how pricing i	s developed (i.e.,	if allowed	d trends a	re used i	n projections, s	elect "Allo	ved").	
			Monthly				Averag	Average		Monthly	ed	d	d
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualized	Annua
			Claims \$		Rolling 6 Mo	Rolling 3 Mo	Benefit		Other	Claims \$	12 Mo	Rolling 6	
Monthly Trend Analysis Based on Experience Data Time Period	nd Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor	Factor	Factor	PMPM*		Mo Trend	
used for Rate Development (ACA Only		5.836	\$70.28				1.00	1.00	1.00	\$70.28			
	Feb-2016	6,018	\$83.63				1.00	1.00	1.00	\$83.52			
	Mar-2016	6.513	\$82.72				1.01	1.01	1.00	\$81.72			
	Apr-2016	6,698	\$85.96				1.00	1.01	1.00	\$85.06			
	May-2016	6,903	\$79.85				1.01	1.01	1.00	\$78.98			
	Jun-2016	7,061	\$79.86			14.73%	1.01	1.01	1.00	\$78.87			11.8
	Jul-2016	7,134	\$82.26			-15.48%	1.01	1.00	1.00	\$81.36			-16.
	Aug-2016	7,164	\$101.61			27.28%	1.01	1.00	1.00	\$100.58			27.3
	Sep-2016	7,235	\$89.65			54.17%	1.01	1.00	1.00	\$88.90			55.0
	Oct-2016	7,250	\$97.39			102.29%	1.01	1.00	1.00	\$96.90			105.
	Nov-2016	7,290	\$91.54			24.23%	1.01	1.00	1.00	\$91.15			26.
	Dec-2016	7,525	\$99.73		35.53%	24.17%	1.01	0.99	1.00	\$100.07		36.26%	28.
	Jan-2017	9,781	\$71.50		21.71%	-35.92%	1.02	1.01	1.00	\$69.09		21.77%	-36.
	Feb-2017	10,303	\$62.95		-4.68%	-55.12%	1.02	1.02	1.00	\$60.47		-5.28%	-58
	Mar-2017	11,249	\$76.67		-12.16%	-71.14%	1.03	1.02	1.00	\$72.73		-14.27%	-75
	Apr-2017	11,325	\$73.55		-23.13%	-52.92%	1.03	1.02	1.00	\$69.86		-26.35%	-59
	May-2017	11,393	\$85.01		-26.86%	13.38%	1.03	1.02	1.00	\$80.83		-31.15%	0.9
	Jun-2017	11,435	\$79.94		-35.62%	61.37%	1.03	1.02	1.00	\$75.96		-40.79%	56.
	Jul-2017	11,593	\$76.20		-30.09%	61.35%	1.03	1.02	1.00	\$72.35		-35.53%	59.
	Aug-2017	11,703	\$87.15		-8.55%	14.46%	1.03	1.02	1.00	\$82.63		-15.16%	14.
	Sep-2017	11,727	\$86.44		0.63%	20.39%	1.03	1.02	1.00	\$82.23		-4.97%	20.
	Oct-2017	11,763	\$95.83		20.31%	56.07%	1.03	1.02	1.00	\$91.22		15.57%	56.
	Nov-2017	11,675	\$107.10		31.91%	99.75%	1.03	1.02	1.00	\$102.39		28.99%	103
	Dec-2017	11,597	\$96.09	-4.43%	47.90%	105.11%	1.03	1.01	1.00	\$92.30	-8.26%	47.76%	110
	Jan-2018	25,019	\$70.16	-5.39%	31.92%	-18.58%	1.01	1.03	1.00	\$67.14	-8.94%	32.85%	-16.
	Feb-2018	25,021	\$71.04	-3.17%	8.31%	-62.64%	1.01	1.03	1.00	\$68.11	-6.47%	9.86%	-61.
	Mar-2018	25,121	\$79.74	-2.20%	1.24%	-70.18%	1.01	1.03	1.00	\$76.52	-5.02%	2.86%	-69.
	Apr-2018	25,026	\$86.78	0.72%	-8.17%	-25.78%	1.01	1.03	1.00	\$83.46	-1.69%	-6.48%	-25.
	May-2018	25,101	\$95.82	1.92%	-14.74%	80.96%	1.01	1.03	1.00	\$92.22	0.00%	-13.17%	83.
	Jun-2018	25,200	\$94.04	3.67%	-17.79%	145.79%	1.01	1.03	1.00	\$90.69	2.20%	-16.44%	150
	Jul-2018	25,341	\$89.82	5.59%	-2.25%	92.03%	1.01	1.03	1.00	\$86.61	4.55%	-0.71%	94.
	Aug-2018	25,424	\$97.63	7.83%	19.18%	32.58%	1.01	1.03	1.00	\$94.17	7.32%	20.85%	34.
	Sep-2018	25,568	\$93.44	8.59%	28.67%	6.26%	1.01	1.03	1.00	\$90.13	8.52%	30.32%	6.9
	Oct-2018	25,520	\$117.02	10.89%	44.24%	47.31%	1.01	1.02	1.00	\$113.09	11.32%	45.87%	48.2
	Nov-2018	25,507	\$105.82	9.42%	47.61%	59.31%	1.01	1.02	1.00	\$102.35	10.23%	49.21%	60.4
Last Month in Experience Perio	Dec-2018	25,485	\$100.40	9.88%	47.38%	75.36%	1.01	1.02	1.00	\$97.39	11.10%	49.02%	77.8

Trend &	Projection	Assumptions	For	Other	Claim

rend & Projection Assumptions For Other Claims	Historical Experience (ACA Only	Incurred or Allowed Posis 61	: Incurred	(1) Choose the option based	l on how priotes:	e davalonad /: -	if allow	d trandr -	ra urad in	projection -	alact "All	vad")	
	Thistorical Experience (ACA Only	ancurred of Allowed Basis?	Monthly	1) Choose the option based	on now pricing i	s истегореи (1.e.,		Average		Monthly	ed ed	vea ). d	d
			Incurred		Annualized	Annualized		Age/Gen		Incurred		d Annualized	
			Claims \$		Rolling 6 Mo	Rolling 3 Mo		Age/Gen der	Other	Claims \$	12 Mo	Rolling 6	
Monthly Trend Analysis Based on Experience Data Time Peri	od Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor	Factor		PMPM*		Mo Trend	
used for Rate Development (ACA Onl		5.836	\$3.12	Troining 12 mo 110nd	I	TTOTAL	1.00	1.00	1.00	\$3.12	Trend	o riciiu	Mo ricia
adda for reals Beverspinion (viervieni	Feb-2016	6.018	\$3.94				1.00	1.00	1.00	\$3.94			
	Mar-2016	6,513	\$11.93				1.01	1.01	1.00	\$11.78			
	Apr-2016	6,698	\$15.22				1.00	1.01	1.00	\$15.06			
	May-2016	6,903	\$6.96				1.01	1.01	1.00	\$6.89			
	Jun-2016	7,061	\$6.93			378.21%	1.01	1.01	1.00	\$6.84			372.66%
	Jul-2016	7,134	\$5.59			-85.83%	1.01	1.00	1.00	\$5.53			-85.91%
	Aug-2016	7,164	\$8.08			-86,44%	1.01	1.00	1.00	\$8.00			-86.44%
	Sep-2016	7,235	\$6.28			-77.21%	1.01	1.00	1.00	\$6.23			-77.10%
	Oct-2016	7,250	\$7.09			47.13%	1.01	1.00	1.00	\$7.05			49.23%
	Nov-2016	7,290	\$4.69			-41.13%	1.01	1.00	1.00	\$4.67			-39.89%
	Dec-2016	7,525	\$8.44		-32.49%	6.46%	1.01	0.99	1.00	\$8,47		-31.88%	10.20%
	Jan-2017	9,781	\$7.58		-29.93%	-8.52%	1.02	1.01	1.00	\$7.33		-30.02%	-10.77%
	Feb-2017	10,303	\$5.73		-45.96%	96.52%	1.02	1.02	1.00	\$5.50		-46.55%	83.07%
	Mar-2017	11,249	\$4.66		-40.27%	-40.99%	1.03	1.02	1.00	\$4.42		-41.77%	-49.74%
	Apr-2017	11,325	\$5.70		-21.26%	-65.57%	1.03	1.02	1.00	\$5.42		-24.58%	-69.94%
	May-2017	11,393	\$5.25		-11.27%	-71.52%	1.03	1.02	1.00	\$4.99		-16.11%	-74.51%
	Jun-2017	11,435	\$11.48		1.01%	155.54%	1.03	1.02	1.00	\$10.91		-7.04%	145.89%
	Jul-2017	11,593	\$5.71		-16.89%	280.17%	1.03	1.02	1.00	\$5.42		-23.07%	275.63%
	Aug-2017	11,703	\$5.20		-8.88%	317.49%	1.03	1.02	1.00	\$4.93		-15.05%	317.07%
	Sep-2017	11,727	\$9.99		32.99%	-24.76%	1.03	1.02	1.00	\$9.51		25.79%	-24.84%
	Oct-2017	11,763	\$5.19		38.83%	-31.64%	1.03	1.02	1.00	\$4.94		33.48%	-31.51%
	Nov-2017	11,675	\$6.59		46.76%	-9.45%	1.03	1.02	1.00	\$6.30		42.92%	-8.18%
	Dec-2017	11,597	\$6.05	-10.82%	-8.19%	-47.35%	1.03	1.01	1.00	\$5.81	-14.29%	-8.42%	-45.94%
	Jan-2018	25,019	\$6.54	-15.35%	4.66%	-19.72%	1.01	1.03	1.00	\$6.26	-18.43%	5.36%	-17.38%
	Feb-2018	25,021	\$4.37	-19.20%	-4.83%	-65.42%	1.01	1.03	1.00	\$4.19	-21.91%	-3.56%	-64.63%
	Mar-2018	25,121	\$5.59	-11.70%	-39.11%	-26.53%	1.01	1.03	1.00	\$5.37	-14.30%	-38.14%	-25.91%
	Apr-2018	25,026	\$7.99	2.02%	-25.43%	-25.26%	1.01	1.03	1.00	\$7.68	-0.40%	-24.05%	-24.37%
	May-2018	25,101	\$5.35	3.52%	-33.91%	65.09%	1.01	1.03	1.00	\$5.15	1.51%	-32.68%	67.20%
	Jun-2018	25,200	\$8.34	-4.93%	-2.83%	198.32%	1.01	1.03	1.00	\$8.05	-6.09%	-1.19%	204.10%
	Jul-2018	25,341	\$6.80	-3.29%	-5.34%	70.15%	1.01	1.03	1.00	\$6.56	-4.10%	-3.81%	72.64%
	Aug-2018	25,424	\$7.42	2.61%	25.29%	102.01%	1.01	1.03	1.00	\$7.16	2.21%	27.15%	104.66%
	Sep-2018	25,568	\$5.12	-7.02%	46.79%	-36.84%	1.01	1.03	1.00	\$4.94	-6.97%	48.64%	-36.43%
	Oct-2018	25,520	\$6.26	-4.08%	13.00%	-29.31%	1.01	1.02	1.00	\$6.05	-3.68%	14.25%	-28.92%
	Nov-2018	25,507	\$6.91	-4.98%	29.75%	-56.88%	1.01	1.02	1.00	\$6.68	-4.34%	31.16%	-56.57%
Last Month in Experience Perio	Dec-2018	25,485	\$7.54	-1.10%	9.95%	31.77%	1.01	1.02	1.00	\$7.32	-0.04%	11.18%	33.72%

#### Trend & Projection Assumptions For RX Generic Claims

Historical Experience (ACA Only):d Basis (1): Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allo

		-		_						Normalize		d	d
			Monthly		Annualize	Annualize				d Monthly	Normalize	Annualize	Annualize
			Incurred		d Rolling	d Rolling	Average	Average		Incurred	d Rolling	d Rolling	d Rolling
		Member	Claims \$	Rolling 12	6 Mo	3 Mo	Benefit	Age/Gend	Other	Claims \$	12 Mo	6 Mo	3 Mo
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Mo Trend	Trend	Trend	Factor	er Factor	Factor	PMPM*	Trend	Trend	Trend
used for Rate Development (ACA Only)	Jan-2016	5,836	\$6.43				1.00	1.00	1.00	\$6.43			
	Feb-2016	6,018	\$7.78				1.00	1.00	1.00	\$7.76			
	Mar-2016	6,513	\$8.08				1.01	1.01	1.00	\$7.99			
	Apr-2016	6,698	\$6.35				1.00	1.01	1.00	\$6.29			
	May-2016	6,903	\$9.65				1.01	1.01	1.00	\$9.55			
	Jun-2016	7,061	\$10.85			111.32%	1.01	1.01	1.00	\$10.71			106.05%
	Jul-2016	7,134	\$8.57			195.93%	1.01	1.00	1.00	\$8.47			191.88%
	Aug-2016	7,164	\$10.63			139.72%	1.01	1.00	1.00	\$10.52			139.68%
	Sep-2016	7,235	\$9.73			32.35%	1.01	1.00	1.00	\$9.65			33.20%
	Oct-2016	7,250	\$10.13			21.06%	1.01	1.00	1.00	\$10.08			22.82%
	Nov-2016	7,290	\$11.17			13.93%	1.01	1.00	1.00	\$11.12			16.43%
	Dec-2016	7,525	\$12.02		57.86%	76.64%	1.01	0.99	1.00	\$12.07		58.92%	82.54%
	Jan-2017	9,781	\$4.86		22.38%	-40.54%	1.02	1.01	1.00	\$4.70		22.97%	-40.43%
	Feb-2017	10,303	\$5.22		-13.08%	-79.63%	1.02	1.02	1.00	\$5.02		-13.10%	-80.60%
	Mar-2017	11,249	\$6.26		-29.84%	-94.09%	1.03	1.02	1.00	\$5.93		-30.97%	-95.01%
	Apr-2017	11,325	\$6.70		-45.91%	-78.34%	1.03	1.02	1.00	\$6.37		-47.76%	-81.64%
	May-2017	11,393	\$7.51		-54.32%	-6.94%	1.03	1.02	1.00	\$7.14		-56.78%	-18.62%
	Jun-2017	11,435	\$8.33		-60.35%	253.62%	1.03	1.02	1.00	\$7.92		-63.59%	243.50%
	Jul-2017	11,593	\$8.37		-44.14%	209.03%	1.03	1.02	1.00	\$7.95		-48.69%	206.31%
	Aug-2017	11,703	\$8.62		-18.14%	133.90%	1.03	1.02	1.00	\$8.17		-24.50%	133.36%
	Sep-2017	11,727	\$7.63		1.41%	42.06%	1.03	1.02	1.00	\$7.26		-4.99%	41.63%
	Oct-2017	11,763	\$9.12		28.21%	20.60%	1.03	1.02	1.00	\$8.68		22.22%	20.75%
	Nov-2017	11,675	\$8.96		52.82%	6.32%	1.03	1.02	1.00	\$8.56		48.66%	8.07%
	Dec-2017	11,597	\$10.25	-17.76%	81.87%	75.16%	1.03	1.01	1.00	\$9.84	-21.08%	81.90%	80.16%
	Jan-2018	25,019	\$5.09	-17.69%	19.68%	-45.48%	1.01	1.03	1.00	\$4.88	-20.87%	20.54%	-43.76%
	Feb-2018	25,021	\$5.48	-16.22%	-14.28%	-72.23%	1.01	1.03	1.00	\$5.25	-19.22%	-13.06%	-71.58%
	Mar-2018	25,121	\$6.68	-14.05%	-22.48%	-86.21%	1.01	1.03	1.00	\$6.41	-16.75%	-21.22%	-86.08%
	Apr-2018	25,026	\$7.61	-12.55%	-31.23%	-32.37%	1.01	1.03	1.00	\$7.32	-14.89%	-29.93%	-31.71%
	May-2018	25,101	\$8.15	-9.56%	-33.93%	108.93%	1.01	1.03	1.00	\$7.85	-11.55%	-32.67%	111.25%
	Jun-2018	25,200	\$8.01	-7.56%	-39.91%	259.86%	1.01	1.03	1.00	\$7.72	-9.11%	-38.91%	266.39%
	Jul-2018	25,341	\$7.59	-7.93%	-12.79%	108.17%	1.01	1.03	1.00	\$7.32	-9.03%	-11.38%	111.21%
	Aug-2018	25,424	\$8.68	-5.86%	21.21%	37.18%	1.01	1.03	1.00	\$8.38	-6.48%	22.92%	38.96%
	Sep-2018	25,568	\$9.38	-1.96%	41.64%	35.96%	1.01	1.03	1.00	\$9.05	-2.18%	43.47%	36.88%
	Oct-2018	25,520	\$12.08	2.61%	71.99%	159.97%	1.01	1.02	1.00	\$11.68	2.88%	73.92%	161.72%
	Nov-2018	25,507	\$11.88	7.63%	93.30%	255.51%	1.01	1.02	1.00	\$11.50	8.39%	95.38%	258.07%
Last Month in Experience Period	Dec-2018	25,485	\$13.46	12.59%	136.56%	352.35%	1.01	1.02	1.00	\$13.06	13.93%	139.28%	358.97%
•	·												

#### Trend & Projection Assumptions For RX Brand Claims

										Normanze		a	a
			Monthly		Annualize	Annualize				d Monthly			
			Incurred		d Rolling	d Rolling	Average	Average		Incurred	d Rolling	d Rolling	d Rolling
		Member	Claims \$	Rolling 12	6 Mo	3 Mo	Benefit	Age/Gend	Other	Claims \$	12 Mo	6 Mo	3 Mo
Monthly Trend Analysis Based on Experience Data Time Perio	d Month	Months	PMPM*	Mo Trend	Trend	Trend	Factor	er Factor	Factor	PMPM*	Trend	Trend	Trend
used for Rate Development (ACA Only	Jan-2016	5,836	\$13.56				1.00	1.00	1.00	\$13.56			
	Feb-2016	6,018	\$14.10				1.00	1.00	1.00	\$14.08			
	Mar-2016	6,513	\$15.70				1.01	1.01	1.00	\$15.51			
	Apr-2016	6,698	\$15.86				1.00	1.01	1.00	\$15.69			
	May-2016	6,903	\$14.56				1.01	1.01	1.00	\$14.40			
	Jun-2016	7,061	\$16.91			40.44%	1.01	1.01	1.00	\$16.70			36.98%
	Jul-2016	7,134	\$18.90			47.47%	1.01	1.00	1.00	\$18.69			45.67%
	Aug-2016	7,164	\$18.78			97.09%	1.01	1.00	1.00	\$18.59			97.08%
	Sep-2016	7,235	\$19.46			112.14%	1.01	1.00	1.00	\$19.29			113.38%
	Oct-2016	7,250	\$22.62			112.31%	1.01	1.00	1.00	\$22.51			115.54%
	Nov-2016	7,290	\$18.59			52.34%	1.01	1.00	1.00	\$18.52			55.61%
	Dec-2016	7,525	\$23.05		78.11%	60.42%	1.01	0.99	1.00	\$23.13		79.20%	65.75%
	Jan-2017	9,781	\$12.30		36.61%	-45.30%	1.02	1.01	1.00	\$11.89		37.03%	-45.67%
	Feb-2017	10,303	\$9.56		0.40%	-75.64%	1.02	1.02	1.00	\$9.18		0.24%	-76.88%
	Mar-2017	11,249	\$17.20		-9.72%	-85.80%	1.03	1.02	1.00	\$16.32		-11.66%	-88.03%
	Apr-2017	11,325	\$16.03		-28.50%	-53.64%	1.03	1.02	1.00	\$15.22		-31.43%	-60.53%
	May-2017	11,393	\$16.39		-35.05%	83.54%	1.03	1.02	1.00	\$15.58		-38.79%	61.07%
	Jun-2017	11,435	\$19.25		-43.11%	193.63%	1.03	1.02	1.00	\$18.29		-47.77%	185.95%
	Jul-2017	11,593	\$18.92		-24.34%	154.42%	1.03	1.02	1.00	\$17.96		-30.42%	152.93%
	Aug-2017	11,703	\$20.72		15.28%	98.72%	1.03	1.02	1.00	\$19.64		6.45%	98.32%
	Sep-2017	11,727	\$20.71		27.08%	86.10%	1.03	1.02	1.00	\$19.70		19.68%	85.60%
	Oct-2017	11,763	\$21.42		55.45%	75.96%	1.03	1.02	1.00	\$20.39		49.17%	76.20%
	Nov-2017	11,675	\$24.43		82.28%	62.93%	1.03	1.02	1.00	\$23.36		78.02%	65.68%
	Dec-2017	11,597	\$23.33	3.82%	99.62%	72.49%	1.03	1.01	1.00	\$22.41	-0.39%	99.73%	77.32%
	Jan-2018	25,019	\$11.81	1.76%	35.65%	-49.83%	1.01	1.03	1.00	\$11.30	-2.13%	36.68%	-48.28%
	Feb-2018	25,021	\$12.81	4.39%	-9.54%	-82.32%	1.01	1.03	1.00	\$12.28	0.68%	-8.27%	-81.91%
	Mar-2018	25,121	\$17.04	3.35%	-19.16%	-86.83%	1.01	1.03	1.00	\$16.35	0.27%	-17.86%	-86.70%
	Apr-2018	25,026	\$19.21	5.35%	-25.95%	-26.00%	1.01	1.03	1.00	\$18.47	2.77%	-24.56%	-25.23%
	May-2018	25,101	\$19.20	6.19%	-36.74%	172.46%	1.01	1.03	1.00	\$18.47	4.08%	-35.55%	175.45%
	Jun-2018	25,200	\$19.89	5.55%	-40.42%	283.07%	1.01	1.03	1.00	\$19.18	4.00%	-39.42%	289.97%
	Jul-2018	25,341	\$20.19	6.18%	-9.92%	113.14%	1.01	1.03	1.00	\$19.47	5.14%	-8.45%	116.27%
	Aug-2018	25,424	\$21.69	5.98%	28.81%	54.09%	1.01	1.03	1.00	\$20.92	5.49%	30.66%	56.10%
	Sep-2018	25,568	\$21.24	5.76%	45.10%	37.46%	1.01	1.03	1.00	\$20.49	5.73%	46.97%	38.38%
	Oct-2018	25,520	\$24.81	7.90%	57.92%	70.60%	1.01	1.02	1.00	\$23.98	8.38%	59.68%	71.68%
	Nov-2018	25,507	\$23.30	5.52%	72.65%	58.94%	1.01	1.02	1.00	\$22.54	6.34%	74.47%	60.04%
Last Month in Experience Period	Dec-2018	25,485	\$26.21	6.86%	89.01%	92.22%	1.01	1.02	1.00	\$25.43	8.10%	91.10%	95.01%

Trend & Projection Assumptions For RX Specialty Claims

Historical Experience (ACA Only): d Basis 311: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allo

	Insoreal Experience (Terr Omy)			J(1) Choose	inc opiion i	ousea on no	" pricing i	з истегореи (	(i.e., ij tiin	Normalize		d d	d
			Monthly		Annualize	Annualize					Normalize		
			Incurred			d Rolling	Average	Average			d Rolling		
		Member		Rolling 12		3 Mo		Age/Gend	Other	Claims \$	12 Mo	6 Mo	3 Mo
Monthly Trend Analysis Based on Experience Data Time Perio	d Month	Months	PMPM*	Mo Trend		Trend	Factor	er Factor	Factor	PMPM*	Trend	Trend	Trend
used for Rate Development (ACA Only		5,836	\$19.06				1.00	1.00	1.00	\$19.06			
	Feb-2016	6,018	\$24.30				1.00	1.00	1.00	\$24.27			
	Mar-2016	6,513	\$27.02				1.01	1.01	1.00	\$26.70			
	Apr-2016	6,698	\$20.26				1.00	1.01	1.00	\$20.05			
	May-2016	6,903	\$36.13				1.01	1.01	1.00	\$35.73			
	Jun-2016	7,061	\$34.02			170.39%	1.01	1.01	1.00	\$33.60			163.94%
	Jul-2016	7,134	\$30.94			299.48%	1.01	1.00	1.00	\$30.59			294.27%
	Aug-2016	7,164	\$34.82			102.12%	1.01	1.00	1.00	\$34.47			102.10%
	Sep-2016	7,235	\$35.40			54.32%	1.01	1.00	1.00	\$35.11			55.29%
	Oct-2016	7,250	\$34.05			13.60%	1.01	1.00	1.00	\$33.88			15.24%
	Nov-2016	7,290	\$29.24			-4.39%	1.01	1.00	1.00	\$29.11			-2.38%
	Dec-2016	7,525	\$26.54		37.34%	-38.27%	1.01	0.99	1.00	\$26.63		38.09%	-36.35%
	Jan-2017	9,781	\$20.85		4.47%	-72.91%	1.02	1.01	1.00	\$20.15		4.60%	-73.30%
	Feb-2017	10,303	\$24.61		-17.71%	-72.55%	1.02	1.02	1.00	\$23.64		-18.34%	-74.56%
	Mar-2017	11,249	\$34.29		-22.79%	-34.34%	1.03	1.02	1.00	\$32.53		-25.09%	-44.56%
	Apr-2017	11,325	\$28.04		-35.97%	81.48%	1.03	1.02	1.00	\$26.63		-39.04%	56.22%
	May-2017	11,393	\$35.27		-25.10%	248.98%	1.03	1.02	1.00	\$33.54		-29.88%	213.77%
	Jun-2017	11,435	\$41.10		-4.67%	180.36%	1.03	1.02	1.00	\$39.06		-12.36%	173.24%
	Jul-2017	11,593	\$40.23		32.68%	218.47%	1.03	1.02	1.00	\$38.20		22.31%	215.79%
	Aug-2017	11,703	\$38.00		69.38%	123.22%	1.03	1.02	1.00	\$36.03		57.36%	122.80%
	Sep-2017	11,727	\$41.19		76.08%	70.76%	1.03	1.02	1.00	\$39.19		67.30%	70.30%
	Oct-2017	11,763	\$39.77		105.74%	8.24%	1.03	1.02	1.00	\$37.86		98.94%	8.40%
	Nov-2017	11,675	\$32.22		83.29%	-18.89%	1.03	1.02	1.00	\$30.81		80.15%	-17.67%
	Dec-2017	11,597	\$34.21	16.39%	46.83%	-37.37%	1.03	1.01	1.00	\$32.86	11.71%	46.75%	-35.72%
	Jan-2018	25,019	\$25.71	15.56%	-2.48%	-70.11%	1.01	1.03	1.00	\$24.60	11.18%	-1.83%	-69.19%
	Feb-2018	25,021	\$24.87	13.66%	-27.20%	-73.93%	1.01	1.03	1.00	\$23.85	9.76%	-26.20%	-73.31%
	Mar-2018	25,121	\$29.37	8.80%	-37.87%	-67.92%	1.01	1.03	1.00	\$28.18	5.75%	-36.89%	-67.57%
	Apr-2018	25,026	\$33.70	8.62%	-44.27%	-0.11%	1.01	1.03	1.00	\$32.41	6.11%	-43.22%	0.94%
	May-2018	25,101	\$36.89	9.22%	-38.21%	133.05%	1.01	1.03	1.00	\$35.51	7.30%	-37.01%	135.87%
	Jun-2018	25,200	\$31.59	4.23%	-34.84%	166.68%	1.01	1.03	1.00	\$30.47	2.98%	-33.70%	171.53%
	Jul-2018	25,341	\$41.48	3.01%	-3.99%	144.66%	1.01	1.03	1.00	\$40.00	2.31%	-2.37%	148.26%
	Aug-2018	25,424	\$42.56	3.94%	35.54%	79.38%	1.01	1.03	1.00	\$41.05	3.76%	37.55%	81.69%
	Sep-2018	25,568	\$39.00	2.40%	62.76%	110.15%	1.01	1.03	1.00	\$37.62	2.66%	64.89%	111.62%
	Oct-2018	25,520	\$42.98	2.43%	77.87%	64.33%	1.01	1.02	1.00	\$41.54	3.11%	79.84%	65.36%
	Nov-2018	25,507	\$40.23	3.82%	69.48%	24.57%	1.01	1.02	1.00	\$38.91	4.79%	71.28%	25.41%
Last Month in Experience Period	Dec-2018	25,485	\$39.26	3.61%	81.63%	-1.78%	1.01	1.02	1.00	\$38.08	4.83%	83.62%	-0.40%



May 9, 2019

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 2020 STANDARD PLAN DESIGNS

#### Dear Dana:

This memo replaces an earlier version provided on March 14, 2019 to accommodate changes to the Maximum Out of Pocket (MOOP) between the draft and final regulations and the minimum deductible required for High Deductible Health Plans (HDHPs). Additionally, minor changes were made to the language in the memo to reflect the release of the final Actuarial Value Calculator (AVC). At the time of the original memo, only the draft version was available. No changes were required to the plan designs to accommodate the final AVC.

The final Notice of Benefit and Payment Parameters (NBPP)¹ for the 2020 plan year was released on April 18, 2019. The NBPP finalized a single annual limit, or MOOP of \$8,150, reduced from the proposed limit in the draft NBPP of \$8,200. Therefore, changes were required to both the Silver and Bronze HDHPs and the Bronze Deductible Plan (with drug limit) in order to meet this requirement. The NBPP also finalized a MOOP for the 73% Cost sharing reduction (CSR) plans of \$6,500, reduced from the proposed limit in the draft NBPP of \$6,550. Therefore changes were also required to the 73% CSR Silver Deductible plan.

The Internal Revenue Code for 2020 per § 223(c)(2)(A), has not yet been released. However, it is estimated that the individual minimum deductible for HDHPs will increase \$50 to \$1,400² from the 2019 minimum at \$1,350. Vermont's statute (H.559 Sec. 32. 8 V.S.A. § 4089) on prescription drug deductibles and MOOPs, is tied to the same minimum deductible for HDHPs. This statute is described in more detail below. The prior memo did not incorporate any changes to the HDHP plans as the data to estimate the limits had not yet been released. We have updated the Silver and Bronze HDHPs to have a pharmacy deductible and pharmacy MOOP equal to the anticipated IRS minimum of \$1,400 in order to maintain status as an HDHP. Similar changes were made to

https://www.federalregister.gov/documents/2019/04/25/2019-08017/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2020

<sup>&</sup>lt;sup>2</sup> https://thefinancebuff.com/hsa-contribution-limits.html



the CSR designs tied to the silver HDHP at the 73% and 77% AV levels. The deductible plans were not updated since they do not need to comply with the IRS limits and they continue to comply with the Vermont statute. The prescription drug deductibles for the deductible plans may be updated for 2021 to be consistent with the HDHPs.

As these changes are required to meet federal guidance, they do not require formal approval from the Green Mountain Care Board (GMCB). However, it is our understanding that a summary of the changes will be provided to GMCB for their information.

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 2019, 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 2019 standard plan designs are all continuing in 2020.

For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. 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 2020 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 2020 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

A list of the changes from the 2019 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

 Platinum – the primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays, generic pharmacy copays, and ambulance copays were all increased and the physical therapy and chiropractic services copays were decreased



- Gold the medical deductible, medical Maximum Out of Pocket (MOOP), primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays and ambulance copays were increased
- Silver Deductible the medical deductible, pharmacy deductible, combined medical/pharmacy MOOP, inpatient/outpatient/radiology coinsurance, primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays, and chiropractic services copays were all increased and the physical therapy copays were decreased
- Bronze Deductible with Pharmacy Limit the medical deductible, pharmacy deductible, combined medical/pharmacy MOOP and chiropractic services copays were all increased and the physical therapy copays were decreased
- Bronze Deductible without Pharmacy Limit the combined medical/pharmacy deductible and combined medical/pharmacy MOOP, and chiropractic services copays were increased and the physical therapy copays were decreased
- Silver HDHP the medical deductible, combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased
- Bronze HDHP the medical deductible, combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased

In addition to the standard plans, starting in 2016 the State of Vermont 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, two of the three Bronze plans qualify for the expanded range.



The Center for Consumer Information and Insurance Oversight (CCIIO) has released the Final 2020 Actuarial Value Calculator³ that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are not yet released for 2020. The 2019 minimum deductible and MOOP were \$1,350 and \$6,750, 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. Based on information released to date, it is anticipated that the federal HDHP minimum deductible for 2020 will increase from \$1,350 to \$1,400. Therefore, both the Silver and Bronze HDHPs and associated CSR plan designs have been updated to meet this requirement.

#### **CSR Loading**

As of 2019, 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 2020. However, there is no guarantee that CSR silver loading 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

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



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 services for Silver and Bronze metal level plans be no more than the copay applicable to services provided by a primary care provider (PCP) in 2019. For 2020, Act No. 7 requires the copay for chiropractic services for Silver and Bronze metal level plans to be between 125% and 150% of the PCP copay. 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.

Act No. 7 also requires that the copay for physical therapy services for Silver and Bronze metal level plans to be between 125% and 150% of the PCP copay starting in 2020 (there was no change to physical therapy services in 2019). The AVC does account for physical therapy services. Prior to 2019 and 2020, chiropractic and physical therapy services, respectively, were subject to the same copay as specialist office visits. The changes to the copays for chiropractic and physical therapy services are reflected in the plan designs to follow.

#### **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 four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>4</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$8,150, the MOOP must either be stacked or there must be an embedded individual MOOP of \$8,150. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (expected to be \$1,400 and \$2,800 for individual and family coverage in 2020, though these amounts are not yet final). 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

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.

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<sup>&</sup>lt;sup>4</sup> 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.



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.

- 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 2021 plan designs.
- If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix F contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. For 2019 and prior, Wakely made sure that any AV's developed were at least 0.5% below the high end of the de minimis range in order to account for the lower cost sharing. For 2020, Wakely removed the 0.5% adjustment. The issuers each reviewed the appropriateness of the adjustment and had no



issues with eliminating the adjustment. Therefore, no adjustment was made for the lower cost sharing of this benefit in 2020.

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.

	Plan	Adjusted Acceptable Range
	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
Deductible Plans	Silver	66.0%-72.0%
	Bronze (with drug limit)	56.0%-62.0%
	Bronze (without drug limit)	56.0%-65.0%
HDHPs	Silver - Embedded MOOP	66.0%-71.5%
прига	Bronze - Embedded MOOP	56.0%-64.5%
	250-300% FPL (73% AV)	72.0%-74.0%
Cost Sharing Reduction Plan Designs - Deductible	200-250% FPL (77% AV)	76.0%-78.0%
Plans	150-200% FPL (87% AV)	86.0%-88.0%
T land	133-150% FPL (94% AV)	93.0%-95.0%
	250-300% FPL (73% AV)	72.0%-73.5%
Cost Sharing Reduction	200-250% FPL (77% AV)	76.0%-77.5%
Plan Designs - HDHPs	150-200% FPL (87% AV)	86.0%-87.5%
	133-150% FPL (94% AV)	93.0%-94.5%

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



## 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 and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, both models include all members regardless of duration), there are also differences.

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

The following discusses the 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, in mid-2012 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. For the 2020 Plan Designs, this model was updated with more recent Vermont-specific ACA data.

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	<b>C</b> Deductible	osts that Accumula Maximum Out-of		Deductible / MOOP Type
·		Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

#### **Adjusted AV Calculations**

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

- The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The 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 \$8,150.
- 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 limit<sup>5</sup> 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.
- 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.

<sup>&</sup>lt;sup>5</sup> Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



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

Appendix H includes screen shots from the AVC and the 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 2020 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 2020. The 2020 minimum deductible and MOOP are estimated to be \$1,400 and \$6,900, respectively. The plan designs presented are compliant with the estimated 2020 HDHP limits and may need to change once the final 2020 HDHP limits are released, should they differ.
- 2. 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,

Julie A. Peper, FSA, MAAA

Principal and Senior Consulting Actuary

Brittney Phillips, ASA, MAAA Consulting Actuary

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## Appendix A

# Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2020

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, 2020 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 2020 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, 2020 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.

Brittney Phillips, ASA, MAAA

Britt Philly

May 9, 2019



# Appendix B – Summary of Plan Design Changes from 2019 Designs

		Deductible Plans
Plan	Platinum	Gold
	Increase PCP and MH/SA office visit copays from \$10 to \$15	Increase medical deductible from \$850 to \$900
	Increase specialist office visit copay from \$30 to \$40	Increase Medical MOOP from \$4,700 to \$5,000
	Decrease PT/chiro copays from \$30 to \$20	Increase PCP and MH/SA office visit copays from \$15 to \$20
Changes	Increase urgent care copays from \$40 to \$50	Increase specialist office visit copay from \$30 to \$50
	Increase Rx Generic copays from \$5 to \$10	Increase urgent care copay from \$40 to \$60
	Increase ambulance copays from \$50 to \$60	Increase ambulance copay from \$50 to \$70

	De	eductible Plans							
Plan	Silver	Bronze w/ Rx Limit							
	Increase medical deductible from \$2,800 to \$3,200	Increase medical deductible from \$5,500 to \$6,000							
	Increase Rx deductible from \$300 to \$350	Increase Rx deductible from \$900 to \$1000							
	Increase combined medical/Rx OOPM from \$7,500 to \$7,900	Increase combined medical/Rx OOPM from \$7,900 to \$8,150							
Changes	Increase IP/OP/Radiology coinsurance from 40% to 50%	Change PT/chiro copays from \$90 and \$35, respectively, to \$50							
Changes	Increase PCP and MH/SA office visit copays from \$30 to \$35								
	Increase specialist office visit copay from \$75 to \$80								
	Change PT/chiro copays from \$75 and \$30, respectively, to \$50								
	Increase urgent care copay from \$85 to \$90								

	Deductible Plans
Plan	Bronze w/o Rx Limit
	Increase medical deductible from \$7,600 to \$7,900
Changes	Increase combined medical/Rx OOPM from \$7,600 to \$7,900
	Change PT/chiro copays from \$100 and \$40, respectively, to \$60

	HDHPs			
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP		
	Increase medical deductible from \$1,550 to \$1,700	Increase medical deductible from \$5,250 to \$5,500		
Changes	Increase Rx deductible and OOPM from \$1,350 to \$1,400	Increase Rx deductible and OOPM from \$1,350 to \$1,400		
	Increase combined medical/Rx OOPM from \$6,650 to \$6,750	Increase combined medical/Rx OOPM from \$6,650 to \$6,750		
	Increase embedded single OOPM from \$7,900 to \$8,150	Increase embedded single OOPM from \$7,900 to \$8,150		



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

	2020 Plan Designs - S	2020 Plan Designs	
Deductible/OOP Max	On-Exchange	Off-Exchange	On-Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHF
Medical Ded	\$3,200	\$3,200	\$1,700
Rx Ded	\$350	\$350	\$1,400
Integrated Ded	No	No	Yes
Medical MOOP	\$7,900	\$7,900	\$6,750
Rx MOOP	\$1,350	\$1,350	\$1,400
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	30%
Outpatient	50%	50%	30%
ER	\$250	\$250	30%
Radiology (MRI, CT, PET)	50%	50%	30%
Preventive	\$0	\$0	0%
PCP Office Visit	\$35	\$35_	10%
MH/SA Office Visit	\$35	\$35	10%
Chiropractic	\$45	\$45	30%
Physical Therapy	\$45	\$45	30%
Specialist Office Visit	\$80	\$80	30%
Urgent Care	\$90	\$90_	30%
Ambulance	\$100	\$105	30%
Rx Generic	\$15	\$15_	\$10
Rx Preferred Brand	\$60	\$60_	\$40
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	71.8%	71.8%	70.9%

2020 Plan Designs	- Silver HDHP Plans
On-Exchange	Off- Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,700	\$1,700
\$1,400	\$1,400
Yes	Yes
\$6,750	\$6,750
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined	Aggregate with Combined
Medical/Rx embedded \$8,150	Medical/Rx embedded \$8,150
Single OOPM; 2x Individual	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%
70.9%	70.9%



## 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**

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.
- <u>3.2 Selection of Data</u> The data was considered reasonable for our analysis subject to the following considerations
  - a. The data sources contained all material data elements.
  - b. The following considerations were reviewed as part of our analysis:
    - 1. Data was appropriate and sufficiently current.
    - 2. Data was reasonable and comprehensive of the necessary data elements.
    - 3. There were no known, material limitations of the data.
    - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
    - 5. Alternative data sets were not deemed necessary to complete the analysis.
    - 6. Sampling methods were not required.
- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendix is attached.



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

### **ASOP 25: Credibility Procedures**

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

#### **ASOP 41: Actuarial Communications**

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

#### 3.1 General Requirements for Actuarial Communications

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



- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- <u>3.1.4 Identification of Responsible Actuary</u> The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
  - 3.4.1 Uncertainty or Risk Uncertainty is discussed in the management report.
  - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
  - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
  - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
  - <u>3.4.5 Information Date of Report</u> -The management report lists the applicable dates for the analysis and correspondence.
  - <u>3.4.6 Subsequent Events</u> Subsequent events are listed in the Limitations and Disclosures section.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.
- 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 appropriate modeled in the AVC.
- 3.3 Exceptions to the MVC Not applicable.
- <u>3.4 Evaluating Non-Standard Plan Designs</u> The HDHP model was normalized to the federal AVC.
- <u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> The assumptions used to modify the federal AVs were reviewed for reasonability.
- 3.6 Unreasonable Results Not applicable.
- 3.7 Documentation See ASOP 41 documentation above.



# Appendix E – Standard Plan Designs

**Deductible Plan Designs** 

	2020 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	\$900	\$3,200	\$6,000	\$7,900
Rx Ded	\$0	\$100	\$350	\$1,000	N/A
Integrated Ded	No	No	No	No	Yes
Medical MOOP	\$1,350	\$5,000	\$7,900	\$8,150	\$7,900
Rx MOOP	\$1,350	\$1,350	\$1,350	\$1,350	N/A_
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	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	\$10	\$15	\$20	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$85	0%_
Rx Non-Preferred Brand	50%	50%	50%	60%	0%_
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2020 Federal AVC, Adjusted if Necessary	90.1%	81.9%	71.8%	62.0%	64.0%



**Deductible Plan Designs – Cost Sharing Reduction Plans** 

	2020 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	\$2,300	\$900	\$200
Rx Ded	\$350	\$350	\$250	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$7,900	\$6,500	\$5,000	\$1,900	\$900
Rx MOOP	\$1,350	\$1,200	\$1,000	\$400	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	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					
2020 Federal AVC, Adjusted if Necessary	71.8%	74.0%	77.9%	88.0%	95.0%



**HDHP Plan Designs** 

	2020 Plan Designs - HDHP Plans			
Deductible/OOP Max	Silver	Bronze		
Type of Plan	HSA Q/HDHP	HSA Q/HDHP		
Medical Ded	\$1,700	\$5,500		
Rx Ded	\$1,400	\$1,400		
Integrated Ded	Yes	Yes		
Medical MOOP	\$6,750	\$6,750		
Rx MOOP	\$1,400	\$1,400		
Integrated MOOP	Yes	Rx -No, Medical - Yes		
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 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				
2020 Federal AVC, Adjusted if Necessary	70.9%	61.4%		



**HDHP Plan Designs - Cost Sharing Reduction Plans** 

	2020 Plan Designs - HDHP Plan CSR Variations				
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,700	\$1,700	\$1,450	\$1,250	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,750	\$5,000	\$3,400	\$1,250	\$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 \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
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					
2020 Federal AVC, Adjusted if Necessary	70.9%	73.4%	77.3%	87.2%	94.0%



# Appendix F – Class I Pediatric Dental Codes

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

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



# Appendix G – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$8,150	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$8,150 Individual MOOP	Yes	Yes	No	Yes	Yes	73.1%	70.9%
Bronze HDHP- Embedded \$8,150 Individual MOOP	Yes	Yes	No	Yes	Yes	62.9%	61.4%
Silver Deductible	No	No	No	Yes	No	70.7%	71.8%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	61.1%	62.0%
Silver HDHP - Embedded \$8,150 Individual MOOP CSR - 73%	Yes	Yes	No	Yes	Yes	75.6%	73.4%
Silver HDHP CSR - 77%	Yes	Yes	No	Yes	Yes	79.4%	77.3%
Silver HDHP CSR - 87%	Yes	Yes	No	No	Yes	87.7%	87.2%
Silver HDHP CSR - 94%	Yes	Yes	No	No	Yes	94.0%	94.0%
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	87.8%	88.0%
Silver Deductible CSR - 94%	No	No	Yes	Yes	No	94.8%	95.0%



## Appendix H – Screen Shots and AV Development

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



1	Silver	HDHP -	Embedded	
1.	Ollvei	110111 -		

AV from AVC = 73.1%

Adjusted AV = 70.9%

AVC Screen Shot:

Oser inputs for Flan Farameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?				¢0.00	1st <sup>*</sup>	Tier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd	Fier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,700.00							
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$6,750.00							
MOOP if Separate (\$)			70,00000				<u> </u>			
(1)		•	•			•	•			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	-
Medical	All	All			All	All			☐ All	☐ All
Emergency Room Services	<b>V</b>	~								
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									, .	
X-rays)	✓	~	90%							
Specialist Visit	V	<b>V</b>								
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************				_					
Services	✓	✓	90%							
Imaging (CT/PET Scans, MRIs)	V	V						••••		
Speech Therapy	V									
Occupational and Physical Therapy	V	~								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	~								
Outpatient Surgery Physician/Surgical Services	V	~								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	All
Generics	~			\$10.00					~	
Preferred Brand Drugs	~			\$40.00					~	
Non-Preferred Brand Drugs	~	~	50%							
Specialty Drugs (i.e. high-cost)	~	~	50%							
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	2020 Silver HDH	IP Plan					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output		=								
Calculate										
Status/Error Messages:	Error: Result is or	utside of [-4, +2] ¡	percent de minimis	variation.						
Actuarial Value:	73.10%									
Metal Tier:										
	NOTE: Office-vis	it-specific cost-sh	aring is applying to	x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1133 seconds									

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### 1. Silver HDHP - Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	ues in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'C	alculate' anytime an	input or dropdown	selection is change	d.		
Note t	that the model run-ti	me will vary based	on the computers p	processing speed.		
A mes	sage box will appear	to indicate that the	e calculations are d			
		Medical	Rx			
	ndividual Deductible	1,700	1,700			
	Family Deductible	3,400	3,400			
Indiv	vidual Out-of-Pocket	6,750	6,750			
F	amily Out-of-Pocket	13,500	13,500			
Coins	urance (50% or Less)	27%	28%			
Individu	al Embedded Moop:	8,150				
		C	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	į
		Calaulat				
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$97.79	\$505.64		
	Plan PMPM		\$72.38	\$369.61		
	Actuarial Value	72.9%	74.0%	73.10%		



### 1. Silver HDHP - Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	ies in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note t	hat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	sage box will appear	to indicate that the	calculations are d			
		Medical	Rx			
lı	ndividual Deductible	1,700	1,400			
	Family Deductible	3,400	2,800			
Indiv	idual Out-of-Pocket	6,750	1,400			
Fa	amily Out-of-Pocket	13,500	2,800			
Coinsu	rance (50% or Less)	27%	28%			
Individua	al Embedded Moop:	8,150				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calaviat				
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$407.84	\$97.79	\$505.64		
	Plan PMPM	\$281.58	\$76.88	\$358.46		
	Actuarial Value	69.0%	78.6%	70.89%		



<ol><li>Br</li></ol>	onze F	IDHP —	Embedo	ded N	ИООР
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AV from AVC = 62.9%

Adjusted AV = 61.5%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Ammunal Combail	aution Amount.	ć0.00	1st 7	Γier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	bution Amount:	\$0.00	2nd 1	Γier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$6,750.00							
MOOP if Separate (\$)										
		•	_				•			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- t- t-	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	All	☐ All			All	All			☐ All	All
Emergency Room Services	>	~								
All Inpatient Hospital Services (inc. MH/SUD)	<b>&gt;</b>	<u> </u>								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~	~								
Specialist Visit	~	<b>V</b>								
Mental/Behavioral Health and Substance Use Disorder Outpatient						· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Services	~	~								
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>								
Speech Therapy		<u> </u>								
Occupational and Physical Therapy	~	✓								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V	200/0	ψο.σσ		Ä	200,0	Ų0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>								
Skilled Nursing Facility	<u> </u>	<u> </u>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~								
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>				П			П	П
Drugs	□ All	☐ All			☐ All	□ All			□ All	□ All
Generics	V			\$12.00					V	
Preferred Brand Drugs	V	<u> </u>	60%	ψ1L:00						
Non-Preferred Brand Drugs	~	<u> </u>	40%							
Specialty Drugs (i.e. high-cost)	~	<u> </u>	40%							
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	-	2020 Bronze HD	OHP Plan					
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:							
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?	_									
#Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Error: Result is o	utside of [-4, +2] r	percent de minimis	variation.						
Actuarial Value:	62.90%									
Metal Tier:										
Additional Notes:										
Calculation Time:	0.1328 seconds									
carcaractori fiffic.	0.1020 JCC011US									

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### 2. Bronze HDHP - Embedded MOOP, Continued

#### HDHP Model – Normalization:

Inputs						
•						
		· · · · · · · · · · · · · · · · · · ·		e drop down box, an	d press 'Calculate'.	
	lculate' anytime an	· · · · · · · · · · · · · · · · · · ·				
	nat the model run-ti age box will appear	•				
A IIIESS	uge box wiii uppeur	To marcute that the		one.		
		Medical	Rx			
In	dividual Deductible	5,500	5,500			
	Family Deductible	11,000	11,000			
Individ	dual Out-of-Pocket	6,750	6,750			
Fa	mily Out-of-Pocket		13,500			
Coinsur	rance (50% or Less)	48%	46%			
Individua	l Embedded Moop:	8,150				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$107.65	\$556.60		
	Plan PMPM		\$71.20	\$350.11		
	Actuarial Value	62.1%	66.1%	62.90%		



### 2. Bronze HDHP - Embedded MOOP, Continued

### HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	drop down box, an	d press 'Calculate'.	
	ılculate' anytime an	•		•		
Note th	hat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	calculations are do	one.		
		Medical	Rx			
In	dividual Deductible	5,500	1,400			
	Family Deductible	11,000	2,800			
Indivi	dual Out-of-Pocket	6,750	1,400			
Fa	mily Out-of-Pocket	13,500	2,800			
Coinsu	rance (50% or Less)	48%	46%			
Individua	l Embedded Moop:	8,150				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		Calculate	e			
Results						
NESUILS						
		Medical	Rx	Total		
	Allowed PMPM	\$448.95	\$107.65	\$556.60		
	Plan PMPM		\$78.90	\$341.87		
	Actuarial Value	58.6%	73.3%	61.42%		



#### 3. Silver Deductible

AV from AVC = 70.7%

### Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 65.22%/64.26% = 1.01 x .707 = 71.8%

Adjusted AV = 71.8%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	;	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A C t i	oution Amount:	\$0.00	1st 7	Γier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	2nd 1	Γier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$3,200.00	\$350.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$7,9	00.00								
MOOP if Separate (\$)										
		_	_							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Na - 4:1	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	DIE?
Medical	□ All	AII		¢250.00	All	AII			☐ All	AII
Emergency Room Services	<u>v</u>			\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)										Ш
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$35.00						
Specialist Visit				\$80.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00						
Services				\$35.00						
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy				\$80.00						
Occupational and Physical Therapy				\$45.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	~								
X-rays and Diagnostic Imaging	✓	<b>V</b>								
Skilled Nursing Facility	✓	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	✓			П					П
					_	_				_
Outpatient Surgery Physician/Surgical Services	V	<u> </u>								
Drugs	☐ All	☐ All			All	All			☐ All	All
Generics				\$15.00						
Preferred Brand Drugs	<b>V</b>			\$60.00					✓	
Non-Preferred Brand Drugs	✓	~								
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>	V								
Options for Additional Benefit Design Limits:		_	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2020 Silver Ded	uctible Plan					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying t	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1211 seconds									

Draft 2020 AV Calculator



### 3. Silver Deductible, Continued

### HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	3,200	350			
F	amily Deductible	6,400	700			
Individu	ual Out-of-Pocket	7,900	7,900			
Fam	ily Out-of-Pocket	15,800	15,800			
Coinsura	nce (50% or Less)	43%	33%			
Individual I	Embedded Moop:	8,200				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$402.30	\$96.46	\$498.76		
	Plan PMPM	\$246.58	\$73.94	\$320.52		
	Actuarial Value	61.3%	76.6%	64.26%		



### 3. Silver Deductible, Continued

### HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Cal	culate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
	vidual Deductible	3,200	350			
F	amily Deductible	6,400	700			
Individ	ual Out-of-Pocket	7,900	1,350			
Fam	ily Out-of-Pocket	15,800	2,700			
Coinsura	ance (50% or Less)	43%	33%			
Individual I	Embedded Moop:	8,200				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	ce			
Results						
		Medical	Rx	Total		
	Allowed PMPM	•	\$96.46	\$498.76		
	Plan PMPM	\$243.88	\$81.41	\$325.29		
	Actuarial Value	60.6%	84.4%	65.22%		



#### 4. Bronze Deductible (with drug limit)

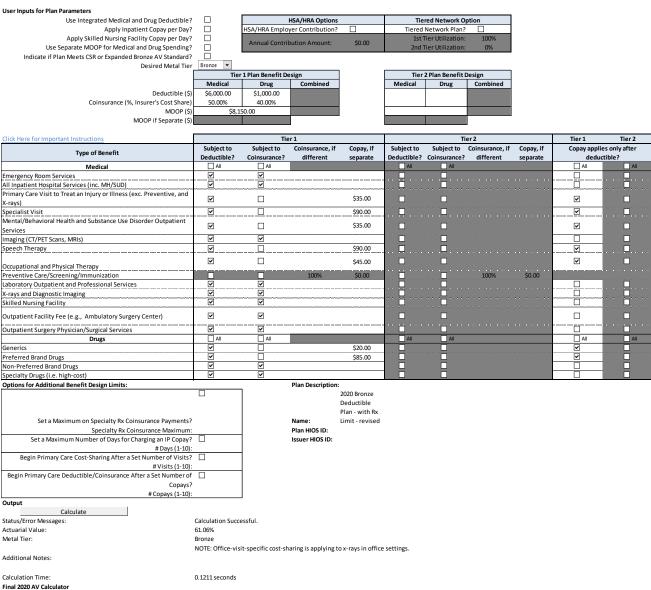
AV from AVC = 61.06%

#### Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 61.73%/60.80% = 1.016 x .6106 = 61.99%

Adjusted AV = 61.9%

#### **AVC Screen Shot:**





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

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	6,000	1,000			
	Family Deductible	12,000	2,000			
Indivi	dual Out-of-Pocket	8,150	8,150			
Fa	mily Out-of-Pocket	16,300	16,300			
Coinsu	rance (50% or Less)	47%	43%			
Individua	l Embedded Moop:	8,150				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	į
		Calculate				
		Calculati	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$448.95	\$107.65	\$556.60		
	Plan PMPM	\$260.19	\$78.22	\$338.41		
	Actuarial Value	58.0%	72.7%	60.80%		



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

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	alculate' anytime an	input or dropdown	selection is change	d.		
Note th	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
In	ndividual Deductible	6,000	1,000			
	Family Deductible	12,000	2,000			
Indivi	idual Out-of-Pocket	8,150	1,350			
Fa	mily Out-of-Pocket	16,300	2,700			
Coinsu	rance (50% or Less)	47%	43%			
Individua	I Embedded Moop:	8,150				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculate	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$107.65	\$556.60		
	Plan PMPM		\$87.64	\$343.62		
	Actuarial Value	57.0%	81.4%	61.73%		



5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.6%

Adjusted AV = 73.4%

#### **AVC Screen Shot:**

User Inputs for Plan Parameters

Calculation Time:

Draft 2020 AV Calculator

osci inputs for fluir cultureters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	3	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colleti	bution Amount.	\$0.00	2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,700.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$5,000.00							
MOOP if Separate (\$)			ı				ı			
Click Here for Important Instructions		Tie	ar 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies onl	y after deductible?
Medical	□ All	☐ All	unterent	Separate	☐ All	☐ All	uniciciit	зеринис	□ All	☐ All
Emergency Room Services	<u> </u>	☑								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	~	90%							
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient			90%			_				_
Services	V	V	90%							
Imaging (CT/PET Scans, MRIs)	v	✓								
Speech Therapy	V	✓								
	✓	✓								
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•								
Outpatient Surgery Physician/Surgical Services	✓	✓								
Drugs	☐ All	☐ All			☐ All	All			☐ All	☐ All
Generics	✓			\$10.00					V	
Preferred Brand Drugs	✓			\$40.00					V	
Non-Preferred Brand Drugs	V	V	50%							
Specialty Drugs (i.e. high-cost)	V	V	50%							
Options for Additional Benefit Design Limits:		7	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2020 HDHP Plan CSR Variations - 250-300% FPL (73% AV)						
Specialty Rx Coinsurance Payments:  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	(75% AV)						
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?		1								
# Copays (1-10):		]								
Output										
Calculate										
Status/Error Messages:		tside of +/- 1 perce	nt de minimis varia	ition for CSRs.						
Actuarial Value:	75.61%									

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

0.2227 seconds



### 5. Silver HDHP - Embedded MOOP CSR - 73%, Continued

#### HDHP Model – Normalization:

Inputs						
				drop down box, an	d press 'Calculate'.	
	lculate' anytime an	· · · · · · · · · · · · · · · · · · ·				
	nat the model run-ti	•				
A mess	age box will appear	to indicate that the	calculations are do	one.		
		Medical	Rx			
In	dividual Deductible	1,700	1,700			
	Family Deductible	3,400	3,400			
Indivi	dual Out-of-Pocket	5,000	5,000			
Fa	mily Out-of-Pocket	10,000	10,000			
Coinsur	rance (50% or Less)	23%	28%			
Individua	l Embedded Moop:	8,150				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	į
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$419.39	\$100.56	\$519.95		
	Plan PMPM		\$75.91	\$393.21		
	Actuarial Value	75.7%	75.5%	75.62%		



## 5. Silver HDHP - Embedded MOOP CSR - 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells b	elow, choose a seti	ting option from t	he drop down box, ar	nd press 'Calculate'.	
Press 'Cc	alculate' anytime an	input or dropdown	selection is chang	ed.		
Note tl	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are	done.		
		Medical	Rx			
Ir	ndividual Deductible	1,700	1,400			
	Family Deductible	3,400	2,800			
Indivi	dual Out-of-Pocket	5,000	1,400			
Fa	mily Out-of-Pocket	10,000	2,800			
Coinsu	rance (50% or Less)	23%	28%			
Individua	I Embedded Moop:	8,150				
		С	osts that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	e			
Results						
resuits			-			
		Medical	Rx	Total		
	Allowed PMPM	\$419.39	\$100.56	\$519.95		
	Plan PMPM	\$302.22	\$79.38	\$381.60		
	Actuarial Value	72.1%	78.9%	73.39%		



#### 6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.4%

Adjusted AV = 77.3%

#### **AVC Screen Shot:**

User Inputs for Plan Parameters

Calculation Time:

Draft 2020 AV Calculator

Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?				*****	2nd	d Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1			r 2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,450.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$3,400.00							
MOOP if Separate (\$)							_			
									1	
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	☐ All	☐ All			☐ All	All			☐ All	All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	<b>&gt;</b>	90%							
					_					
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient	V	<b>&gt;</b>	90%							
Services										
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	V	V								
	v	✓								
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$40.00					V	
Non-Preferred Brand Drugs		<u> </u>	50%							
Specialty Drugs (i.e. high-cost)	V	<b>V</b>	50%							
Options for Additional Benefit Design Limits:			Plan Description:							
				2020 HDHP Plan CSR Variations - 200-250% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(77% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:							
Begin Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Error: Result is out	side of +/- 1 perce	ent de minimis varia	ation for CSRs.						
Actuarial Value:	79.45%	. , ,								
Metal Tier:										
	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	ravs in office setting	ngs.					
Additional Notes:			5	,	-					

HSA/HRA Options

Tiered Network Option

0.1562 seconds



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

#### HDHP Model – Normalization:

nputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	at the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	1,450	1,450			
	Family Deductible	2,900	2,900			
Indivi	dual Out-of-Pocket	3,400	3,400			
Fa	mily Out-of-Pocket	6,800	6,800			
Coinsur	ance (50% or Less)	23%	26%			
Individua	Embedded Moop:	8,150				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Į
		Calculat				
		Calculati				
Dogulto						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$434.86	\$104.27	\$539.13		
	Plan PMPM		\$82.86	\$428.34		
	Actuarial Value	79.4%	79.5%	79.45%		



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

### HDHP Model – Adjusted Actuarial Value:

Inputs						
<u> </u>						
	es in the blue cells b			•	d press 'Calculate'.	
	lculate' anytime an	<u> </u>				
	nat the model run-ti	·				
A mess	age box will appear	to indicate that the	calculations are do	one.		
		Medical	Rx			
In	dividual Deductible	1,450	1,400			
	Family Deductible	2,900	2,800			
Indivi	dual Out-of-Pocket	3,400	1,400			
	mily Out-of-Pocket	6,800	2,800			
Coinsu	rance (50% or Less)	23%	26%			
Individua	l Embedded Moop:	8,150				
		C	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		 Calculate	e			
Results						
resuits						
		Medical	Rx	Total		
	Allowed PMPM	\$434.86	\$104.27	\$539.13		
	Plan PMPM	\$333.32	\$83.51	\$416.83		
	Actuarial Value	76.6%	80.1%	77.31%		



#### Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.2%

#### **AVC Screen Shot:**

User Inputs for Plan Parameters

Draft 2020 AV Calculator

ose integrated Medical and Drug Deductible:	-		HOA) HKA OPTIONS		110	red Network Of	, cion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A I Countril	h	ć0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:	\$0.00	2nd Tier Utilization: 0%					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<b>▽</b>	•								
Desired Metal Tier	Gold ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,250.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,250.00							
MOOP if Separate (\$)										
WIOOF II Separate (3)										
MOOF II Separate (5)							1			
Click Here for Important Instructions		Tie	er 1			T	er 2		Tier 1	Tier 2
	Subject to Deductible?	Tie Subject to Coinsurance?	er 1  Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	er 2  Coinsurance, if different	Copay, if separate	Tier 1 Copay applies onl	
Click Here for Important Instructions	Subject to	Subject to	Coinsurance, if			Subject to	Coinsurance, if			
Click Here for Important Instructions  Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if different		Copay applies onl	y after deductible
Click Here for Important Instructions  Type of Benefit  Medical	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if different		Copay applies onl	y after deductible
Click Here for Important Instructions  Type of Benefit  Medical  Emergency Room Services	Subject to Deductible?  All	Subject to Coinsurance?	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if different		Copay applies onl	y after deductible
Type of Benefit  Medical  Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	Subject to Deductible?  All	Subject to Coinsurance?  All	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if different		Copay applies onl	y after deductible

Imaging (CT/PET Scans, MRIs) Speech Therapy V V V V Occupational and Physical Therapy \$0.00 Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) V V V V Outpatient Surgery Physician/Surgical Services \_ All Drugs ☐ All Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits: V Plan Description: 2020 HDHP Plan CSR Variations

150-200% FPL Set a Maximum on Specialty Rx Coinsurance Payments? Name: (87% AV) Plan HIOS ID: Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copavs? Output Calculate Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful. Metal Tier: Gold Calculation Time: 0.1328 seconds



### 7. Silver HDHP - Embedded MOOP CSR - 87%, Continued

#### HDHP Model – Normalization:

nnute						
nputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	at the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	calculations are de	one.		
		Medical	Rx			
In	dividual Deductible	1,250	1,250			
	Family Deductible	2,500	2,500			
Indivi	dual Out-of-Pocket	1,250	1,250			
Fa	mily Out-of-Pocket	2,500	2,500			
Coinsu	rance (50% or Less)	0%	0%			
Individua	l Embedded Moop:	8,200				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calaviat	_			
		Calculat	е			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$424.01	\$101.67	\$525.68		
	Plan PMPM		\$89.79	\$460.88		
	Actuarial Value	87.5%	88.3%	87.67%		
	Actualiai value	07.570	00.5/0	07.07/0		



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

### HDHP Model – Adjusted Actuarial Value:

Inputs						
<u> </u>						
	es in the blue cells b			•	d press 'Calculate'.	
	lculate' anytime an	<u> </u>				
	nat the model run-ti	·				
A mess	age box will appear	to indicate that the	calculations are do	one.		
		Medical	Rx			
In	dividual Deductible	1,250	1,250			
	Family Deductible	2,500	2,500			
Indivi	dual Out-of-Pocket	1,250	1,250			
	mily Out-of-Pocket	2,500	2,500			
Coinsu	rance (50% or Less)	0%	0%			
Individua	l Embedded Moop:	8,200				
		C	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		 Calculate	e			
مالد						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$424.01	\$101.67	\$525.68		
	Plan PMPM	\$368.88	\$89.31	\$458.19		
	Actuarial Value	87.0%	87.8%	87.16%		



#### 8. Silver HDHP - Embedded MOOP CSR - 94%

AV from AVC = 94.0%

Adjusted AV = 94.0%

#### **AVC Screen Shot:**

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tier	ed Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered I	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	oution Amount:	\$0.00	1st T	ier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd T	ier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum ▼									
	Tier	1 Plan Benefit De	esign		Tier 2	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$550.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applies	-
туре от венени	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	ible?
Medical	☐ All	☐ All			☐ All	All			☐ All	All
Emergency Room Services	>	Y								
All Inpatient Hospital Services (inc. MH/SUD)	V	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						П				
X-rays)	✓	~								
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	~								
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy	V	<b>V</b>								
	✓	<b>~</b>								
Occupational and Physical Therapy		•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	~								
X-rays and Diagnostic Imaging	V	<b>V</b>								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	~								
Drugs	☐ All	☐ All			All	All			☐ All	All
Generics	~	~								
Preferred Brand Drugs	V	~								
Non-Preferred Brand Drugs	V	~								
Specialty Drugs (i.e. high-cost)	✓	<b>V</b>								
Options for Additional Benefit Design Limits:	-		Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?				2020 HDHP Plan	CSR Variations	- 133-150% FPI	L (94% AV)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL). (	Calculation Succes	sful.						
Actuarial Value:	94.04%	. "								
Metal Tier:	Platinum									
Additional Notes:										
•										
Calculation Time:	0.1016 seconds									

Draft 2020 AV Calculator



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

#### HDHP Model – Normalization:

Inputs					
Enter values in the blue o	ells below, choose a .	setting option froi	m the drop down	box, and press 'Cal	culate'.
Press 'Calculate' anytin	ne an input or dropdo	own selection is ch	anged.		
Note that the model i	un-time will vary bas	sed on the comput	ers processing sp	eed.	
A message box will ap	pear to indicate tha	t the calculations o	are done.		
	Medical	Rx			
Individual Deducti		550			
Family Deducti	ole 1,100	1,100			
Individual Out-of-Poc	ket 550	550			
Family Out-of-Poc	ket 1,100	1,100			
Coinsurance (50% or Le	ss) 0%	0%			
Individual Embedded Mo	op: 7,900				
	Co	osts that Accumul	ate		
		0	OP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Setti	ngs Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calcula	te			
Results					
	Medical	Rx	Total		
Allowed PM	•	\$104.99	\$542.86		
Plan PM	PM \$411.84	\$98.72	\$510.56		
Actuarial Va	ue 94.1%	94.0%	94.05%		



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

HDHP Model – Adjusted Actuarial Value:

		I		1		
Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option from	n the drop down l	box, and press 'Calc	ulate'.
Press 'Ca	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
Indiv	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,900				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	ie			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$437.87	\$104.99	\$542.86		
	Plan PMPM		\$98.64	\$510.39		
	Actuarial Value	94.0%	94.0%	94.02%		



#### 9. Silver Deductible CSR - 73%

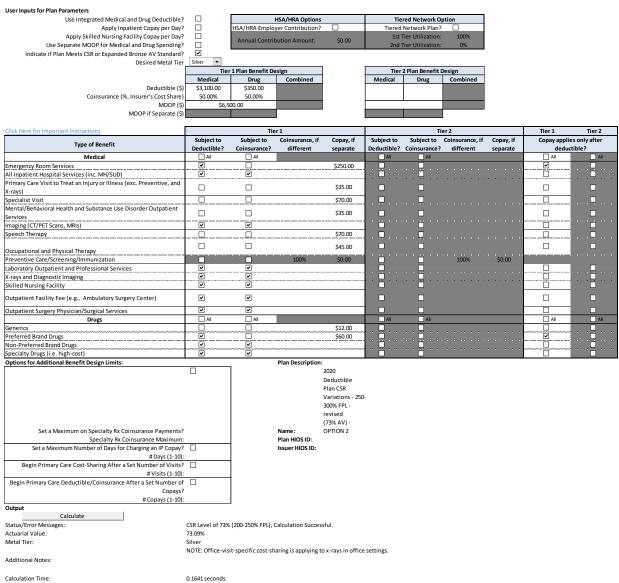
AV from AVC = 73.09%

#### Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 67.84%/67.05% = 1.011 x 73.09% = 73.95%

Adjusted AV = 73.9%

#### **AVC Screen Shot:**



Final 2020 AV Calculato



### 9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
	alculate' anytime an			•		
Note ti	hat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	sage box will appear	to indicate that the	calculations are de	one.		
		Medical	Rx			
Ir	ndividual Deductible	3,100	350			
	Family Deductible	6,200	700			
Indivi	idual Out-of-Pocket	6,500	6,500			
Fa	amily Out-of-Pocket	13,000	13,000			
Coinsu	ırance (50% or Less)	42%	32%			
Individua	al Embedded Moop:	8,150				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Į.
		 Calculat	<u> </u>			
		Carcarat				
D   1						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$419.39	\$100.56	\$519.95		
	Plan PMPM	\$269.64	\$78.97	\$348.61		
	Actuarial Value	64.3%	78.5%	67.05%		



### 9. Silver Deductible CSR - 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

l						
Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	3,100	350			
	Family Deductible	6,200	700			
Indivi	dual Out-of-Pocket	6,500	1,200			
Fa	mily Out-of-Pocket	13,000	2,400			
Coinsu	rance (50% or Less)	42%	32%			
Individua	l Embedded Moop:	8,150				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat				
		Calculati	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$419.39	\$100.56	\$519.95		
	Plan PMPM	\$266.78	\$85.95	\$352.74		
	Actuarial Value	63.6%	85.5%	67.84%		



10. Silver Deductible CSR – 77%

AV from AVC = 77.3%

### Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.86%/72.33% = 1.007 x .773 = 77.9%

Adjusted AV = 77.9%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	· 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization: Tier Utilization:	100% 0%			
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2na	Her Utilization:	0%			
Desired Metal Tier	Gold ▼									
Sestion metal field		r 1 Plan Benefit De	sign	1	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,300.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$5,0	00.00								
MOOP if Separate (\$)			<u> </u>							
Click Here for Important Instructions		Tie	r 1			Tiz	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	All	☐ All		·	All	All		·	☐ All	All
Emergency Room Services	N			\$250.00					~	
All Inpatient Hospital Services (inc. MH/SUD)	Y	<b>v</b>								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00						
X-rays)				\$25.00						
Specialist Visit				\$50.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$25.00						
Services				ΨΕ3.00						
Imaging (CT/PET Scans, MRIs)	Y	V								
Speech Therapy				\$50.00						
				\$35.00						
Occupational and Physical Therapy			100%	\$0.00			4000/	÷0.00		
Preventive Care/Screening/Immunization	□ V	<u> </u>	100%	\$0.00		H	100%	\$0.00	П	
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			H	H				
Skilled Nursing Facility		✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓								
Outpatient Surgery Physician/Surgical Services	<u> </u>	✓								
Drugs	All	☐ All			All	All			☐ All	☐ All
Generics				\$12.00						
Preferred Brand Drugs	V			\$60.00					V	
Non-Preferred Brand Drugs	V	V								
Specialty Drugs (i.e. high-cost)	>	V								
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
				2020						
				Deductible						
				Plan CSR						
				Variations - 200	-					
				250% FPL (77%						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 1 per	cent de minimis	variation for CSRs	s.					
Actuarial Value:	77.32%									
Metal Tier:										
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
	0.1172 seconds									
Draft 2020 AV Calculator										



### 10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

		I				
Inputs						
Enter valu	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	ılculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	2,300	250			
	Family Deductible	4,600	500			
Indivi	dual Out-of-Pocket	5,000	5,000			
Fa	mily Out-of-Pocket	10,000	10,000			
Coinsu	rance (50% or Less)	41%	30%			
Individua	l Embedded Moop:	8,200				
	·	С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Į
		Calculate	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$434.86	\$104.27	\$539.13		
	Plan PMPM	\$304.21	\$85.74	\$389.95		
	Actuarial Value	70.0%	82.2%	72.33%		



## 10. Silver Deductible CSR - 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ues in the blue cells b	elow. choose a seti	tina option from t	he drop down box, an	d press 'Calculate'.	
	alculate' anytime an			•		
	that the model run-ti					
	sage box will appear					
		Medical	Rx			
lı .	ndividual Deductible	2,300	250			
	Family Deductible	4,600	500			
Indiv	vidual Out-of-Pocket	5,000	1,000			
Fa	amily Out-of-Pocket	10,000	2,000			
Coinsu	urance (50% or Less)	41%	30%			
Individua	al Embedded Moop:	8,200				
		C	Costs that Accumu	llate		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	re			
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$434.86	\$104.27	\$539.13		
	Plan PMPM	\$301.52	\$91.32	\$392.84		
	Actuarial Value	69.3%	87.6%	72.86%		



#### 11. Silver Deductible CSR – 87%

AV from AVC = 87.8%

### Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 85.25%/85.06% = 1.002 x .878= 88.0%

Adjusted AV = 88.0%

#### **AVC Screen Shot:**

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?				,	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<b>✓</b> Gold ▼									
Desired Metal Tier		1 Plan Benefit De	ncian	7	Tior	2 Plan Benefit D	osian			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$900.00	\$150.00	Combined		ivieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)		00.00								
MOOP if Separate (\$)	71,50	50.00								
			•			•				
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	☐ All	All			All	All			□ All	All
Emergency Room Services	V			\$250.00					Ŋ	
All Inpatient Hospital Services (inc. MH/SUD)	V	₹								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$10.00						П
X-rays)										
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00						
Services	<u> </u>									
Imaging (CT/PET Scans, MRIs)				620.00						
Speech Therapy				\$30.00						
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V	10076	Ş0.00	I H	H			П	
X-rays and Diagnostic Imaging	V	<u> </u>				H				
Skilled Nursing Facility	V	V				=				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	~								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	All			☐ All	All
Generics				\$10.00						
Preferred Brand Drugs	V			\$50.00					>	
Non-Preferred Brand Drugs	✓	~								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:			Plan Description	1:						
		Ī		2020						
				Deductible						
				Plan CSR						
				Variations - 150	<b>.</b>					
				200% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		l								
Output Calculate										
	CSR Level of 87%	(150-200% FPL)	Calculation Succe	ssful						
Actuarial Value:	87.76%	(								
Metal Tier:	Gold									
		t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:			6 13 app. 71118							
Calculation Time:	0.0898 seconds									
Draft 2020 AV Calculator										



### 11. Silver Deductible CSR - 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	n the drop down b	oox, and press 'Calcu	late'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
Indiv	vidual Deductible	900	150			
F	amily Deductible	1,800	300			
Individu	ual Out-of-Pocket	1,900	1,900			
Fam	ily Out-of-Pocket	3,800	3,800			
Coinsura	ance (50% or Less)	32%	28%			
Individual E	Embedded Moop:	8,200				
		Co	osts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$424.01	\$101.67	\$525.68		
	Plan PMPM	\$356.48	\$90.67	\$447.15		
	Actuarial Value	84.1%	89.2%	85.06%		



### 11. Silver Deductible CSR - 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option froi	m the drop down b	oox, and press 'Calculo	ate'.
Press 'Co	alculate' anytime a	ın input or dropdo	wn selection is ch	anged.		
Note tl	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	900	150			
F	amily Deductible	1,800	300			
Individ	ual Out-of-Pocket	1,900	400			
Fam	nily Out-of-Pocket	3,800	800			
Coinsura	ance (50% or Less)	32%	28%			
Individual I	Embedded Moop:	8,200				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$424.01	\$101.67	\$525.68		
	Plan PMPM	\$354.19	\$93.95	\$448.14		
	Actuarial Value	83.5%	92.4%	85.25%		



# 12. Silver Deductible CSR – 94%

AV from AVC = 94.8%

# Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.79%/94.66% = 1.001 x .946 = 95.0%

Adjusted AV = 95.0%

# AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	i	Tie	red Network (	Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan	? 🗌			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1st 7	Γier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.	30.00	2nd 1	Γier Utilization	1: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum ▼									
	Tie	r 1 Plan Benefit D	esign	1	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$200.00	\$0.00		Ī						
Coinsurance (%, Insurer's Cost Share)	90.00%	70.00%								
MOOP (\$)		00.00		Ī						
MOOP if Separate (\$)				-						
		•	-				-			
Click Here for Important Instructions		Tie	er 1			1	lier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to		Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance		separate	deduc	
Medical	All	All	uniciciii	Separate	All	All	uniciciii	Separate	□ All	All
Emergency Room Services	<b>2</b>			\$75.00					<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	Ž									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					ł					
				\$5.00						
X-rays)				Ć4F 00						
Specialist Visit				\$15.00					Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$5.00						
Services										
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	L			\$15.00						
				\$7.00						
Occupational and Physical Therapy				\$7.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<b>V</b>								
X-rays and Diagnostic Imaging	$\overline{\mathbf{v}}$	<b>V</b>								
Skilled Nursing Facility	<u> </u>	V								Ē
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~								
Outpatient Surgery Physician/Surgical Services	<b>V</b>	~								
Drugs	□ All	☐ All			□ All				☐ All	□ All
Generics				\$5.00						
Preferred Brand Drugs				\$20.00						
	HH			\$20.00					H	
Non-Preferred Brand Drugs					1 7	H				H
Specialty Drugs (i.e. high-cost)		V								
Options for Additional Benefit Design Limits:	_	7	Plan Description							
				2020						
				Deductible						
				Plan CSR						
				Variations - 133	3-					
				150% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(94% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output										
Calculate										
Status/Error Messages:		(100-150% FPL),	Calculation Succe	ssful.						
Actuarial Value:	94.84%									
Metal Tier:	Platinum									
	NOTE: Office-vis	it-specific cost-sh	naring is applying	to x-rays in office	e settings.					
Additional Notes:			, 0	,	-					
Calculation Time:	0.0938 seconds									
Draft 2020 AV Calculator	0.0330 SECUITUS									



# Silver Deductible CSR - 94%, Continued

# HDHP Model – Without Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note ti	hat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	sage box will appear	to indicate that the	calculations are do	one.		
		Medical	Rx			
Ir	ndividual Deductible	200	0			
	Family Deductible	400	0			
Indivi	idual Out-of-Pocket	900	900			
Fa	mily Out-of-Pocket	1,800	1,800			
Coinsu	rance (50% or Less)	9%	14%			
Individua	l Embedded Moop:	8,200				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$437.87	\$104.99	\$542.86		
	Plan PMPM	\$413.68	\$100.18	\$513.87		
	Actuarial Value	94.5%	95.4%	94.66%		



# 12. Silver Deductible CSR - 94%, Continued

# HDHP Model – With Prescription Drug Adjustments:

Inputs						
<u> </u>						
		•		drop down box, an	d press 'Calculate'.	
	lculate' anytime an	<u> </u>				
	nat the model run-ti	·				
A mess	age box will appear	to indicate that the	e calculations are do	one.		
		Medical	Rx			
In	dividual Deductible	200	0			
	Family Deductible	400	0			
Indivi	dual Out-of-Pocket	900	200			
	mily Out-of-Pocket	1,800	400			
Coinsu	rance (50% or Less)	9%	14%			
Individua	l Embedded Moop:	8,200				
		C	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		 Calculate				
		Carealact				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$437.87	\$104.99	\$542.86		
	Plan PMPM	\$412.84	\$101.73	\$514.56		
	Actuarial Value	94.3%	96.9%	94.79%		



# **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

Contact Name: Eric Bachner, ASA
Contact Title: Leader, Actuarial

Primary Contact Phone #: 1-800-777-4793, ext. 7213

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: ebachner@mvphealthcare.com

# FILING AMENDMENT 2020 Vermont Exchange Filing

# **Purpose and Scope of Amendment**

MVP is submitting an amendment to its 2020 Vermont Exchange Filing (SERFF# MVPH-131934219) to reflect updated medical trend information. The updated trends have the impact of reducing MVP's proposed contract-weighted rate increase from the 9.4% as originally stated in the Actuarial Memorandum to 8.5%.

#### **Technical Details**

While preparing the necessary data for L&E Objection Letter #1 (dated May 16, 2019), MVP discovered that the trends for facilities under the Green Mountain Care Board's (GMCB) jurisdiction reflected the proposed hospital budgets for Fiscal Year 2019 (FY2019). Trends for those facilities have been updated to reflect the GMCB's hospital budget decisions for FY2019. This includes the mid-year rate increase for Springfield Hospital that was approved by the GMCB on May 10, 2019.

## **Amended Documents**

The following documents have been included in the amendment to reflect the change: VT 2020 Exchange Rate Filing\_SERFF and Rate Increase Exhibit 2019-2020\_SERFF. The exhibits in the VT 2020 Exchange Rate Filing\_SERFF document that have been affected include: Exhibit 2a, Exhibit 3, Exhibit 6 and Exhibit 7.

Eric Bachner, ASA

Leader, Actuarial, Commercial/Gov't Programs

MVP Health Care, Inc.

<u>05/21/2019</u>

Date



# ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold 3 HDHP Plus Silver 2 HDHP Plus Silver 2 HDHP Plus II

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off of the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2020 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 211,000 covered MVP commercial members. The data reflects claims paid for 2017 incurred dates, paid as of January 31, 2019. MVP combines data from all of its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

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

VT secondary Rx OOP max

Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73% and 77% cost-sharing reduction plan were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

Safe harbor prescription drug benefits excluded from the plan deductible

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

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	77.10%	78.67%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	76.92%	78.51%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	67.84%	69.51%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	70.24%	71.94%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	70.40%	71.92%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	72.41%	73.98%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	74.52%	75.52%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.78%	76.81%
Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit	85.54%	86.57%
Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit	85.79%	86.83%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	92.23%	93.57%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	92.24%	93.57%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	67.75%	69.42%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	70.15%	71.85%

Actuarial Adjustment factor for Gold 3 Plan: 0.998 = 76.92% / 77.10% Final Federal AV for Gold 3 Plan: 78.67% x 0.998 = 78.51%

Actuarial Adjustment factor for Silver 2 Plan: 1.035 = 70.24% / 67.84%

Final Federal AV for Silver 2 Plan: 69.51% x 1.035 = 71.94%

Actuarial Adjustment factor for Silver 2 73% Plan: 1.029 = 72.41% / 70.40% Final Federal AV for Silver 2 73% Plan: 71.92% x 1.029 = 73.98%

Actuarial Adjustment factor for Silver 2 77% Plan: 1.017 = 75.78% / 74.52% Final Federal AV for Silver 2 77% Plan:  $75.52\% \times 1.017 = 76.81\%$ 

Actuarial Adjustment factor for Silver 2 87% Plan: 1.003 = 85.79% / 85.54% Final Federal AV for Silver 2 87% Plan:  $86.57\% \times 1.003 = 86.83\%$ 

Actuarial Adjustment factor for Silver 2 94% Plan: 1.000 = 92.24% / 92.23% Final Federal AV for Silver 2 94% Plan:  $93.57\% \times 1.000 = 93.57\%$ 

Actuarial Adjustment factor for Silver 2 II Plan: 1.035 = 70.15% / 67.75% Final Federal AV for Silver 2 II Plan:  $69.42\% \times 1.035 = 71.85\%$ 

#### **CERTIFICATION**

I, Matthew Lombardo, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2020 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

The fredul

**MVP Health Care** 

6/10/2019

Date

User Inputs for Plan Parameters		[MVP VT Plus] Si	ilver 2 HDHP CSR 7	3						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd T	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,100.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,100.00							
MOOP if Separate (\$)			\$0.00							
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	-
· ·	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	<b>&gt;</b> [	V			<b>&gt;</b>	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	•			~	∠				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓			✓	✓				
Specialist Visit	<b>&gt;</b>	<b>V</b>			V	V		•		
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	✓			<b>V</b>	<b>V</b>				
Services Imaging (CT/PET Scans, MRIs)	<b>V</b>	<u> </u>	***************************************		<b>▽</b>	<b>▽</b>				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<u>v</u>				
Speech Therapy	<b>V</b>	✓			V					
Occupational and Physical Therapy	V	~			V	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			V	✓				
X-rays and Diagnostic Imaging	V	~			V	~				
Skilled Nursing Facility	>	~			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	V			V	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	~	<b>V</b>			~	<b>~</b>				
Drugs	✓ All	✓ All			✓ All	✓ All			All	
Generics	<u> </u>	<u> </u>			V	<u> </u>				
Preferred Brand Drugs	<u> </u>	<u> </u>			~	<u> </u>				
Non-Preferred Brand Drugs	<u> </u>	<u> </u>			<u> </u>	<u></u>				
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>								
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	[MVP VT Plus] S	ilver 2 HDHP C	SR 73				
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?	П			[Input Issuer HIC						
# Days (1-10):				[put issue: riit	55.5,					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
Status/Error Messages:	Frror: Result is or	itside of +/- 1 nei	rcent de minimis v	ariation for CSRs	:					
Actuarial Value:	71.92%	acorde or 1, 1 per	1.0286	73.98%	•					
Metal Tier:	5_/0		AV Adj	Final AV						
			Auj							
Additional Notes:										

0.125 seconds

Calculation Time: Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] G	old 2							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A			1st T	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contrib	oution Amount:		2nd 1	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							•			
Desired Metal Tier	Gold 🔻									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$6,050.00	\$1,350.00	\$7,400.00							
			_				_			
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	-
· · · · · · · · · · · · · · · · · · ·	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	□ All	☐ All		dasa aa	✓ All	✓ All			□ All	☐ All
Emergency Room Services				\$250.00	<b>V</b>	<b>∨</b>				
All Inpatient Hospital Services (inc. MH/SUD)		Ш		\$750.00	<u> </u>					L
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$30.00	✓	✓				
Specialist Visit				\$50.00	<b>▽</b>	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$30.00	✓	✓				
Imaging (CT/PET Scans, MRIs)					✓	✓				
Speech Therapy				\$150.00	V	V				
				\$50.00	✓	<b>▽</b>				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00	V	V				
X-rays and Diagnostic Imaging				\$50.00						<u></u>
Skilled Nursing Facility				\$750.00	✓	<b>V</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$500.00	✓	✓				
Outpatient Surgery Physician/Surgical Services				\$100.00	~	<b>▽</b>				
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All
Generics				\$8.00	<b>V</b>	<b>V</b>				
Preferred Brand Drugs				\$4.00	<b>V</b>	✓		•		
Non-Preferred Brand Drugs		<b>V</b>	50%		<b>V</b>	✓				
Specialty Drugs (i.e. high-cost)		V	50%		V	<b>V</b>				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]	Gold 2					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):					•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_		Generic	\$10						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID							
Copays?				\$1						
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	81.36%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents, overriding	g outpatient input	s for those serv	rice(s).	
Additional Notes:				.,		,			• •	
Calculation Time:	0.0898 seconds									

User Inputs for Plan Parameters		[MVP VT Plus HD	DHP] Gold 3							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	;	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A manual Cambril	hustina Americati		1st 7	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd 7	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,700.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$2,700.00							
MOOP if Separate (\$)			\$0.00	=						
							-			
Click Here for Important Instructions		Tie	er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	=	Coinsurance, if	Copay, if	Copay applies	
••	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	<b>&gt;</b>	<b>V</b>			V	<b>y</b>				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			~	<b>V</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓			✓	✓				
X-rays)										_
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	<b>V</b>			✓	✓				
Services										
Imaging (CT/PET Scans, MRIs)	V .	<u> </u>			V	<u>v</u>				
Speech Therapy	~	<b>V</b>			V	✓				
	✓	<b>✓</b>			✓	✓				
Occupational and Physical Therapy				4						
Preventive Care/Screening/Immunization			100%	\$0.00	_ 		100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V				<b>V</b>				
X-rays and Diagnostic Imaging	Z	Z								
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓			✓	V				
Outpatient Surgery Physician/Surgical Services	V	~			✓	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	~	~			~	<u> </u>				
Preferred Brand Drugs	>	✓			✓	✓				
Non-Preferred Brand Drugs	~	V			✓	✓				
Specialty Drugs (i.e. high-cost)	V	V			~	V				
Options for Additional Benefit Design Limits:		_	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus H	IDHP] Gold 3					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	78.67%	0.998	78.51%							
Metal Tier:	Gold	AV Adj	Final AV							
	-	.,								
Additional Notes:										

0.207 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT] Reflect	tive Silver 1 II							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🗆	Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Γier Utilization				
Use Separate MOOP for Medical and Drug Spending?	_	Annual Contin	oution Amount.		2nd 1	Γier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De	<u> </u>			2 Plan Benefit				
5 1 (1) (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$500.00								
Coinsurance (%, Insurer's Cost Share)		50.00%		-						
MOOP (\$) MOOP if Separate (\$)		\$1,350.00	\$7,850.00	•						
WOOF II Separate (3)	\$0,300.00	\$1,330.00	\$7,830.00			l				
Click Here for Important Instructions		Tie	r 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	~			\$400.00	~	<b>V</b>			~	
All Inpatient Hospital Services (inc. MH/SUD)	<b>&gt;</b>	✓			~	<b>∨</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				¢20.00				-		
X-rays)	✓			\$30.00	✓	✓			✓	
Specialist Visit	V			\$60.00	~	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	V			\$30.00	✓	<b>✓</b>			✓	
Services										
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	<b>▽</b>	V			V	
Speech Therapy	V			\$60.00	✓	~			~	
	✓			\$45.00	✓	✓			✓	
Occupational and Physical Therapy			1000/				4000/	60.00		
Preventive Care/Screening/Immunization	□		100%	\$0.00	_ 		100%	\$0.00	V	
Laboratory Outpatient and Professional Services	V			\$60.00	<u>∨</u>	V V			<u>V</u>	
X-rays and Diagnostic Imaging	V			\$150.00						
Skilled Nursing Facility					<b>~</b>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$1,400.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	V			\$300.00	✓	✓			✓	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	V			\$4.00	<b>V</b>	<b>V</b>			V	
Preferred Brand Drugs	V	<b>V</b>			V	<b>V</b>				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	V	~			V	V				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT] Refle						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):			0	4-						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$1						
Copays?										
# Copays (1-10):										
Output		J								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	71.96%	1	71.96							
Metal Tier:	Silver	AV Adj	Final AV							
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overridin	g outpatient input	s for those serv	vice(s).	
Additional Notes:										
Calculation Time:	0.0977 seconds									

Manual Control Note	User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 Plus							
Apply Sallocation fluring Early Copy per Carly Discassed ACOP of Federal Roborator Model in Corporation of Process Activation    Continue of Process Active	Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption			
Libe Separate MODE for Medical and Displayeding for Mode Separate Mode for Separate	Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?	· 🗆			
The Separate Motor Fund Nets Clore 1 support of letter 4 sharped (letter 4 sharped	Apply Skilled Nursing Facility Copay per Day?		Annual Contril	aution Amounts		1st T	Tier Utilization				
Desired Metal In   Part   Flam Benefit Design   Subject   Subjec	Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd 7	Tier Utilization				
The Fire Plane Rendell Design   Medical   Drug   Combined   Sp. 2000   Sp.	the contract of the contract o		,								
Medical Deductible (s) S15,000,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500	Desired Metal Tier				-						
Deduction   Consumer (Pt. Insurer's Cost Base   Cost   C			1	1 -							
Coinsurance (%, insurance (%,				Combined		Medical	Drug	Combined			
MODOF IS Separate (S) 56,500.00 531,900.00 57,900.00 57,900.00 57,900.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00											
MOOP if Separate (\$)			50.00%								
Title   Subject to Sub			Ć4 350 00	ć7.0E0.00			T				
Type of Benefit    Subject to   Subject to   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Coppy applies   Coppy	MOOP IT Separate (\$)	\$6,500.00	\$1,350.00	\$7,850.00							
Type of Benefit    Subject to   Subject to   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Coppy applies   Coppy	Click Here for Important Instructions		Tie	or 1			т	ier 2		Tier 1	Tier 2
Medica		Subject to			Copay, if	Subject to			Copay, if		
Medical	Type of Benefit	_	=	•		_	-				
Emergeny Boom Services   V	Medical										
All inpatited Hospital Services (inc. Mrl/SUD)					\$400.00						
Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and Private Care)  Specialist Visit  Montal fehavioral Health and Substance Use Disorder Outpatient Services  Services  Services  Services  Services  Services  Secretary  Occupational and Physical Therapy  Section Sectional And Physical Therapy  Occupational And Physical Therapy  Section Sectional And Physical Therapy  Occupational And Physical Therapy  Section Sectional And Physical Therapy  Section Sectional And Physical Therapy  Section Sectional And Physical Therapy  Section Sec							<u> </u>				
Second   S											······································
Specialist Visit					\$30.00	~	~			~	
Mental/Jebhavioral Health and Substance Use Disorder Outpatient		<b>V</b>			\$60.00	<b>V</b>	<u>~</u>		•	~	
Services					422.22						
Speech Therapy  Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational Active Therapy Cocupati		✓	Ш		\$30.00	ightharpoons	✓			✓	
Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services V	Imaging (CT/PET Scans, MRIs)	<b>V</b>			\$1,400.00	<b>V</b>	<b>v</b>			~	
Occupational and Physician Herapy Preventive Care/Screening/Immunization   100%   \$0.00	Speech Therapy	V			\$60.00	✓	✓			V	
Occupational and Physician Herapy Preventive Care/Screening/Immunization   100%   \$0.00					¢4F.00						
Laboratory Outpatient and Professional Services  Varyas and Diagnostic Imaging  Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Up											
Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgery Surgery Surg	Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgery Surgery Surg	Laboratory Outpatient and Professional Services				\$60.00	✓	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Orugs  Orugs  Orughatient Surgery Physician/Surgical Services  Orugs  Orughatient Surgery Physician/Surgical Services  Orugs  Orughatient Surgery Physician/Surgical Services  Orughatient Surgical Surgica					\$150.00						
Outpatient Surgery Physician/Surgical Services    Drugs	Skilled Nursing Facility	<b>V</b>	~			<b>V</b>	<b>V</b>				
Generics Generics Set a Maximum on Specialty Rx Coinsurance Payments? Set a Maximum on Specialty Rx Coinsurance Nation: Name: [MVP VT Plus] Silver 1 Plan HIOS ID: [Input Issuer HIOS ID] Supplies A	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$1,400.00						_
Generics Preferred Brand Drugs V V V V V V V V V V V V V V V V V V V	Outpatient Surgery Physician/Surgical Services	✓			\$300.00	~				~	
Preferred Brand Drugs   Mon-Preferred Brand Drugs   V V V V V V V V V V V V V V V V V V	Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Non-Preferred Brand Drugs (i.e. high-cost)	Generics				\$4.00					>	
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?  Set a Maximum on Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance River Special Rx Survey Special	Preferred Brand Drugs										
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum:  Begin Primary Care Cost-Sharing After a Set Number of Wisits: Copays? # Usits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  # Colculate  Status/Error Messages: Actuarial Value: Actuarial Value: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:	Non-Preferred Brand Drugs										
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Hosys (1-10): Issuer HIOS ID: Issuer	Specialty Drugs (i.e. high-cost)	V	~			V	~				
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):  3  Output  Status/Error Messages:  Actuarial Value:  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:	Options for Additional Benefit Design Limits:		=	Plan Description	n:						
Set a Maximum Number of Days for Charging an IP Copay? #Days (1-10):  # Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits; (1-10):  # Visits (1-10):  # Visits (1-10):  # Copays? #Copays (1-10):  **Copays? #Copays (1-10):  **Copays. #Copays. #Copays	Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
# 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? # Copays? # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculate: 71.96% Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Begin Primary Care Cost-Sharing After a Set Number of Visits?				Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  # Copays (1-10):    Calculate											
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96%  Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Copays   # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful.  Actuarial Value: 71.96%			+	VDID	\$1						
#Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96%	l = '										
Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96% Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Calculate  Status/Error Messages: Actuarial Value: 71.96%  Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:		. 3	J								
Status/Error Messages: Calculation Successful. Actuarial Value: 71.96%  Metal Tier: Silver  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Actuarial Value:  71.96%  Metal Tier:  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 Succe	essful.								
Metal Tier:  Silver  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:					_						
Additional Notes:			ecific cost-sharin	g is applying for s	ervice(s) with fac	c/prof compon	ents, overridin	g outpatient innut	ts for those sen	vice(s).	
Calculation Time: 0.2656 seconds	Additional Notes:	2 . 2. 20. 7.00 Sp		O , -FF.1.18.013		., , 2011.	,				
	Calculation Time	0.2656 seconds									

Calculation Time: Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver CSR 73							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A manual Cambril			1st <sup>-</sup>	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	oution Amount:		2nd <sup>-</sup>	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							,			
Desired Metal Tier	Silver 🔻									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,300.00	\$450.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$5,400.00	\$1,350.00	\$6,750.00				_			
		_					_		_	
Click Here for Important Instructions		Tie		,	0.11		er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applies	-
84 - dt - d	Deductible?  ✓ All	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	All
Medical Emergency Room Services	V All	All		\$350.00					☐ All	Aii
	V			\$350.00	> >	<b>▽</b>				
All Inpatient Hospital Services (inc. MH/SUD)  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u> </u>			V	•				
X-rays)	✓			\$30.00	✓	✓			✓	
Specialist Visit	V			\$60.00	<b>V</b>	<b>✓</b>			<b>~</b>	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓			\$30.00	✓	✓			✓	
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	<b>V</b>	V			~	
Speech Therapy	V			\$60.00	V	V			V	
	✓			\$45.00	✓	~			✓	
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		_
Laboratory Outpatient and Professional Services	V			\$60.00	V	<b>&gt; &gt;</b>			<u> </u>	
X-rays and Diagnostic Imaging	> >	□ <b>▽</b>		\$150.00					<u> </u>	
Skilled Nursing Facility	<u> </u>				~	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$1,400.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	✓			\$300.00	✓	✓			~	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics	>			\$4.00	V	<b>V</b>			<b>Y</b>	
Preferred Brand Drugs	<b>&gt;</b>	✓			V	V				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	>	~			Y	V				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver CSR 73					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of	~	1	VBIB	Ų1						
Copays?										
# Copays (1-10):	3	]								
Output										
Calculate										
		(200-250% FPL), (	Calculation Succe	sstul.						
Actuarial Value:	73.96%			_						
Metal Tier:	Silver									
	NOTE: Service-sp	oecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.1445 seconds									

User Inputs for Plan Parameters		[MVP VT PLUS] S	Silver 1 CSR 77							
Use Integrated Medical and Drug Deductible?		I	HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	ier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 7	ier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De	1 -	_		2 Plan Benefit				
5 1 (11 (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$200.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%								
MOOP (\$) MOOP if Separate (\$)	\$5,400.00	\$1,350.00	\$6,750.00							
MOOP II Separate (5)	\$5,400.00	\$1,350.00	\$6,750.00							
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	-
Medical	<b>✓</b> All	All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V			\$100.00	<b>V</b>	<b>V</b>			V	
All Inpatient Hospital Services (inc. MH/SUD)	V	<b>V</b>			✓	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V			\$10.00	✓	V			V	
X-rays)				\$10.00		~				_
Specialist Visit	V			\$40.00	~	~			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$10.00	<b>▽</b>	V			V	
Services										
Imaging (CT/PET Scans, MRIs)	V			\$500.00	<b>V</b>	V			V	
Speech Therapy	~			\$40.00	✓	V			V	
Ossupational and Physical Thereny	✓			\$15.00	✓	✓			~	
Occupational and Physical Therapy Preventive Care/Screening/Immunization		П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$40.00		<u> </u>	100%	Ş0.00	V	
X-rays and Diagnostic Imaging	V			\$100.00	V	✓			V	
Skilled Nursing Facility	V			\$100.00	V	7				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$800.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	>			\$200.00	V	<u>~</u>			v	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	<b>V</b>			\$4.00	<b>∨</b>	<u>~</u>			V	
Preferred Brand Drugs	✓	<u> </u>			<u> </u>					
Non-Preferred Brand Drugs	<u> </u>	<u> </u>			V	<u> </u>				
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>	•			✓	~				
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT PLUS]						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	נטו טט					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?		•	Generic	\$5						
#Visits (1-10):			VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of	<b>V</b>	1	VBIB	Ų1						
Copays?										
# Copays (1-10):										
Output		4								
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 1 per	cent de minimis	variation for CSRs	s.					
Actuarial Value:	77.92%									
Metal Tier:										
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0898 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 87							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	? □			
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	oution Amount:		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 💌			<u></u>						
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$2,450.00	\$600.00	\$3,050.00							
Clieb Harry Frankry and head to story at least		7.				-	12		Ti 4	Tier 2
Click Here for Important Instructions	Cubinakan		er 1	C !f	Cubi A A-		ier 2	C 16	Tier 1	
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 applie deduc	
Medical	All	All	unierent	separate	✓ All	✓ All	unierent	separate	☐ All	All All
Emergency Room Services				\$50.00	<u> </u>	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>		330.00	V	✓		·····		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$5.00	~	✓				
Specialist Visit				\$30.00	V	<b>✓</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$100.00	V	✓				
Speech Therapy				\$30.00	V	✓				
Occupational and Physical Therapy				\$7.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$30.00	V		100%	30.00		
X-rays and Diagnostic Imaging				\$30.00		V				
Skilled Nursing Facility		V		\$30.00	V					
James Nulsing Lacinty		······································								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	V	✓				
Outpatient Surgery Physician/Surgical Services				\$100.00	V	✓				
Drugs	All	✓ All			✓ All	✓ All			All	☐ All
Generics				\$4.00	V	<u> </u>				
Preferred Brand Drugs			20%		V	<u> </u>				
Non-Preferred Brand Drugs		<u> </u>			V	<u> </u>				
Specialty Drugs (i.e. high-cost)		~			~	✓				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS IDJ					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	ćE						
# Visits (1-10):			VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output Calculate										
Status/Error Messages:	CSR Level of 97%	(150-200% FPL), (	Calculation Succe	ccful						
Actuarial Value:	87.92%	(150-200/01PL), (		J31 UI.						
Metal Tier:	67.92% Gold			_						
Metal Hell		necific cost-sharin	g is anniving for s	service(s) with fa	c/prof compon	ents overridin	g outpatient inpu	ts for those ser	vice(s)	
Additional Notes:	NOTE. SETVICE-S	Cente Cost-sildilli	P 12 abbiling 101 s	civice(3) willia	e, proi compon	cina, overriuii	6 oatpatient inpu	13 131 til03e sel	vicc(3).	
Calculation Time:	0.1016 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 94							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st <sup>-</sup>	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contrit	oution Amount:		2nd <sup>-</sup>	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Platinum 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	95.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$1,450.00	\$350.00	\$1,800.00							
		_				_				=: 0
Click Here for Important Instructions	Cultinat to	Tie	Coinsurance, if	C 16	Cultinate		er 2	C 16	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	different		Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduct	-
Medical	All	□ All	amerent	separate	✓ All	✓ All	amerent	separate	All	All
Emergency Room Services				\$25.00	<b>✓</b> All	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>		Ş23.00	✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$5.00	✓	✓				
Specialist Visit				\$10.00	V	<u>~</u>				П
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$25.00	V	V				
Speech Therapy				\$10.00	V	✓				
				\$7.00	✓	~				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00	V	V				
X-rays and Diagnostic Imaging				\$10.00						
Skilled Nursing Facility					<b>~</b>	<u>~</u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$40.00	✓	~				
Outpatient Surgery Physician/Surgical Services				\$20.00	✓	~				
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All
Generics				\$4.00	~	V				
Preferred Brand Drugs		<b>~</b>			✓	V				
Non-Preferred Brand Drugs		✓			V	V				
Specialty Drugs (i.e. high-cost)		V			V	V				
Options for Additional Benefit Design Limits:		•	Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of			75.5	<b>V</b> -						
Copays?										
# Copays (1-10):										
Output										
Calculate										
	CSR Level of 94%	(100-150% FPL), (	Calculation Succes	sstul.						
Actuarial Value:	94.99%			_						
Metal Tier:	Platinum	:6: b - '			- /				-i(-)	
Additional Notes:	NOTE: Service-sp	ecitic cost-sharin	g is applying for s	service(s) with fa	c/prot compon	ents, overridin	g outpatient input	s for those ser	vicė(s).	
Calculation Time:	0.1406 seconds									

User Inputs for Plan Parameters	_	[MVP VT Plus] Re	flective Silver 2 II	HDHP						
Use Integrated Medical and Drug Deductible?	•		<b>HSA/HRA Options</b>	5	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗌		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		451 5 615			_					
		1 Plan Benefit De	, -	_		2 Plan Benefit D				
Dodustible (Ć)	Medical	Drug	\$4,775.00	_	Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,775.00							
MOOP if Separate (\$)			34,773.00							
Moor in separate (9)							ı			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- 4- 4:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	<b>✓</b> All	<b>✓</b> All		·	✓ All	<b>✓</b> All		<u> </u>	☐ All	All
Emergency Room Services	•	V			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	<b>V</b>			V	<b>~</b>				
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	•			V	V				
Services					_	_				
Imaging (CT/PET Scans, MRIs)	V	V			> [	<u>~</u>				
Speech Therapy	V	V			V	V				
Occupational and Dhysical Thomas	•	•			<b>V</b>	V				
Occupational and Physical Therapy Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V		100%	\$0.00	<u> </u>	<u> </u>	100%	\$0.00		
X-rays and Diagnostic Imaging	V	V			V	<u>∨</u>				
Skilled Nursing Facility	<b>V</b>	<u> </u>			V	<u> </u>			H	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			<b>V</b>	✓				
Outpatient Surgery Physician/Surgical Services	V	V			V	<b>~</b>				
Drugs	<b>✓</b> All	✓ All			✓ All	✓ All			All	All
Generics	V	<b>V</b>			V	<b>~</b>				
Preferred Brand Drugs	V	V			>	v				
Non-Preferred Brand Drugs	v	V			<b>V</b>	✓				
Specialty Drugs (i.e. high-cost)	•	V			V	~				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] R		2 II HDHP				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIO	S ID]					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	_									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	69.42%		1.0350	71.85%						
Metal Tier:	Silver		AV Adj	Final AV						
Additional Notes:										

0.457 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Sil	ver 2 HDHP							
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	ered Network Op	tion			
Apply Inpatient Copay per Day?			loyer Contribution?		Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 miliaar conter	bacion, uno anci		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		r 1 Plan Benefit De	ocian	1	Tion	2 Dlan Panafit D	ocian			
	Medical	Drug	Combined	1	Medical	2 Plan Benefit D Drug	Combined			
Deductible (\$)		Diug	\$4,750.00		Wicaicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,750.00			•				
MOOP if Separate (\$)			\$0.00	-						
Click Horse for Incomplete Lockmodiling		<b>.</b>	4				2		Time	T2
Click Here for Important Instructions	Subject to	Subject to	er 1 Coinsurance, if	Copay, if	Subject to	Subject to	er 2 Coinsurance, if	Copay, if	Tier 1	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Emergency Room Services	V	<b>V</b>			\ \ \	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	•			v	V				
Specialist Visit	V	V			V	<u> </u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient	V	V			V	<b>▽</b>				
Services	L									
Imaging (CT/PET Scans, MRIs)	Į.	<u> </u>			<u> </u>	<u> </u>				
Speech Therapy	V	V			V	V				
Occupational and Physical Therapy	V	•			✓	✓				
Preventive Care/Screening/Immunization	П		100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V	100%	<b>40.00</b>	_	_	10070	\$0.00		
X-rays and Diagnostic Imaging	V	V			V	_ _				
Skilled Nursing Facility	V	<b>v</b>			V	<b>▽</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	V				
Outpatient Surgery Physician/Surgical Services	V	V			v	V				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics	V	V			V	<u>~</u>				
Preferred Brand Drugs	v	v			V	<b>V</b>				
Non-Preferred Brand Drugs	V	V			<b>V</b>	_				
Specialty Drugs (i.e. high-cost)	V	V			V	V				
Options for Additional Benefit Design Limits:		1	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Si						
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?			Plan HIOS ID: Issuer HIOS ID:	[Input Plan HIOS [Input Issuer HIO	-					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	69.51%		1.0350	71.94%						
Metal Tier:	Silver		AV Adj	Final AV						
Additional Notes:										

0.2109 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Si	ilver 2 HDHP CSR 7	73						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	S	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Silver 💌			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,400.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,400.00							
MOOP if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applies	
<i>"</i>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Emergency Room Services	V	<b>v</b>			<b>&gt;</b>	<b>&gt;</b>				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			<b>V</b>	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓			<b>▽</b>	<b>V</b>				
X-rays)										
Specialist Visit	V	V			V	<b>V</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	•			<b>▽</b>	✓				
Services										
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Speech Therapy	~	~			V	V				
	~	•			✓	~				
Occupational and Physical Therapy										l
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		l
Laboratory Outpatient and Professional Services	V	<u> </u>			y y	<u> </u>				
X-rays and Diagnostic Imaging	>	<b>V</b>				~				
Skilled Nursing Facility	V	<b>v</b>			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			V	V				
Outpatient Surgery Physician/Surgical Services	>	~			V	<b>V</b>				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	<b>✓</b> All			☐ All	All
Generics	~	~			✓	~				
Preferred Brand Drugs	>	V			V	V				
Non-Preferred Brand Drugs	>	V			V	V				
Specialty Drugs (i.e. high-cost)	V	V			V	V				
Options for Additional Benefit Design Limits:		_	Plan Description	ı:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 HDHP C	SR 73				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		utside of +/- 1 per	rcent de minimis v		s.					
Actuarial Value:	70.77%		1.029	72.83%						
Metal Tier:			AV Adj	Final AV						
Additional Notes:										

Calculation Time: Final 2020 AV Calculator 0.0977 seconds

User Inputs for Plan Parameters		[MVP VT Plus] Si	ilver 2 HDHP CSR 7	77						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 7	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Silver									
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,250.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,250.00							
MOOP if Separate (\$)			\$0.00	-						
			_				_			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All		·	☐ All	All
Emergency Room Services	<u> </u>	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			N N	~		•••••••••••••••••••••••••••••••••••••••		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					*				***************************************	
X-rays)	~	✓			✓	✓				
Specialist Visit	<b>V</b>	<b>V</b>			V	<u>~</u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	<b>V</b>	<b>V</b>			✓	<b>▽</b>				
Speech Therapy		<u> </u>			<u> </u>					
Special Includy.										·············· <del>·····</del> ·········
Occupational and Physical Therapy	V	✓			~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓	100/0	ψ0.00		<u> </u>	100/0	Ψ0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V V					
Skilled Nursing Facility	<u> </u>	<u> </u>			_ _					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	<b>V</b>			<b>▽</b>	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	□ All
Generics	<u> </u>	<u> </u>			<b>▽</b>	<u> </u>				
Preferred Brand Drugs	~	<u> </u>						•		
Non-Preferred Brand Drugs	~	<u> </u>								
Specialty Drugs (i.e. high-cost)		<u> </u>								
Options for Additional Benefit Design Limits:			Plan Description	•						
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	[MVP VT Plus] \$	Silver 2 HDHP C	SR 77				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO		31(7)				
Set a Maximum Number of Days for Charging an IP Copay?	П			[Input Issuer HI						
# Days (1-10):			issuer rilos ib.	[IIIpat Issaci III	03101					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
Status/Error Messages:	Frror: Result is o	utside of +/- 1 ne	rcent de minimis v	variation for CSR	\$					
Actuarial Value:	75.52%		1.0170	76.81%						
Metal Tier:			AV Adj	Final AV						
The same of the sa			- Av Auj	IIIdiAV						
Additional Notes:										

Calculation Time:

0.1328 seconds

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 2 CSR 87							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	3	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 1	Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 🔻			_						
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,400.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,400.00							
MOOP if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie	x=1			Ti	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All	unicient	se parate	✓ All	✓ All	uniciciii	oc parate	□ All	All
Emergency Room Services	V	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									***************************************	
X-rays)	✓	✓			✓	✓				
Specialist Visit	~	<b>V</b>			<b>V</b>	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	V			✓	✓				
Imaging (CT/PET Scans, MRIs)	~	~			✓	✓				
Speech Therapy	<b>&gt;</b>	<b>&gt;</b>			V	V				
	V	<b>V</b>			✓	✓				
Occupational and Physical Therapy	•					Ľ				
Preventive Care/Screening/Immunization			100%	\$0.00	_ _ 		100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			~	✓				
X-rays and Diagnostic Imaging	>	V				~				
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	~			✓	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics	>	V			~	~				
Preferred Brand Drugs	>	V			V	✓				
Non-Preferred Brand Drugs	>	V			V	~				
Specialty Drugs (i.e. high-cost)	Y	~			Y	<b>V</b>				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 CSR 87					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), (	Calculation Succes	ssful.						
Actuarial Value:	86.57%	. , ,	1.003							
Metal Tier:	Gold		AV Adj	Final AV						
			-							
Additional Notes:										

0.1016 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 2 CSR 94							
Use Integrated Medical and Drug Deductible?	$\checkmark$		HSA/HRA Options		Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	oution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum 💌			_						
	Tier	1 Plan Benefit De			Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$600.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$600.00							
MOOP if Separate (\$)			\$0.00							
Click House for long ordered to show of the sec		T:-	4			T:	3		T:4	Ti 2
Click Here for Important Instructions	Subject to	Tie Subject to	Coinsurance, if	Canau if	Subject to		er 2 Coinsurance, if	Copay, if	Tier 1 Copay applie	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	<b>✓</b> All			☐ All	☐ All
Emergency Room Services	<b>V</b>	✓			V	<b>&gt;</b>				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓			✓	✓				
Specialist Visit	<b>V</b>	<b>V</b>			V	<u> </u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>			V	<b>V</b>				
Speech Therapy	V	<b>V</b>			<b>V</b>	~				
	V	<u> </u>			<b>~</b>	<u> </u>				
Occupational and Physical Therapy	v	•				•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			V	_ _ 				
X-rays and Diagnostic Imaging	V	✓			<b>V</b>	V				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			✓	<u>~</u>				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	>	~			~	<b>V</b>				
Preferred Brand Drugs	V	~			V	V				
Non-Preferred Brand Drugs	>	✓			✓	✓				
Specialty Drugs (i.e. high-cost)	>	~			V	V				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 CSR 94					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
<u> </u>										
# Copays (1-10):										
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL) (	Calculation Succes	sful						
Actuarial Value:	93.57%	(150 150/0111), (	1.0000	93.57%						
Metal Tier:	Platinum		AV Adj	Final AV						
ivictal fiel.	. iddiidiii		A v Auj	I IIIai A v						
Additional Notes:										

0.0977 seconds Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Bi	ronze 1							
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st T	ier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?	=	Annual Contin	outron Amount.		2nd T	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1 -			2 Plan Benefit I				
5 1 (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$700.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	50.00%	40.00% 00.00								
MOOP (\$)		1								
WOOF IT Separate (5)										
Click Here for Important Instructions		Tie	er 1			ті	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	f Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V	V			<b>V</b>	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V			\$40.00	✓	<b>▽</b>			v	П
X-rays)				·		_				
Specialist Visit	V			\$100.00	~	<b>~</b>			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$40.00	✓	✓			✓	
Services				Ψ 10.00						
Imaging (CT/PET Scans, MRIs)	Ž	<u> </u>			<u> </u>	⊻				
Speech Therapy	V	✓			✓	✓				
Occupational and Physical Therapy	~	~			~	~				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	<b>V</b>	<u> </u>				<u> </u>				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	✓				
Skilled Nursing Facility	<u> </u>	<u> </u>			<b>V</b>	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	✓			V	✓				
	<u> </u>	<u> </u>								
Outpatient Surgery Physician/Surgical Services					✓ All	✓ All				
Drugs	✓ All	✓ All		Ć40 F0	✓ All	✓ All			☐ All	All
Generics Preferred Brand Drugs	V	П		\$19.50 \$100.00	Ŭ.	✓ ✓			V	H
Non-Preferred Brand Drugs	V	<u> </u>		\$100.00	V	✓				
Specialty Drugs (i.e. high-cost)	V	<u> </u>			<u> </u>	<u>.</u>				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	 [MVP VT Plus] E	Bronze 1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HI	-					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$25.00	)					
# Visits (1-10):			VBID	\$3.00	)					
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		]								
Output Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (56% to	o 65%). Calculatio	on Successful.						
Actuarial Value:	61.10%		, , Januarati							
Metal Tier:	Bronze									
		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:			, 0	-	-					
Calculation Time:	0.2578 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] B	ronze 5							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Amount.		2nd 7	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<b>V</b>									
Desired Metal Tier	Bronze 💌			_						
		1 Plan Benefit D				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,600.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,600.00	_						
MOOP if Separate (\$)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Click here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti	
Medical	✓ All	✓ All			✓ All	✓ All			All	All
Emergency Room Services	<b>V</b>	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓			<b>V</b>	<b>~</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					_	_				_
X-rays)	•	✓			✓	✓				
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient					_					
Services	•	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	~	<b>V</b>			V	✓				
Speech Therapy	✓	V			V	V				
	V	✓			V	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓			マン	<b>V</b>				
X-rays and Diagnostic Imaging	<b>V</b>	V				<b>V</b>				
Skilled Nursing Facility	V	V			<b>V</b>	<b>V</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	✓	<b>V</b>			V	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics				\$23.00	V	V				
Preferred Brand Drugs	<b>&gt;</b>	<b>V</b>			V	V				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>	V			V	✓				
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] E						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	[Input Plan HIO	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$30						
#Visits (1-10):		1	VBID	\$3						
Begin Primary Care Deductible/Coinsurance After a Set Number of	✓									
Copays?										
# Copays (1-10): Output	3	J								
Calculate										
	Evnanded Bronze	e Standard (56% t	o 65%), Calculatio	n Successful						
	63.83%	2 3 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	o os/oj, cuiculatio	5000053101.						
	Bronze									
Additional Notes:										

0.1953 seconds

Final 2020 AV Calculator

Calculation Time:

#### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

																			1		
		OLD			IDARD PLANS LVER		0.0	ONZE	PLATINUM	GOLD		CII	STANDARD PLANS LVER			BRONZE		Catastrophic			
	١	OLD		31	LVLK		DIV.	OIVEL	FEATINOW	GOLD		311	LVLN			BROWLE		Catastropinc	Total Annual	Average	Average Annual
			On Exchange	Reflective	On Exchange	Reflective					On Exchange	Reflective	On Exchange	Reflective					Premium	PMPM	Premium
	HDHP	Non-HDHP	Non-HDHP	Non-HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			Non-HDHP	Non-HDHP	HDHP	HDHP	HDHP	Non-HDHP	No RX OOP				
2020 Proposed Rates																					
Single Rate	\$651.82	\$695.91	\$644.91	\$554.40	\$671.94	\$579.29	\$475.96	\$501.07	\$784.52	\$663.63	\$675.22	\$584.71	\$661.70	\$571.19	\$490.01	\$476.22	\$542.75	\$336.24			
Couple Rate	\$1,303.64	\$1,391.82	\$1,289.82	\$1,108.80	\$1,343.88	\$1,158.58	\$951.92	\$1,002.14	\$1,569.04	\$1,327.26	\$1,350.44	\$1,169.42	\$1,323.40	\$1,142.38	\$980.02	\$952.44	\$1,085.50	\$672.48			
Adult and Child(ren) Rate	\$1,258.01	\$1,343.11	\$1,244.68	\$1,069.99	\$1,296.84	\$1,118.03	\$918.60	\$967.07	\$1,514.12	\$1,280.81	\$1,303.17	\$1,128.49	\$1,277.08	\$1,102.40	\$945.72	\$919.10	\$1,047.51	\$648.94			
Family Rate	\$1,831.61	\$1,955.51	\$1,812.20	\$1,557.86	\$1,888.15	\$1,627.80	\$1,337.45	\$1,408.01	\$2,204.50	\$1,864.80	\$1,897.37	\$1,643.04	\$1,859.38	\$1,605.04	\$1,376.93	\$1,338.18	\$1,525.13	\$944.83	\$207,693,975	\$560.36	\$6,724.32
2040 4 10																					
2019 Approved Rates Single Rate	\$583.79	\$623.64	\$597.79	\$493.35	\$623.72	\$519.29	\$428.16	\$441.18	\$716.54	\$608.39	\$638.82	\$534.39	\$621.74	\$517.31	\$436.34	\$426.12	\$485.37	\$299.31			
Couple Rate	\$1.167.58	\$1.247.28	\$1,195.58	\$986.70	\$1,247,44	\$1.038.58	\$856.32	\$882.36	\$1.433.08	\$1,216.78	\$1.277.64	\$1.068.78	\$1.243.48	\$1.034.62	\$872.68	\$852.24	\$970.74	\$598.62			
Adult and Child(ren) Rate	\$1,126.71	\$1,203.63	\$1,153.73	\$952.17	\$1,203.78	\$1,002.23	\$826.35	\$851.48	\$1,382.92	\$1,174.19	\$1,232.92	\$1,031.37	\$1,199.96	\$998.41	\$842.14	\$822.41	\$936.76	\$577.67			
Family Rate	\$1,640,45	\$1,752.43	\$1,679.79	\$1,386,31	\$1,752.65	\$1,459.20	\$1,203,13	\$1,239.72	\$2,013,48	\$1,709.58	\$1,795.08	\$1,501.64	\$1,747.09	\$1,453.64	\$1,226.12	\$1,197.40	\$1,363.89	\$841.06	\$188.668.999	\$509.03	\$6.108.36
									**********										***************************************		
2020 Proposed Rate Increases																					
Single Rate	11.7%	11.6%	7.9%	12.4%	7.7%	11.6%	11.2%	13.6%	9.5%	9.1%	5.7%	9.4%	6.4%	10.4%	12.3%	11.8%	11.8%	12.3%			
Couple Rate	11.7%	11.6%	7.9%	12.4%	7.7%	11.6%	11.2%	13.6%	9.5%	9.1%	5.7%	9.4%	6.4%	10.4%	12.3%	11.8%	11.8%	12.3%			
Adult and Child(ren) Rate	11.7%	11.6%	7.9%	12.4%	7.7%	11.6%	11.2%	13.6%	9.5%	9.1%	5.7%	9.4%	6.4%	10.4%	12.3%	11.8%	11.8%	12.3%			
Family Rate	11.7%	11.6%	7.9%	12.4%	7.7%	11.6%	11.2%	13.6%	9.5%	9.1%	5.7%	9.4%	6.4%	10.4%	12.3%	11.8%	11.8%	12.3%	10.08%	Total Revenue	Change
5.1																					
February 2019 Contracts Single Rate	1,955	167	3,066	521	21	141	402	483	852	1,498	342	536	289	471	1,343	1,453	174	10			
Couple Rate	593	38	3,000 757	103	19	141	402 86	94	331	476	342 96	110	69	103	291	319	27	10			
Adult and Child(ren) Rate	126	10	99	25	3	7	8	22	81	97	13	25	16	26	70	49	4	l 6			
Family Rate	629	29	121	84	1	78	44	42	223	253	26	99	25	94	271	158	17	١ ٥			
Total	3,303	244	4,043	733	54	269	540	641	1,487	2,324	467	770	399	694	1,975	1,979	222	12			
																			-		
2020 Proposed PMPY Revenue	\$6,841.34	\$7,676.37	\$7,583.25	\$6,044.84	\$7,821.38	\$5,810.04	\$5,373.05	\$5,707.26	\$8,384.69	\$7,263.18	\$7,689.97	\$6,376.97	\$7,293.16	\$6,002.46	\$5,278.85	\$5,399.54	\$6,216.74	\$4,034.88			
2019 Approved PMPY Revenue	\$6,127.32	\$6,879.19	\$7,029.18	\$5,379.19	\$7,260.10	\$5,208.26	\$4,833.44	\$5,025.10	\$7,658.15	\$6,658.60	\$7,275.41	\$5,828.17	\$6,852.72	\$5,436.25	\$4,700.67	\$4,831.49	\$5,559.50	\$3,591.72			



# MVP Health Care -- 2020 Exchange Rate Filing

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

#### Exhibit 1 -- Summary of Medical Coplans Offered

# MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing

F	For Effective Dates Beginning Between January 1, 2020				31,	2020	1
				_			_

					In-Network Benefits																	
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		1
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,325	\$12,750	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
									\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/ \$700 Brand Ded
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
VT-HMOH-S-002-N II (2020)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,775	\$9,550	Embedded	0%	Embedded	Aggregate	\$4,775	\$9,550	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
																						\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

	Subsidized Cost-Shar	ing Benefits (Non Al/A	AN)									In-Netwo	rk Benefits									
			ľ								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD			Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD		\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,450	\$2,900	Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,400	\$8,800	Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2020)	НуНМО	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$1400 (Fac) \$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$450 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-002-N (2020)	НуНМО	Silver	Non-Standard	On Exchange	\$5 No DD	\$30	10%	\$50	\$200 (Fac) \$100 (Phys) \$40 (Fac)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 <sup>#</sup>
FRVT-HMO-S1-003-N (2020)	НуНМО	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys) \$800 (Fac)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 #
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American	Indian and Alaskan Nati	ve (Al/AN) Benefits (L	Insubsidized)^									In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
									No DD \$500													
									(Fac)													
									No DD \$100													
FRVT-HMO-GA2-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$30 No DD	\$50 No DD	\$750 no DD	\$250 no DD	(Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50% No DD, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SA2-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$10/\$40/50%
FRVT-HMOH-SA2-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,350	\$2,700	Integrated	0%/0%/0%
									\$1,400 (Fac)													
FRVT-HMO-SA2-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-BA2-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,200	\$16,400	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$12/40%/60%
FRVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
																						\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-BA2-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-BA2-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #

America	n Indian and Alaskan Na	ative (Al/AN) Benefits	(Subsidized)									In-Netwo	rk Benefits									
America	ir maian ana ziaokan re	ative (rairan) Denonito	(Oubbidized)								Med		TR Delicino				Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-GA1-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2020)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2020)	HvHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
"First 3 PCP Office Visits are not subject to deductible
"First 3 PCP Office Visits are not subject to deductible in the provided by a triblation of the provided

#### Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded		Deductible		Med OOP	Rx OOP	Max	Max	Max		OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD		\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
FRVT-HMO-G-002-N (2020)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,325	\$12,750	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400		Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100		Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$600 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0		\$15,800		0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidi	ized Cost-Sharing Benef	its (Non Al/AN)									In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD			Embedded	40%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2019)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD		\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200		Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD			Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD		\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Stacked	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,450		Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,400	\$8,800	Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Embedded	0%	Embedded		\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$425		Embedded	0%			\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,800		Embedded	0%	Embedded		\$2,800	\$5,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$450/\$900 Ded then \$5/50%/50%, VBID = \$1 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2019)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$550	\$1,100	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2019)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$200	\$400	Separate	\$5 / 5% / 5%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2019)	HyHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American Indian	and Alaskan Native (Al/A	N) Benefits (Subsidiz	ed)								In-Networ	k Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Note: Al/AN Unsubsidized plan designs match the corresponding coplan's plan design. Changes in benefits from 2019 to 2020 are shown in gray shading.

# **Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period:	January 1, 2018 - December 31, 2018
Rating Period:	January 1, 2020 - December 31, 2020

	2019	2020	Total	
Months of Trend	12	12	24	

# **Medical Trend Summary**

	<u>20</u>	119 Annual Trend		
	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.1%	5.0%	1.0%	6.0%
OP	48.2%	4.0%	1.0%	5.1%
PHY	28.9%	2.2%	1.0%	3.2%
OTR	1.8%	4.0%	1.0%	5.0%
Medical Total		3.7%	1.0%	4.7%

	<u>202</u>	0 Annual Trend		
	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.4%	6.2%	1.0%	7.3%
OP	48.4%	4.9%	1.0%	5.9%
PHY	28.5%	1.5%	1.0%	2.5%
OTR	1.8%	2.0%	1.0%	3.0%
Medical Total		4.1%	1.0%	5.2%

## Annual Allowed Medical Trend 4.9%

	207010	ging Impact - Fee-For-Se	VIOC INCUICUI GIUIII	2	
	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$393.56	\$10.58	\$7.36	\$58.33	\$317.28
24 Months of Trend:	1.101	1.101	1.020	1.039	1.115
Projection Period:	\$433.48	\$11.66	\$7.51	\$60.58	\$353.74
llowed Trend (Annual)	4.9%				
Paid Trend (Annual)	5.6%				
Leveraging (Annual)	0.6%				

# Rx Trend Summary

	2019	Trend	2020	Trend	Annualize	ed Trend
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	17.8%	2.9%	-5.2%	2.5%	5.7%	2.7%
Brand	11.7%	-8.9%	8.6%	-1.3%	10.1%	-5.2%
Specialty	-0.4%	6.0%	7.5%	7.4%	3.5%	6.7%

#### Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,457	898	100	11,455
Experience Period Allowed Cost per Script	\$17.09	\$313.51	\$4,458.04	\$79.22
Experience Period Deductible Per Script	\$3.56	\$24.20	\$79.63	\$5.85
Experience Period Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.35
Experience Period Coinsurance Per Script	\$0.98	\$15.46	\$31.64	\$2.38
Experience Period Paid Cost Per Script	\$9.87	\$263.72	\$4,334.81	\$67.64
Experience Period Allowed PMPM	\$14.89	\$23.46	\$37.27	\$75.62
Experience Period Deductible PMPM	\$3.10	\$1.81	\$0.67	\$5.58
Experience Period Copay PMPM	\$2.34	\$0.76	\$0.10	\$3.20
Experience Period Coinsurance PMPM	\$0.85	\$1.16	\$0.26	\$2.27
Experience Period Paid PMPM	\$8.60	\$19.73	\$36.24	\$64.57
Experience Period Rx Rebates PMPM				(\$14.83)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.059
Annual Allowed Trend	1.086	1.044	1.104	1.082
Annual Deductible Trend	1.019	1.019	1.019	1.019
Annual Paid Trend	1.115	1.054	1.105	1.091
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.096
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,037	807	114	11,958
Projected Allowed Cost per Script	\$19.09	\$380.21	\$4,774.45	\$88.88
Projected Deductible Per Script	\$3.70	\$25.14	\$82.70	\$5.90
Projected Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.27
Projected Coinsurance Per Script	\$1.09	\$18.75	\$33.89	\$2.60
Projected Paid Cost Per Script	\$11.61	\$326.19	\$4,645.90	\$77.10
Projected Allowed PMPM	\$17.56	\$25.57	\$45.44	\$88.57
Projected Deductible PMPM	\$3.40	\$1.69	\$0.79	\$5.88
Projected Copay PMPM	\$2.47	\$0.68	\$0.11	\$3.26
Projected Coinsurance PMPM	\$1.00	\$1.26	\$0.32	\$2.59
Projected Paid PMPM	\$10.68	\$21.94	\$44.22	\$76.84
Projected Rx Rebates				(\$17.11)
Net Projected Paid PMPM				\$59.73

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Total	Rx Claim Information	Generic	Brand	Specialty	Total
11,455	Experience Period Scripts / 1000	10,414	872	97	11,383
\$79.22	Experience Period Allowed Cost per Script	\$18.08	\$309.39	\$4,573.13	\$79.18
\$5.85	Experience Period Deductible Per Script	\$3.84	\$28.08	\$77.76	\$6.33
\$3.35	Experience Period Copay Per Script	\$3.10	\$13.57	\$16.39	\$4.01
\$2.38	Experience Period Coinsurance Per Script	\$1.06	\$12.68	\$25.88	\$2.17
\$67.64	Experience Period Paid Cost Per Script	\$10.07	\$255.06	\$4,453.10	\$66.67
\$75.62	Experience Period Allowed PMPM	\$15.69	\$22.49	\$36.93	\$75.11
\$5.58	Experience Period Deductible PMPM	\$3.34	\$2.04	\$0.63	\$6.01
\$3.20	Experience Period Copay PMPM	\$2.69	\$0.99	\$0.13	\$3.81
\$2.27	Experience Period Coinsurance PMPM	\$0.92	\$0.92	\$0.21	\$2.05
\$64.57	Experience Period Paid PMPM	\$8.74	\$18.54	\$35.96	\$63.24
(\$14.83)	Experience Period Rx Rebates PMPM				(\$14.87)
1.022	Annual Util Trend	1.027	0.948	1.067	1.022
1.059	Annual Unit Cost Trend	1.057	1.101	1.035	1.060
1.082	Annual Allowed Trend	1.086	1.044	1.104	1.083
1.019	Annual Deductible Trend	1.019	1.019	1.019	1.019
1.091	Annual Paid Trend	1.117	1.057	1.105	1.093
1.096	Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.103
24	Months of Trend	24	24	24	24
11,958	Projected Scripts / 1000	10,992	784	110	11,886
\$88.88	Projected Allowed Cost per Script	\$20.19	\$375.20	\$4,897.71	\$88.88
\$5.90	Projected Deductible Per Script	\$3.99	\$29.15	\$80.72	\$6.36
\$3.27	Projected Copay Per Script	\$3.10	\$13.57	\$16.39	\$3.91
\$2.60	Projected Coinsurance Per Script	\$1.19	\$15.38	\$27.72	\$2.37
\$77.10	Projected Paid Cost Per Script	\$11.92	\$317.11	\$4,772.89	\$76.23
\$88.57	Projected Allowed PMPM	\$18.50	\$24.51	\$45.02	\$88.03
\$5.88	Projected Deductible PMPM	\$3.66	\$1.90	\$0.74	\$6.30
\$3.26	Projected Copay PMPM	\$2.84	\$0.89	\$0.15	\$3.87
\$2.59	Projected Coinsurance PMPM	\$1.09	\$1.00	\$0.25	\$2.35
\$76.84	Projected Paid PMPM	\$10.92	\$20.72	\$43.87	\$75.51
(\$17.11)	Projected Rx Rebates				(\$16.63)
\$59.73	Net Projected Paid PMPM				\$58.88

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,617	937	103	11,657
Experience Period Allowed Cost per Script	\$15.80	\$318.63	\$4,219.28	\$77.42
Experience Period Deductible Per Script	\$2.81	\$16.55	\$70.17	\$4.51
Experience Period Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.70
Experience Period Coinsurance Per Script	\$0.93	\$20.37	\$42.76	\$2.86
Experience Period Paid Cost Per Script	\$9.75	\$275.21	\$4,098.47	\$67.36
Experience Period Allowed PMPM	\$13.98	\$24.88	\$36.35	\$75.21
Experience Period Deductible PMPM	\$2.48	\$1.29	\$0.60	\$4.38
Experience Period Copay PMPM	\$2.04	\$0.51	\$0.07	\$2.62
Experience Period Coinsurance PMPM	\$0.82	\$1.59	\$0.37	\$2.78
Experience Period Paid PMPM	\$8.63	\$21.49	\$35.31	\$65.43
Experience Period Rx Rebates PMPM				(\$14.15)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.058
Annual Allowed Trend	1.086	1.044	1.104	1.081
Annual Deductible Trend	1.020	1.020	1.020	1.020
Annual Paid Trend	1.110	1.051	1.105	1.088
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.082
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,205	842	118	12,165
Projected Allowed Cost per Script	\$17.64	\$386.41	\$4,518.74	\$86.73
Projected Deductible Per Script	\$2.92	\$17.22	\$72.99	\$4.59
Projected Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.65
Projected Coinsurance Per Script	\$1.04	\$24.70	\$45.79	\$3.11
Projected Paid Cost Per Script	\$11.38	\$338.00	\$4,392.07	\$76.37
Projected Allowed PMPM	\$16.48	\$27.12	\$44.32	\$87.92
Projected Deductible PMPM	\$2.73	\$1.21	\$0.72	\$4.65
Projected Copay PMPM	\$2.16	\$0.46	\$0.08	\$2.69
Projected Coinsurance PMPM	\$0.97	\$1.73	\$0.45	\$3.15
Projected Paid PMPM	\$10.62	\$23.72	\$43.08	\$77.43
Projected Rx Rebates				(\$17.42)
Net Projected Paid PMPM				\$60.01

#### Exhibit 2b -- Rx Trend Development (Small Grandfathered)

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

		, .,		,
Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,561	853	113	10,527
Experience Period Allowed Cost per Script	\$17.14	\$313.18	\$5,224.37	\$97.04
Experience Period Deductible Per Script	\$7.32	\$51.83	\$173.59	\$12.71
Experience Period Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.36
Experience Period Coinsurance Per Script	\$0.34	\$1.17	\$0.00	\$0.40
Experience Period Paid Cost Per Script	\$8.39	\$255.71	\$5,050.15	\$82.57
Experience Period Allowed PMPM	\$13.65	\$22.26	\$49.21	\$85.12
Experience Period Deductible PMPM	\$5.83	\$3.68	\$1.64	\$11.15
Experience Period Copay PMPM	\$0.87	\$0.32	\$0.01	\$1.19
Experience Period Coinsurance PMPM	\$0.27	\$0.08	\$0.00	\$0.35
Experience Period Paid PMPM	\$6.68	\$18.18	\$47.57	\$72.43
Experience Period Rx Rebates PMPM				(\$20.26)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.063
Annual Allowed Trend	1.086	1.044	1.104	1.086
Annual Deductible Trend	1.019	1.019	1.019	1.019
Annual Paid Trend	1.126	1.061	1.105	1.096
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.134
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,091	767	129	10,986
Projected Allowed Cost per Script	\$19.14	\$379.80	\$5,595.17	\$109.62
Projected Deductible Per Script	\$7.60	\$53.82	\$180.28	\$12.85
Projected Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.32
Projected Coinsurance Per Script	\$0.38	\$1.42	\$0.00	\$0.45
Projected Paid Cost Per Script	\$10.07	\$320.09	\$5,414.26	\$95.00
Projected Allowed PMPM	\$16.09	\$24.26	\$60.00	\$100.36
Projected Deductible PMPM	\$6.39	\$3.44	\$1.93	\$11.76
Projected Copay PMPM	\$0.92	\$0.29	\$0.01	\$1.21
Projected Coinsurance PMPM	\$0.32	\$0.09	\$0.00	\$0.41
Projected Paid PMPM	\$8.47	\$20.45	\$58.06	\$86.98
Projected Rx Rebates				(\$19.90)
Net Projected Paid PMPM				\$67.08

# Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/18 - 12/31/18 Completed Through: 3/31/19

Sompleton Throught Grown C	ACA	ACA		Small Group +
	Compliant Small Group	Compliant Individual	Small Group Grandfathered	Single Risk Pool
1 Member Months	172,758	130,575	14,969	318,302
2 FFS Paid Medical Claims	\$312.58	\$322.62	\$324.98	\$317.28
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.00	\$0.80
4a Federal CSR Payments	\$0.00	(\$38.95)	\$0.00	(\$15.98)
4b State CSR Payments	\$0.00	(\$5.23)	\$0.00	(\$2.15)
5 IBNR Factor	1.024	1.024	1.024	1.024
6 FFS Incurred Paid Medical Claims	\$321.05	\$286.08	\$332.92	\$307.26
7 FFS Incurred Rx Claims	\$63.24	\$65.43	\$72.43	\$64.57
8 Experience Period Rx Rebates	(\$14.87)	(\$14.15)	(\$20.26)	(\$14.83)
9 FFS Incurred Rx Claims (Net of Rebates)	\$48.37	\$51.28	\$52.17	\$49.74
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$40.46)	(\$32.21)	(\$42.23)	(\$37.16)
11 Pooling Charge	\$41.14	\$38.16	\$42.88	\$40.00
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$370.11	\$343.31	\$385.75	\$359.85
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.47	\$9.00	\$8.67
14 Adjusted Experience Period Claim Expense	\$378.91	\$351.78	\$394.74	\$368.52
Market-Wide Adjustments to Experience Period Claims				
15 Adjustment for average policy during beginning of policy year	\$0.00	\$0.00	\$0.00	\$0.00
16 Adjustment for pharmacy benefit carve-in	\$0.31	\$0.11	\$0.81	\$0.25
17 Adjustment for pediatric dental carve-in to Small Group Grandfathered	\$0.00	\$0.00	\$0.84	\$0.04
18 Adjustment for Individual Mandate Repeal	\$0.00	\$0.00	\$0.00	\$0.00
19 Adjustment for Association Health Plans	\$0.00	\$0.00	\$0.00	\$0.00
20 Adjustment for Leap Year	\$1.01	\$0.94	\$1.06	\$0.99
21 Adjustment for National High Cost Reinsurance Pool	\$0.89	\$0.82	\$0.93	\$0.86
22 Experience Period Claim Expense After All Adjustments	\$381.12	\$353.65	\$398.38	\$370.66
23 Annual FFS Medical projection factor	1.056	1.056	1.056	1.056
24 Annual FFS Rx projection factor	1.103	1.082	1.134	1.096
25 Annual FFS Claim trend projection factor	1.062	1.060	1.066	1.061
26 Months of Trend	24	24	24	24
27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$419.99	\$387.71	\$442.86	\$407.84
28 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.25	\$4.84	\$5.53	\$5.09
29 Projection Period Capitation and Non-FFS Medical Costs	\$6.64	\$6.64	\$6.64	\$6.64
30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$431.88	\$399.20	\$455.03	\$419.58
Federal Reinsurance and Risk Adjustment Programs				
31 Federal Risk Adjustment Program Impact	\$68.93	\$63.72	\$72.63	\$66.97
32 Paid Index Rate PMPM After Adjustments for Federal Programs	\$500.81	\$462.91	\$527.65	\$486.54

# Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	13,734	13,737	1.000	1.000
4	Double	3,547	7,087	1.998	2.000
4	Parent/Child(ren)	681	1,682	2.470	1.930
4	Family	2,194	8,381	3.820	2.810

Single Conversion Factor 1.091

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

% of Premium Retention Compo	nents
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.00%
Total % of Premium Retention Components	1.40%
PMPM Retention Component	ts
General Administrative Load	\$42.00
% of Premium Taxes and Assessi	ments
Premium Tax	0.00%
VT Vaccine Pilot	0.30%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.30%
% of Paid Claim Taxes and Assess	sments
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%
PMPM Taxes and Assessmen	ts
HHS Risk Adjustment User Fee	\$0.17
18 VSA 9374(h) Billback	\$1.93
Total PMPM Taxes/Assessments	\$2.10

#### Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

#### % of Premium Retention Components

1) Projection Period Federal CSR Dolla	rs \$5,946,226	
2) Projection Period Member Months, C	SR Plans 78,168	
3) Projection Period Federal CSR PMPI	M \$76.07	= 1) / 2)
4) IBNR Factor	1.024	
5) Federal CSR PMPM with IBNR	\$77.93	= 3) * 4)
Annual Trend Factor	1.018	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$80.72	= 5) * 6) ^ [ 7) / 12 ]

#### Exhibit 7 -- 2020 Exchange Premium Rates

2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32) \$486.54 Benefit Relativity \* Induced Demand Reflected in Index Rate 0.7440 Adjusted Claim Cost for Pricing \$653.98

					Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in		Gross					Increase over 2019	Increase over 2019	Increase	Increase over 2019
	Product		Standard/No	On/Off	Combined	Actuarial	Utilization	Net Claim Cost	t Bad Debt / CTR	Expense	Taxes and	and	Excess of	CSR	Claim Cost			Parent/Child		Single	Double	over 2019	
Coplan	Type	Metal Level	n-Standard	Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	Loading	PMPM	Single***	Double	(ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2020)	НуНМО	Platinum	Standard	On Exchange	Non-Subsidized	0.881	1.138	\$655.56	\$10.07	\$42.00	\$9.35	\$2.10	\$0.00	\$0.00	\$719.08		\$1,569.04	\$1,514.12	\$2,204.50	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.782	1.072	\$547.76	\$8.52	\$42.00	\$7.91	\$2.10	\$0.00	\$0.00	\$608.28		\$1,327.26	\$1,280.81	\$1,864.80	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-G-002-N (2020) FRVT-HMOH-G-003-N (2020)	HyHMO HDHMO	Gold Gold		On Exchange On Exchange		0.809 0.769	1.088 1.066	\$575.66 \$536.34	\$8.93 \$8.36	\$42.00 \$42.00	\$8.29 \$7.77	\$2.10 \$2.10	\$0.88 \$0.88	\$0.00 \$0.00	\$637.86 \$597.45		\$1,391.82 \$1,303.64	\$1,343.11 \$1.258.01	\$1,955.51 \$1.831.61	11.6% 11.7%	11.6% 11.7%	11.6% 11.7%	11.6% 11.7%
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.706	1.033	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44	\$1,303.17	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51		\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.702	1.031	\$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89	\$671.94	\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-S-001-N (2020)	HyHMO	Silver		On Exchange		0.673	1.021	\$449.46	\$8.28	\$42.00	\$7.68	\$2.10	\$0.88	\$80.72	\$591.12		\$1,289.82	\$1,244.68	\$1,812.20	7.9%	7.9%	7.9%	7.9%
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange		0.706	1.033	\$477.36	\$7.50	\$42.00	\$6.97	\$2.10	\$0.00	\$0.00	\$535.94		\$1,169.42	\$1,128.49	\$1,643.04	9.4%	9.4%	9.4%	9.4%
VT-HMOH-S-004-S II (2020)	HDHMO HDHMO	Silver	Standard	Off Exchange		0.693	1.026	\$465.32 \$471.66	\$7.33	\$42.00	\$6.81	\$2.10	\$0.00	\$0.00 \$0.00	\$523.55		\$1,142.38	\$1,102.40	\$1,605.04 \$1.627.80	10.4% 11.6%	10.4%	10.4%	10.4%
VT-HMOH-S-002-N II (2020) VT-HMO-S-001-N II (2020)	HyHMO	Silver Silver		Off Exchange Off Exchange		0.702 0.673	1.028 1.021	\$471.66 \$449.46	\$7.43 \$7.11	\$42.00 \$42.00	\$6.90 \$6.61	\$2.10 \$2.10	\$0.88 \$0.88	\$0.00	\$530.97 \$508.16		\$1,158.58 \$1,108.80	\$1,118.03 \$1.069.99	\$1,627.80	12.4%	11.6% 12.4%	11.6% 12.4%	11.6% 12.4%
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange		0.582	1.000	\$380.62	\$6.11	\$42.00	\$5.67	\$2.10	\$0.00	\$0.00	\$436.50	\$476.22	\$952.44	\$919.10	\$1,338.18	11.8%	11.8%	11.8%	11.8%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange		0.601	1.000	\$392.91	\$6.29	\$42.00	\$5.84	\$2.10	\$0.00	\$0.00	\$449.14	\$490.01	\$980.02	\$945.72	\$1,376.93	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.661	1.017	\$439.95	\$6.96	\$42.00	\$6.47	\$2.10	\$0.00	\$0.00	\$497.48	\$542.75	\$1,085.50	\$1,047.51	\$1,525.13	11.8%	11.8%	11.8%	11.8%
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange		0.613	1.003	\$401.90	\$6.43	\$42.00	\$5.97	\$2.10	\$0.88	\$0.00	\$459.28		\$1,002.14	\$967.07	\$1,408.01	13.6%	13.6%	13.6%	13.6%
FRVT-HMO-B-001-N (2020)	HMO	Bronze				0.580	1.000	\$379.50	\$6.11	\$42.00	\$5.67	\$2.10	\$0.88	\$0.00	\$436.26	\$475.96	\$951.92	\$918.60	\$1,337.45	11.2%	11.2%	11.2%	11.2%
FRVT-HMO-C-001-N (2020) FRVT-HMO-S3-001-S (2020)	HMO HvHMO	Catastrophic Silver	Standard Standard		Non-Subsidized	0.613	0.638 1.033	\$255.77 \$477.36	\$4.31 \$8.66	\$42.00 \$42.00	\$4.01 \$8.05	\$2.10 \$2.10	\$0.00 \$0.00	\$0.00 \$80.72	\$308.19 \$618.90	\$336.24	\$672.48	\$648.94 \$1.303.17	\$944.83 \$1.897.37	12.3% 5.7%	12.3% 5.7%	12.3% 5.7%	12.3% 5.7%
FRVT-HMO-S3-001-S (2020)	HVHMO	Silver	Standard		Subsidized (73%) Subsidized (87%)	0.706	1.033	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44 \$1,350.44	\$1,303.17	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard		Subsidized (94%)	0.706	1.033	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44	\$1,303.17	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard		Subsidized (77%)	0.706	1.033	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44	\$1,303.17	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51	\$661.70	\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard		Subsidized (87%)	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51		\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard		Subsidized (94%)	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51		\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S4-004-S (2020) FRVT-HMOH-S2-001-N (2020)	HDHMO HDHMO	Silver Silver	Standard		Subsidized (77%) Subsidized (73%)	0.693	1.026	\$465.32 \$473.56	\$8.49 \$8.62	\$42.00 \$42.00	\$7.88 \$8.01	\$2.10 \$2.10	\$0.00 \$0.88	\$80.72 \$80.72	\$606.51 \$615.89		\$1,323.40 \$1,343.88	\$1,277.08 \$1,296.84	\$1,859.38 \$1,888.15	6.4% 7.7%	6.4% 7.7%	6.4% 7.7%	7.7%
FRVT-HMOH-S2-001-N (2020)	HMO	Silver			Subsidized (73%) Subsidized (87%)	0.702	1.031	\$473.56 \$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89		\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMOH-S2-003-N (2020)	HMO	Silver			Subsidized (94%)	0.702	1.031	\$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89		\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMOH-S2-004-N (2020)	HMO	Silver			Subsidized (77%)	0.702	1.031	\$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89		\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-S1-001-N (2020)	НуНМО	Silver			Subsidized (73%)	0.673	1.021	\$449.46	\$8.28	\$42.00	\$7.68	\$2.10	\$0.88	\$80.72	\$591.12		\$1,289.82	\$1,244.68	\$1,812.20	7.9%	7.9%	7.9%	7.9%
FRVT-HMO-S1-002-N (2020)	НуНМО	Silver			Subsidized (87%)	0.673	1.021	\$449.46	\$8.28	\$42.00	\$7.68	\$2.10	\$0.88	\$80.72	\$591.12			\$1,244.68	\$1,812.20	7.9%	7.9%	7.9%	7.9%
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver			Subsidized (94%)	0.673	1.021	\$449.46	\$8.28	\$42.00	\$7.68	\$2.10	\$0.88	\$80.72	\$591.12		\$1,289.82	\$1,244.68	\$1,812.20	7.9%	7.9%	7.9%	7.9%
FRVT-HMO-S1-004-N (2020) FRVT-HMO-PA2-001-S (2020)	HyHMO HvHMO	Silver	Non-Standard Standard	On Exchange	Subsidized (77%) Al/AN	0.673	1.021	\$449.46 \$655.56	\$8.28 \$10.07	\$42.00 \$42.00	\$7.68 \$9.35	\$2.10 \$2.10	\$0.88 \$0.00	\$80.72 \$0.00	\$591.12 \$719.08		\$1,289.82 \$1,569.04	\$1,244.68 \$1.514.12	\$1,812.20 \$2.204.50	7.9% 9.5%	7.9% 9.5%	7.9% 9.5%	7.9% 9.5%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.136	\$547.76	\$8.52	\$42.00	\$7.91	\$2.10	\$0.00	\$0.00	\$608.28		\$1,309.04	\$1,314.12	\$1,864.80	9.5%	9.5%	9.5%	9.1%
FRVT-HMO-GA2-002-N (2020)	HyHMO	Gold	Non-Standard		Al/AN	0.809	1.088	\$575.66	\$8.93	\$42.00	\$8.29	\$2.10	\$0.88	\$0.00	\$637.86		\$1,391.82	\$1,343,11	\$1.955.51	11.6%	11.6%	11.6%	11.6%
FRVT-HMOH-GA2-003-N (2020)		Gold	Non-Standard		Al/AN	0.769	1.066	\$536.34	\$8.36	\$42.00	\$7.77	\$2.10	\$0.88	\$0.00	\$597.45		\$1,303.64	\$1,258.01	\$1,831.61	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-SA2-003-S (2020)		Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44	\$1,303.17	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-SA2-004-S (2020)		Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51		\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-SA2-002-N (2020)		Silver	Non-Standard		Al/AN	0.702	1.031	\$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89		\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-SA2-001-N (2020) FRVT-HMO-BA2-002-S (2020)	HyHMO HvHMO	Silver Bronze	Non-Standard Standard	On Exchange	Al/AN Al/AN	0.673 0.582	1.021 1.000	\$449.46 \$380.62	\$8.28 \$6.11	\$42.00 \$42.00	\$7.68 \$5.67	\$2.10 \$2.10	\$0.88 \$0.00	\$80.72 \$0.00	\$591.12 \$436.50	\$644.91 \$476.22	\$1,289.82 \$952.44	\$1,244.68 \$919.10	\$1,812.20 \$1,338.18	7.9% 11.8%	7.9% 11.8%	7.9% 11.8%	7.9% 11.8%
FRVT-HMOH-BA2-003-S (2020)		Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$392.91	\$6.29	\$42.00	\$5.84	\$2.10	\$0.00	\$0.00	\$449.14	\$490.01	\$980.02	\$945.72	\$1,336.16	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.017	\$439.95	\$6.96	\$42.00	\$6.47	\$2.10	\$0.00	\$0.00	\$497.48			\$1,047.51	\$1,525.13	11.8%	11.8%	11.8%	11.8%
FRVT-HMO-BA2-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	Al/AN	0.613	1.003	\$401.90	\$6.43	\$42.00	\$5.97	\$2.10	\$0.88	\$0.00	\$459.28	\$501.07	\$1,002.14	\$967.07	\$1,408.01	13.6%	13.6%	13.6%	13.6%
FRVT-HMO-BA2-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	Al/AN	0.580	1.000	\$379.50	\$6.11	\$42.00	\$5.67	\$2.10	\$0.88	\$0.00	\$436.26	\$475.96	\$951.92	\$918.60	\$1,337.45	11.2%	11.2%	11.2%	11.2%
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$655.56	\$10.07	\$42.00	\$9.35	\$2.10	\$0.00	\$0.00	\$719.08			\$1,514.12	\$2,204.50	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.072	\$547.76	\$8.52	\$42.00	\$7.91	\$2.10	\$0.00	\$0.00	\$608.28		\$1,327.26	\$1,280.81	\$1,864.80	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-GA1-002-N (2020) FRVT-HMOH-GA1-003-N (2020)	HyHMO HDHMO	Gold Gold	Non-Standard Non-Standard		AI/AN AI/AN	0.809 0.769	1.088 1.066	\$575.66 \$536.34	\$8.93 \$8.36	\$42.00 \$42.00	\$8.29 \$7.77	\$2.10 \$2.10	\$0.88 \$0.88	\$0.00 \$0.00	\$637.86 \$597.45		\$1,391.82 \$1,303.64	\$1,343.11 \$1,258.01	\$1,955.51 \$1,831.61	11.6% 11.7%	11.6% 11.7%	11.6% 11.7%	11.6% 11.7%
FRVT-HMOH-GAT-003-N (2020)	HVHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.000	\$477.36	\$8.66	\$42.00	\$8.05	\$2.10	\$0.00	\$80.72	\$618.90		\$1,350.44	\$1,256.01	\$1,897.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-SA1-004-S (2020)		Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$465.32	\$8.49	\$42.00	\$7.88	\$2.10	\$0.00	\$80.72	\$606.51		\$1,323.40	\$1,277.08	\$1,859.38	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-SA1-002-N (2020)		Silver	Non-Standard		Al/AN	0.702	1.031	\$473.56	\$8.62	\$42.00	\$8.01	\$2.10	\$0.88	\$80.72	\$615.89		\$1,343.88	\$1,296.84	\$1,888.15	7.7%	7.7%	7.7%	7.7%
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard		AI/AN	0.673	1.021	\$449.46	\$8.28	\$42.00	\$7.68	\$2.10	\$0.88	\$80.72	\$591.12	\$644.91	\$1,289.82	\$1,244.68	\$1,812.20	7.9%	7.9%	7.9%	7.9%
FRVT-HMO-BA1-002-S (2020)	НуНМО	Bronze	Standard	On Exchange	Al/AN	0.582	1.000	\$380.62	\$6.11	\$42.00	\$5.67	\$2.10	\$0.00	\$0.00	\$436.50	\$476.22	\$952.44	\$919.10	\$1,338.18	11.8%	11.8%	11.8%	11.8%
FRVT-HMOH-BA1-003-S (2020)		Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$392.91	\$6.29	\$42.00	\$5.84	\$2.10	\$0.00	\$0.00	\$449.14	\$490.01	\$980.02	\$945.72	\$1,376.93	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard Non-Standard	On Exchange	Al/AN Al/AN	0.661 0.613	1.017 1.003	\$439.95 \$401.90	\$6.96 \$6.43	\$42.00 \$42.00	\$6.47 \$5.97	\$2.10 \$2.10	\$0.00 \$0.88	\$0.00 \$0.00	\$497.48 \$459.28			\$1,047.51 \$967.07	\$1,525.13	11.8% 13.6%	11.8% 13.6%	11.8% 13.6%	11.8% 13.6%
FRVT-HMO-BA1-005-N (2020) FRVT-HMO-BA1-001-N (2020)	HyHMO HyHMO	Bronze Bronze	Non-Standard		Al/AN	0.580	1.003	\$401.90 \$379.50	\$6.43 \$6.11	\$42.00 \$42.00	\$5.97 \$5.67	\$2.10 \$2.10	\$0.88 \$0.88	\$0.00	\$459.28 \$436.26	\$475.96	\$1,002.14 \$951.92	\$967.07 \$918.60	\$1,408.01 \$1,337.45	11.2%	11.2%	11.2%	13.6%
	. Iyi iiviO	DIOIIZO	Jii-Otandalu	CITEAGIGINGE	CHAIN	0.000	1.000	ψ010.00	ψ0.11	Ψ-2.00	ψ0.01	Ψ2.10	ψ0.00	ψ0.00	₩ <del>1</del> 00.20	<del>→</del> 10.30	ψ331.32	ψ310.00	ψ1,001. <del>1</del> 0	11.270	11.270	11.270	11.270

<sup>\*</sup>The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the copian. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT366

\*\*\*Child Only Rate = Single Rate per Child



#### **Contact Information**

**Company Identifying** 

**Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

Contact Name: Eric Bachner, ASA
Contact Title: Leader, Actuarial

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#### **ACTUARIAL MEMORANDUM**

#### 2020 Vermont Exchange Filing

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2020 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2020 and 12/31/2020. There are no benefit plans being retired and no new base plans being offered. MVP made modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 9.4%, ranging from 5.0% to 23.7%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, the removal of healthier members from the single risk pool due to Association Health Plans, the re-introduction of the federal Health Insurer Tax, and an increase to the administrative expense assumption. Premium rate increases are varying by plan due to benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### **Market/Benefits**

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2020)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT366.

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

The book of business affected by this rate filing is 11,696 policyholders, 20,156 subscribers and 30,887 members based on February 2019 membership. This includes 458 members who are currently enrolled in MVP's Small Group Grandfathered block of business, but will have migrated to this block by 2020.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. And MVP Health Insurance Company Small Group and Individual data for Vermont members over the time period 1/1/2018 – 12/31/2018, completed through 3/31/2019. MVP included all data for ACA-compliant small group and individual members and any transitional data for groups that have either already transitioned or will transition into ACA-compliant plans by the rating period, satisfying the single risk pool requirements of 45 CFR Part 156.

MVP does not project to rebate consumers for 2018 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

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

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

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

	Allowed	Incurred
Claims Processed Through Claim System	\$144,978,194	\$117,078,980
Experience Period Costs Not Processed Through Claims System	\$3,175,004	\$2,761,070
IBNR	\$3,061,260	\$2,467,951
Total	\$151,214,458	\$122,308,001

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

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). The "Other" category includes pediatric dental claims. The "Capitation" category includes capitated payments as well as all other claims not processed through MVP's claim warehouses.

#### **Medical Trend Factors**

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network, weighted by benefit category. The Capitation unit cost trend reflects the expected change between the capitated and non-FFS claim expense between the experience period and the projection period.

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered credible. Therefore, MVP is assuming 0% utilization trend for all medical benefit categories in this filing.

#### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

#### Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP is assuming that the single risk pool membership base of 318,302 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

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

Morbidity Adjustment- Impact of Pooling High Cost Claimants

As part of its rate filing process, MVP removes the claim expense (net of reinsurance) above \$100,000 for members who reach that threshold on an annual basis. Those claims are replaced by the average of the annual cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2016 and December 2018.

Please see the following table for the high cost claim percentage by year. Note that while MVP actually used all of the rolling 12-month time periods during this time frame to compute the pooling charge, annual percentages are shown for simplicity:

Time Period	High Cost Claim %
CY2016	16.8%
CY2017	13.6%
CY2018	10.5%
Average	12.5%

The net impact of this factor is an increase to the experience period allowed claim cost of 0.6%.

#### Morbidity Adjustment- Impact of Leap Year

Because the rating period is a leap year and the experience period is not a leap year, the rating period will have one more day than the experience period. Assuming claims are uniformly distributed among all days in the year, MVP is adjusting the experience period allowed expense upward by 0.27% (366 days / 365 days).

#### Plan Design Changes- Impact of Pediatric Dental on Small Group Grandfathered

Pediatric dental was not a covered benefit for the small group grandfathered plan data included in the single risk pool. Therefore, MVP is adjusting the experience period allowed expense for this cohort by the experience period pediatric dental claim cost for the combined small group and individual population. This adjustment is worth \$0.04 PMPM on the single risk pool in total (less than 0.01%).

#### Plan Design Changes- Paid to Allowed Ratio Normalization

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ for two reasons. First, the federal cost sharing reduction (CSR) subsidies are no longer being paid to MVP, which artificially inflates MVP's claim expense relative to the total allowed claim cost. Because of federal rating rules that dictate the pricing of the Silver CSR plans, the experience period paid to allowed ratio is higher than the pricing paid to allowed ratio by 3.5%

Second, the actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios (1.9%) to develop an equivalent Market Adjusted Index Rate. The total of this two-part adjustment is 5.4%.

#### Other- Impact of National High Cost Reinsurance Pool (HCRP)

In the 2018, 2019 and 2020 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont's merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2020 will be 0.24%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be a 0.24% increase to the allowed claim cost.

#### Other- Impact of Association Health Plans on Market Morbidity

On June 19, 2018, the federal Department of Labor published guidance allowing small groups to band together to purchase coverage as if they were one larger group (provided they are banding based on geography or industry). The Vermont Department of Financial Regulation established a market and rules for these Association Health Plans (AHPs) under Rule I-2018-01.

Based on January 2019 enrollment data provided by DVHA, there were 4,869 fewer members in small group plans as compared to January 2018. The appeal of AHPs is that healthier small groups can attain premium savings by banding together, which will result in a deterioration of the morbidity of the remaining small group block.

To verify this hypothesis, MVP broke its 2018 small group population into 2 subsets: those that are in groups still active with MVP in the small group market in 2019 and those in groups no longer active. Because MVP does not have detailed information on *where* the groups that left have gone, our assumption is that all of the groups who left migrated to the AHP market since MVP's competitive premium position in 2019 did not change. Based on allowed claims PMPM, the groups that are no longer active are 7.1% less expensive that the 2018 merged market population in total.

Population Segment	2018 Member	2018 Med +
	Months	Rx Allowed
		PMPM
Small Groups, No Longer Active	14,116	\$428.73
Small Groups, Still Active	158,642	\$468.30
Individual, Total	130,575	\$456.93
Merged Market, Total	303,333	\$461.57

In order to make an assessment about the change in population morbidity market-wide (as opposed to MVP specifically), MVP made the assumption that this relationship holds true for MVP's competitor as well. MVP assumed that the 4,869 members leaving the market in 2019 were 7.1% less expensive. MVP then solved for the "market morbidity" factor after removing these members from the population.

#### Derivation of Association Health Plan Morbidity Impact, 2018 - 2019

a) Merged Market Members, January 2018	79,652	
b) Morbidity Factor, 2018 Merged Market c) SG AHP Members, January 2019	1.000 4,869	
d) Morbidity Factor, SG AHP Members	0.929	
e) Estimated Morbidity Factor, 2019 Merged Market	1.005	= [ a) * b) - c) * d) ] / [ a) - c) ]

As these healthy groups are removed from the population and market claim costs increase, more groups will find the premium savings appealing and MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity.

#### Derivation of Association Health Plan Morbidity Impact, 2019 - 2020

a) Merged Market Members, January 2019	75,037	
b) Morbidity Factor, 2019 Merged Market c) Estimated SG AHP Members, January 2020	1.005 4,869	
d) Morbidity Factor, SG AHP Members	0.929	
e) Estimated Morbidity Factor, 2020 Merged Market	1.010	= [ a) * b) - c) * d) ] / [ a) - c) ]

Therefore, MVP is assuming a 1.0% increase to market-wide average morbidity due to Association Health Plans from the experience period to the rating period.

#### Other- Impact of Changes to Pharmacy Rebates

MVP has quantified the impact of changes to its pharmacy rebate contracts from the experience period to the rating period. Because the trend in pharmacy rebates is lower than the trend in allowed pharmacy claims, the allowed trend net of rebates is slightly higher than the allowed pharmacy trend. This adjustment is worth approximately 0.05% of the total EHB Allowed Claims PMPM.

#### Reinsurance (Worksheet 1, Section 2)

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period. MVP did not have any members hit the MVP corporate or national HCRP thresholds in 2018, and does not expect to have any hit them in 2020.

#### Federal Risk Adjustment Program (Worksheet 1, Section 2)

Based on the Interim Risk Transfer results for 2018 provided by CMS, MVP is expected to pay \$16,331,243 into the merged market transfer pool for 2018. This is \$53.84 on a PMPM basis or approximately 14.6% of experience period claims prior to market-wide adjustments.

MVP analyzed the impact of adding the small group grandfathered membership to both MVP's membership as well as the market in total. First, MVP compared the small group grandfathered population's risk score to the current population. Because the grandfathered were not run through the CMS HCC grouper, MVP used ACG concurrent risk scores for 2018 to compare the two populations. An assumed CMS HCC risk score for the grandfathered population was calculated as ( MVP merged market HCC risk score ) \* ( grandfathered ACG risk score ) / ( MVP merged market ACG risk score ).

Both the numerator and denominator of the federal risk adjustment formula were re-cast including the grandfathered business. The members did not have a material impact on the denominator (market in total), but did increase the numerator (MVP's data) on both the left and right side. Because both sides increased at the same rate, however, it did not materially affect MVP's relative risk position. Therefore, we are assuming that the grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$82.14 PMPM).

#### Exchange User Fees (Worksheet 1, Section 2)

Vermont's Exchange is not a Federally-Facilitated Exchange, therefore 0.00% of premium is built in to account for user fees during the projection period.

#### Market-Wide Adjusted Index Rate

The experience period index rate of \$475.06 is equal to the single risk pool allowed claim data for the time period, 1/1/2018 - 12/31/2018, completed through 3/31/2019. The single risk pool projection period index rate is \$562.74. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustments discussed above in the section labeled, "Projection Factors".

The actual market adjusted index rate for the projection period equals \$644.40. However, due to the rounding of factors present in the URRT, the value in the file reflects \$644.88. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

#### Actuarial Values and Cost Sharing Design of Plan (Worksheet 2, Section 3)

The AV Metal Level for each plan was determined using the Federally-prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard Gold 3, and non-Standard Silver 2 plans. The actuarial certification of these adjustments has been included.

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

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

This field also includes the adjustment for Silver loading made to on-Exchange Silver plans. The load of \$80.39 PMPM has been converted to a percentage of the net claim cost and the total adjustment made is the product of the three values (AV, induced demand, and silver loading).

#### Provider Network Adjustment (Worksheet 2, Section 3)

MVP only offers one provider network for its Vermont plans, therefore, no plan-level adjustment is necessary.

#### Benefits in Addition to EHB (Worksheet 2, Section 3)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. MVP projects the net cost of this benefit to equal \$0.88 PMPM, which is converted to a percentage of the net claim cost and applied to the non-Standard plans only.

#### Catastrophic Plan Adjustment (Worksheet 2, Section 3)

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.636.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.048
Single Risk Pool Total	1.647
Catastrophic Adjustment	0.636

#### **Non Claim Expense Plan Level Adjustments**

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

#### Federal Taxes PMPM based

A total of \$0.17 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.03 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2020. The charge is \$0.18 per billable member per month, and so the amount added to premium rates is the \$0.18 times MVP's ratio of billable to actual member months in the experience period (0.946).

#### State Taxes PMPM Based

\$1.93 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. MVP's total liability (MVPHP plus MVPHIC) for Fiscal Year 2019 is \$351,394. Due to MVP's rapid membership growth from 2017 to 2019 as well as changes to funding mechanisms for each of the programs, MVP is estimating its combined liability for 2020 to be \$758,553. This is spread across MVP's entire Vermont membership as of February 2019 to calculate the estimated PMPM payment.

#### Federal Taxes Premium based

Based on current Federal regulations, the ACA Health Insurer Tax will be reinstated for 2020. MVP has calculated its estimated payment for 2020 and found it to be 1.0% of premium for MVPHP.

#### State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$4.54 per covered child and \$0.56 covered adult for January to March 2020, followed by an estimate of \$10.07 per covered child and \$1.02 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$0.98 for the first quarter of 2020 followed by \$1.97 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$555.07) to convert the assessment to a percent of premium load of 0.30%.

#### General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$42.00 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2018 Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.52 PMPM of the \$42.00 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2016, 2017, and 2018 SHCEs.

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51
Individual	2017	\$38.54
Small Group	2017	\$40.72
Combined	2017	\$39.59
Individual	2018	\$42.78
Small Group	2018	\$39.29
Combined	2018	\$40.72

<sup>\*</sup>Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

#### Profit/Risk Load

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2020. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions. A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

#### Age/Geographic/Tobacco Calibration (Worksheet 2, Section 3)

Per Vermont stating rating rules, variation in rates due to tobacco and age are not allowed. Therefore, all calibration factors are 1. Additionally, there is only 1 rating region in Vermont, so the geography calibration is also 1.

#### **Consumer Adjusted Premium Rates**

The Calibrated Plan Adjusted Index Rate PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. Please note that due to the rounding present in the URRT template, actual Plan Adjusted Index Rate PMPMs may vary from the URRT to the actual rates as filed.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2019. The SCF = weighted average contract size/ weighted average load ratio.

#### **Projection Period Membership**

MVP's projection period membership equals the February 2019 enrollment of the population eligible to purchase these products, or 30,887 members. On Worksheet 2 of the URRT, members are mapped based on their February 2019 benefit to the same benefits for 2019 with the exception of members currently enrolled in small group grandfathered plans. Members from grandfathered benefit VT3HDH19EXSE are mapped to Non-Standard Silver 2 Reflective plan, and the rest of the members are mapped to the Non-Standard Gold 3 plan. These were chosen based on the Exchange QHDHP that is most similar in benefit to the current benefit design.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.6%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 90.6%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2020:

Target Loss Ratio for 2020 VT E	xchange
A) Claims Expense	\$479.42
B) Taxes/Assessments	\$9.13
C) Quality Improvement	\$2.52
D) Premium	\$540.83
E) Traditional Loss Ratio	88.6%
= A) / D)	
F) Federal Loss Ratio = [A] + C]] / [D] - B]]	90.6%

#### **Actuarial Certification**

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

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

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

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

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#45, and ASOP#50.

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

MVP Health Care, Inc.

5/9/2019



### Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2020 ACA Exchange Rate Filing

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

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2020 Exchange rates for effective dates of coverage between January 1, 2020 and December 31, 2020.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

*Increases in base period experience.* MVP had to make an assumption about the cost of providing services in 2019 during its last rate filing. With updated information, MVP now knows that estimate was about 2.1% deficient. Therefore, premium rates are increasing by **2.1%** to account for updated information.

*Increases in hospital and physician required charges for medical care.* The cost of medical services is expected to rise from 2019 to 2020 by 4.8%. This is increasing the premium rate by approximately **4.2%.** 

*Increases in the number and prices of prescription drugs.* Due to increases in the number of drugs utilized as well as price increases on individual drugs, we expect pharmacy costs to rise by 9.6% from 2019 to 2020. This is increasing the premium rate by approximately **1.2%**.

**Expansion in services covered under the benefit.** This includes a revamped wellness benefit for non-Standard plans to encourage healthy behaviors, as well as new prescription drugs covered before the deductible on Qualified High Deductible Health Plans. These are increasing the premium rate by approximately **0.1%**.

**Exit of healthier individuals from the risk pool as the cost of insurance increases.** As healthier small groups have been able to band together to purchase insurance as Association Health Plans, the cost to cover the members remaining in the risk pool has increased. This is increasing the premium rate by approximately **1.0%**.

**Updated information about the population in 2020.** MVP made assumptions about the impact that policy duration and the repeal of the individual mandate penalty would have on the premium rates of the previous filing. Those assumptions have been removed, decreasing the premium rate by approximately -2.3%.

*Impact of the Leap Year in 2020.* MVP is increasing rates by approximately **0.3%** to account for 2020 being a leap year (and having an additional day).

Impact of the Federal Risk Adjustment Program. The federal risk adjustment program seeks to "level the playing field" among insurers by levying those with lower-risk members and reimbursing the insurers with higher risk members. MVP has enrolled an increasing share of lower-risk members, therefore it is required to pay more into the program. This is increasing premium rates by approximately 3.7%. An additional program was added to reimburse insurers with exceptionally high-cost members which is adding an additional 0.2%.

Impact of the Federal Government Defunding the CSR Subsidy Program. In 2017, the federal government stopped payment to insurers under their cost sharing reduction (CSR) subsidy program. The 2019 premium rates were increased to account for this shortfall. However, MVP has updated information which reduces the amount needed to pay for the program. This is decreasing premium rates by approximately -0.7%.

**Fees and assessments charged by the government to insurers**. A re-introduction of the Federal Insurer Tax for 2020 is increasing premium rates by **1.0%.** Additionally, increases to fees levied by the State of Vermont are increasing rates by approximately **0.4%.** 

*Increases in the cost of doing business.* As the cost of doing business rises over time, MVP must increase the amount of administrative expenses built into premium rates. Because the cost of medical and pharmacy services is rising faster than MVP's administrative costs, however, the amount of premium dollar spent on administrative expenses is lower. This decrease is worth approximately -0.2% of premium.

*Impact of Changes in Benefits.* MVP has changed plan benefits on most plans from 2019 to 2020. Additionally, members have purchased different products in 2019 than 2018. The two are combining to drive down the rate increase by approximately -1.8%.

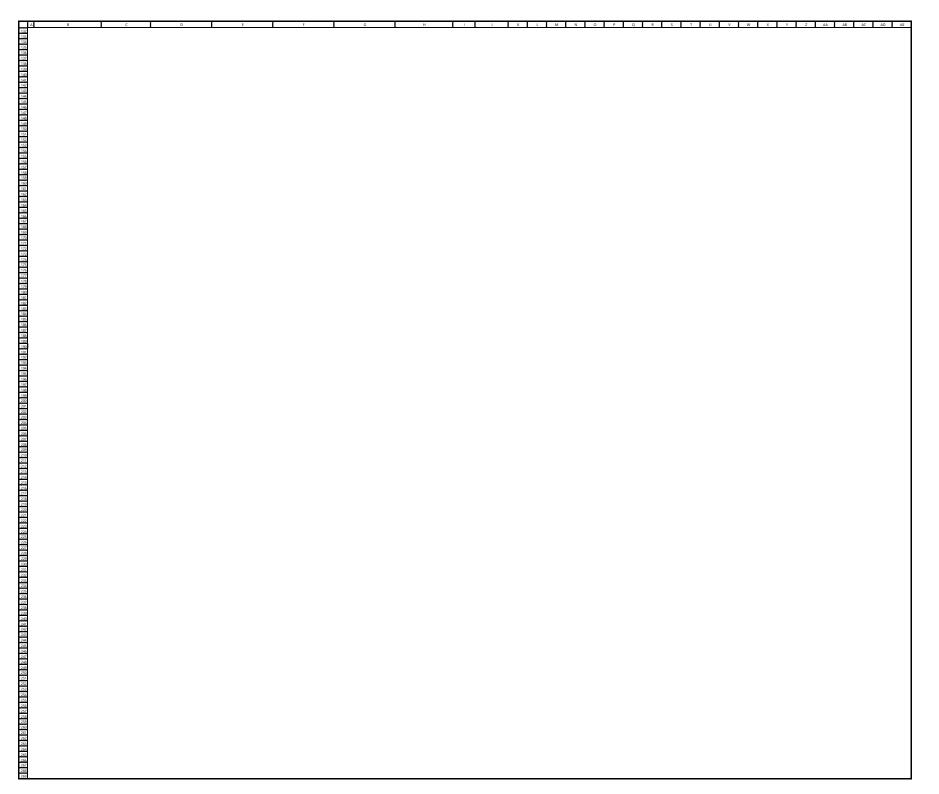
The proposed rates reflect an average rate adjustment to prior rates of 9.4%, ranging from 5.0% to 23.7%. The 23.7% increase represents one plan where the benefits were increased significantly from last year. Absent that plan, the range of rate increases is 5.0% to 12.7%. Increases for subscribers receiving Advanced Premium Tax Credits will vary based on income. There are 11,696 policyholders, 20,156 subscribers and 30,887 members impacted by this rate filing.

#### Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

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48 Projected 49	d Member Months	370,644	
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Product-Plan Data Collection				To add a product to Worksheet 2 - Plan Product info, select the Add Product button or Ctrl + Shift + R
Company Legal Name: HIOS Issuer ID:	MVF Health Plan, Inc. 77998	State: Market:	NT Combined	To add a plan to Morksheer 2 - Plan Product left, select the Add Plan button or Ctrl + Shift + L. To seldone, select the Volidare button or Ctrl + Shift + L. To feelber, earler the Finalize harton or Ctrl + Shift + E. To feelber, earler the Finalize harton or Ctrl + Shift + E.
Effective Date of Rate Change(s):	1/1/2020			

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Effective Date of Race Change(s):	-,-,																													
Product/Plan Level Calculations																														
rid # Section I: General Product and Plan Information	on																													
1.1 Product Name								Individual								_							Small Group							
1.2 Product ID		FRVTHMO-P FRVTHMO-G	raginio c. l m	ar man c l man	THEO C CONTINE	our manual	marine or lar	77566VT004	HOUR ON THE HAR	u com luzumo c	NAME OF TAXABLE	a communication	CENT HARDS	racrusson c	CONTURADO DE CONTUR	0.0	CONTUMO C	CONTINUO C CO	CT LIMBOUR C TO COL	THE COURSE	AND THE PROPERTY OF THE PARTY O	racrusio.	77566VT005	of theory one had	T	UMAN CONTRACTOR	TURAN DE CONTURADO	a Charumana I a	COUT LINES O	CONTUR
1.3 Plan Name		001-5 (2020) 001-5 (2020)																												
1.4 Plan ID (Standard Component ID)	22	669/T0040001 17566/T0040002	77566VT00M0004 7756	6VT0040023 77566VT	D040005 77566VT0060	0006 77566VT0040024	77566VT0040007 175	66VT0040030 975661	VT00M0031 77569VTI	0040029 07566V7004	0028 77566VT00400	009 77566VT0040010	77566VT0040025 775	66VT0040026 \$7564	66VT0040011   17566VT004	013 77566470050001	77566VT0050002 2	7566V70050004 \$756	EVT0050023 77566VT	T0050005 77566VT0	050006 77566VT0050	124 97566VT0050007	17566VT0050030	7566170050031 77	SSS/T0050029 7756	66V70050028 \$7566V	T0050009 77566VT00500	10 77566VT0050025 17	2566VT0050026 975	75664/70050
1.5 Metal		Platinum Gold	Gold 0.817	Gold	Silver 1	Sheer Sheer		Sher		Silver	Silver Bro	noe Bronze	Scorae	Bronze	Repose Catasto	abic Platinum	Gold	Gold	Gold			beer Silver	r Silver	Silver	Silver	Siber	Roscar Rosc	se Scorce	Bronze	_
1.6 AV Metal Value 1.7 Plan Operary		0.901 0.819 Fenewing Renewing			Danasine Gane						ewing Seney		Receiving		0.611 C						copying Recei				Recewing		Receiving Receiving		Renewing	
1.8 Plan Type		HMO HMC	HMO	HMO	HMO I	HMO HMO	HMO	HMO	HMO	HMO	HMQ H	MO HMO		HMO		IMO HMO		HMO	HMO	HMO	HMO F	MO HMC		HMO	HMO	HMO	HMO H		HMO	Eau
1.9 Exchange Plan?		Yes Yes		Yes		Yes Yes		No	No	No		Yes. Yes.		Yes		Yes Yes		Yes.	Yes	Yes		Yes Yes		No	No	No	Yes Y		Yes	
1.10 Effective Date of Proposed Rates		1/1/2020 1/1/2020	1/1/2000	1/1/2020 1	1/1/2020 1/1/5 5.70% 6	2020 1/1/2020 42% 7.72%	1/1/2020	1/1/2020	1/1/2020 1	/1/2020 1/1/	2020 1/1/20	1/1/2020	1/1/2020	1/1/2020	1/1/2020 1/1/	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020 1/	1/2020 1/1/2	320 1/1/2020 326 7.88%	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020 1/1/20 11.76% 12.3	20 1/1/2020	1/1/2020	1/1/
1.11 Cumulative Rate Change % (over 12 mos prior) 1.12 Product Rate Increase %		9.49% 9.08%	1159%	13.80%	5.70% 6	A48 7.76%	7.88%	941%	10.42%	1130%   1	11.7	12.30%	11,82%	185/%	11,16% 12	AS 1.495	9.08%	11.59%	11.69%	\$.70%	6.43% 7.	2% 7.88%	10.68%	10.42%	11.55%	12.37%	11.76% 12.3	25 11,825	13.57%	- 11
1.13 Submission Level Rate Increase %								****								10.06%							22.85%							
Section It: Experience Period and Current Plan La	Level Information																													
2.1 Plan ID (Standard Component ID)	Total 7	566V70040000 77566VT004000				40006 77569VT004002N	77566V30040007 771	566VT0040030 77566	EVT0040031 7756EVT	10040029 77566VT00	60025 77566VT0040	0009 77566VT0040010	77566VT00M0025 77	569VT004002N 7756	46V70040011 77566VT00	0013 77566VT005000	1 77566VT0050000	77566VT0050004 7754	GVT0050023 775GGV	/T005000S 77566VTI	0050006 77569VT005	021 77566V7005000	O 77566VT0050000	77566VT0050031 77	7566VT0050029 775	SSCVT00S0025 77566		316 77566V33050025 7	77566VT005002N 77	77566VT001
2.2 Allowed Claims	\$151,214,458	\$3,636,788 \$2,108,392	\$1,276,257	\$4,915,519 \$5	SS,520,036 SS,522	2,605 50	\$27,818,716	50	\$6	50	\$0 \$3,889,1	\$74 \$3,025,770	\$281,563	\$1,450,866	\$1,825,590 \$46	140 \$17,977,359	\$9,355,614	\$960,236	\$25,964,276 \$5	5,980,864 \$6,2	196,527	50 \$2,038,221	50	50	\$0	50 1	2,990,770 \$7,664,9	86 \$305,029	\$1,939,765	\$1,105
2.3 Reinsurance 2.4 Member Cost Sharing	\$28,906,456	\$0 \$0 \$335,885 \$364,792	\$162,056	\$0 \$700,070 \$1	50 L060.771 \$990	2720 50	\$2,142,705	50	50	50	50 S1.368.0	90 90 122 9934.543	30	\$0 \$508,787	(2(0.22)	90 90	50	\$0 \$174,778	50 TO TO THE CO	90	40	50 5596,762	90	50	30	50	90 5974,645 \$2,764,2	90	\$687,459	6434
2.5 Cost Sharing Reduction	520,900,000	50 50	50	50	50	50 50	SO	50	50	50	50	50 50	50	50	50	50 5	50	50	50	50	50	50 5	50	50	50	50	50	50 50	50	- 4523
2.6 Incurred Claims	\$122,309,002	\$3,290,903 \$1,743,600			1,469,765 \$4,531		\$24,676,012	50	50	50	50 52,521,1	552 52,091,228				309 \$16,361,707		5785,458			40,520	50 51,441,459		50	50		2,006,126 \$4,900,7		\$1,252,306	567
2.7 Risk Adjustment Transfer Amount		\$760,887 \$40,882			-567,778 593		-52,431,359	50	50	50		23 -51,147,394		-5924,398	41,558,072 -57	52,041,41F	51,341,684	-5119,700	-51,442,393 -63	2,055,770 -51	22,494	50 -51,002,022		50	50		1,090,419 -53,124,3 3,606,146 59,422,2	16 -521,216		-617
2.8 Premium 2.9 Esperience Period Member Months		\$2,361,908 \$1,671,298 2,655 3,078					\$27,092,734 \$8,512	50	20	90	0 154	904 53,795,783 901 9,642		\$2,253,269 5,605		217 \$15,419,161 250 25,122	19 279	\$1,004,728 1,915	A4 693	17.249 57.0	15 930	0 52,998,160 0 6,873		50	50		9,486 25,0		\$1,835,552 4,894	\$1,10
2.50 Current Strollment	20,887	442 1,641	203	1,032		423 70	5,105	79	108	117	263 1,1		222	630		16 2,127	2,030	171	4,425		172	10 111		1,024	258	760	959 2,1	15 65	246	
L11 Current Premium PMPM	\$501.72	\$664.91 \$576.17	\$581.92	\$540.57	\$622.75 \$59	99.51 \$611.87	\$587.25		\$432.05	\$441.66 S4	26.87 \$606	116 \$404.97	\$465.91	\$422.44	\$407.67 \$20	931 \$632.65	\$537.68	\$562.00	\$504.25	\$529.60 1	\$504.40 \$550	98 \$517.71	\$486.79	\$455.23	\$431.96	\$458.21	\$299.71 \$385.	22 5452.92	\$406.76	
L12 Loss Retio	91,77%	105.38% 101.84%	78.07%	139.89%	86.22% 96	50% #DN/01	100,10%	#DIV/01	MONUTO	#00//01 #0	PUS1 68.8	2N 78.96N	61.88%	70.89%	68.17% 36	MN 99.71N	93.33%	88.75N	224.56%	71,30%	75.25% #00	VOI 22.21%	#20/01	600/31	#26//21	#06V/08	29.76% 77.8	25 47.425	76.61%	
Per Member Per Month L13 Allowed Claims	\$475.07	5992.28 5684.99	\$1.228.35	\$1,000,15	\$527.37 \$57	72.29 #DIV/01	\$475.44	#DIV/01	#D00/01	#DIV/OI #C	90/01 5252	55 5313.81	\$330.86	5258.85	5238.27 516	0.56 5715.32	\$509.04	\$501.43	\$581.08	5244.76	297.28 #00	V01 5296.55	#DIV/01	#Dry/f01	#26V/01	#DIV/01	\$324.49 \$305.	66 5282.41	5296.26	Sec
L14 Reinsurance	\$0.00	\$0.00 \$0.00	50.00	50.00		62.00 MDIN/O			#DIV/DI	#DIV/01 #0	90/01 S0	100 50.00	52.00			0.00 50.00	50.00	50.00	\$0.00	50.00		VOI 5299.55			#200/01		\$2,00 S0.		50.00	
L15 Member Cost Sharing	590.81	\$91.90 \$118.52	\$155.97	\$147.57	\$101.16 \$10	22.67 #DIN/01	\$53.71	#00//01	#DOUGH	#04V/01 #0	90/01 588	183 596.92	\$119.19	\$90.77	\$99.22 \$9	932 564.29	584.25	591,27	\$106.91	\$92.73	110.37 #00	VOI 586.83	#01//01	#D0//01	#D(V/O)	#D5//S1	\$106.10 \$110	23 589.10	\$140.47	\$15
2.16 Cost Sharing Reduction	\$0.00	50.00 50.00		\$0.00		50.00 #DIN/01		#20//01	MDDUS!	#00//01 #0	90/91 50	100 50.00	\$0.00	\$0.00	50.00 5	0.00 50.00	\$0.00	\$0.00	50.00	\$0.00	\$0.00 800	VOI 50.00	#95/01		#26//21	#DEV/01	\$0.00 SO.		\$0.00	
2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount	\$384.25 .650.04	\$900.38 \$566.47 \$208.18 \$13.28	51,072.38	\$122.24		99.62 #DIN/01 99.67 #DIN/01		#01V/01 #01V/01		#DIV/01 #C	90/01 \$163 90/01 -\$167			3168.08 -5164.92	\$139.04 \$10 -\$203.35 6		5424.79	\$410.16 -\$62.51	5474.17	\$252.03 1 -\$118.50	287.05 MON	VOI \$209.73 VOI \$145.79					\$218.29 \$195. -\$118.70 -\$124.			524
2.19 Premium	\$469.74	\$646.21 \$542.98	\$570.16	\$507.48	\$500.82 \$47	26.99 #DIN/01	\$462.86	#DIV/DI	#DOUGH	#DIV/OI #5	N/01 S405	56 5393.67	\$398.49	\$402.01	\$407.32 \$26	527 5613.53	\$528.14	5524.67	\$485.78	\$471.97	642.88 BD1	VOI \$436.22	#DIV/01	#DOUGH	#06//OI	MONY/OF	\$392.57 \$375.	72 5436.78	\$375.06	540
Section III: Plan Adjustment Factors																														
3.1 Plan ID (Standard Component ID)	7	566V70040000 77566VT004000	2 77566VT0040004 7754	66VT0040023 77566V	T0060005 77566VT006	40006 77569/T004002H	77566V30040003 771	566VT0040030 77566	EVT004003s 7756EVT	10040029 77566VT00	60025 77566VT0040	0009 77566VT0040010	77566VT00M0025 77	569VT004002N 7756	66V70040011 77566VT00		1 77566VT0050002	77566VT0050001 7754	SEVT0050023 77566V	/T0050005 77566VTI	0050006 77566VT005	421 77566V7005000	77566VT0050000	77566VT0050031 77	7566VT0050029 775	SSEVT00S0028 77566	VT0050009 77569VT0050	310 77566V33050025 7	7566VT006002N 77	77566VT005
3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan		1,0024 0,8376	0.8902	0.8201	0.8534 01	8369 0.8676	0.0407	0.7299	0.7115	0.7212 0	6872 0.51	120 0.6008	0.6727	0.6145	0.5803 0.	\$654.14 1911 1.0024	0.8276	0.8802	0.8201	0.0534	0.8349 0.8	orl one	0.7300	0.7115	0.7212	0.6872	0.5820 0.60	0.6727	0.6145	0.5
2.4 Provider Network Adjustment		1,0000 1,0000				0000 1.0000	1,0000	1,0000	1,0000	1.0000 1	0000 1.00	0.600k	1.0000	1.0000	1,0000 11	911 1.0024 1000 1.0000		1.0000	1.0000	1.0000	1,0000 1.0		1,0000	1,0000	1.0000	1,0000	1.0000 1.00		1,0000	1.0
3.5 Benefits in Addition to SHB		1,0000 1,0000	1.0015	1.0016	1,0000 10	0000 1.0016	1.0017	1.0000	1.0000	1.0019 1	0020 1.00	1.0000	1.0000	1.0022		1,000	1.0000	1.0015	1.0016	1.0000	10000 10	16 1.001	1,0000	1.0000	1.0019	1.0020	10000 1.00	00 1,0000	1.0022	
Administrative Costs	_																													
3.6 Administrative Expense		5.84% 6.90%				92% 6.82%		7.84%			27% 9.6			9.14%	9.63% 13							2% 7.11%			7.91%	8,27%	9.62% 9.3		9,14%	- 9.
2.7 Taxes and Fees 2.8 Profit & Risk Load		159N 165N 140N 140N				.65% 1.64% .40% 1.40%	1.66N 1.40N	1.69%		1.70%	L71% 1.7 L40% 1.4		1.72%	1.76%	178% 1 140% 1	98% 1.59% 60% 1.60%	1.65% 1.40%	1.62%	1.65%			4% 1.66% 1.40%	1,69%	1.70%	1.70%	1.71%	1.78% 1.7 1.40% 1.41		1.76%	1
2.9 Catastrophic Adjustment		1,0000 1,0000				0000 1,0000		1,0000			0000 1.00			1,0000		925 1.000 380 1.000		1,000			1,0000 1.0				1,000	1,000	1,000 1,00		1,000	1
L10 Plan Adjusted Index Rate		\$719.22 \$608.45				36.62 5616.08					08.34 5436			\$459.35		6.68 5719.22		\$697.94				.08 5591.35					\$436.59 \$449.		\$459.35	
L11 Age Calibration Factor	1,0000															1,0000														
3.12 Geographic Calibration Factor	1,0000															1,0000														
3.12 Tobacco Calibration Factor	1,0000															1,0000														
L14 Calibrated Plan Adjusted Index Rate		\$719.22 \$608.4S	5697.94	\$597.55	\$619.10   \$60	3616.08	\$591.35	\$536.05	5523.65	\$531.14   \$9	0834   5436	59 5449.25	\$497.56	\$459.35	\$436.37   \$15	68 571922	5608.45	\$637.94	\$597.55	\$619.10	606.62 561	28 5591.35	\$536.05	5523.65	\$531.14	\$509.34	\$436.59 \$449.	25   5497.56	\$459.35	540
Section IV: Projected Plan Level Information																						I								
4.1 Plan D (Standard Component ID) 4.2 Allowed Claims		\$3,404,716 \$11,902,517																												
4.3 Reinsurance	50	50 50	50	50	50	50 50	50	50	50	50	50	50 50	50	50	50	50 50	50	50	50	50	50	50 50	50	50	50	50	50	SO SO	50	
4.4 Member Cost Sharing	\$66,060,423	\$406,183 \$2,600,700				3,658 \$174,071						840 \$2,777,274		\$1,654,868				\$240,813	\$8,090,348					\$2,181,282			2,712,876 \$5,713,9		\$646,186	\$224
4.5 Cost Sharing Reduction	\$161.088.873	\$0 \$0 \$2,998,534 \$9,301,817				\$0 \$0		50 5290,255	\$0 \$520.048 \$			\$0 \$0		50		S0 S0 055 S14.497.436			90 926.963.153	\$0	90 194.832 SSR	\$0 \$0		\$0 \$4,930,821	\$0 \$2,113,421	\$2.534.906 1		SD SD 64 S295,929	\$0 \$1,022,114	5310
4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount	\$161,088,872 -\$24,702,903	\$2,998,534 \$9,301,817 -\$478,575 -\$1,484,598	\$1,209,298 -\$193,008	\$5,727,866 \$3 -\$954,185 -5	\$117,463 \$2,330 \$418,656 \$300		528,689,292 -53,789,668				1,871 \$7,184,2 2,048 -\$1,146,6	275 \$4,179,826 632 -5667,113	\$1,056,239 -\$168,579			055 \$14,497,436 914 -\$2,313,835		\$1,018,670			194,832 SS8, 132,187 -57,		\$5,493,216	\$4,930,821 -\$796,974	52,113,421 -5337,308		3,777,259 \$8,599,5 45602,862 -51,372,5		\$1,023,114 -\$163,292	5310 -Sep
4.8 Premium	\$207,907,392	\$3,814,000 \$11,979,250			1943.631 52.933	3.092 \$517.348								53.472.157													9802,862 91,272,5 5,023,242 \$11,399,1		\$1,255,795	
4.9 Projected Member Months	270,644	5,304 19,692	2,436	12,284	6,272 4	1,836 840	61,260	948	1,296	1,606	4,236 21,1	888 12,336	2,784	7,560	8,548	168 25,644	24,960	2,052	58,296	1,368	2,064	1,232	13,344	12,288	5,196	9,120	11,508 25,3	80 780	2,952	
LSO Loss Ratio	87.93%	89.90% 88.64%	88.87%	88.33%	89.01% 88	185N 88.81N	88.49%	97.54%	87.33%	87.27% 86	.85% 85.4	ISN 85.77%	86.83%	85.80%	85.22% 80	90% 89.90%	88.64%	88.87%	88.32%	89.01%	88.85% 88.	1% 88.49%	87.54%	97.33%	87.27%	86.85%	85.45% 85.7°	PK 86.83%	95.80%	85
Per Member Per Month 1.11 Allowed Claims	5612.85	S641.91 S604.43	\$613.78	\$601.30	5697.03 569	95.11 5696.33	5695 77	\$582.76	5578.78	\$579.81 \$5	75.84 5563	197 \$563.97	\$\$73.71	5565.48	\$569.97 \$30	9.81 5641.91	\$604.43	\$613.78	\$601.30	5697 np   1	695.11 569	22 67***	\$582.76	5578.78	\$579.81	\$575.84	\$563.97 \$563.	97 5579.71	9000 AB	66
E11 Allowed Claims E12 Reinsurance	50.00	\$0.00 \$0.00		\$0.00		F0.00 \$0.00		\$0.00	\$0.00			100 \$0.00		\$0.00		9.81 5641.91 0.00 \$0.00			\$0.00			100 50.00			\$0.00	\$0.00	\$0.00 S0.			334
6.13 Member Cost Sharing	\$178.23	\$76.58 \$132.07	\$117.36	\$138.78	\$201.65 \$21	13.12 5207.23	\$227.45	\$171.10	\$177.51	\$179.07 \$1	88.24 5235	.74 \$225.14	\$194.32	\$218.90	\$236.70 \$17	9.25 \$76.58	\$132.07	\$117.36	\$138.78	\$201.65	213.12 520	22 5227.45	\$171.10	\$177.51	\$173.07	\$188.24	\$235.74 \$225	16 \$194.32	\$218.90	527
4.14 Cost Sharing Reduction	50.00	\$0.00 \$0.00	\$0.00	\$0.00	50.00 5	50.00 50.00	\$0.00	50.00	50.00	50.00	50.00 50	100 50.00	\$0.00	\$0.00	50.00 5	0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$1	00 50.00	50.00	\$0.00	50.00	\$0.00	\$0.00 SO.	00 50.00	50.00	
	5434.62	\$565.33 \$472.37				81.99 \$489.10		5411.66		5496.74 53	87.60 5328			\$246.58	\$327.27 \$22	0.56 5565.33	5472.37		5462.52		481.99 548	10 5468.32			\$406.74		5328.23 5338		\$346.58	532
		-590.23 -575.39 5719.08 5609.28	-679.23 5697.86	97432	260.70 SG	64.04 - 565.18 36.51 - 5615.89	-561.86 5581.12	965.70 \$535.94	99404	-994.92 -9 9530.97 59	10 16 5136 10 16 5136	139 -554.08 150 5449.14	-960.55 \$497.48	935.32 6459.19	-552.23 -53 5436.26 530	40 S71907	575.39	9/9/22	97482	989.70 9618.90	994.04 561 606.51 561	.18 -561.86 .89 5591.12	965.70 9535.94	564.04	-994.92 5530.97	5508.16	-552.39 -554 5436.50 5449.			
6.16 Risk Adjustment Transfer Amount 6.17 Premium																														

#### **Rating Area Data Collection**

Specify the total number of Rating Select only the Rating Areas you ar To validate, select the Validate but To finalize, select the Finalize butto

Rating Area	Rating Factor
Rating Area 1	1.0000

Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. re offering plans within and add a factor for each area. tton or Ctrl + Shift + I. on or Ctrl + Shift + F.



May 23, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received 05/16/19 regarding the above mentioned rate filing. The responses to your questions are provided below.

1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by the GMCB should reconcile to the most recently approved budget changes and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.

Response: This response is confidential and will be provided under separate cover.

2. Please provide detailed quantitative and qualitative analysis of the historical utilization trends, including any adjustments to the data.

Response: This response is confidential and will be provided under separate cover.

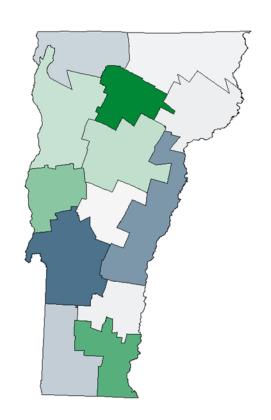
If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

MVP Health Care



# Fiscal Year 2019 Vermont Hospital Budget Submissions

### **Approved**

Green Mountain Care Board Meeting
September 12, 2018
GMCB Hospital Budget Team
Updated September 18, 2018



## Vermont Hospitals FY2019 Budgets, Net Patient Revenue Change

	FY2018	GMCB	FY2018	FY2019	FY2019	FY2018 Base to	o FY2019
Hospital	Budget Approved NPR (with rebase)	Approved Budget Adjustments	Budget Base Including Adjustments	Submitted Budget	Approved Budget	\$ Change	% Change
Brattleboro Memorial Hospital	\$ 78,879,433	\$ 1,323,198	\$ 80,202,631	\$ 83,968,150	\$ 82,769,115	\$ 2,566,484	3.2%
Central Vermont Medical Center	\$ 198,452,560	\$ 2,914,936	\$ 201,367,496	\$ 211,387,021	\$ 211,387,021	\$ 10,019,525	5.0%
Copley Hospital	\$ 68,024,531		\$ 68,024,531	\$ 72,037,976	\$ 70,201,316	\$ 2,176,785	3.2%
Gifford Medical Center	\$ 59,514,010		\$ 59,514,010	\$ 55,894,653	\$ 55,894,653	\$ (3,619,357)	-6.1%
Grace Cottage Hospital	\$ 18,649,074		\$ 18,649,074	\$ 19,292,581	\$ 19,292,581	\$ 643,507	3.5%
Mt. Ascutney Hospital & Health Center	\$ 48,682,309		\$ 48,682,309	\$ 51,195,770	\$ 51,195,770	\$ 2,513,461	5.2%
North Country Hospital	\$ 79,074,579		\$ 79,074,579	\$ 81,523,350	\$ 81,523,350	\$ 2,448,771	3.1%
Northeastern VT Regional Hospital	\$ 77,077,400	\$ 129,700	\$ 77,207,100	\$ 80,938,697	\$ 80,527,005	\$ 3,319,905	4.3%
Northwestern Medical Center	\$ 106,128,223	\$ 3,249,654	\$ 109,377,877	\$ 112,773,980	\$ 112,773,980	\$ 3,396,103	3.2%
Porter Medical Center*	\$ 80,862,127	\$ 1,067,391	\$ 81,929,518	\$ 84,530,515	\$ 84,530,515	\$ 2,600,996	3.2%
Rutland Regional Medical Center	\$ 250,963,330		\$ 250,963,330	\$ 258,925,111	\$ 258,743,193	\$ 7,779,863	3.1%
Southwestern VT Medical Center	\$ 159,497,504	\$ 581,310	\$ 160,078,814	\$ 165,201,376	\$ 165,201,376	\$ 5,122,562	3.2%
Springfield Hospital	\$ 59,375,198		\$ 59,375,198	\$ 59,996,953	\$ 59,996,953	\$ 621,755	1.0%
The University of Vermont Medical Center*	\$ 1,252,297,020	\$ 7,919,705	\$ 1,260,216,725	\$ 1,273,460,046	\$ 1,273,460,046	\$ 13,243,321	1.1%
Total Net Patient Revenue	\$ 2,537,477,299	\$ 17,185,894	\$ 2,554,663,193	\$ 2,611,126,179	\$ 2,607,496,875	\$ 52,833,682	2.1%

<sup>\*</sup>Note: FY2018 Budgets for Porter Medical Center and The University of Vermont Medical Center were rebased for the purpose of calculating the FY2019 Growth NPR Rates.



# Vermont Hospitals FY 2015-FY2019, Annual Rate Increase

	20	2015		)16	20	17	20	)18	20	)19
	Submitted	Approved								
Brattleboro Memorial Hospital	2.7%	2.7%	-1.2%	-1.4%	3.5%	3.5%	8.9%	5.7%	4.9%	3.9%
Central Vermont Medical Center	5.9%	5.9%	4.7%	4.7%	3.0%	2.45%	0.7%	0.7%	2.8%	2.3%
Copley Hospital	0.0%	0.0%	-3.0%	-4.0%	0.0%	-3.7%	0.0%	-3.4%	7.9%	4.5%
Gifford Medical Center	5.6%	5.6%	5.8%	5.8%	3.9%	3.9%	4.0%	4.0%	4.0%	2.75%
Grace Cottage Hospital	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	3.2%	3.2%
Mt. Ascutney Hospital & Health Center	3.2%	3.2%	5.7%	5.7%	4.9%	4.9%	4.9%	4.9%	2.9%	2.9%
North Country Hospital	8.3%	8.3%	4.8%	4.8%	3.5%	3.5%	5.0%	5.0%	3.6%	3.6%
Northeastern VT Regional Hospital	5.0%	5.0%	5.2%	5.2%	3.8%	3.8%	4.3%	3.2%	4.0%	3.0%
Northwestern Medical Center	6.4%	6.4%	-8.0%	-8.0%	2.9%	0.0%	6.0%	3.5%	2.0%	2.0%
Porter Medical Center	5.0%	5.0%	5.3%	5.3%	3.7%	5.3%	3.0%	3.0%	2.8%	2.8%
Rutland Regional Medical Center	8.4%	8.4%	3.7%	3.7%	-5.1%	-5.1%	4.9%	4.9%	3.0%	2.6%
Southwestern VT Medical Center	4.5%	4.5%	3.8%	3.8%	3.9%	3.4%	2.9%	2.9%	3.2%	3.0%
Springfield Hospital	5.5%	5.5%	2.8%	2.8%	0.0%	0.0%	6.5%	6.5%	5.0%	5.0%
The University of Vermont Medical Center	7.8%	7.8%	6.0%	6.0%	3.0%	2.45%	0.7%	0.7%	4.0%	2.5%
Estimated Weighted Average For All Hospitals	6.8%	6.8%	4.4%	4.4%	2.2%	1.7%	2.3%	2.0%	3.1%	2.7%

UVMMC and Porter Medical Center's Rate/Price changes are reported for Commercial Insurers only in this table; the other hospitals' changes are the same for all payers. Estimated Weighted Average for All Hospitals is calculated by factoring in each hospital's proportion of gross revenue to the Rate/Price change.





June 10, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received 06/03/19 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Reconcile the 13.6% of CY2017 claims that were above \$100,000 with the 11.2% shown in last year's actuarial memorandum.

Response: Please see the "Question #1" tab of the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of the actual pooling charges for 2017 as of the previous filing and the current filing. The change in the pooling charge is driven by 3 major components:

- 1) The Impact of Claim Run-out on new Claimants above the \$100,000 Pooling Point: With another 12 months of paid claim information, the number of Individual and Small ACA members above \$100,000 in annual claims has increased from 59 members to 64. Those 5 new claimants collectively have claims above the pooling point of \$728,058.
- 2) The Impact of Claim Run-out existing Claimants above the \$100,000 Pooling Point: The 59 members reaching the pooling point from the previous filing have seen their claims restate upward by \$198,477, all of which directly flow into the "Claims above \$100,000" bucket.
- 3) The Impact of Claim Run-out on the Claims below the \$100,000 Pooling Point: MVP's total claims for the 2017 Individual and Small ACA populations have restated downward by \$110,064 from the previous filing to the current filing. However, the claims above the pooling point have increased by \$926,535 (the sum of the two numbers above). Therefore, the total restatement of the claims below the pooling point is \$1,036,599 downward (the total restatement less the restatement of the claims above the pooling point). This has the impact of leveraging the change in the pooling charge upwards due to the decreased denominator of the pooling charge formula.



With these 3 changes, the pooling charge for the 2017 ACA business has increased from 11.2% to 13.6% from the previous filing to the current one. MVP has also included the Small Group Grandfathered population's historical claim data in the current filing. Because of the relative size of the population (10.3% of the experience period member months) and homogenous distribution of the claimants (13.5% pooling charge for the GF population versus 13.6% for the ACA population), the Grandfathered business does not have a material impact on the restatement of the actual pooling charge for 2017.

2. Provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the increased membership and the grandfathered small groups that will migrate to this block by 2020.

Response: MVP considers the Exchange population as a combined unit when setting the administrative expenses built into the rate filing. When setting premium rates for all of MVP's blocks of business the contribution to administrative expenses is considered collectively across the enterprise to ensure that in total MVP can cover the anticipated corporate administrative budget for the coverage year. Projections for membership, fully insured premiums, Administrative Services Only (ASO) administrative fees, anticipated administrative funding for the New York State Medicaid Managed Care program and MVP's administrative cost allocation models were all considered to project overall contribution to administrative expenses for 2020 and used to inform pricing assumptions.

While MVP's membership has grown significantly in the Vermont Exchange population, MVP's enterprise-wide membership has declined while costs continue to rise. Please see the table below for a summary of MVP's enterprise-wide over recent time periods. Over the past 15 months, MVP's enterprise-wide membership has declined by 5.2%.

	Dec 2017	Dec 2018	Mar 2019
MVP Enterprise Wide Members	592,228	567,663	561,520
% Change Compared to Prior Period	n/a	-4.1%	-1.1%

3. Provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.

Response: This response has been deemed confidential and will be provided under separate cover.

4. Provide quantitative and qualitative support for the leveraged Rx trend.

Response: The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained in the response to Question #3. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #5.

5. Provide quantitative support for the 1.032 trend factor applied to the claims for the deductible in Exhibit 2a.

Response: This response has been deemed confidential and will be provided under separate cover.



6. Please quantify the impact of the revised risk adjustment payment based on the analysis of the combined RATEE reports.

Response: Based on the revised risk adjustment results provided by L&E of the combined RATEE reports, MVP would reduce its risk adjustment assumption as a percentage of the "Paid Index Rate PMPM Prior to Adjustments for Federal Programs" (line 30 of Exhibit 3 of the rate filing) from 14.61% to 14.25%. This would reduce the "Paid Index Rate PMPM after Adjustments for Federal Programs" (line 32 of Exhibit 3 of the rate filing) by approximately 0.3% and therefore MVP's requested rate increases by the same amount. Please note that MVP is still awaiting the results of a study designed to model the impacts of the CMS Risk Adjustment coefficient changes from 2018 to 2020, which could potentially have an impact on the risk adjustment assumption built into these rates.

7. Provide the quantitative analysis that was done to determine that the "grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does."

Response: Please see the tab "Question #7-8" in the attached Excel file (Support for L&E Objection 2\_SERFF) which provides the quantitative derivation of MVP's risk adjustment assumption, which is described below.

The first step in determining whether the grandfathered population will have a material impact on MVP's risk adjustment position is to compute the relative risk of the grandfathered population compared to the Exchange population. Due to system limitations, MVP could not run the grandfathered members' claims through the CMS HCC grouper. MVP has substituted this with running both the Exchange population and the grandfathered population through the Johns Hopkins ACG System. This model determined that the grandfathered population's risk score was 12.4% higher than the Exchange population, so the grandfathered population's risk score in the CHS HCC model is assumed to be 12.4% higher than the Exchange population (1.188 times 1.124 equals 1.334).

In the CMS Interim Risk Adjustment results received on 3/26/2019, factors were provided for both sides of the risk adjustment equation for both MVP and the market in total. These factors determined that MVP was to pay 11.8% of the statewide average premium PMPM into risk adjustment. Using the information provided by CMS, MVP included the grandfathered population's data into both MVP's and the market's population to determine whether the payment percentage would change.

For the grandfathered business, billable member months and the Allowable Rating Factor (ARF) were calculated consistent with the CMS guidelines. The Plan Level Risk Score (PLRS), as stated previously, was estimated to be 1.334. The Actuarial Value (AV) and Induced Demand Factor (IDF) were both assumed to be for a plan at the Gold level, as MVP assumes about 95% of its grandfathered membership to move into that metal level. The Geographic Cost Factor (GCF) was 1.0, as Vermont has only 1 rate region.

As can be seen in the table in the Excel file labeled "Derivation of MVP's Risk Adjustment Position, Before and After Including the Grandfathered Population, 2018", MVP's relative risk position had a slight change from 11.8% to 11.7% of statewide average premium with the inclusion of the grandfathered population. The addition of the grandfathered population had very little to impact on either side of the equation for the market in total, and it increased both sides of the equation for MVP at the same rate. Said differently, the grandfathered population's risk score is in line with the rest of MVP's population after accounting for the metal level of the plan being purchased.



Because the relative risk position did not change significantly after adding grandfathered members, MVP assumed the same risk adjustment PMPM payment (\$53.84) for the grandfathered members the Exchange population in 2018.

8. Reconcile the statement above with the federal risk adjustment program impact on line 31 of Exhibit 3.

Response: Please see the table "Derivation of 2020 Risk Adjustment Assumption" on tab "Question #7-8" of the attached Excel file (Support for L&E Objection 2\_SERFF) for a quantitative derivation of how MVP converted the 2018 Interim CMS results to an estimated payment in 2020.

As stated in the prior question and displayed in the table, MVP was expected to pay into the risk adjustment pool \$53.84 PMPM for 2018 based on the interim results. Additionally, MVP expects the grandfathered members to have the same level of payment, so the 2018 payment was converted to a percentage of paid claims during the experience period (line 14 of Exhibit 3 of the rate filing) for all 3 populations (both Exchange populations and the grandfathered population). This is done so that as claims are trended forward to 2020, the magnitude of the payment will grow or shrink over time and represent the statewide average premium for 2020.

That risk adjustment payment as a percentage of paid claims (14.6%) is then applied to each cohort separately. This explains both the differing payment assumptions by cohort as well as the difference in total between the payment PMPM in 2018 and the estimated payment in 2020. Note that this percentage is calculated globally and applied individually, so we don't necessarily expect the grandfathered population to pay in more because they have a higher projected claim cost; that is a representation of the global assumption on each cohort.

9. Provide quantitative and qualitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate in Exhibit 7.

Response: Please see the tab "Question #9" in the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2020 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

For the small group grandfathered population, MVP included the value of the optional rider covering preventive drugs before the deductible for the members which have purchased the rider.

The average factor is calculated by member-weighting the product of the benefit relativity model actuarial value and induced demand factor, consistent with prior filings.

10. Provide quantitative support for the PMPM impact of State Taxes separately for the increased membership and the changes to the funding mechanism.

Response: Please see the tab "Question #10" in the attached Excel file (Support for L&E Objection 2\_SERFF) which provides a quantitative derivation of the three separate pieces making up the billback: the GMCB Assessment, the HCA Assessment and the VPQHC Contract.



For the HCA and VQPHC assessments, MVP has assumed no growth in the total amounts that were billed in FY2019. For the GMCB assessment, MVP has updated the total amount billed to all parties based on page 21 of the GMCB FY2020 Budget Presentation on February 8, 2019. The presentation can be found at the following link:

 $\frac{https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Ways%20and%20Means/GMCB/W^Jean%20Stetter^Green%20Mountain%20Care%20Board%20Presentation^2-8-2019.pdf$ 

Each program has its own unique funding arrangement based on the type of insurance company. However, MVP has combined both MVP Health Insurance Company's run-out data and MVP Health Plan's data for purposes of calculating the assessments to ensure that MVP Health Care is getting back to the correct assessment in total. The assessment for FY2020 will be based on FY2018 earned premium; in the absence of market-wide earned premium, we are using member months to allocate the assessments. MVP is not assuming any membership growth/decline to the market in total; we are simulating MVP's increasing market share and movement of members from MVPHIC to MVPHP.

11. Provide quantitative support for the calculation of the ACA Health Insurer Tax.

Response: Please see the tab "Question #11" in the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of MVP Health Care's actual 2018 ACA Health Insurer Tax liability by licensed entity.

Per United States Treasury Regulation § 57.4(a)(3), the Health Insurer Tax for fee years 2019 and forward are equal to "The applicable amount in the preceding fee year increased by the rate of premium growth (within the meaning of section 36B(b)(3)(A)(ii))." Because of this clause, the Tax will remain a consistent percentage of nationwide premium beginning in 2018. This has the effect of fixing MVP's tax load as a percentage of premium.

The only change that would affect MVP Health Care's global liability for the tax would be a shift of revenue between MVP's companies. MVP Health Plan has a portion of its revenue exempted from the tax due to its tax-exempt status, so a shift to or away from this company could change the total liability as a percentage of premium. However, MVP sensitivity tested these changes and found that, even in the most extreme scenarios, the liability as a percentage of premium would not change within 0.1%.

Therefore, we are confident in assuming a 1.0% Health Insurer Tax load for MVP Health Plan for 2020, consistent with the actual liability percentage for 2018.

12. Provide an exhibit showing the membership by plan and actuarial value for 2018, 2019 and the projection for 2020; the data should include the grandfathered members.

Response: Please see the tab "Question #12" in the attached Excel file (Support for L&E Objection 2\_SERFF) for this exhibit.



13. Provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.

Response: This response has been deemed confidential and will be provided under separate cover.

14. Provide additional qualitative support for the following statement on the impact of Association Health Plans: "MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity."

Response: MVP is assuming that our competitor will offer Association plans at a lower premium rate than Exchange plans once again in 2020 which will continue to shift members from the Exchange to our competitor's Association plan offering. Only one year of data is available which indicates that ~5,000 members migrated into Association plans, and the relative morbidity of the members MVP has assumed were lost to Association plans was favorable compared to the Exchange market. Because no other data is available to MVP, it is reasonable to assume the same number of members with similar morbidity will migrate to Association plans in 2020.

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

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

**MVP Health Care** 

#### Derivation of High Cost Claimant Percentage, 2019 Exchange Filing vs. 2020 Exchange Filing

	2	019 Exchange Filir	ng
	Individual	Small ACA	Total
Number of Claimants above \$100K	30	29	59
Claims above \$100k Pooling Point	\$2,533,465	\$2,379,908	\$4,913,373
Claims below \$100k Pooling Point	\$25,034,784	\$18,905,618	\$43,940,402
Member Months	79,856	55,568	135,424
Claims >\$100k PMPM	\$31.73	\$42.83	\$36.28
Claims <\$100k PMPM	\$313.50	\$340.22	\$324.47
Pooling Charge	10.1%	12.6%	11.2%

			2020 Exchange Fi	ling	
			Total, Excluding		
	Individual	Small ACA	GF	Small GF	Grand Total
Number of Claimants above \$100K	33	31	64	9	73
Claims above \$100k Pooling Point	\$3,422,447	\$2,417,461	\$5,839,908	\$731,024	\$6,570,932
Claims below \$100k Pooling Point	\$24,438,323	\$18,465,480	\$42,903,803	\$5,404,752	\$48,308,555
Member Months	79,973	55,571	135,544	15,551	151,095
Claims >\$100k PMPM	\$42.80	\$43.50	\$43.08	\$47.01	\$43.49
Claims <\$100k PMPM	\$305.58	\$332.29	\$316.53	\$347.55	\$319.72
Pooling Charge	14.0%	13.1%	13.6%	13.5%	13.6%

Calculation of Assumed Grandfathered HCC Risk Score, 2	2018
Average ACG Risk Score, Exchange Population, 2018	1.113
Average ACG Risk Score, Grandfathered Population, 2018	1.251
Relative Risk Position, Grandfathered Population	1.124
Average PLRS (CMS RA Model), Exchange Population, 2018	1.188
Assumed PLRS, Grandfathered Population, 2018	1.334

#### Derivation of MVP's Risk Adjustment Position, Before and After Including the Grandfathered Population, 2018

						of RA	Right Side of RA	Risk
Market Segment	Billable MM	PLRS	IDF	AV	ARF	Formula	Formula	Position
MVP Exchange, 2018	286,776					1.257	0.738	-11.8%
Market Exchange, 2018	869,649					1.496	0.770	
MVP Grandfathered, 2018	13,267	1.334	1.08	0.8	0.984	1.441	0.850	
MVP with SG Grandfathered	300,043					1.265	0.743	-11.7%
Market with SG Grandfathered	882,916					1.496	0.771	

Derivation of 2020 Risk Adjustment Assumption	ı
CMS 2018 Interim RA Results (received 3/26/19)	(\$16,331,243)
<b>Experience Period Exchange Member Months</b>	303,333
CMS Interim RA Results, PMPM	(\$53.84)
Adjusted Experience Period Claim Expense, Including	
Grandfathered	\$368.52
CMS 2018 Interim RA Results, Percentage of 2018 Paid Claims	14.6%

#### **Derivation of Experience Period Average AV and Induced Demand Factor**

Weighted Average AV \* ID

				0.7440
Safe Harbor Rider		Pricing Model	Induced Demand	
(for SG GF ONLY)	Member Months	AV	Factor	AV * ID
	,			0.603
				0.600
				0.687
				0.622
				0.636
	,			0.858 0.877
	,			0.607
	,			0.843
NO	25,470	0.702	1.032	0.724
NO	28,787	0.888	1.144	1.016
NO	65,385	0.657	1.017	0.668
NO	27,834	0.731	1.046	0.765
NO	96	0.809	1.088	0.880
RX-VHD510	103	0.812	1.092	0.887
NO	6,125	0.744	1.055	0.785
RX-VHD510	5,439	0.750	1.059	0.794
NO	12	0.753	1.058	0.797
RX-VHD510	12	0.724	1.044	0.756
NO	204	0.701	1.029	0.721
RX-VHD510	155	0.705	1.031	0.727
NO	120	0.720	1.042	0.750
NO	12	0.711	1.035	0.736
NO	1,033	0.679	1.023	0.695
RX-VHD510	312	0.696	1.029	0.716
NO	132	0.687	1.025	0.704
NO	36	0.759	1.061	0.806
RX-VHD510	24	0.766	1.067	0.817
NO	1,048	0.709	1.034	0.733
NO	117	0.655	1.016	0.665
	(for SG GF ONLY)	Kory SG GF ONLY)         Member Months           NO         10,376           NO         24,587           NO         1,577           NO         10,499           NO         250           NO         21,457           NO         2,954           NO         34,719           NO         49,427           NO         25,470           NO         25,470           NO         25,470           NO         27,834           NO         96           RX-VHD510         103           NO         6,125           RX-VHD510         5,439           NO         12           RX-VHD510         15           NO         120           NO         120           NO         120           NO         1,033           RX-VHD510         312           NO         1,033           RX-VHD510         312           NO         132           NO         36           RX-VHD510         24           NO         36           RX-VHD510         24	Kor SG GF ONLY)         Member Months         AV           NO         10,376         0.603           NO         24,587         0.600           NO         1,577         0.672           NO         10,499         0.619           NO         250         0.631           NO         25,457         0.794           NO         29,54         0.806           NO         34,719         0.606           NO         34,719         0.606           NO         49,427         0.784           NO         25,470         0.702           NO         28,787         0.888           NO         65,385         0.657           NO         27,834         0.731           NO         96         0.809           RX-VHD510         103         0.812           NO         6,125         0.744           RX-VHD510         5,439         0.750           NO         12         0.724           NO         12         0.705           NO         120         0.720           NO         120         0.720           NO         1,033 <td< td=""><td>                                     </td></td<>	

		Quantitative	Derivation 1	r Vermont Program for Quality in Health Care Assessme	ent		
	11.40 L 40						
	Jul 18 - Jun 19	Jul 19 - Jun 2020			2017 Member	2018 Member	2019 Estimated
	SFY 19	SFY 2020			Months	Months	Member Months*
Cost of VPQHC Contract	\$660,000	\$660,000		MVPHP			392,730
•	. ,	. ,	F00/	*****	135,471	305,545	•
Insurer + HMO Share	\$330,000	\$330,000	50%	MVPHIC	45,272	41,769	0
BCBSVT Share	\$99,000	\$99,000	15%	Change		166,571	
Hospitals Share	\$231,000	\$231,000	35%	Total Share of Insurer + HMO	62.7%	76.3%	
MVPHP/MVPHIC Total Share	\$206,779	\$251,887		Est. Insurer + HMO Market	288,448	455,019	
Estimated 2020 PMPM	\$206,779 N/A	\$251,887		EST. IIISUTET + FILVIO IVIAIRET	200,440	455,019	
EStimated 2020 PIVIPIVI	N/A	\$0.64					
		Qı	uantitative	erivation for Health Care Advocate Assessment			
	Jul 18 - Jun 19	Jul 19 - Jun 2020					
		3_0			2017 Member	2018 Member	2019 Estimated
	SFY 19	SFY 2020			Months	Months	Member Months*
Cost of HCA Contract	\$351,900	\$351,900		MVPHP	135,471	305,545	392,730
HMO	\$0	\$0	0%	MVPHIC	45,272	41,769	0
BCBSVT	\$117,300	\$117,300	33%	Change	43,272	(3,503)	O
Insurer	\$117,300	\$117,300	33%	Change		(3,303)	
Hospitals	\$117,300	\$117,300	33%	Total Share of Insurer	48.4%	46.4%	
Hospitals	\$117,300	\$117,500	33/0	Est. Insurer Market	93,516	90,013	
MVPHP Total Share	\$0.00	\$0.00		ESt. HISUTET MAIKEL	95,510	90,013	
MVPHIC Total Share	\$56,786						
	. ,	\$54,431					
Estimated 2020 PMPM	N/A	\$0.14					
		Quantitative Deri	vation for D	ta & Hospital Budget Assessment (not including HCA co	ntract)		
	lul 18 - lun 19	Jul 19 - Jun 2020					
	30.10 30.113	30.13 30.12020			2017 Member	2018 Member	2019 Estimated
	SFY 19	SFY 2020			Months	Months	Member Months*
Cost of GMCB Contract	\$2,081,454	\$5,577,415		MVPHP	135,471	305,545	392,730
ACO	\$2,081,454	\$557,742	10%	MVPHIC	45,272	41,769	0
HMO/HMS/Insurer	\$208,143	\$2,230,966	40%	IVIVETIC	43,272	41,703	U
<i>' '</i>	\$832,582 \$1,040,727	\$2,230,966	40% 50%				
Hospitals	\$1,040,727	⊋∠,/oŏ,/Uŏ	<b>5</b> 0%	Total Chara of LINAC / LINAC / Language	10 50/	20.20/	
NAV /DLID /NAV /DLIIC T-+-1 C	ć07.020	¢452.224		Total Share of HMO/HMS/Insurer	10.5%	20.3%	
MVPHP/MVPHIC Total Share	\$87,829	\$452,234		Est. HMO/HMS/Insurer Market	1,713,372	1,713,372	
Estimated 2020 PMPM	N/A	\$1.15					

		<b>MVP Health Insurance</b>	<b>MVP Health Services</b>
	MVP Health Plan	Company	Corp.
MVP Reported 2018 Premium	\$2,542,117,954	\$20,943,519	\$672,227,818
Company Percent of Total Premium	79%	1%	21%
Premium Exclusions:			
0% of \$0 - \$25,000,000	\$19,643,668	\$161,837	\$5,194,495
50% of \$25,000,001 - \$50,000,000	\$9,821,834	\$80,918	\$2,597,248
Premiums subject to the fee	\$2,512,652,452	\$20,700,764	\$664,436,075
Eligible premiums with partial exclusion:			
50% exclusion for Tax-Exempt Entities	\$1,256,326,226	\$0	\$0
Eligible premiums used in calculation	\$1,256,326,226	\$20,700,764	\$664,436,075
MVP Net premiums taken into account for calculation	\$1,256,326,226	\$20,700,764	\$664,436,075
Nationwide net premiums written taken into account			
for all covered entities	\$712,963,700,661	\$712,963,700,661	\$712,963,700,661
MVP Percent to Total	0.18%	0.00%	0.09%
Nationwide amount to be raised by ACA HIT Fee	\$14,300,000,000	\$14,300,000,000	\$14,300,000,000
MVP Amount to be Paid	\$25,198,289	\$415,198	\$13,326,675
2018 Actual HIT % of Premium Load	1.0%	2.0%	2.0%

#### Derivation of 2018 Average AV

Weighted Average AV 0.7091

			0.7091
	Safe Harbor Rider		Pricing Model
Medical Coplan	(for SG GF ONLY)	Member Months	ĀV
VT Non-Standard Bronze 1 (2018)	NO	10,376	0.603
VT Standard Bronze 2 (2018)	NO	24,587	0.600
VT Standard Bronze 3 (2018)	NO	34,719	0.606
VT Standard Bronze 4 (2018)	NO	1,577	0.672
VT Non-Standard Bronze 5 (2018)	NO	10,499	0.619
VT Catastrophic (2018)	NO	250	0.631
VT Standard Gold 1 (2018)	NO	21,457	0.794
VT Non-Standard Gold 2 (2018)	NO	2,954	0.806
VT Non-Standard Gold 3 (2018)	NO	49,427	0.784
VT Non-Standard Silver 1 (2018)	NO	65,385	0.657
VT Standard Silver 3 (2018)	NO	27,834	0.731
VT Standard Silver 4 (2018)	NO	25,470	0.702
VT Standard Platinum 1 (2018)	NO	28,787	0.888
VEHD-01S	NO	96	0.809
VEHD-01S	RX-VHD510	103	0.812
VEHD-02S	NO	6,125	0.744
VEHD-02S	RX-VHD510	5,439	0.750
VEHD-07S	NO	12	0.753
VEHD-08S	RX-VHD510	12	0.724
VEHD-12S	NO	204	0.701
VEHD-12S	RX-VHD510	155	0.705
VEHD-14S	NO	120	0.720
VEHD-17S	NO	12	0.711
VEHD-19S	NO	1,033	0.679
VEHD-19S	RX-VHD510	312	0.696
VEHD-15S	NO	132	0.687
VEHD-49S	NO	36	0.759
VEHD-49S	RX-VHD510	24	0.766
VPHD-06S	NO	1,048	0.709
VPHD-03S	NO	117	0.655

### Derivation of February 2019 Average AV

Weighted Average AV 0.7111

				0.7111
ſ		Safe Harbor Rider		Pricing Model
ı	Medical Coplan	(for SG GF ONLY)	Members	ΑV
٠	VT Non-Standard Bronze 1 (2019)	NO	758	0.591
	VT Standard Bronze 2 (2019)	NO	2,783	0.588
	VT Standard Bronze 3 (2019)	NO	3,143	0.604
	VT Standard Bronze 4 (2019)	NO	297	0.667
	VT Non-Standard Bronze 5 (2019)	NO	876	0.613
	VT Catastrophic (2019)	NO	14	0.619
	VT Standard Gold 1 (2019)	NO	3,671	0.791
	VT Non-Standard Gold 2 (2019)	NO	374	0.805
	VT Non-Standard Gold 3 (2019)	NO	5,507	0.769
	VT Non-Standard Silver 1 (2019)	NO	5,216	0.676
	VT Non-Standard Silver 1 II (2019)	NO	1,113	0.676
	VT Non-Standard Silver 2 (2019)	NO	80	0.706
	VT Non-Standard Silver 2 II (2019)	NO	475	0.705
	VT Standard Silver 3 (2019)	NO	645	0.721
	VT Standard Silver 3 II (2019)	NO	1,191	0.721
	VT Standard Silver 4 (2019)	NO	575	0.701
	VT Standard Silver 4 II (2019)	NO	1,132	0.701
	VT Standard Platinum 1 (2019)	NO	2,579	0.884
	VEHD-01S	NO	0	0.809
	VEHD-01S	RX-VHD510	2	0.812
	VEHD-02S	NO	138	0.744
	VEHD-02S	RX-VHD510	128	0.750
	VEHD-07S	NO	1	0.753
	VEHD-08S	RX-VHD510	1	0.724
	VEHD-12S	NO	104	0.701
	VEHD-12S	RX-VHD510	2	0.705
	VEHD-14S	NO	5	0.720
	VEHD-17S	NO	1	0.711
	VEHD-19S	NO	60	0.679
	VEHD-19S	RX-VHD510	15	0.696
	VEHD-49S	NO	1	0.759

#### Derivation of Projected 2020 Average AV

Weighted

		Average AV
		0.7083
Medical Coplan	Members	Pricing Mode AV
VT Non-Standard Bronze 1 (2020)	758	0.580
VT Standard Bronze 2 (2020)	2,783	0.582
VT Standard Bronze 3 (2020)	3,143	0.601
VT Standard Bronze 4 (2020)	297	0.661
VT Non-Standard Bronze 5 (2020)	876	0.613
VT Catastrophic (2020)	14	0.613
VT Standard Gold 1 (2020)	3,671	0.782
VT Non-Standard Gold 2 (2020)	374	0.876
VT Non-Standard Gold 3 (2020)	5,890	0.769
VT Non-Standard Silver 1 (2020)	5,216	0.673
VT Non-Standard Silver 1 II (2020)	1,113	0.673
VT Non-Standard Silver 2 (2020)	80	0.714
VT Non-Standard Silver 2 II (2020)	550	0.713
VT Standard Silver 3 (2020)	645	0.706
VT Standard Silver 3 II (2020)	1,191	0.706
VT Standard Silver 4 (2020)	575	0.693
VT Standard Silver 4 II (2020)	1,132	0.693
VT Standard Platinum 1 (2020)	2,579	0.881

#### Unified Rate Review v5.0

To add a product to Worksheet 2 - Plan Product Info, select the Add Product b To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button c MVP Health Plan, Inc. 77566 Company Legal Name: To validate, select the Validate button or Ctrl + Shift + I. State: HIOS Issuer ID: Market: To finalize, select the Finalize button or Ctrl + Shift + F. Effective Date of Rate Change(s): 1/1/2020

#### Market Level Calculations (Same for all Plans)

Section	I:	Ex	pei	riei	ıce	Pe	er	iod	D	ata	а

Experience Perioa:	1/1/2018	to	12/31/2018
		Total	PMPM
Allowed Claims		\$151,214,457.54	\$475.07
Reinsurance		\$0.00	\$0.00
Incurred Claims in Experience Period		\$122,308,001.64	\$384.25
Risk Adjustment		-\$16,331,242.63	-\$51.31
Experience Period Premium		\$149,200,645.80	\$468.74
Experience Period Member Months		318,302	

#### Section II: Projections

		Year 1	Trend	Year 2	Trend	
Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM
Inpatient Hospital	\$72.27	1.058	1.000	1.061	1.000	\$81.16
Outpatient Hospital	\$197.03	1.048	1.000	1.050	1.000	\$216.81
Professional	\$127.08	1.022	1.000	1.014	1.000	\$131.74
Other Medical	\$7.92	1.040	1.000	1.020	1.000	\$8.40
Capitation	\$9.97	1.147	1.000	1.147	1.000	\$13.13
Prescription Drug	\$60.79	1.059	1.022	1.059	1.022	<u>\$71.20</u>
Total	\$475.07					\$522.43

Morbidity Adjustment		1.009
Demographic Shift		1.000
Plan Design Changes		1.054
Other		1.013
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2020	\$562.26
Manual EHB Allowed Claims PMPM		\$0.00
Applied Credibility %		100.00%

#### **Projected Period Totals**

\$562.26	\$208,398,295.44
\$0.00	\$0.00
-\$82.14	-\$30,446,001.48
0.00%	\$0.00
\$644.40	\$238,844,296.92
370,644	
	\$0.00 -\$82.14 0.00% \$644.40

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.

Section III: Plan Adjustment Factors						
3.1 Plan ID (Standard Component ID)		77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005
3.2 Market Adjusted Index Rate						
3.3 AV and Cost Sharing Design of Plan		1.0024	0.8376	0.9922	0.8201	0.8547
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0014	1.0017	1.0000
Administrative Costs						
3.6 Administrative Expense		5.89%	6.96%	5.94%	7.09%	6.83%
3.7 Taxes and Fees		1.59%	1.65%	1.60%	1.65%	1.64%
3.8 Profit & Risk Load		1.90%	1.90%	1.90%	1.90%	1.90%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$712.88	\$603.14	\$707.01	\$592.43	\$614.53
	•					•
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		\$713.34	\$603.59	\$707.54	\$592.84	\$614.95
Section IV: Projected Plan Level Information						
Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005
· ·	\$226,564,980	\$3,394,416	\$11,866,508	\$1,551,950	\$7,423,996	77566VT0040005 \$4,427,258
4.1 Plan ID (Standard Component ID)	\$226,564,980 \$0			\$1,551,950 \$0		
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing	\$226,564,980 \$0 \$65,687,645	\$3,394,416 \$0 \$404,954	\$11,866,508 \$0 \$2,592,832	\$1,551,950 \$0 \$192,907	\$7,423,996 \$0 \$1,713,458	\$4,427,258 \$0 \$1,299,843
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance	\$226,564,980 \$0 \$65,687,645 \$0	\$3,394,416 \$0 \$404,954 \$0	\$11,866,508 \$0	\$1,551,950 \$0	\$7,423,996 \$0	\$4,427,258 \$0
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335	\$3,394,416 \$0 \$404,954	\$11,866,508 \$0 \$2,592,832	\$1,551,950 \$0 \$192,907	\$7,423,996 \$0 \$1,713,458	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction	\$226,564,980 \$0 \$65,687,645 \$0	\$3,394,416 \$0 \$404,954 \$0	\$11,866,508 \$0 \$2,592,832 \$0	\$1,551,950 \$0 \$192,907 \$0	\$7,423,996 \$0 \$1,713,458 \$0	\$4,427,258 \$0 \$1,299,843 \$0
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045 \$206,576,040	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44%	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89.39%	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13%	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19%	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82%	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50%
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44%	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89,39%	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13%	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19%	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82%	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50%
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44%	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89.39% \$639.97 \$0.00	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13%	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19% \$637.09 \$0.00	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82%	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50%
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims	\$226,564,980 \$0 \$65,687,645 \$0 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44%	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89,39%	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13%	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19%	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82%	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50%
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing 4.14 Cost Sharing Reduction	\$226,564,980 \$0 \$65,687,645 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44% \$611.27 \$0.00 \$177.23	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89.39% \$639.97 \$0.00 \$76.35	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13% \$602.61 \$0.00 \$131.67 \$0.00	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19% \$637.09 \$0.00 \$79.19	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82% \$599.48 \$0.00 \$138.36 \$0.00	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50% \$694.80 \$0.00 \$203.99 \$0.00
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing 4.14 Cost Sharing Reduction 4.15 Incurred Claims	\$226,564,980 \$0 \$65,687,645 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44% \$611.27 \$0.00 \$177.23 \$0.00 \$434.05	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89.39% \$639.97 \$0.00 \$76.35 \$0.00	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13% \$602.61 \$0.00 \$131.67 \$0.00 \$470.94	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19% \$637.09 \$0.00 \$79.19 \$0.00 \$557.90	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82% \$599.48 \$0.00 \$138.36 \$0.00 \$461.12	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50% \$694.80 \$0.00 \$203.99 \$0.00 \$490.81
4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing 4.14 Cost Sharing Reduction	\$226,564,980 \$0 \$65,687,645 \$160,877,335 -\$22,585,045 \$206,576,040 370,644 87.44% \$611.27 \$0.00 \$177.23	\$3,394,416 \$0 \$404,954 \$0 \$2,989,462 -\$436,745 \$3,781,116 5,304 89.39% \$639.97 \$0.00 \$76.35	\$11,866,508 \$0 \$2,592,832 \$0 \$9,273,676 -\$1,354,838 \$11,877,033 19,692 88.13% \$602.61 \$0.00 \$131.67 \$0.00	\$1,551,950 \$0 \$192,907 \$0 \$1,359,043 -\$198,549 \$1,722,276 2,436 89.19% \$637.09 \$0.00 \$79.19	\$7,423,996 \$0 \$1,713,458 \$0 \$5,710,538 -\$834,281 \$7,336,653 12,384 87.82% \$599.48 \$0.00 \$138.36 \$0.00	\$4,427,258 \$0 \$1,299,843 \$0 \$3,127,415 -\$382,064 \$3,915,785 6,372 88.50% \$694.80 \$0.00 \$203.99 \$0.00

77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026
0.8363	0.8489	0.8120	0.7299	0.7115	0.7212	0.6873	0.5820	0.6008	0.6727	0.6145
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.0000	1.0016	1.0017	1.0000	1.0000	1.0019	1.0020	1.0000	1.0000	1.0000	1.0022
6.97%	6.87%	7.15%	7.90%	8.09%	7.98%	8.33%	9.70%	9.43%	8.51%	9.22%
1.65%	1.64%	1.66%	1.70%	1.70%	1.70%	1.72%	1.79%	1.77%	1.73%	1.76%
1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$602.27	\$611.57	\$587.04	\$531.48	\$519.22	\$526.58	\$503.99	\$433.00	\$445.52	\$493.40	\$455.57
. <u> </u>										
										_
\$602.72	\$612.03	\$587.45	\$531.86	\$519.57	\$527.00	\$504.39	\$433.35	\$445.85	\$493.75	\$455.87
77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	775 661 (700 40005	
		77300 1 100 40007	77300710040030	77300710040031	77300710040029	77566V10040028	77566V10040009	77566V10040010	77566VT0040025	77566VT0040026
\$3,350,793	\$583,042	\$42,485,745	\$550,785	\$747,835	\$811,597	\$2,431,887	\$12,306,770	\$6,936,052	\$1,592,384	77566VT0040026 \$4,262,105
\$3,350,793 \$0	\$583,042 \$0					\$2,431,887				
		\$42,485,745	\$550,785	\$747,835	\$811,597	\$2,431,887	\$12,306,770	\$6,936,052	\$1,592,384	\$4,262,105
\$0	\$0	\$42,485,745 \$0	\$550,785 \$0	\$747,835 \$0 \$229,361	\$811,597 \$0	\$2,431,887 \$0 \$794,984	\$12,306,770 \$0	\$6,936,052 \$0	\$1,592,384 \$0	\$4,262,105 \$0
\$0 \$1,027,353	\$0 \$173,513	\$42,485,745 \$0 \$13,888,590	\$550,785 \$0 \$161,711	\$747,835 \$0 \$229,361	\$811,597 \$0 \$242,262	\$2,431,887 \$0 \$794,984	\$12,306,770 \$0 \$5,144,230	\$6,936,052 \$0 \$2,768,872	\$1,592,384 \$0 \$539,340	\$4,262,105 \$0 \$1,649,861
\$0 \$1,027,353 \$0	\$0 \$173,513 \$0	\$42,485,745 \$0 \$13,888,590 \$0	\$550,785 \$0 \$161,711 \$0	\$747,835 \$0 \$229,361 \$0	\$811,597 \$0 \$242,262 \$0	\$2,431,887 \$0 \$794,984 \$0	\$12,306,770 \$0 \$5,144,230 \$0	\$6,936,052 \$0 \$2,768,872 \$0	\$1,592,384 \$0 \$539,340 \$0	\$4,262,105 \$0 \$1,649,861 \$0
\$0 \$1,027,353 \$0 \$2,323,440	\$0 \$173,513 \$0 \$409,529	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155	\$550,785 \$0 \$161,711 \$0 \$389,075	\$747,835 \$0 \$229,361 \$0 \$518,474	\$811,597 \$0 \$242,262 \$0 \$569,335	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903	\$12,306,770 \$0 \$5,144,230 \$0 \$7,162,540	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180	\$1,592,384 \$0 \$539,340 \$0 \$1,053,043	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647	\$0 \$173,513 \$0 \$409,529 -\$49,965	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143	\$12,306,770 \$0 \$5,144,230 \$0 \$7,162,540 -\$1,046,411	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804	\$1,592,384 \$0 \$539,340 \$0 \$1,053,043 -\$153,844	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433 \$35,962,070	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902	\$12,306,770 \$0 \$5,144,230 \$0 \$7,162,540 -\$1,046,411 \$9,477,504	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433 \$35,962,070 61,260	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236	\$12,306,770 \$0 \$5,144,230 \$0 \$7,162,540 -\$1,046,411 \$9,477,504 21,888	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433 \$35,962,070 61,260	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04%	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35%	\$12,306,770 \$0 \$5,144,230 \$0 \$7,162,540 -\$1,046,411 \$9,477,504 21,888	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836 88.35%	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840 88.31%	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433 \$35,962,070 61,260 87.98%	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04%	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296 86.82%	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318 1,404 86.77%	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35%	\$12,306,770 \$0 \$5,144,230 \$7,162,540 -\$1,046,411 \$9,477,504 21,888 84.95%	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336 85.27%	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784 86.33%	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560 85.30%
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836 88.35%	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840 88.31%	\$42,485,745 \$0 \$13,888,590 \$0 \$28,597,155 -\$3,458,433 \$35,962,070 61,260 87,98%	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04%	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296 86.82%	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318 1,404 86.77%	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35%	\$12,306,770 \$0 \$5,144,230 \$7,162,540 -\$1,046,411 \$9,477,504 21,888 84,95%	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336 85.27%	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784 86.33%	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560 85.30%
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836 88.35% \$692.89 \$0.00	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840 88.31% \$694.10 \$0.00	\$42,485,745 \$0 \$13,888,590 \$28,597,155 -\$3,458,433 \$35,962,070 61,260 87.98% \$693.53 \$0.00	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04% \$581.00 \$0.00	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296 86.82% \$577.03	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318 1,404 86.77% \$578.06 \$0.00	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35% \$574.10	\$12,306,770 \$0 \$5,144,230 \$5,144,230 \$7,162,540 -\$1,046,411 \$9,477,504 21,888 84.95% \$562.26 \$0.00	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336 85.27% \$562.26 \$0.00	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784 86.33% \$571.98 \$0.00	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560 85.30%
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836 88.35% \$692.89 \$0.00 \$212.44	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840 88.31% \$694.10 \$0.00 \$206.56	\$42,485,745 \$0 \$13,888,590 \$28,597,155 -\$3,458,433 \$35,962,070 61,260 87,98% \$693.53 \$0.00 \$226.72	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04% \$581.00 \$0.00 \$170.58	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296 86.82% \$577.03 \$0.00 \$176.98	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318 1,404 86.77% \$578.06 \$0.00 \$172.55	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35% \$574.10 \$0.00 \$187.67	\$12,306,770 \$0 \$5,144,230 \$5,144,230 \$7,162,540 -\$1,046,411 \$9,477,504 21,888 84.95% \$562.26 \$0.00 \$235.03	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336 85.27% \$562.26 \$0.00 \$224.45	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784 86.33% \$571.98 \$0.00 \$193.73 \$0.00	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560 85.30% \$563.77 \$0.00 \$218.24
\$0 \$1,027,353 \$0 \$2,323,440 -\$282,647 \$2,912,578 4,836 88.35% \$692.89 \$0.00 \$212.44 \$0.00	\$0 \$173,513 \$0 \$409,529 -\$49,965 \$513,719 840 88.31% \$694.10 \$0.00 \$206.56 \$0.00	\$42,485,745 \$0 \$13,888,590 \$28,597,155 -\$3,458,433 \$35,962,070 61,260 87,98% \$693.53 \$0.00 \$226.72 \$0.00	\$550,785 \$0 \$161,711 \$0 \$389,075 -\$56,842 \$503,853 948 87.04% \$581.00 \$0.00 \$170.58	\$747,835 \$0 \$229,361 \$0 \$518,474 -\$75,746 \$672,909 1,296 86.82% \$577.03 \$0.00 \$176.98	\$811,597 \$0 \$242,262 \$0 \$569,335 -\$83,177 \$739,318 1,404 86.77% \$578.06 \$0.00 \$172.55	\$2,431,887 \$0 \$794,984 \$0 \$1,636,903 -\$239,143 \$2,134,902 4,236 86.35% \$574.10 \$0.00 \$187.67 \$0.00	\$12,306,770 \$0 \$5,144,230 \$7,162,540 -\$1,046,411 \$9,477,504 21,888 84.95% \$562.26 \$0.00 \$235.03 \$0.00	\$6,936,052 \$0 \$2,768,872 \$0 \$4,167,180 -\$608,804 \$5,495,935 12,336 85.27% \$562.26 \$0.00 \$224.45 \$0.00	\$1,592,384 \$0 \$539,340 \$1,053,043 -\$153,844 \$1,373,626 2,784 86.33% \$571.98 \$0.00 \$193.73	\$4,262,105 \$0 \$1,649,861 \$0 \$2,612,244 -\$381,636 \$3,444,185 7,560 85.30% \$563.77 \$0.00 \$218.24 \$0.00

77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030			
	\$644	4.40											
0.5803	0.6130	1.0024	0.8376	0.9922	0.8201	0.8547	0.8363	0.8489	0.8120	0.7299			
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000			
1.0024	1.0000	1.0000	1.0000	1.0014	1.0017	1.0000	1.0000	1.0016	1.0017	1.0000			
9.70%	13.73%	5.89%	6.96%	5.94%	7.09%	6.83%	6.97%	6.87%	7.15%	7.90%			
1.79%	1.99%	1.59%	1.65%	1.60%	1.65%	1.64%	1.65%	1.64%	1.66%	1.70%			
1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%			
1.0000	0.6380	1.0000		1.0000	1.0000	1.0000		1.0000	1.0000	1.0000			
\$432.78	\$305.91	\$712.88	\$603.14	\$707.01	\$592.43	\$614.53	\$602.27	\$611.57	\$587.04	\$531.48			
	1.00												
	1.00												
	1.00		1										
\$433.12	\$195.33	\$713.34	\$603.59	\$707.54	\$592.84	\$614.95	\$602.72	\$612.03	\$587.45	\$531.86			
			T										
77566VT0040011	77566VT0040013	77566VT0050001		77566VT0050004	77566VT0050023		77566VT0050006		77566VT0050007	77566VT0050030			
\$4,581,303	\$60,265	\$16,411,465	\$14,679,471	\$1,307,308	\$34,947,453	\$950,485	\$1,430,115	\$83,292	\$923,784	\$7,752,828			
\$0	\$0	\$0		\$0	. \$0	\$0	· · · · · · · · · · · · · · · · · · ·	\$0	\$0	\$0			
\$1,922,773	\$23,323	\$1,957,888		\$162,498	\$8,065,872	\$279,062	\$438,473	\$24,788	\$301,985	\$2,276,230			
\$0	•	\$0			\$0			\$0	\$0	\$0			
\$2,658,530	\$36,943	\$14,453,577	\$11,472,007	\$1,144,809	\$26,881,581	\$671,423	\$991,642	\$58,504	\$621,799	\$5,476,598			
-\$388,398	-\$5,397	-\$2,111,595		-\$167,251	-\$3,927,264	-\$82,025	-\$120,633	-\$7,138	-\$75,198	-\$800,103			
\$3,526,291	\$51,393	\$18,281,095	\$14,692,490	\$1,450,785	\$34,536,299	\$840,677	\$1,243,085	\$73,388	\$781,937	\$7,092,203			
8,148		25,644	24,360	2,052	58,296	1,368	·	120	1,332	13,344			
84.72%	80.32%	89.39%	88.13%	89.19%	87.82%	88.50%	88.35%	88.31%	87.98%	87.04%			
\$562.26	\$358.72	\$639.97	\$602.61	\$637.09	\$599.48	\$694.80	·	\$694.10	\$693.53	\$581.00			
\$0.00		\$0.00	·		\$0.00			\$0.00	\$0.00	\$0.00			
\$235.98		\$76.35		\$79.19	\$138.36			\$206.56	\$226.72	\$170.58			
\$0.00	·	\$0.00			\$0.00	\$0.00		\$0.00	\$0.00	\$0.00			
\$326.28	·	\$563.62		\$557.90	\$461.12	\$490.81	\$480.45	\$487.53	\$466.82	\$410.42			
-\$47.67	-\$32.13	-\$82.34			-\$67.37	-\$59.96		-\$59.48	-\$56.45	-\$59.96			
\$432.78	\$305.91	\$712.88	\$603.14	\$707.01	\$592.43	\$614.53	\$602.27	\$611.57	\$587.04	\$531.49			

1,0000											
1,0000	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011	77566VT0000001		
1,0000											
1.0000									1.0000		
R.09%   7.98%   R.33%   9.70%   9.43%   R.51%   9.22%   9.70%   0.009	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		
1.70% 1.70% 1.70% 1.72% 1.79% 1.77% 1.73% 1.76% 1.79% 0.009 1.90% 1.90% 1.90% 1.90% 1.90% 1.90% 1.90% 1.90% 0.009 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 \$519.22 \$526.58 \$553.99 \$433.00 \$445.52 \$493.40 \$455.57 \$432.78 \$5.00 \$519.22 \$526.58 \$553.99 \$433.35 \$445.85 \$493.75 \$455.87 \$433.12 \$0.00 \$57.99.587 \$3,003.603 \$5,235,792 \$6,470,500 \$77566VT0050010 77566VT0050025 77566VT0050029 \$7566VT0050029 \$7506VT0050031 \$75,000 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.	1.0000	1.0019	1.0020	1.0000	1.0000	1.0000	1.0022	1.0024	1.0000		
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1.0000	1.70%	1.70%	1.72%	1.79%	1.77%	1.73%	1.76%	1.79%	0.00%		
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\$6,380,175 \$2,736,110 \$4,596,389 \$4,982,964 \$11,307,298 \$384,852 \$1,344,872 \$410,275 \$\$1 \$12,288 \$5,196 \$9,120 \$11,508 \$25,380 \$780 \$2,952 \$948 \$0 \$0 \$0.00 \$6.00 \$574.10 \$562.26 \$562.26 \$571.98 \$563.77 \$562.26 \$1010/0 \$176.98 \$172.55 \$187.67 \$235.03 \$224.45 \$193.73 \$218.24 \$235.98 \$1010/0 \$400.6 \$405.51 \$386.43 \$327.24 \$337.81 \$378.25 \$345.53 \$326.28 \$1010/0	\$7,090,587 \$0 \$2,174,683 \$0	\$3,003,603 \$0 \$896,575 \$0	\$5,235,792 \$0 \$1,711,580 \$0	\$6,470,500 \$0 \$2,704,669 \$0	\$14,270,186 \$0 \$5,696,658 \$0	\$446,142 \$0 \$151,108 \$0	\$1,664,251 \$0 \$644,231 \$0	\$533,023 \$0 \$223,710 \$0	\$0 \$0 \$0 \$0		
12,288         5,196         9,120         11,508         25,380         780         2,952         948         0           86.82%         86.77%         86.35%         84.95%         85.27%         86.33%         85.30%         84.72%         #DIV/0           \$577.03         \$578.06         \$574.10         \$562.26         \$562.26         \$571.98         \$563.77         \$562.26         #DIV/0           \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         #DIV/0           \$176.98         \$172.55         \$187.67         \$235.03         \$224.45         \$193.73         \$218.24         \$235.98         #DIV/0           \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         #DIV/0           \$400.06         \$405.51         \$386.43         \$327.24         \$337.81         \$378.25         \$345.53         \$326.28         #DIV/0	\$7,090,587 \$0 \$2,174,683 \$0 \$4,915,904	\$3,003,603 \$0 \$896,575 \$0 \$2,107,027	\$5,235,792 \$0 \$1,711,580 \$0 \$3,524,211	\$6,470,500 \$0 \$2,704,669 \$0 \$3,765,831	\$14,270,186 \$0 \$5,696,658 \$0 \$8,573,528	\$446,142 \$0 \$151,108 \$0 \$295,034	\$1,664,251 \$0 \$644,231 \$0 \$1,020,019	\$533,023 \$0 \$223,710 \$0 \$309,314	\$0 \$0 \$0 \$0		
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\$519.22 \$526.58 \$503.99 \$433.00 \$445.52 \$493.40 \$455.58 \$432.78 #DIV/0	\$7,090,587 \$0 \$2,174,683 \$0 \$4,915,904 -\$718,189 \$6,380,175 12,288 86.82% \$577.03 \$0.00 \$176.98 \$0.00 \$400.06	\$3,003,603 \$0 \$896,575 \$0 \$2,107,027 -\$307,826 \$2,736,110 5,196 86.77% \$578.06 \$0.00 \$172.55 \$0.00 \$4405.51	\$5,235,792 \$0 \$1,711,580 \$0 \$3,524,211 -\$514,870 \$4,596,389 9,120 86.35% \$574.10 \$0.00 \$187.67 \$0.00	\$6,470,500 \$0 \$2,704,669 \$0 \$3,765,831 -\$550,169 \$4,982,964 11,508 84.95% \$562.26 \$0.00 \$235.03 \$0.00	\$14,270,186 \$0 \$5,696,658 \$0 \$8,573,528 -\$1,252,549 \$11,307,298 25,380 85.27% \$562.26 \$0.00 \$224.45 \$0.00	\$446,142 \$0 \$151,108 \$0 \$295,034 -\$43,103 \$384,852 780 86.33% \$571.98 \$0.00 \$193.73 \$0.00	\$1,664,251 \$0 \$644,231 \$0 \$1,020,019 -\$149,020 \$1,344,872 2,952 85.30% \$563.77 \$0.00 \$218.24 \$0.00	\$533,023 \$0 \$223,710 \$0 \$309,314 -\$45,189 \$410,275 948 84.72% \$562.26 \$0.00 \$235.98 \$0.00 \$326.28	\$0 \$0 \$0 \$0 \$0 \$0 \$0 #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		

Com	Comparison of Paid Index Rate PMPM, 2019 VT Exchange Filing to 2020						
			_				
	Experience Period Claim Expense After All						
a)	Adjustments	\$374.30	2020 Filing, Row 22				
	Experience Period Capitation and Non-FFS Medical						
b)	Costs	\$8.67	2020 Filing, Row 13				
c)	Annual FFS Claim trend projection factor	1.055	2020 Filing, Row 25				
e)	Assumed 2019 Claim Cost, from 2020 Filing	\$394.24	= [ a) - b) ] * c) + b)				
	Paid Index Rate PMPM Prior to Adjustments for						
f)	Federal Programs	\$390.09	2019 Filing, Row 26				
	Change in Paid Index Rate PMPM, 2019 Filing to						
g)	2020 Filing	1.1%	= [ f) / e) ] -1				

#### Historical Allowed Claim Costs with Normalization Factors, VT Exchange, January 2015 to February 2019

Month	Member Months	Medical Allowed	Pharmacy Allowed PMPM	Dental Allowed	Total Allowed	Age Fx	ID Fx	Medical Unit Cost Fx	Rx Unit Cost Fx	Normalized Medical Allowed PMPM	Normalized Pharmacy Allowed PMPM	Normalized Dental Allowed PMPM	Normalized Total Allowed PMPM
201501	5,731	\$531.03	\$54.89	\$0.64	\$586.55	1.659	1.046	1	1	\$531.03	\$54.89	\$0.64	\$586.55
201502	5,705	\$371.54	\$47.92	\$0.39	\$419.86	1.659	1.046	1	1	\$371.46	\$47.91	\$0.39	\$419.77
201503	5,623	\$363.72	\$61.82	\$1.12	\$426.65	1.663	1.046	1	1	\$364.62	\$61.97	\$1.12	\$427.71
201504	5,483	\$354.53	\$64.19	\$0.55	\$419.27	1.672	1.047	1	1	\$357.67	\$64.75	\$0.55	\$422.98
201505	5,354	\$388.75	\$60.54	\$0.85	\$450.14	1.677	1.047	1	1	\$393.54	\$61.29	\$0.86	\$455.69
201506	5,270	\$332.48	\$56.48	\$1.20	\$390.16	1.683	1.048	1	1	\$337.79	\$57.38	\$1.22	\$396.39
201507	5,237	\$424.49	\$58.10	\$0.65	\$483.24	1.689	1.048	1	1	\$432.96	\$59.26	\$0.66	\$492.89
201508	5,189	\$327.59	\$63.54	\$0.97	\$392.10	1.692	1.048	1	1	\$334.80	\$64.94	\$0.99	\$400.73
201509	5,150	\$417.89	\$81.68	\$0.81	\$500.37	1.694	1.048	1	1	\$427.66	\$83.59	\$0.82	\$512.08
201510	5,087	\$458.94	\$68.24	\$2.01	\$529.18	1.696	1.048	1	1	\$470.34	\$69.93	\$2.06	\$542.33
201511	5,038	\$332.87	\$73.81	\$0.65	\$407.33	1.700	1.048	1	1	\$341.86	\$75.81	\$0.66	\$418.33
201512	5,017	\$415.00	\$78.05	\$1.72	\$494.77	1.704	1.049	1	1	\$427.30	\$80.37	\$1.77	\$509.44
201601	5,836	\$324.73	\$58.16	\$0.33	\$383.21	1.694	1.046	1.015	1.063	\$326.78	\$55.88	\$0.33	\$382.99
201602	6,018	\$422.64	\$61.50	\$0.84	\$484.98	1.691	1.046	1.015	1.063	\$424.63	\$59.00	\$0.84	\$484.47
201603	6,513	\$382.36	\$65.22	\$0.44	\$448.02	1.683	1.045	1.015	1.063	\$381.77	\$62.18	\$0.44	\$444.38
201604	6,698	\$384.14	\$54.77	\$0.94	\$439.85	1.683	1.045	1.015	1.063	\$383.66	\$52.23	\$0.94	\$436.83
201605	6,903	\$368.93	\$71.71	\$0.32	\$440.97	1.684	1.045	1.015	1.063	\$368.66	\$68.42	\$0.32	\$437.40
201606	7,061	\$370.94	\$73.82	\$0.77	\$445.53	1.685	1.044	1.015	1.063	\$370.63	\$70.42	\$0.77	\$441.82
201607	7,134	\$432.56	\$68.63	\$0.76	\$501.95	1.686	1.044	1.015	1.063	\$432.47	\$65.52	\$0.76	\$498.76
201608	7,164	\$426.30	\$74.45	\$0.91	\$501.65	1.689	1.044	1.015	1.063	\$426.90	\$71.18	\$0.91	\$498.99
201609	7,235	\$393.56	\$73.89	\$0.36	\$467.81	1.692	1.044	1.015	1.063	\$394.75	\$70.76	\$0.36	\$465.87
201610	7,250	\$374.98	\$76.46	\$1.25	\$452.69	1.697	1.044	1.015	1.063	\$377.26	\$73.45	\$1.26	\$451.97
201611	7,290	\$413.67	\$68.15	\$0.61	\$482.42	1.699	1.044	1.015	1.063	\$416.69	\$65.54	\$0.61	\$482.84
201612	7,525	\$428.57	\$70.56	\$0.90	\$500.03	1.709	1.045	1.015	1.063	\$434.36	\$68.28	\$0.91	\$503.55
201701	9,781	\$392.56	\$58.90	\$0.79	\$452.25	1.674	1.040	1.038	1.148	\$379.58	\$51.49	\$0.76	\$431.84
201702	10,303	\$319.01	\$55.21	\$0.59	\$374.81	1.667	1.040	1.038	1.148	\$307.01	\$48.03	\$0.56	\$355.60
201703 201704	11,249	\$410.38 \$332.63	\$72.53 \$62.28	\$0.41 \$0.74	\$483.31 \$395.65	1.657 1.659	1.038 1.038	1.038 1.038	1.148 1.148	\$391.92 \$317.93	\$62.61 \$53.81	\$0.39 \$0.71	\$454.92
	11,325	·	•	•	\$395.65 \$446.34	1.662	1.038		1.148				\$372.46 \$420.82
201705 201706	11,393 11,435	\$375.35 \$365.43	\$70.40 \$79.00	\$0.59 \$0.71	\$445.14	1.661	1.038	1.038 1.038	1.148	\$359.33 \$349.64	\$60.92 \$68.33	\$0.57 \$0.68	\$420.82 \$418.65
201706	11,433	\$335.61	\$76.99	\$0.71 \$0.72	\$413.31	1.659	1.037	1.038	1.148	\$320.82	\$66.53	\$0.69	\$388.04
201707	11,703	\$365.30	\$76.77	\$1.25	\$443.32	1.657	1.037	1.038	1.148	\$348.58	\$66.22	\$1.19	\$416.00
201708	11,727	\$363.34	\$78.66	\$0.41	\$442.41	1.661	1.037	1.038	1.148	\$347.75	\$68.06	\$0.39	\$416.20
201703	11,763	\$370.07	\$79.56	\$0.59	\$450.22	1.662	1.037	1.038	1.148	\$354.25	\$68.85	\$0.57	\$423.67
201710	11,675	\$436.53	\$73.40	\$0.59	\$510.52	1.667	1.038	1.038	1.148	\$419.30	\$63.74	\$0.57	\$483.60
201711	11,597	\$385.54	\$75.82	\$0.83	\$462.20	1.672	1.038	1.038	1.148	\$371.55	\$66.05	\$0.80	\$438.40
201801	25,019	\$354.45	\$61.04	\$1.21	\$416.70	1.637	1.043	1.070	1.257	\$326.08	\$47.81	\$1.11	\$375.00
201802	25,021	\$360.21	\$56.69	\$1.16	\$418.06	1.639	1.044	1.070	1.257	\$331.86	\$44.47	\$1.06	\$377.40
201803	25,121	\$368.18	\$66.45	\$1.25	\$435.88	1.641	1.044	1.070	1.257	\$339.47	\$52.16	\$1.16	\$392.79
201804	25,026	\$390.59	\$72.28	\$0.79	\$463.66	1.643	1.044	1.070	1.257	\$360.76	\$56.84	\$0.73	\$418.33
201805	25,101	\$425.24	\$75.02	\$1.21	\$501.46	1.645	1.044	1.070	1.257	\$393.13	\$59.05	\$1.11	\$453.29
201806	25,200	\$392.79	\$69.86	\$1.21	\$463.87	1.648	1.044	1.070	1.257	\$363.75	\$55.09	\$1.13	\$419.96
201807	25,341	\$383.78	\$78.71	\$1.37	\$463.86	1.649	1.044	1.070	1.257	\$355.56	\$62.09	\$1.27	\$418.91
201808	25,424	\$428.91	\$81.74	\$1.22	\$511.87	1.650	1.043	1.070	1.257	\$397.60	\$64.52	\$1.13	\$463.25
201809	25,568	\$364.31	\$78.27	\$0.72	\$443.29	1.650	1.043	1.070	1.257	\$337.79	\$61.79	\$0.67	\$400.24
201810	25,520	\$466.64	\$89.60	\$1.19	\$557.43	1.653	1.043	1.070	1.257	\$433.48	\$70.87	\$1.10	\$505.45
201811	25,507	\$470.82	\$83.85	\$1.15	\$555.83	1.655	1.043	1.070	1.257	\$437.76	\$66.38	\$1.07	\$505.21
201812	25,485	\$415.47	\$87.46	\$1.67	\$504.60	1.657	1.043	1.070	1.257	\$386.67	\$69.30	\$1.56	\$457.52
201901	30,779	\$459.74	\$68.74	\$1.18	\$529.65	1.654	1.045	1.110	1.324	\$412.49	\$51.71	\$1.06	\$465.26
201902	30,768	\$413.62	\$69.27	\$0.79	\$483.68	1.655	1.045	1.110	1.324	\$371.34	\$52.14	\$0.71	\$424.20

# Historical Bad Debt, VT Exchange, 2016 to 2018

	Individual							
Year	Bad Debt	Premium	Bad Debt as % Premium					
2016	\$6,505	\$18,806,542	0.0%					
2017	\$231,347	\$35,310,073	0.7%					
2018	\$333,319	\$59,914,935	0.6%					
Total	\$571,171	\$114,031,550	0.5%					

	Small Group						
Year	Bad Debt	Premium	Bad Debt as % Premium				
2016	\$50,677	\$16,485,860	0.3%				
2017	\$33,195	\$24,966,952	0.1%				
2018	\$189,847	\$82,341,845	0.2%				
Total	\$273,719	\$123,794,657	0.2%				

Grand			
Total	\$844,891	\$237,826,207	0.355%



June 24, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

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

1. Please reconcile the values in the URRT to the exhibits provided in SERFF.

Response: The rounding parameters in the URRT make it difficult to tie out values between the file and the traditional rate filing. Therefore, MVP is providing Worksheet 1 and Sections 3 and 4 of Worksheet 2 without rounding for reconciliation. Please see the attached file "2020 MVPHP VT Exchange URRT\_Without Rounding".

Section 2 of Worksheet 1 provides allowed trends for 2019 and 2020. Those trends can be tied to the pertinent service categories on Exhibits 2a and 2b of the filing.

Support for the adjustments to allowed claims in Section 2 of Worksheet 1 (Morbidity, Demographic Shift, Plan Design Changes, Other) can be found in the Federal Actuarial Memorandum accompanying the URRT, pages 4 to 7.

The risk adjustment PMPM payment of \$82.14 found on Worksheet 1 is equivalent to the risk adjustment PMPM payment of \$61.11 on Exhibit 3 of the rate filing divided by the "Benefit Relativity \* Induced Demand Reflected in Index Rate" factor found on Exhibit 7 of the rate filing. This is done to convert the risk adjustment payment to an allowed dollar amount consistent with URRT instructions.

It can be seen using the reconciliation file that the true Market Adjusted Index Rate is \$644.40 PMPM, compared to the \$644.88 displayed in the submitted URRT. The value of \$644.40 is equivalent to the "Adjusted Claim Cost for Pricing" found on Exhibit 7 of the rate filing.

This value flows through to row 3.2 of Section 3 on Worksheet 2. Row 3.3 is calculated as the product of the "Benefit Actuarial Value" and "Induced Utilization Factor" columns on Exhibit 7 of the filing as well as the impact of the "CSR Loading" column from Exhibit 7. The CSR load is converted to a percentage of the "Net Claim Cost PMPM" for each plan as it artificially inflates the actuarial value of the affected plans.



Row 3.5 reflects the "Benefits in Excess of EHB's" column on Exhibit 7 of the rate filing. This PMPM is converted to a percentage of the sum of (Net Claim Cost PMPM + CSR Loading) to isolate the impact of the value on each specific plan's claim cost.

Row 3.6 converts the column "Administrative Expense (PMPM)" on Exhibit 7 of the rate filing to a percentage of premium for each plan.

Row 3.7 converts the column "PMPM Taxes and Assessments" on Exhibit 7 of the rate filing to a percentage of premium for each plan. This is the added to the global percentage of premium taxes and assessments rate of 1.3% to arrive at a plan-specific value for taxes and assessments.

Row 3.8 reflects the global Profit and Risk load of 1.90%.

Row 3.9 reflects the Catastrophic Adjustment of 0.636 as referenced in the Actuarial Memorandum.

Row 3.10 should then reflect the Gross Claim Cost PMPM being charged for any given plan using the calculation built into the URRT spreadsheet. While this value does not tie out in the original URRT, in the provided version without rounding the values for each plan tie to the values in the "Gross Claim Cost PMPM" column on Exhibit 7 of the rate filing.

2. Provide quantitative support for the 2.1% increase due to the revision to the estimate for providing services in 2019 in the Consumer Disclosure.

Response: MVP has calculated this value in two parts. The first step is to calculate the difference in the "Paid Index Rate PMPM Prior to Adjustments for Federal Programs" between the current filing and the previously approved filing. MVP compared the approved value from Exhibit 3, row 26 of the 2019 approved rate filing to a similar value from the 2020 proposed filing. Please see the tab "Question 2" in the attached Excel document for a derivation of this calculation.

The difference between the values from the two filings equates to a 1.1% increase. The additional 1.0% accounts for the reduction to 2019 rates by the GMCB for affordability. This was accounted for on Exhibit 7 as opposed to Exhibit 3 of the 2019 approved rate filing, and therefore must be considered separately when re-setting the best estimate of claim expense year over year.

- 3. Provide detailed quantitative and qualitative support for the unit cost trends both IP and OP for 2019 and separately for 2020 for the following:
  - a. Springfield (2020 only)
  - b. Dartmouth-Hitchcock Medical Center
  - c. New York Participating Hospitals
  - d. Rental and Non-participating Hospitals



Response: This response has been deemed confidential and will be provided under separate cover.

- 4. Provide detailed quantitative and qualitative support for the unit cost trends physicians for 2019 and separately for 2020 for the following:
  - a. Rental Network

Response: This response has been deemed confidential and will be provided under separate cover.

5. Provide, for each month from January 2015 through February 2019, total allowed costs and the number of enrolled members for all individual and small group members. Additionally, provide normalization factors appropriate to this data to normalize for changes in unit costs, population age factors, and induced utilization.

Response: Please see the tab "Question #5" in the attached Excel document which provides this information. The age normalization and induced demand normalization factors both represent the curves created by HHS, and the unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2018/2017 trend is from the 2019 Exchange filing, as opposed to the 2018 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payment as a percentage of allowed claims has increased from 0.8% in 2016 to 9.5% in 2017 and is expected to be 11.3% in 2018.

6. Provide quantitative support for the bad debt assumption of 0.4%.

Response: Please see the tab "Question #6" in the attached Excel document for historical actual bad debt information by Small Group and Individual for years 2016 to 2018. MVP's historical bad debt as a percentage of premium for the three years is 0.36%.

7. Provide additional support for the 1.6% trend in Exhibit 6.

Response: The 1.6% trend for CSR amounts (claims above the member's subsidized deductible but below the unsubsidized Silver deductible) was calculated by calculating a weighted allowed trend (4.8% annually using experience period claim weighting) and multiplying by the likelihood of being between the average subsidized and average unsubsidized deductible using the PDF table shown in MVP's response to Objection #2 (0.328). Claims below the subsidized deductible in the PDF table are assumed to be handled under the member's cost sharing while claims above the unsubsidized deductible are assumed to be handled via MVP's claim expense.

8. Provide the average unit cost medical trend separately for facilities and providers impacted by the GMCB's Hospital Budget Review and for those facilities and providers not impacted.

Response: Please see the following tables which provide the medical unit cost trends for 2019/2018 and 2020/2019 broken out by GMCB jurisdiction and service category:

2019 Unit Cost Trends						
Service Non-						
Category	GMCB	GMCB				
IP	3.2%	7.9%				
OP	3.3%	6.1%				
PHY	0.5%	1.8%				

2020 L	Init Cost Tren	nds
Sorvico	ĺ	Non

Service		Non-
Category	GMCB	GMCB
IP	3.3%	8.6%
OP	3.4%	6.8%
PHY	0.6%	1.8%

9. Provide the monthly historical experience for Rx claims PMPM with normalization factors applied.

Response: Please see the tab "Question #5" in the attached Excel document for this information.

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

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

**MVP** Health Care

Year Filed		2019	2018	2017
Docket #		GMCB-05-19rr	GMCB-008-18rr	GMCB-007-17rr
Members		30,887	25,223	10,305
Average Rate Change	Proposed	8.5%	10.9%	6.7%
	Allowed	NA	6.6%	3.5%
Allowed Medical Trend	Proposed	3.7%	3.2%	4.2%
	Allowed	NA	3.4%	3.2%
	Actual*	NA	NA	8.4%
Medical Unit Cost	Proposed	3.7%	3.2%	3.5%
	Allowed	NA	3.4%	2.4%
	Actual*	NA	NA	NA
Medical Utilization	Proposed	0.0%	0.0%	0.7%
	Allowed	NA	0.0%	0.7%
	Actual*	NA	NA	NA
Allowed Rx Trend	Proposed	8.2%	13.3%	11.9%
	Allowed	NA	13.3%	11.9%
	Actual*	NA	NA	4.4%
General Admin Load (PMPM)	Proposed	\$42.00	\$39.80	\$38.10
	Allowed	NA	\$39.80	\$38.10
	Actual*	NA	NA	\$40.72
CTR	Proposed	1.5%	2.0%	2.0%
	Allowed	NA	1.5%	2.0%



June 25, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

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

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

Response: Please see the tab "Question #1" of the attached Excel workbook for MVP's inputs into this table. MVP would like to note that the CTR values in this table do not reflect any explicit rate cuts performed by the GMCB. These cuts, while not explicitly reducing the CTR assumption approved in the filing, have an equivalent impact on MVP's actual CTR during the rating period.

2. You state that MVP has assumed "that all of the groups who left [the market] migrated to the AHP market." GMCB-005-19rr, MVP Actuarial Mem. At 7. Please provide the quantitative and qualitative data that supports your assumption.

Response: Based on information provided by DVHA<sup>1</sup>, the entire small group market shrank by 4,869 members from January 2018 to January 2019. Additionally, based on numerous reports (including multiple media reports and legislative testimony), approximately 5,000 members were enrolled in Association plans for 2019. While impossible to prove directly, it is likely that the majority of these members overlap and migrated to the AHP market given MVP's favorable premium position in the Exchange market.

DFR Bulletin #205, which was issued on June 13, 2019, prohibits Association plans from enrolling members in 2020. Given this information, MVP will not pursue a rate adjustment to account for lower morbidity members exiting the Exchange market for Association plans. This adjustment can be found on line 19 of Exhibit 3 of MVP's rate filing.



3. The average annual allowed Rx trend in this filing is 8.2%. GMCB-005-19rr, Actuarial Mem. At 9. You state that you chose to base this estimate on forecasts provided by MVP's pharmacy benefits manager (PBM). You further state that the forecasts provided by MVP's PBM "account for drugs coming off patent." GMCB-005-19rr, Actuarial Mem. at 9. Please expand on the PBM forecasts you chose to base MVP's Rx trend factors on. Specifically, please provide quantitative and qualitative support for the proposition that the PBM forecasts accounted for drugs coming off patent. What was the impact on Rx trend of drugs coming off patent?

Response: MVP is not provided with the requested information by its PBM at that level of detail. Brand drugs moving to generic status has been provided qualitatively as a driver of pharmacy trend by the PBM in past communication without quantifying the impact on a given population; MVP has requested quantitative information which the PBM was unwilling to share.

An example of a brand drug coming off patent can be viewed by drug category in the trends provided by the PBM in MVP's response to Objection Letter #2. For instance, the Generic Days Supply % for Antiasthmatic and Bronchodilator Agents is expected to increase from 31.3% in 2018 to 55.2% in 2019. Simultaneously, both Generic and Brand Gross Cost/Day trends are expected to increase. However, the Gross Cost PMPM trend for 2019 is expected to be -11.5%. While this is a pattern indicative of a major drug or major drugs going from brand to generic, this has not been communicated to MVP by its PBM.

4. What assumptions (if any) did you make about the impacts of the Green Mountain Surgery Center on outpatient surgery costs?

Response: MVP did not make any assumptions about the impact of the Green Mountain Surgery Center on outpatient surgery costs in the filing. MVP has yet to finalize contract negotiations with this provider and it has no data from which to assume unit cost relativities or shifts in utilization.

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

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

**MVP Health Care** 



July 8, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

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

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

Response (At the Green Mountain Care Board's direction per its July 1<sup>st</sup> order): MVP has amended the table as shown on the following page of this response. To calculate utilization trend, MVP compared utilization per 1,000 members for each service category (defined by MVP as Inpatient, Outpatient, Physician and Other) from calendar year 2017 to calendar year 2018 and then weighted those trends by the percentage of allowed costs in each bucket during calendar year 2017.

MVP would like to caveat that filtering down allowed claim trend to two component numbers (utilization and unit cost) can be misleading, for reasons including but not limited to:

- -Allowed Medical Trend does not consider population changes or changes in morbidity within the previously insured population. This can skew both total trends as well as utilization and intensity trends. As an example, an older population generally uses both more services and more intense services, which would increase both utilization and unit cost trends as MVP has calculated them. In a risk-adjusted environment, allowed trends should be viewed in tandem with the change in a carrier's risk position in order to view the total claim trend for a given year.
- -Claim shifts between service categories can increase/decrease total allowed trends while also increasing/decreasing utilization trends within those categories. For example, shifting surgeries previously performed in an Inpatient setting to an Outpatient setting will simultaneously increase Outpatient utilization and total allowed costs and decrease Inpatient utilization and total allowed costs (while likely decreasing total allowed claim costs). This is not easily quantifiable into a single unit cost and a single utilization trend figure.
- -The intensity of services is not considered in the table. MVP is implicitly assuming that it is included under unit cost trends, but this produces misleading results if the intent is to measure the change in cost for a given service over time. For example, if a higher-intensity Outpatient service is replaced with a lower-intensity service, the utilization change would be 0.0% and the unit cost trend would be below zero. However, the costs of both services may have

increased over time, which would not be evident based on the data provided. Additionally, MVP used admits as the utilization measure for Inpatient services. To the extent that the average length of stay changes over time, this would be captured in the unit cost trend as opposed to the utilization trend.

Year Filed		2019	2018	2017
Docket #		GMCB-05-19rr	GMCB-008-18rr	GMCB-007-17rr
Members		30,887	25,223	10,305
Average Rate Change	Proposed	8.5%	10.9%	6.7%
	Allowed	NA	6.6%	3.5%
Allowed Medical Trend	Proposed	3.7%	3.2%	4.2%
	Allowed	NA	3.4%	3.2%
	Actual*	NA	NA	8.4%
Medical Unit Cost	Proposed	3.7%	3.2%	3.5%
	Allowed	NA	3.4%	2.4%
	Actual*	NA	NA	-0.9%
Medical Utilization	Proposed	0.0%	0.0%	0.7%
	Allowed	NA	0.0%	0.7%
	Actual*	NA	NA	9.4%
Allowed Rx Trend	Proposed	8.2%	13.3%	11.9%
	Allowed	NA	13.3%	11.9%
	Actual*	NA	NA	4.4%
General Admin Load (PMPM)	Proposed	\$42.00	\$39.80	\$38.10
	Allowed	NA	\$39.80	\$38.10
	Actual*	NA	NA	\$40.72
CTR	Proposed	1.5%	2.0%	2.0%
	Allowed	NA	1.5%	2.0%

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

**MVP** Health Care

#### **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

[MVP VT Plus] Gold 2					
HSA/HRA Options	Tiered Network Option				
HSA/HRA Employer Contribution? □	Tiered Network Plan? □				
Annual Contribution Amount:	1st Tier Utilization:				
Annual Contribution Amount.	2nd Tier Utilization:				

	Tie	r 1 Plan Benefit De:	sign
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$200.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,500.00	\$1,350.00	\$7,850.00

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined

Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	□ All	□ All			☑ All	☑ All			□ All	□ All
Emergency Room Services	Ø			\$250.00	₽.	₩.			V	
All Inpatient Hospital Services (inc. MH/SUD)	Ø	Ø								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00	w.	8				
Specialist Visit				\$40.00	· ·	₩.				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$20.00	w.	5				
Imaging (CT/PET Scans, MRIs)	2			\$400.00	<b>□</b>	₩			✓	
Speech Therapy	П	П		\$40.00	<b>2</b>	<b>2</b>			П	П
Occupational and Physical Therapy	П	П		\$25.00	Ø	•			П	٦
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	Ø			\$40.00	•				V	
X-rays and Diagnostic Imaging	Ø			\$80.00	•				V	
Skilled Nursing Facility	5	Ø			<b>2</b>	₪				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	17	M			B	<b>6</b>			П	П
Outpatient Surgery Physician/Surgical Services	2	[2]			2	2			0	0
Drugs	□ All	□ All			☑ All	☑ All			□ All	□ All
Generics				\$8.00	2	Ø				
Preferred Brand Drugs	1			\$40.00	Ø	Ø			Ø	
Non-Preferred Brand Drugs	5	Ø			<b>2</b>	☑				
Specialty Drugs (i.e. high-cost)	Ø	☑			₩.	₩				

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:[MVP VT Plus] Gold 2Plan HIOS ID:[Input Plan HIOS ID]Issuer HIOS ID:[Input Issuer HIOS ID]

Generic \$10 VBID \$1

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.98%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1289 seconds

Final 2020 AV Calculator



July 11, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to an objection raised by the Vermont Department of Financial Regulation (DFR) on one of the plan designs in the above referenced rate filing.

DFR is the primary regulator of medical insurance forms in the state of Vermont. While reviewing the forms underlying the rates in the above referenced SERFF rate filing, DFR has objected to MVP's original plan design for the Gold 2 non-standard plan (FRVT-HMO-G-002-N (2020)). DFR has stated that per 45 C.F.R. §§ 144.103, the updated plan design would not qualify as an "uniform modification of coverage" and therefore would need to be considered a new plan design. MVP agrees with this assessment and has created an updated plan design that would fit as an uniform modification under the regulation.

Attached are three documents supporting this change:

- -Final 2020 AVC Gold 2
- -VT 2020 Exchange Rate Filing Change to Gold 2 Plan SERFF
- -Rate Increase Exhibit 2019-2020\_071119\_SERFF

The first document confirms that the updated plan design fits within the "Gold" metal level and satisfies federal AV requirements. The second document provides a comparison of the originally proposed plan design and the updated plan design, as well as the quantitative derivation of the proposed rate for the updated design (using the information provided in MVP's amended rate filing, Exhibits 3 through 7). The final document provides MVP's contract-weighted rate increase using the amended filing and the updated plan design. Consistent with the calculation performed by L&E in the Actuarial Memorandum dated July 9, 2019, the impact of this plan design change on the contract weighted rate increase is a decrease of approximately 0.2%. The Gold 2 non-standard rate increase for 2020 is now proposed to be 10.4% (reduced from the 22.6% increase in the amended filing).

Sincerely,

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

MVP Health Care, Inc.

7/11/2019

Date



# MVP Health Care -- 2020 Exchange Rate Filing

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Exhibit 1a -- Comparison of 2019 to 2020 Benefits: Non-Standard Gold 2

Exhibit 7 -- 2020 Premium Rates: Non-Standard Gold 2

#### Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan: Non-Standard Gold 2

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
								\$500 (Fac)													
FRVT-HMO-G-002-N (2020) as originally filed	HMO	Gold	Non-Standard	\$30	\$50	\$750	\$250	\$100 (Phys)	\$50	\$0		Embedded		Embedded	Embedded		\$12,100			Separate	\$10/\$40/50%, VBID = \$1 #
FRVT-HMO-G-002-N (2020) updated	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$600	\$1,200	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #

Services subject to deductible (DD) unless otherwise stated.
# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
Changes in benefits from 2019 to 2020 are shown in gray shading.

#### Exhibit 7 -- 2020 Exchange Premium Rates: Non-Standard Gold 2

\$474.87	2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32 of Amended Filing)
0.7440	Benefit Relativity * Induced Demand Reflected in Index Rate
\$638.29	Adjusted Claim Cost for Pricing

					Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in		Gross					Increase over 2019			Increase over 2019
	Product		Standard/Non-	On/Off	Combined	Actuarial	Utilization	Net Claim Cos	t Bad Debt / CTR	Expense	Taxes and	and	Excess of	CSR	Claim Cost			Parent/Child(		Single	Double	over 2019	Family
Coplan	Type	Metal Level	Standard	Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	Loading	PMPM	Single***	Double	ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-G-002-N (2020) as originally filed	HMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.876	1.133	\$633.34	\$13.31	\$42.00	\$9.11	\$2.10	\$0.88	\$0.00		\$764.51			\$2,148.27	22.6%	22.6%	22.6%	22.6%
FRVT-HMO-G-002-N (2020) updated	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.812	1.092	\$566.18	\$12.00	\$42.00	\$8.21	\$2.10	\$0.88	\$0.00	\$631.36	\$688.81	\$1,377.62	\$1,329.40	\$1,935.56	10.4%	10.4%	10.4%	10.5%

<sup>\*\*</sup>Reflects cost of Member Wellness Incentive Rider, Form FRVT366
\*\*\*Child Only Rate = Single Rate per Child

#### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

	GG	DLD			IDARD PLANS LVER		BRO	ONZE	PLATINUM	GOLD		SI	STANDARD PLANS LVER			BRONZE		Catastrophic	Total Annual	Average	Average Annual
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP			On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP		Premium	PMPM	Premium
2020 Proposed Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$640.69 \$1,281.38 \$1,236.53 \$1,800.34	\$688.81 \$1,377.62 \$1,329.40 \$1,935.56	\$635.45 \$1,270.90 \$1,226.42 \$1,785.61	\$545.12 \$1,090.24 \$1,052.08 \$1,531.79	\$661.96 \$1,323.92 \$1,277.58 \$1,860.11	\$569.53 \$1,139.06 \$1,099.19 \$1,600.38	\$468.16 \$936.32 \$903.55 \$1,315.53	\$492.79 \$985.58 \$951.08 \$1,384.74	\$770.84 \$1,541.68 \$1,487.72 \$2,166.06	\$652.25 \$1,304.50 \$1,258.84 \$1,832.82	\$665.16 \$1,330.32 \$1,283.76 \$1,869.10	\$574.82 \$1,149.64 \$1,109.40 \$1,615.24	\$651.91 \$1,303.82 \$1,258.19 \$1,831.87	\$561.56 \$1,123.12 \$1,083.81 \$1,577.98	\$481.92 \$963.84 \$930.11 \$1,354.20	\$468.39 \$936.78 \$903.99 \$1,316.18	\$533.66 \$1,067.32 \$1,029.96 \$1,499.58	\$331.05 \$662.10 \$638.93 \$930.25	\$204,305,292	\$551.22	\$6,614.60
2019 Approved Rates Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	\$583.79 \$1,167.58 \$1,126.71 \$1,640.45	\$623.64 \$1,247.28 \$1,203.63 \$1,752.43	\$597.79 \$1,195.58 \$1,153.73 \$1,679.79	\$493.35 \$986.70 \$952.17 \$1,386.31	\$623.72 \$1,247.44 \$1,203.78 \$1,752.65	\$519.29 \$1,038.58 \$1,002.23 \$1,459.20	\$428.16 \$856.32 \$826.35 \$1,203.13	\$441.18 \$882.36 \$851.48 \$1,239.72	\$716.54 \$1,433.08 \$1,382.92 \$2,013.48	\$608.39 \$1,216.78 \$1,174.19 \$1,709.58	\$638.82 \$1,277.64 \$1,232.92 \$1,795.08	\$534.39 \$1,068.78 \$1,031.37 \$1,501.64	\$621.74 \$1,243.48 \$1,199.96 \$1,747.09	\$517.31 \$1,034.62 \$998.41 \$1,453.64	\$436.34 \$872.68 \$842.14 \$1,226.12	\$426.12 \$852.24 \$822.41 \$1,197.40	\$485.37 \$970.74 \$936.76 \$1,363.89	\$299.31 \$598.62 \$577.67 \$841.06	\$188,668,999	\$509.03	\$6,108.36
2020 Proposed Rate Increases Single Rate Couple Rate Adult and Child(ren) Rate Family Rate	9.7% 9.7% 9.7% 9.7%	10.4% 10.4% 10.4% 10.5%	6.3% 6.3% 6.3% 6.3%	10.5% 10.5% 10.5% 10.5%	6.1% 6.1% 6.1% 6.1%	9.7% 9.7% 9.7% 9.7%	9.3% 9.3% 9.3% 9.3%	11.7% 11.7% 11.7% 11.7%	7.6% 7.6% 7.6% 7.6%	7.2% 7.2% 7.2% 7.2%	4.1% 4.1% 4.1% 4.1%	7.6% 7.6% 7.6% 7.6%	4.9% 4.9% 4.9% 4.9%	8.6% 8.6% 8.6% 8.6%	10.4% 10.4% 10.4% 10.4%	9.9% 9.9% 9.9% 9.9%	9.9% 9.9% 9.9% 9.9%	10.6% 10.6% 10.6% 10.6%	8.29%	Total Revenue	Change
February 2019 Contracts Single Rate Couple Rate Adult and Child(ren) Rate Family Rate Total	1,955 593 126 629 <b>3,303</b>	167 38 10 29 <b>244</b>	3,066 757 99 121 <b>4,043</b>	521 103 25 84 <b>733</b>	31 19 3 1 54	141 43 7 78 269	402 86 8 44 <b>540</b>	483 94 22 42 <b>641</b>	852 331 81 223 1,487	1,498 476 97 253 <b>2,324</b>	342 86 13 26 <b>467</b>	536 110 25 99 770	289 69 16 25 <b>399</b>	471 103 26 94 <b>694</b>	1,343 291 70 271 <b>1,975</b>	1,453 319 49 158 1,979	174 27 4 17 222	10 2 0 0			
2020 Proposed PMPY Revenue 2019 Approved PMPY Revenue	\$6,724.53 \$6.127.32	\$7,598.06 \$6.879.19	\$7,472.01 \$7.029.18	\$5,943.66 \$5,379.19	\$7,705.21 \$7,260.10	\$5,712.16 \$5,208.26	\$5,285.00 \$4,833.44	\$5,612.94 \$5.025.10	\$8,238.49 \$7.658.15	\$7,138.62 \$6,658.60	\$7,575.40 \$7.275.41	\$6,269.10 \$5,828.17	\$7,185.25 \$6.852.72	\$5,901.26 \$5.436.25	\$5,191.70 \$4,700.67	\$5,310.77 \$4.831.49	\$6,112.61 \$5.559.50	\$3,972.60 \$3.591.72			



# MVP Health Care -- 2020 Exchange Rate Filing

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

#### Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

				ĺ								In-Netw	ork Benefits									
			1			ı					Med		OIN BOHOMO		1		Med OOP	Med OOP	Rx OOP	Rx OOP	T T	
			Standard/Non-	On/Off			IP					Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Sura)	ER	OP Surg	Amb	Single			Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,325	\$12,750	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
1				-					\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/ \$700 Brand Ded
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
VT-HMOH-S-002-N II (2020)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,775	\$9,550	Embedded	0%	Embedded	Aggregate	\$4,775	\$9,550	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	) Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	) Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
																						\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

	Subsidized Cost-Shar	ing Benefits (Non Al/	AN)		l							In-Netwo	ork Benefits									
			1								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Dec	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD		\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD	\$2,300	\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,450	\$2,900	Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1400 (Fac)													\$450 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	
									\$200 (Fac)													
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1#
									\$40 (Fac)													
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1#
									\$800 (Fac)													
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1#

American	Indian and Alaskan Nati	ve (Al/AN) Benefits (	Unsubsidized)^			,						In-Netwo	rk Benefits									
											Med								Rx OOP			
			Standard/Non-	On/Off			IP						Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg			Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-GA2-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%				\$12,750	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded					\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SA2-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$10/\$40/50%
FRVT-HMOH-SA2-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,350	\$2,700	Integrated	0%/0%/0%
									\$1,400 (Fac)													
FRVT-HMO-SA2-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100			Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-BA2-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded					\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$12/40%/60%
FRVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
				-						l											1	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-BA2-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-BA2-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #

American	Indian and Alaskan Na	tive (AI/AN) Benefits	(Subsidized)									In-Networ	k Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMOH-GA1-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2020)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-001-N (2020)	HvHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

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

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

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

# Family structure is \$8.000 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$600 per contract per year.

#### Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		1
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
FRVT-HMO-G-002-N (2020)	HMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,325	\$12,750	\$1,350	\$2,700	Separate	\$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250	40%	\$100 No DE	\$2,800	\$5,600	Embedded	40%	Embedded	Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DE	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$600 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DE	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	\$40 No DD	\$100 No DE	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,750	\$13,500	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidize	ed Cost-Sharing Benef	its (Non Al/AN)									In-Netwo	rk Benefits									
		()								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Туре	Type	Single	Family	Single	Family	Туре	Pharmacy
FRVT-HMO-S3-001-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2019)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD	\$2,300	\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Stacked	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	НМО	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%			Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800		\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%			Embedded	0%	Embedded	Aggregate	\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,150		Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%			Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded	Embedded	\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,800	\$5,600	Embedded	0%	Embedded	Aggregate	\$2,800	\$5,600	\$1,350			0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$450/\$900 Ded then \$5/50%/50%, VBID = \$1 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2019)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$550	\$1,100	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$200 (Fac)													
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2019)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$200	\$400	Separate	\$5 / 5% / 5%, VBID = \$1 #
								\$40 (Fac)													
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2019)	HyHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American	an Indian and Alaskan Native (AI/A	N) Benefits (Subsid	ized)								In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP				
			Standard/Non-			IP						Deductible		Med OOP	Rx OOP	Max	Max	Max		OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Note: Al/AN Unsubsidized plan designs match the corresponding coplan's plan design. Changes in benefits from 2019 to 2020 are shown in gray shading.

### Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018 Rating Period: January 1, 2020 - December 31, 2020

	2019	2020	Total	
Months of Trend	12	12	24	

#### **Medical Trend Summary**

	2019 Annual Trend									
9,	% of Allowed Claims	Unit Cost	Utilization	Total						
IP	21.1%	5.0%	0.0%	5.0%						
OP	48.2%	4.0%	0.0%	4.0%						
PHY	28.9%	2.2%	0.0%	2.2%						
OTR	1.8%	4.0%	0.0%	4.0%						
Medical Total		3.7%	0.0%	3.7%						

2020 Annual Trend										
	% of Allowed Claims	Unit Cost	Utilization	Total						
IP	21.4%	6.2%	0.0%	6.2%						
OP	48.3%	5.2%	0.0%	5.2%						
PHY	28.5%	1.5%	0.0%	1.5%						
OTR	1.8%	2.0%	0.0%	2.0%						
Medical Total		4.3%	0.0%	4.3%						

Annual Allowed Medical Trend 4.0%

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$393.56	\$10.58	\$7.36	\$58.33	\$317.28
24 Months of Trend:	1.081	1.081	1.000	1.030	1.093
Projection Period:	\$425.59	\$11.44	\$7.36	\$60.11	\$346.67
wed Trend (Annual)	4.0%				
Paid Trend (Annual)	4.5%				
_everaging (Annual)	0.5%				

### Rx Trend Summary

	<u>2019</u>	Trend	2020	Trend	Annualized Trend		
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	
Generic	17.8%	2.9%	-5.2%	2.5%	5.7%	2.7%	
Brand	11.7%	-8.9%	8.6%	-1.3%	10.1%	-5.2%	
Specialty	-0.4%	6.0%	7.5%	7.4%	3.5%	6.7%	

#### Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,457	898	100	11,455
Experience Period Allowed Cost per Script	\$17.09	\$313.51	\$4,458.04	\$79.22
Experience Period Deductible Per Script	\$3.56	\$24.20	\$79.63	\$5.85
Experience Period Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.35
Experience Period Coinsurance Per Script	\$0.98	\$15.46	\$31.64	\$2.38
Experience Period Paid Cost Per Script	\$9.87	\$263.72	\$4,334.81	\$67.64
Experience Period Allowed PMPM	\$14.89	\$23.46	\$37.27	\$75.62
Experience Period Deductible PMPM	\$3.10	\$1.81	\$0.67	\$5.58
Experience Period Copay PMPM	\$2.34	\$0.76	\$0.10	\$3.20
Experience Period Coinsurance PMPM	\$0.85	\$1.16	\$0.26	\$2.27
Experience Period Paid PMPM	\$8.60	\$19.73	\$36.24	\$64.57
Experience Period Rx Rebates PMPM				(\$14.83)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.059
Annual Allowed Trend	1.086	1.044	1.104	1.082
Annual Deductible Trend	1.015	1.015	1.015	1.015
Annual Paid Trend	1.116	1.055	1.105	1.091
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.096
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,037	807	114	11,958
Projected Allowed Cost per Script	\$19.09	\$380.21	\$4,774.45	\$88.88
Projected Deductible Per Script	\$3.67	\$24.94	\$82.05	\$5.85
Projected Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.27
Projected Coinsurance Per Script	\$1.09	\$18.75	\$33.89	\$2.60
Projected Paid Cost Per Script	\$11.64	\$326.39	\$4,646.55	\$77.15
Projected Allowed PMPM	\$17.56	\$25.57	\$45.44	\$88.57
Projected Deductible PMPM	\$3.38	\$1.68	\$0.78	\$5.83
Projected Copay PMPM	\$2.47	\$0.68	\$0.11	\$3.26
Projected Coinsurance PMPM	\$1.00	\$1.26	\$0.32	\$2.59
Projected Paid PMPM	\$10.71	\$21.95	\$44.22	\$76.88
Projected Rx Rebates Net Projected Paid PMPM				(\$17.11) \$59.78

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10.414	872	97	11.383
Experience Period Allowed Cost per Script	\$18.08	\$309.39	\$4.573.13	\$79.18
Experience Period Deductible Per Script	\$3.84	\$28.08	\$77.76	\$6.33
Experience Period Copay Per Script	\$3.10	\$13.57	\$16.39	\$4.01
Experience Period Coinsurance Per Script	\$1.06	\$12.68	\$25.88	\$2.17
Experience Period Paid Cost Per Script	\$10.07	\$255.06	\$4,453.10	\$66.67
Experience Period Allowed PMPM	\$15.69	\$22.49	\$36.93	\$75.11
Experience Period Deductible PMPM	\$3.34	\$2.04	\$0.63	\$6.01
Experience Period Copay PMPM	\$2.69	\$0.99	\$0.13	\$3.81
Experience Period Coinsurance PMPM	\$0.92	\$0.92	\$0.21	\$2.05
Experience Period Paid PMPM	\$8.74	\$18.54	\$35.96	\$63.24
Experience Period Rx Rebates PMPM				(\$14.87)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.060
Annual Allowed Trend	1.086	1.044	1.104	1.083
Annual Deductible Trend	1.015	1.015	1.015	1.015
Annual Paid Trend	1.119	1.057	1.105	1.093
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.104
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,992	784	110	11,886
Projected Allowed Cost per Script	\$20.19	\$375.20	\$4,897.71	\$88.88
Projected Deductible Per Script	\$3.96	\$28.92	\$80.09	\$6.31
Projected Copay Per Script	\$3.10	\$13.57	\$16.39	\$3.91
Projected Coinsurance Per Script	\$1.19	\$15.38	\$27.72	\$2.37
Projected Paid Cost Per Script	\$11.95	\$317.34	\$4,773.51	\$76.28
Projected Allowed PMPM	\$18.50	\$24.51	\$45.02	\$88.03
Projected Deductible PMPM	\$3.63	\$1.89	\$0.74	\$6.25
Projected Copay PMPM	\$2.84	\$0.89	\$0.15	\$3.87
Projected Coinsurance PMPM	\$1.09	\$1.00	\$0.25	\$2.35
Projected Paid PMPM	\$10.94	\$20.73	\$43.88	\$75.56
Projected Rx Rebates				(\$16.63)
Net Projected Paid PMPM				\$58.93

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,617	937	103	11,657
Experience Period Allowed Cost per Script	\$15.80	\$318.63	\$4,219.28	\$77.42
Experience Period Deductible Per Script	\$2.81	\$16.55	\$70.17	\$4.51
Experience Period Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.70
Experience Period Coinsurance Per Script	\$0.93	\$20.37	\$42.76	\$2.86
Experience Period Paid Cost Per Script	\$9.75	\$275.21	\$4,098.47	\$67.36
Experience Period Allowed PMPM	\$13.98	\$24.88	\$36.35	\$75.21
Experience Period Deductible PMPM	\$2.48	\$1.29	\$0.60	\$4.38
Experience Period Copay PMPM	\$2.04	\$0.51	\$0.07	\$2.62
Experience Period Coinsurance PMPM	\$0.82	\$1.59	\$0.37	\$2.78
Experience Period Paid PMPM	\$8.63	\$21.49	\$35.31	\$65.43
Experience Period Rx Rebates PMPM				(\$14.15)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.058
Annual Allowed Trend	1.086	1.044	1.104	1.081
Annual Deductible Trend	1.016	1.016	1.016	1.016
Annual Paid Trend	1.111	1.051	1.105	1.088
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.082
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,205	842	118	12,165
Projected Allowed Cost per Script	\$17.64	\$386.41	\$4,518.74	\$86.73
Projected Deductible Per Script	\$2.90	\$17.08	\$72.40	\$4.55
Projected Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.65
Projected Coinsurance Per Script	\$1.04	\$24.70	\$45.79	\$3.11
Projected Paid Cost Per Script	\$11.40	\$338.14	\$4,392.67	\$76.41
Projected Allowed PMPM	\$16.48	\$27.12	\$44.32	\$87.92
Projected Deductible PMPM	\$2.71	\$1.20	\$0.71	\$4.61
Projected Copay PMPM	\$2.16	\$0.46	\$0.08	\$2.69
Projected Coinsurance PMPM	\$0.97	\$1.73	\$0.45	\$3.15
Projected Paid PMPM	\$10.64	\$23.73	\$43.08	\$77.46
Projected Rx Rebates Net Projected Paid PMPM				(\$17.42) \$60.05

#### Exhibit 2b -- Rx Trend Development (Small Grandfathered)

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,561	853	113	10,527
Experience Period Allowed Cost per Script	\$17.14	\$313.18	\$5,224.37	\$97.04
Experience Period Deductible Per Script	\$7.32	\$51.83	\$173.59	\$12.71
Experience Period Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.36
Experience Period Coinsurance Per Script	\$0.34	\$1.17	\$0.00	\$0.40
Experience Period Paid Cost Per Script	\$8.39	\$255.71	\$5,050.15	\$82.57
Experience Period Allowed PMPM	\$13.65	\$22.26	\$49.21	\$85.12
Experience Period Deductible PMPM	\$5.83	\$3.68	\$1.64	\$11.15
Experience Period Copay PMPM	\$0.87	\$0.32	\$0.01	\$1.19
Experience Period Coinsurance PMPM	\$0.27	\$0.08	\$0.00	\$0.35
Experience Period Paid PMPM	\$6.68	\$18.18	\$47.57	\$72.43
Experience Period Rx Rebates PMPM				(\$20.26
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.063
Annual Allowed Trend	1.086	1.044	1.104	1.086
Annual Deductible Trend	1.015	1.015	1.015	1.015
Annual Paid Trend	1.129	1.061	1.105	1.096
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,091	767	129	10,986
Projected Allowed Cost per Script	\$19.14	\$379.80	\$5,595.17	\$109.6
Projected Deductible Per Script	\$7.54	\$53.40	\$178.87	\$12.75
Projected Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.32
Projected Coinsurance Per Script	\$0.38	\$1.42	\$0.00	\$0.45
Projected Paid Cost Per Script	\$10.13	\$320.51	\$5,415.67	\$95.10
Projected Allowed PMPM	\$16.09	\$24.26	\$60.00	\$100.3
Projected Deductible PMPM	\$6.34	\$3.41	\$1.92	\$11.67
Projected Copay PMPM	\$0.92	\$0.29	\$0.01	\$1.21
Projected Coinsurance PMPM	\$0.32	\$0.09	\$0.00	\$0.41
Projected Paid PMPM	\$8.52	\$20.48	\$58.07	\$87.07
Projected Rx Rebates				(\$19.90
Net Projected Paid PMPM				\$67.17

### **Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

Completed Through. 0/01/10				
	ACA Compliant Small Group	ACA Compliant Individual	Small Group Grandfathered	Small Group + Individual Single Risk Pool
1 Member Months	172,758	130,575	14,969	318,302
2 FFS Paid Medical Claims	\$312.58	\$322.62	\$324.98	\$317.28
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.00	\$0.80
4a Federal CSR Payments	\$0.00	(\$38.95)	\$0.00	(\$15.98)
4b State CSR Payments	\$0.00	(\$5.23)	\$0.00	(\$2.15)
5 IBNR Factor	1.024	1.024	1.024	, ,
6 FFS Incurred Paid Medical Claims	\$321.05	\$286.08	\$332.92	\$307.26
7 FFC In surroad Div Claims	#C2 24	<b>PCE 42</b>	<b>Ф70.40</b>	ФС4 <b>Б</b> 7
7 FFS Incurred Rx Claims	\$63.24	\$65.43	\$72.43	\$64.57
8 Experience Period Rx Rebates	(\$14.87)	(\$14.15)	(\$20.26)	(\$14.83)
9 FFS Incurred Rx Claims (Net of Rebates)	\$48.37	\$51.28	\$52.17	\$49.74
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$40.46)	(\$32.21)	(\$42.23)	(\$37.16)
11 Pooling Charge	\$41.14	\$38.16	\$42.88	\$40.00
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$370.11	\$343.31	\$385.75	\$359.85
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.47	\$9.00	\$8.67
14 Adjusted Experience Period Claim Expense	\$378.91	\$351.78	\$394.74	\$368.52
Market-Wide Adjustments to Experience Period Claims				
15 Adjustment for average policy during beginning of policy year	\$0.00	\$0.00	\$0.00	\$0.00
16 Adjustment for pharmacy benefit carve-in	\$0.31	\$0.11	\$0.81	\$0.25
17 Adjustment for pediatric dental carve-in to Small Group Grandfathered	\$0.00	\$0.00	\$0.84	\$0.04
18 Adjustment for Individual Mandate Repeal	\$0.00	\$0.00	\$0.00	\$0.00
19 Adjustment for Association Health Plans	\$3.74	\$3.48	\$3.90	\$3.64
20 Adjustment for Leap Year	\$1.01	\$0.94	\$1.06	\$0.99
21 Adjustment for National High Cost Reinsurance Pool	\$0.89	\$0.82	\$0.93	\$0.86
22 Experience Period Claim Expense After All Adjustments	\$384.87	\$357.12	\$402.28	\$374.30
23 Annual FFS Medical projection factor	1.045	1.045	1.045	1.045
24 Annual FFS Rx projection factor	1.104	1.082	1.135	1.096
25 Annual FFS Claim trend projection factor	1.053	1.051	1.057	1.052
26 Months of Trend	24	24	24	24
27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$416.94	\$385.05	\$439.73	\$404.94
28 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.21	\$4.81	\$5.49	\$5.06
29 Projection Period Capitation and Non-FFS Medical Costs	\$5.21 \$6.64	\$4.81 \$6.64	\$5.49 \$6.64	\$5.06 \$6.64
30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$428.79	\$396.49	\$6.64 \$451.86	\$416.64
•				
Federal Reinsurance and Risk Adjustment Programs	400.01	057.00	00001	400.07
31 Federal Risk Adjustment Program Impact	\$62.64	\$57.93	\$66.01	\$60.87
32 Paid Index Rate PMPM After Adjustments for Federal Programs	\$491.43	\$454.42	\$517.88	\$477.51

## Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	13,734	13,737	1.000	1.000
4	Double	3,547	7,087	1.998	2.000
4	Parent/Child(ren)	681	1,682	2.470	1.930
4	Family	2,194	8,381	3.820	2.810

Single Conversion Factor 1.091

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

0/ -f D D-ff'										
% of Premium Retention Components										
Broker Load	0.00%									
Bad Debt	0.40%									
Contribution to Reserves	1.50%									
Total % of Premium Retention Components	1.90%									
PMPM Retention Components	3									
General Administrative Load	\$42.00									
General Administrative Load	<b>Φ42.00</b>									
% of Premium Taxes and Assessn	nents									
Premium Tax	0.00%									
VT Vaccine Pilot	0.30%									
ACA Insurer Tax	1.00%									
Total % of Premium Taxes/Assessments	1.30%									
% of Paid Claim Taxes and Assessi	ments									
Vermont Paid Claim Surcharge	0.999%									
New York State HCRA Surcharge	0.250%									
Total % of Paid Claim Taxes/Assessments	1.249%									
PMPM Taxes and Assessments										
HHS Risk Adjustment User Fee	\$0.17									
18 VSA 9374(h) Billback	\$1.93									
Total PMPM Taxes/Assessments	\$2.10									
. 5 (2	<del>+-</del>									

## Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

## % of Premium Retention Components

1) Projection Period Federal CSR Dollars	\$5,946,226	
2) Projection Period Member Months, CSR	Plans 78,168	
3) Projection Period Federal CSR PMPM	\$76.07	= 1) / 2)
4) IBNR Factor	1.024	
5) Federal CSR PMPM with IBNR	\$77.93	= 3) * 4)
Annual Trend Factor	1.015	
7) Months of Trend	24	
8) Trended Federal CSR PMPM	\$80.29	= 5) * 6) ^ [ 7) / 12 ]

Increase

Increase

#### Exhibit 7 -- 2020 Exchange Premium Rates

2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32) \$477.51 Benefit Relativity \* Induced Demand Reflected in Index Rate 0.7440 Adjusted Claim Cost for Pricing \$641.83

					Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in							Increase	over 2019	Increase	over 2019
	Product		Standard/Non	· On/Off	Combined	Actuarial		Nat Claim Cast	Bad Debt / CTR	Expense	76 or Premium	and	Excess of	CSR	Gross Claim			Parent/Child(		over 2019	Double	over 2019	Family
0																01			F				
Coplan	Type	Metal Level	Standard	Exchange	Subsidy	Value	Factor*	PMPM \$643.39	(% of Premium)	(PMPM)	Assessments	Assessments	\$0.00	Loading	Cost PMPM		Double	ren)	Family \$2.177.33	Single Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.881	1.138		\$13.49	\$42.00	\$9.23	\$2.10		\$0.00	\$710.22	\$774.85	\$1,549.70	\$1,495.46		8.1%	8.1%	8.1% 7.8%	8.1% 7.8%
FRVT-HMO-G-001-S (2020) FRVT-HMO-G-002-N (2020)	HyHMO HvHMO	Gold Gold	Standard Non-Standard	On Exchange On Exchange	Non-Subsidized Non-Subsidized	0.782 0.812	1.072 1.092	\$537.59 \$569.33	\$11.42 \$12.06	\$42.00 \$42.00	\$7.81 \$8.25	\$2.10 \$2.10	\$0.00 \$0.88	\$0.00 \$0.00	\$600.92 \$634.62		\$1,311.20 \$1,384.74	\$1,265.31 \$1,336.27	\$1,842.24 \$1.945.56	7.8% 11.0%	7.8% 11.0%	7.8% 11.0%	7.8% 11.0%
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold		On Exchange	Non-Subsidized	0.769	1.066	\$526.38	\$12.00	\$42.00	\$7.67	\$2.10	\$0.88	\$0.00	\$590.25	\$643.96	\$1,384.74		\$1,845.50	10.3%	10.3%	10.3%	10.3%
FRVT-HMO-S-003-N (2020)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.709	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,267.92	\$1,289.68	\$1,809.33	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S-003-S (2020)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.693	1.033	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28	\$654.91	\$1,330.40	\$1,263.98	\$1,877.73	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard		Non-Subsidized	0.702	1.020	\$464.77	\$11.58	\$42.00	\$7.92	\$2.10	\$0.88	\$80.29	\$609.54	\$665.01	\$1,330.02	\$1,283.47	\$1,868.68	6.6%	6.6%	6.6%	6.6%
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard		Non-Subsidized	0.673	1.021	\$441.12	\$11.12	\$42.00	\$7.61	\$2.10	\$0.88	\$80.29	\$585.11		\$1,276.72	\$1,232.03	\$1,793.79	6.8%	6.8%	6.8%	6.8%
VT-HMO-S-003-S II (2020)	HvHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.706	1.033	\$468.50	\$10.06	\$42.00	\$6.88	\$2.10	\$0.00	\$0.00	\$529.55		\$1,155.48	\$1,115.04	\$1,623.45	8.1%	8.1%	8.1%	8.1%
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.693	1.026	\$456.68	\$9.83	\$42.00	\$6.73	\$2.10	\$0.00	\$0.00	\$517.33	\$564.41	\$1,128.82	\$1.089.31	\$1,585.99	9.1%	9.1%	9.1%	9.1%
VT-HMOH-S-002-N II (2020)	HDHMO	Silver		Off Exchange	Non-Subsidized	0.702	1.028	\$462.90	\$9.97	\$42.00	\$6.82	\$2.10	\$0.88	\$0.00	\$524.67	\$572.41	\$1,144.82	\$1,104.75	\$1,608.47	10.2%	10.2%	10.2%	10.2%
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard		Non-Subsidized	0.673	1.021	\$441.12	\$9.54	\$42.00	\$6.53	\$2.10	\$0.88	\$0.00	\$502.17	\$547.87	\$1,095.74		\$1,539.51	11.1%	11.1%	11.1%	11.1%
FRVT-HMO-B-002-S (2020)	НМО	Bronze	Standard	On Exchange	Non-Subsidized	0.582	1.000	\$373.55	\$8.20	\$42.00	\$5.61	\$2.10	\$0.00	\$0.00	\$431.46	\$470.72	\$941.44	\$908.49	\$1,322.72	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.601	1.000	\$385.61	\$8.43	\$42.00	\$5.77	\$2.10	\$0.00	\$0.00	\$443.92	\$484.32	\$968.64	\$934.74	\$1,360.94	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.661	1.017	\$431.78	\$9.34	\$42.00	\$6.39	\$2.10	\$0.00	\$0.00	\$491.61	\$536.35	\$1,072.70	\$1,035.16	\$1,507.14	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.613	1.003	\$394.44	\$8.62	\$42.00	\$5.90	\$2.10	\$0.88	\$0.00	\$453.94	\$495.25	\$990.50	\$955.83	\$1,391.65	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.580	1.000	\$372.46	\$8.19	\$42.00	\$5.61	\$2.10	\$0.88	\$0.00	\$431.24	\$470.48	\$940.96	\$908.03	\$1,322.05	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.613	0.638	\$251.02	\$5.79	\$42.00	\$3.96	\$2.10	\$0.00	\$0.00	\$304.87	\$332.61	\$665.22	\$641.94	\$934.63	11.1%	11.1%	11.1%	11.1%
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,336.46	\$1,289.68	\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,336.46	\$1,289.68	\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,336.46	\$1,289.68	\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard		Subsidized (77%)	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,336.46	\$1,289.68	\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	On Exchange		0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28	\$654.91	\$1,309.82	\$1,263.98	\$1,840.30	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard		Subsidized (87%)	0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28		\$1,309.82	\$1,263.98	\$1,840.30	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard		Subsidized (94%)	0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28	\$654.91	\$1,309.82	\$1,263.98	\$1,840.30	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard		Subsidized (77%)	0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28		\$1,309.82	\$1,263.98	\$1,840.30	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard		Subsidized (73%)	0.702	1.031	\$464.77	\$11.58	\$42.00	\$7.92	\$2.10	\$0.88	\$80.29	\$609.54	\$665.01	\$1,330.02	\$1,283.47	\$1,868.68	6.6%	6.6%	6.6%	6.6%
FRVT-HMOH-S2-002-N (2020)	HMO	Silver			Subsidized (87%)	0.702	1.031	\$464.77	\$11.58	\$42.00	\$7.92	\$2.10	\$0.88	\$80.29	\$609.54	\$665.01	\$1,330.02		\$1,868.68	6.6%	6.6%	6.6%	6.6%
FRVT-HMOH-S2-003-N (2020) FRVT-HMOH-S2-004-N (2020)	HMO HMO	Silver			Subsidized (94%)	0.702 0.702	1.031 1.031	\$464.77 \$464.77	\$11.58 \$11.58	\$42.00 \$42.00	\$7.92	\$2.10 \$2.10	\$0.88 \$0.88	\$80.29 \$80.29	\$609.54 \$609.54	\$665.01	\$1,330.02 \$1,330.02	\$1,283.47 \$1,283.47	\$1,868.68 \$1.868.68	6.6% 6.6%	6.6%	6.6% 6.6%	6.6% 6.6%
FRVT-HMOH-S2-004-N (2020)	HyHMO	Silver		On Exchange	Subsidized (77%) Subsidized (73%)	0.702	1.031	\$464.77	\$11.58 \$11.12	\$42.00	\$7.92 \$7.61	\$2.10	\$0.88	\$80.29	\$585.11	\$665.01 \$638.36	\$1,330.02		\$1,868.68	6.8%	6.6%	6.8%	6.8%
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver			Subsidized (75%) Subsidized (87%)	0.673	1.021	\$441.12 \$441.12	\$11.12	\$42.00	\$7.61	\$2.10	\$0.88	\$80.29	\$585.11		\$1,276.72		\$1,793.79	6.8%	6.8%	6.8%	6.8%
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver			Subsidized (94%)	0.673	1.021	\$441.12	\$11.12	\$42.00	\$7.61	\$2.10	\$0.88	\$80.29	\$585.11		\$1,276.72		\$1,793.79	6.8%	6.8%	6.8%	6.8%
FRVT-HMO-S1-003-N (2020)	HVHMO	Silver			Subsidized (77%)	0.673	1.021	\$441.12	\$11.12	\$42.00	\$7.61	\$2.10	\$0.88	\$80.29	\$585.11	\$638.36	\$1,276.72	\$1,232.03	\$1,793.79	6.8%	6.8%	6.8%	6.8%
FRVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$643.39	\$13.49	\$42.00	\$9.23	\$2.10	\$0.00	\$0.00	\$710.22	\$774.85	\$1,549.70	\$1,495.46	\$2,177,33	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.072	\$537.59	\$11.42	\$42.00	\$7.81	\$2.10	\$0.00	\$0.00	\$600.92		\$1,311.20		\$1,842.24	7.8%	7.8%	7.8%	7.8%
FRVT-HMO-GA2-002-N (2020)	HvHMO	Gold	Non-Standard		Al/AN	0.812	1.092	\$569.33	\$12.06	\$42.00	\$8.25	\$2.10	\$0.88	\$0.00	\$634.62	\$692.37	\$1,384.74	\$1,336.27	\$1,945.56	11.0%	11.0%	11.0%	11.0%
FRVT-HMOH-GA2-003-N (2020)		Gold	Non-Standard		Al/AN	0.769	1.066	\$526.38	\$11.21	\$42.00	\$7.67	\$2.10	\$0.88	\$0.00	\$590.25		\$1,287.92	\$1,242.84	\$1,809.53	10.3%	10.3%	10.3%	10.3%
FRVT-HMO-SA2-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49		\$1,336.46		\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA2-004-S (2020)		Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28	\$654.91	\$1,309.82	\$1,263.98	\$1,840.30	5.3%	5.3%	5.3%	5.3%
FRVT-HMOH-SA2-002-N (2020)		Silver	Non-Standard	On Exchange	AI/AN	0.702	1.031	\$464.77	\$11.58	\$42.00	\$7.92	\$2.10	\$0.88	\$80.29	\$609.54	\$665.01	\$1,330.02	\$1,283.47	\$1,868.68	6.6%	6.6%	6.6%	6.6%
FRVT-HMO-SA2-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	Al/AN	0.673	1.021	\$441.12	\$11.12	\$42.00	\$7.61	\$2.10	\$0.88	\$80.29	\$585.11	\$638.36	\$1,276.72	\$1,232.03	\$1,793.79	6.8%	6.8%	6.8%	6.8%
FRVT-HMO-BA2-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.582	1.000	\$373.55	\$8.20	\$42.00	\$5.61	\$2.10	\$0.00	\$0.00	\$431.46	\$470.72	\$941.44	\$908.49	\$1,322.72	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$385.61	\$8.43	\$42.00	\$5.77	\$2.10	\$0.00	\$0.00	\$443.92	\$484.32	\$968.64	\$934.74	\$1,360.94	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.017	\$431.78	\$9.34	\$42.00	\$6.39	\$2.10	\$0.00	\$0.00	\$491.61	\$536.35	\$1,072.70	\$1,035.16	\$1,507.14	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-BA2-005-N (2020)	HyHMO	Bronze		On Exchange	Al/AN	0.613	1.003	\$394.44	\$8.62	\$42.00	\$5.90	\$2.10	\$0.88	\$0.00	\$453.94	\$495.25	\$990.50	\$955.83	\$1,391.65	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-BA2-001-N (2020)	HyHMO	Bronze	Non-Standard		Al/AN	0.580	1.000	\$372.46	\$8.19	\$42.00	\$5.61	\$2.10	\$0.88	\$0.00	\$431.24	\$470.48	\$940.96	\$908.03	\$1,322.05	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$643.39	\$13.49	\$42.00	\$9.23	\$2.10	\$0.00	\$0.00	\$710.22	\$774.85	\$1,549.70		\$2,177.33	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.072	\$537.59	\$11.42	\$42.00	\$7.81	\$2.10	\$0.00	\$0.00	\$600.92	\$655.60	\$1,311.20	\$1,265.31	\$1,842.24	7.8%	7.8%	7.8%	7.8%
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard		Al/AN	0.812	1.092	\$569.33	\$12.06	\$42.00	\$8.25	\$2.10	\$0.88	\$0.00	\$634.62		\$1,384.74		\$1,945.56	11.0%	11.0%	11.0%	11.0%
FRVT-HMOH-GA1-003-N (2020)		Gold	Non-Standard		Al/AN	0.769	1.066	\$526.38	\$11.21	\$42.00	\$7.67	\$2.10	\$0.88	\$0.00	\$590.25	\$643.96	\$1,287.92	\$1,242.84	\$1,809.53	10.3%	10.3%	10.3%	10.3%
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$468.50	\$11.64	\$42.00	\$7.96	\$2.10	\$0.00	\$80.29	\$612.49	\$668.23	\$1,336.46	\$1,289.68	\$1,877.73	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA1-004-S (2020)		Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$456.68	\$11.41	\$42.00	\$7.80	\$2.10	\$0.00	\$80.29	\$600.28		\$1,309.82	\$1,263.98	\$1,840.30	5.3% 6.6%	5.3%	5.3%	5.3%
FRVT-HMOH-SA1-002-N (2020)		Silver	Non-Standard		Al/AN	0.702	1.031	\$464.77	\$11.58	\$42.00	\$7.92	\$2.10	\$0.88	\$80.29	\$609.54	\$665.01	\$1,330.02	\$1,283.47	\$1,868.68		6.6%	6.6%	6.6%
FRVT-HMO-SA1-001-N (2020) FRVT-HMO-BA1-002-S (2020)	HyHMO HvHMO	Silver Bronze	Non-Standard Standard	On Exchange On Exchange	AI/AN AI/AN	0.673 0.582	1.021 1.000	\$441.12 \$373.55	\$11.12 \$8.20	\$42.00 \$42.00	\$7.61 \$5.61	\$2.10 \$2.10	\$0.88 \$0.00	\$80.29 \$0.00	\$585.11 \$431.46	\$638.36 \$470.72	\$1,276.72 \$941.44	\$1,232.03 \$908.49	\$1,793.79 \$1,322.72	6.8% 10.5%	6.8% 10.5%	6.8% 10.5%	6.8% 10.5%
FRVT-HMOH-BA1-003-S (2020)		Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$373.55	\$8.43	\$42.00	\$5.77	\$2.10	\$0.00	\$0.00	\$431.46	\$484.32	\$968.64	\$934.74	\$1,322.72	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-BA1-003-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.000	\$431.78	\$6.43 \$9.34	\$42.00	\$6.39	\$2.10	\$0.00	\$0.00	\$443.92 \$491.61	\$536.35	\$1,072.70		\$1,500.94	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-BA1-005-N (2020)	HVHMO	Bronze		On Exchange	Al/AN	0.613	1.003	\$394.44	\$8.62	\$42.00	\$5.90	\$2.10	\$0.88	\$0.00	\$453.94	\$495.25	\$990.50	\$955.83	\$1,307.14	12.3%	12.3%	12.3%	12.3%
FRVT-HMO-BA1-003-N (2020)	HyHMO	Bronze		On Exchange	Al/AN	0.580	1.000	\$372.46	\$8.19	\$42.00	\$5.61	\$2.10	\$0.88	\$0.00	\$431.24	\$470.48	\$940.96		\$1,322.05	9.9%	9.9%	9.9%	9.9%
(2020)	.,								+		**····		*****		+ · · · · · · ·		+	+	,			*.*	

<sup>\*</sup>The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT366

\*\*\*Child Only Rate = Single Rate per Child

#### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

	GG	OLD			DARD PLANS LVER		BRO	ONZE	PLATINUM	GOLD		SII	STANDARD PLANS			BRONZE		Catastrophic	Total Annual	Average	Average Annual
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP			On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP		Premium	PMPM	Premium
2020 Proposed Rates Single Rate	\$643.96	\$692.37	\$638.36	\$547.87	\$665.01	\$572.41	\$470.48	\$495.25	\$774.85	\$655.60	\$668.23	\$577.74	\$654.91	\$564.41	\$484.32	\$470.72	\$536.35	\$332.61			
Couple Rate	\$1,287,92	\$1,384,74	\$1,276,72	\$1,095.74	\$1,330,02	\$1.144.82	\$940.96	\$990.50	\$1,549,70	\$1.311.20	\$1,336,46	\$1,155,48	\$1,309.82	\$1.128.82	\$968.64	\$941.44	\$1.072.70	\$665.22			
Adult and Child(ren) Rate	\$1,242,84	\$1,336.27	\$1,232.03	\$1,057.39	\$1,283.47	\$1,104.75	\$908.03	\$955.83	\$1,495,46	\$1,265.31	\$1,289.68	\$1,115.04	\$1,263.98	\$1,089.31	\$934.74	\$908.49	\$1,035.16	\$641.94			
Family Rate	\$1,809.53	\$1,945.56	\$1,793.79	\$1,539.51	\$1,868.68	\$1,608.47	\$1,322.05	\$1,391.65	\$2,177.33	\$1,842.24	\$1,877.73	\$1,623.45	\$1,840.30	\$1,585.99	\$1,360.94	\$1,322.72	\$1,507.14	\$934.63	\$205,319,833	\$553.95	\$6,647.45
2019 Approved Rates																					
Single Rate	\$583.79	\$623.64	\$597.79	\$493.35	\$623.72	\$519.29	\$428.16	\$441.18	\$716.54	\$608.39	\$638.82	\$534.39	\$621.74	\$517.31	\$436.34	\$426.12	\$485.37	\$299.31			
Couple Rate	\$1,167.58	\$1,247.28	\$1,195.58	\$986.70	\$1,247.44	\$1,038.58	\$856.32	\$882.36	\$1,433.08	\$1,216.78	\$1,277.64	\$1,068.78	\$1,243.48	\$1,034.62	\$872.68	\$852.24	\$970.74	\$598.62			
Adult and Child(ren) Rate	\$1,126.71	\$1,203.63	\$1,153.73	\$952.17	\$1,203.78	\$1,002.23	\$826.35	\$851.48	\$1,382.92	\$1,174.19	\$1,232.92	\$1,031.37	\$1,199.96	\$998.41	\$842.14	\$822.41	\$936.76	\$577.67			
Family Rate	\$1,640.45	\$1,752.43	\$1,679.79	\$1,386.31	\$1,752.65	\$1,459.20	\$1,203.13	\$1,239.72	\$2,013.48	\$1,709.58	\$1,795.08	\$1,501.64	\$1,747.09	\$1,453.64	\$1,226.12	\$1,197.40	\$1,363.89	\$841.06	\$188,668,999	\$509.03	\$6,108.36
2020 Proposed Rate Increases																					
Single Rate	10.3%	11.0%	6.8%	11.1%	6.6%	10.2%	9.9%	12.3%	8.1%	7.8%	4.6%	8.1%	5.3%	9.1%	11.0%	10.5%	10.5%	11.1%			
Couple Rate	10.3%	11.0%	6.8%	11.1%	6.6%	10.2%	9.9%	12.3%	8.1%	7.8%	4.6%	8.1%	5.3%	9.1%	11.0%	10.5%	10.5%	11.1%			
Adult and Child(ren) Rate	10.3%	11.0%	6.8%	11.1%	6.6%	10.2%	9.9%	12.3%	8.1%	7.8%	4.6%	8.1%	5.3%	9.1%	11.0%	10.5%	10.5%	11.1%			
Family Rate	10.3%	11.0%	6.8%	11.1%	6.6%	10.2%	9.9%	12.3%	8.1%	7.8%	4.6%	8.1%	5.3%	9.1%	11.0%	10.5%	10.5%	11.1%	8.8%	Total Revenue	Change
February 2019 Contracts																					
Single Rate	1,955	167	3,066	521	31	141	402	483	852	1,498	342	536	289	471	1,343	1,453	174	10			
Couple Rate	593	38	757	103	19	43	86	94	331	476	86	110	69	103	291	319	27	2			
Adult and Child(ren) Rate	126	10	99	25	3	7	8	22	81	97	13	25	16	26	70	49	4	0			
Family Rate	629	29	121	84	1	78	44	42	223	253	26	99	25	94	271	158	17	0			
Total	3,303	244	4,043	733	54	269	540	641	1,487	2,324	467	770	399	694	1,975	1,979	222	12	_		
2020 Proposed PMPY Revenue	\$6,758.85	\$7,637.32	\$7,506.23	\$5,973.64	\$7,740.72	\$5,741.04	\$5,311.19	\$5,640.96	\$8,281.35	\$7,175.29	\$7,610.36	\$6,300.95	\$7,218.32	\$5,931.21	\$5,217.55	\$5,337.18	\$6,143.43	\$3,991.32			
2019 Approved PMPY Revenue	\$6,127.32	\$6,879.19	\$7,029.18	\$5,379.19	\$7,260.10	\$5,208.26	\$4,833.44	\$5,025.10	\$7,658.15	\$6,658.60	\$7,275.41	\$5,828.17	\$6,852.72	\$5,436.25	\$4,700.67	\$4,831.49	\$5,559.50	\$3,591.72			



July 25, 2019

Mr. Josh Hammerquist, FSA, MAAA Lewis & Ellis, Inc. P.O. Box 851857 Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

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

1. Please provide quantitative support for the impact of the 2020 hospital budget requests.

Response: Please see the attached document titled "Support for L&E Objection #5\_CONFIDENTIAL" for the trend build-up with the hospital budget requests. Changes from the previous exhibits in L&E Objection #1 are shaded in gray. Please note that this change impacts trends for 2019/2018 for the two hospitals with mid-year increases. MVP has provided a tab in the file quantifying those changes.

Please see the attached file "VT 2020 Exchange Rate Filing\_072419\_SERFF" which provides an updated version of the rate filing reflected updated trends and the Non-Standard Gold 2 plan design we previously submitted via amendment on July 11.

Finally, see the attached file "Rate Increase Exhibit 2019-2020\_072419\_SERFF" which provides a calculation of the contract weighted rate increase using the above referenced rate filing document. The contract weighted rate increase using the proposed hospital budgets in 8.8%, which is approximately 0.5% higher than the 8.3% contract weighted increase provided in the July 11 amendment.

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

Sincerely,

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

**MVP Health Care** 



July 29, 2019

Mr. Michael Barber General Counsel Green Mountain Care Board 144 State Street Montpelier, VT 05602

Re: 2020 Vermont Exchange Rate Filing

SERFF Tracking #: MVPH-131934219

Dear Mr. Barber:

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

1) Regarding item 3 in your response to Question 1 of Exhibit 5, provide the quality measures MVP uses in its quality improvement program.

Response: The 2018 program structure is below and the 2019 QIS program is following the same structure and measure set.

## 2018 Program Structure

Providers were to receive an incentive payment for 2018 dates of service, based on the gaps they closed for the measures listed below. The dollars paid per gap were based on the performance percentile that the provider achieved. Providers had to earn a minimum of \$1,000 to be eligible to receive payment under this program.

Provider Performance Percentile	Dollars to be Paid Per Member
90th Percentile	\$20 per gap closed
75th Percentile	\$15 per gap closed
50th Percentile	\$10 per gap closed
<50th Percentile	No payment for gap closed

#### **Included HEDIS Measures**

The table below lists the HEDIS measures included in the program.

Women's Health	Chronic Care	Well-Care
Breast Cancer Screening (gaps	• Comprehensive Diabetes Care (Members	<ul> <li>Adolescent Well-Care Visits</li> </ul>
closed for 2018 dates of service)	who have received an eye exam,	<ul> <li>Well-Child Visits in the</li> </ul>
Cervical Cancer Screening (gaps)	nephropathy, and HbA1c testing)	Third, Fourth, Fifth and Sixth
closed for 2018 dates of service)	<ul> <li>Medication Management for People with</li> </ul>	Years
Chlamydia Screening	Asthma	Well-Child Visits in the First
	<ul> <li>Annual Monitoring for Patients on</li> </ul>	Fifteen Months of Life
	Persistent Medications	<ul> <li>Immunizations for</li> </ul>
		Adolescents



- 2) Describe the changes MVP has made to its Care Management Program with the transition to value-based care in New York.
  - Response: MVP Health Care has a continuous quest for improvement, learning and innovation. We evoke a data-driven strategy to drive our approach to ensure the best care is delivered to our members. Often, that means partnering with clinical providers on those fronts, and having our care managers provide more resourcing to support the member-provider dyad. We let the evidence and the outcomes drive us in these decisions and embrace change as we plan for the future.
- 3) Regarding item 23 in your response to Question 1 of Exhibit 5, is information from telemedicine visits relayed to members' primary care providers? If so, how?
  - Response: When MVP has a PCP on record for the member, we send a letter to the PCP letting them know the member had a visit, and any diagnosis codes from that visit. The member has the option to fax or email their PCP a detailed visit summary at the end of the visit they just need to enter the PCP's email and/or fax #. The member always has the option to print out or download their visit summaries and provide them to the PCP.
- 4) Is there any new activity to report in *Common Ground Healthcare Cooperative v. U.S.*? If so, please supplement your response to Question 2 of Exhibit 5.
  - Response: There is not any new activity in the above referenced case at this time.
- 5) Provide an update regarding the status of MVP's contract with the Green Mountain Surgery Center and explain whether that contract changes any of the assumptions contained in the filing. If it does not change any of the assumptions in the filing, please explain why.
  - Response: MVP recently signed a contract with the Green Mountain Surgery Center. MVP estimates that the 2020 OP trend will be reduced by approximately 0.2% due to this contract being signed which will reduce the proposed rates by 0.1%.
- 6) Regarding item 38 in your response to Question 1 of Exhibit 5, provide information regarding trends in unwarranted variations in treatment as they pertain to Vermont and explain how MVP uses this information.
  - Response: MVP Health Care has over 200 medical and pharmacy policies within its Benefit Interpretation Manual which are reviewed annually. In 2018 over 20 policy positions were modified to support appropriate utilization and decrease variations in care.
- 7) Regarding item 25 in your response to Question 1 of Exhibit 5, how many members are using MVP's online cost comparison website? What impact, if any, has the website had on where members seek care (please quantify)?
  - Response: MVP's cost comparison tool had over 6,700 page views between August 1, 2018 and June 30, 2019. MVP does not have data available to quantify how this tool has impacted where members seek care.
- 8) Please update Exhibit 7, page 2 with actual results for 2018.
  - Response: The table in Exhibit 7, page 2 was not interpreted correctly by MVP at the July 22<sup>nd</sup> rate hearing. The trend figures shown in the "Actual" rows under the 2017 column represent 2018 over 2017 trends. The



following clarifying point was included in L&E's June 18, 2019 objection letter which is not included in Exhibit 7:

\*Actual is for the year that the rates are effective for. For instance, for the column "2017", the actual field should be populated with the experience of 2018 (the year the rates are effective for).

9) How much of your enterprise-wide administrative costs are fixed and how much are variable?

Response: MVP estimates that 60% of administrative costs are fixed and 40% are variable.

10) Describe whether MVP considers how differences in cost sharing for procedures like colonoscopies (i.e., procedures that can be charged as "screening" but also as "diagnostic" if done following positive results, for example, from a Cologuard© test) may result in providers recommending a high cost procedure for a screening rather than a lower cost screening option.

Response: MVP has been in recent dialogue with Vermont DFR regarding the Vermont screening colonoscopy requirement. Our current payment policy reflects that colonoscopies will not take a cost share if billed with a 33 or PT modifier, or if the colonoscopy is billed with one of the qualifying diagnosis codes for that procedure.

We responded to DFR's inquiry regarding sending out coding guidance to providers and appreciate that DFR gave us the opportunity to review the draft bulletin.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

MVP Health Care, Inc.

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

# **Superseded Schedule Items**

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/25/2019		Supporting Document	Response to L&E Objection #5	07/25/2019	VT 2020 Exchange Rate Filing_072419_SERFF.xlsx VT 2020 Exchange Rate Filing_072419_SERFF.pdf Rate Increase Exhibit 2019- 2020_072419_SERFF.xlsx Rate Increase Exhibit 2019- 2020_072419_SERFF.pdf
06/25/2019		Supporting Document	Response to L&E Objection #3	07/08/2019	Support for L&E Objection #3_SERFF.xlsx Support for L&E Objection #3_SERFF.pdf Response to 2020 VT Exchange Objection #3_SERFF.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

Creation Date	Schedule Item	Cabadula	Sahadula Itam Nama	Replacement	Attacked Decument(c)
Creation Date 06/10/2019	Status	Schedule Supporting Document	Actuarial Memorandum	O8/09/2019	Attached Document(s)  2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019- 2020_052119_SERFF.pdf (Superceded) Rate Increase Exhibit 2019- 2020_052119_SERFF.xlsx (Superceded) VT 2020 Exchange Rate Filing_052119_SERFF.pdf (Superceded) VT 2020 Exchange Rate Filing_052119_SERFF.xlsx (Superceded) VT 2020 Exchange Rate Filing_052119_SERFF.xlsx (Superceded) Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf Final-Silver 2 HDHP CSR 73.pdf Non-Standard AVC Screenshots VT 2020 Exchange.pdf
05/23/2019		Supporting Document	Response to L&E Objection #1	05/30/2019	Response to 2020 VT Exchange Objection #1_REDACTED.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

	Schedule Item			Replacement	
Creation Date	Status	Schedule	Schedule Item Name	Creation Date	Attached Document(s)
05/21/2019		Supporting Document	Actuarial Memorandum	06/10/2019	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf (Superceded) Non-Standard AVC Screenshots_VT 2020 Exchange.pdf (Superceded) Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf MVPH-131934219 Amendment 052119.pdf Rate Increase Exhibit 2019- 2020_052119_SERFF.pdf Rate Increase Exhibit 2019- 2020_052119_SERFF.xlsx VT 2020 Exchange Rate Filing_052119_SERFF.pdf VT 2020 Exchange Rate Filing_052119_SERFF.xlsx
05/13/2019		Supporting Document	Actuarial Memorandum	05/21/2019	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019- 2020_SERFF.pdf (Superceded) Rate Increase Exhibit 2019- 2020_SERFF.xlsx (Superceded) Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.pdf (Superceded) VT 2020 Exchange Rate Filing_SERFF.xlsx (Superceded)

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

	Schedule Item			Replacement	
<b>Creation Date</b>	Status	Schedule	Schedule Item Name	<b>Creation Date</b>	Attached Document(s)
05/09/2019		Supporting Document	Actuarial Memorandum	05/13/2019	2020 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset (2020 issues)_SERFF.xlsx Actuarial Memo Dataset (2020 issues)_SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf Non-Standard AVC Screenshots_VT 2020 Exchange.pdf Rate Increase Exhibit 2019- 2020_Felt by Vermonters_SERFF.pdf (Superceded) Rate Increase Exhibit 2019- 2020_Felt by Vermonters_SERFF.xlsx (Superceded) Rate Increase Exhibit 2019- 2020_SERFF.pdf Rate Increase Exhibit 2019- 2020_SERFF.pdf Rate Increase Exhibit 2019- 2020_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf VT 2020 Exchange Rate Filing_SERFF.xlsx
05/09/2019		Supporting Document	Consumer Disclosure Form	05/13/2019	Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf (Superceded)
05/09/2019		Supporting Document	Unified Rate Review Template	08/09/2019	Unified_Rate_Review_Template_20 20_MVPHP_VT_Combined.pdf (Superceded) Unified_Rate_Review_Template_20 20_MVPHP_VT_Combined.xlsm (Superceded) UnifiedRateReviewSubmission_201 905089357.xml (Superceded)

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT Exchange 2020

Project Name/Number: /

Attachment Rate Increase Exhibit 2019-2020\_052119\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2020 Exchange Rate Filing\_052119\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

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Attachment VT 2020 Exchange Rate Filing\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission\_201905089357.xml is not a PDF document and cannot be reproduced here.

#### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

	GG	DLD		NON-STAN	IDARD PLANS LVER		BRC	DNZE	PLATINUM	GOLD		SII	STANDARD PLANS VER			BRONZE		Catastrophic	Total Annual	Average	Average Annual
2020 Proposed Rates	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP			On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP		Premium	РМРМ	Premium
Single Rate	\$640.69	\$764.51	\$635.45	\$545.12	\$661.96	\$569.53	\$468.16	\$492.79	\$770.84	\$652.25	\$665.16	\$574.82	\$651.91	\$561.56	\$481.92	\$468.39	\$533.66	\$331.05			
Couple Rate	\$1,281,38	\$1,529.02	\$1,270.90	\$1,090.24	\$1,323,92	\$1,139,06	\$936.32	\$985.58	\$1,541,68	\$1,304.50	\$1,330,32	\$1,149,64	\$1,303.82	\$1.123.12	\$963.84	\$936.78	\$1.067.32	\$662.10			
Adult and Child(ren) Rate	\$1,236.53	\$1,475.50	\$1,226.42	\$1,052.08	\$1,277.58	\$1,099.19	\$903.55	\$951.08	\$1,487.72	\$1,258.84	\$1,283.76	\$1,109.40	\$1,258.19	\$1,083.81	\$930.11	\$903.99	\$1,029.96	\$638.93			
Family Rate	\$1,800.34	\$2,148.27	\$1,785.61	\$1,531.79	\$1,860.11	\$1,600.38	\$1,315.53	\$1,384.74	\$2,166.06	\$1,832.82	\$1,869.10	\$1,615.24	\$1,831.87	\$1,577.98	\$1,354.20	\$1,316.18	\$1,499.58	\$930.25	\$204,617,589	\$552.06	\$6,624.72
2019 Approved Rates																					
Single Rate	\$583.79	\$623.64	\$597.79	\$493.35	\$623.72	\$519.29	\$428.16	\$441.18	\$716.54	\$608.39	\$638.82	\$534.39	\$621.74	\$517.31	\$436.34	\$426.12	\$485.37	\$299.31			
Couple Rate	\$1,167.58	\$1,247.28	\$1,195.58	\$986.70	\$1,247.44	\$1,038.58	\$856.32	\$882.36	\$1,433.08	\$1,216.78	\$1,277.64	\$1,068.78	\$1,243.48	\$1,034.62	\$872.68	\$852.24	\$970.74	\$598.62			
Adult and Child(ren) Rate	\$1,126.71	\$1,203.63	\$1,153.73	\$952.17	\$1,203.78	\$1,002.23	\$826.35	\$851.48	\$1,382.92	\$1,174.19	\$1,232.92	\$1,031.37	\$1,199.96	\$998.41	\$842.14	\$822.41	\$936.76	\$577.67			
Family Rate	\$1,640.45	\$1,752.43	\$1,679.79	\$1,386.31	\$1,752.65	\$1,459.20	\$1,203.13	\$1,239.72	\$2,013.48	\$1,709.58	\$1,795.08	\$1,501.64	\$1,747.09	\$1,453.64	\$1,226.12	\$1,197.40	\$1,363.89	\$841.06	\$188,668,999	\$509.03	\$6,108.36
2020 Proposed Rate Increases																					
Single Rate	9.7%	22.6%	6.3%	10.5%	6.1%	9.7%	9.3%	11.7%	7.6%	7.2%	4.1%	7.6%	4.9%	8.6%	10.4%	9.9%	9.9%	10.6%			
Couple Rate	9.7%	22.6%	6.3%	10.5%	6.1%	9.7%	9.3%	11.7%	7.6%	7.2%	4.1%	7.6%	4.9%	8.6%	10.4%	9.9%	9.9%	10.6%			
Adult and Child(ren) Rate	9.7%	22.6%	6.3%	10.5%	6.1%	9.7%	9.3%	11.7%	7.6%	7.2%	4.1%	7.6%	4.9%	8.6%	10.4%	9.9%	9.9%	10.6%			
Family Rate	9.7%	22.6%	6.3%	10.5%	6.1%	9.7%	9.3%	11.7%	7.6%	7.2%	4.1%	7.6%	4.9%	8.6%	10.4%	9.9%	9.9%	10.6%	8.45%	Total Revenue	Change
February 2019 Contracts																					
Single Rate	1,955	167	3,066	521	31	141	402	483	852	1,498	342	536	289	471	1,343	1,453	174	10			
Couple Rate	593	38	757	103	19	43	86	94	331	476	86	110	69	103	291	319	27	2			
Adult and Child(ren) Rate	126	10	99	25	3	7	8	22	81	97	13	25	16	26	70	49	4	0			
Family Rate	629	29	121	84	1	78	44	42	223	253	26	99	25	94	271	158	17	0			
Total	3,303	244	4,043	733	54	269	540	641	1,487	2,324	467	770	399	694	1,975	1,979	222	12	J		
2020 Proposed PMPY Revenue	\$6,724.53	\$8,433.07	\$7,472.01	\$5,943.66	\$7,705.21	\$5,712.16	\$5,285.00	\$5,612.94	\$8,238.49	\$7,138.62	\$7,575.40	\$6,269.10	\$7,185.25	\$5,901.26	\$5,191.70	\$5,310.77	\$6,112.61	\$3,972.60			
2019 Approved PMPY Revenue	\$6,127.32	\$6,879.19	\$7,029.18	\$5,379.19	\$7,260.10	\$5,208.26	\$4,833.44	\$5,025.10	\$7,658.15	\$6,658.60	\$7,275.41	\$5,828.17	\$6,852.72	\$5,436.25	\$4,700.67	\$4,831.49	\$5,559.50	\$3,591.72			



# MVP Health Care -- 2020 Exchange Rate Filing

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

#### Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filin For Effective Dates Beginning Between January 1, 2020 - December 31, 202

												In-Motwo	rk Benefits									
											Med	III-IVOLWO	I K Delielits				Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
									\$500 (Fac)													
FRVT-HMO-G-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$30	\$50	75000%	\$250	\$100 (Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50%, VBID = \$1 #
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
									\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/ \$700 Brand Ded
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
VT-HMOH-S-002-N II (2020)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,775	\$9,550	Embedded	0%	Embedded	Aggregate	\$4,775	\$9,550	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)												-	
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
																						\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8 150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1.350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

	Subsidized Cost-Shari	na Benefits (Non Al/Al	N)									In-Netwo	rk Benefits									
			Standard/Non-				IP						Deductible		Med OOP	Rx OOP	Max	Med OOP Max	Rx OOP Max	Max	OOP Max	
Coplan	Product Type	Metal Level		On/Off Exchange		SCP	(Med/Surg)	ER	OP Surg		Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD			Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250		\$100 No DD		\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD		\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,450	\$2,900	Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,400		Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%		\$2,800	Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1400 (Fac)													\$450 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-001-N (2020)	НуНМО	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$300 (Phys) \$200 (Fac)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 <sup>#</sup>
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$40 (Fac) \$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 *
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$800 (Fac) \$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 <sup>st</sup>

American I	ndian and Alaskan Nati	ve (Al/AN) Benefits (U	Insubsidized)^									In-Netwo	rk Benefits									·
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
form ID	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
RVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
RVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
									No DD \$500													
									(Fac)													
									No DD \$100													
RVT-HMO-GA2-002-N (2020)	HvHMO	Gold	Non-Standard	On Exchange	\$30 No DD	\$50 No DD	\$750 no DD	\$250 no DD	(Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6.050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50% No DD, VBID = \$1 #
RVT-HMOH-GA2-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350		Integrated	0% / 0% / 0%. Subject to Med Deductible
RVT-HMO-SA2-003-S (2020)	HvHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250		\$100 No DD			Embedded	40%	Embedded	Embedded	\$7,900	\$15.800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
RVT-HMOH-SA2-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%		\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$10/\$40/50%
RVT-HMOH-SA2-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%		\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,350	\$2,700	Integrated	0%/0%/0%
1001 1 mort of 2 ooz 14 (2020)	110111110	Olivoi	14011 Otaridard	On Exondingo	070	0,0	0,0	0,0	\$1,400 (Fac)	0,0	ψ4,700	ψ5,555	Liliboadaa	0,0	Lillouddud	, iggiogato	<b>\$4,700</b>	Ψ5,555	Ψ1,000	Q2,700	integrated	074074076
RVT-HMO-SA2-001-N (2020)	HvHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1.500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1
RVT-HMO-BA2-002-S (2020)	HvHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100			Embedded		Embedded	Embedded	\$8,200	\$16,400	\$1,350	\$2,700		\$1000/\$1200 Ded then \$20/\$85/60%
			Standard		50%		50%	50%	50%										\$1,350			
RVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze		On Exchange		50%	50%			50%		\$11,000		50%	Stacked	Aggregate	\$6,750	\$13,500		\$2,700	Integrated	\$12/40%/60%
RVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
						l									1					1		\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deduct
RVT-HMO-BA2-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
RVT-HMO-BA2-001-N (2020)	HvHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7.250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3

											In-Network Benefits											
American	n Indian and Alaskan Na	tive (Al/AN) Benefits (	Subsidized)									In-Networ	k Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-GA1-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2020)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

"First 3 PCP Office Visits are not subject to deductible

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

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

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

# Family structure is \$0,000 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$600 per contract per year.

#### Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD		\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD		\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
								\$500 (Fac)													
FRVT-HMO-G-002-N (2020)	HMO	Gold	Non-Standard	\$30	\$50	\$750	\$250	\$100 (Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50%, VBID = \$1 #
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700		Aggregate	0%			\$2,700				Integrated	
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250		\$100 No DE		\$5,600	Embedded	40%		Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DE	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$600 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100		\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100			Embedded	50%	Embedded	Embedded		\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250		Aggregate	50%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%		\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750		\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600		Embedded	0%		Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%		\$15,800		0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,750		Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100			Embedded	50%	Embedded	Embedded		\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,900		Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subeidia	ed Cost-Sharing Benef	ite (Non AI/AN)									In-Netwo	rk Benefits									
Oubsidia	ed Cost-Glianing Dener	ita (itoli Al/Alt)			1 1					Med	III-IVELWO	IK Delielits				Med OOP	Med OOP	RY OOP	Rx OOP	_	
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Sura	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2019)	HvHMO	Silver	Standard	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6.300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-001-S (2020)	HvHMO	Silver	Standard	\$35 No DD		50%	\$250	50%	\$100 No DD				50%	Embedded		\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%. \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2019)	HvHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1.800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2020)	HvHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3.800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD	\$2,300	\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Stacked	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,450		Aggregate	25%	Aggregate	Aggregate	\$3,400			\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded		\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,400	\$8,800	Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	НМО	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400		Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded		\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,800	\$5,600	Embedded	0%	Embedded	Aggregate	\$2,800	\$5,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1400 (Fac)												_	
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$1400 (Fac)													AA A
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$450/\$900 Ded then \$5/50%/50%, VBID = \$1 #
EDVE 11140 04 000 N (0040)	HvHMO	Silver	N	AF N. DD	600 N. DD	400/	050 N. DD	\$200 (Fac) \$100 (Phys)	eco N. DD	**	en.		400/	F	F	***	04500	0550	64 400		65 (000) (400) MDID 64 II
FRVT-HMO-S1-002-N (2019)	нунмо	Sliver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD		\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$550	\$1,100	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRVT-HMO-S1-002-N (2020)	HvHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$50	\$200 (Fac) \$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4.900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRV1-HWO-S1-002-N (2020)	пупіліО	Sliver	Non-Standard	DO NO DD	\$30	10%	\$50	\$40 (Fac)	\$50	φU	ŞU	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$000	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRVT-HMO-S1-003-N (2019)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	60	eo.	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$200	\$400	Separate	\$5 / 5% / 5%, VBID = \$1 #
FKV1=FIWO+31=003-N (2019)	riyriiVIO	Silver	non-standard	φυ INO DD	\$10 NO DD	3%	φ20 INO DD	\$20 (Phys) \$40 (Fac)	\$25 NO DD	\$0	\$0	Embedded	5%	Embedded	Embedded	φ1,250	φ2,500	φ200	φ400	Зерагате	φ3 / 3 /0 / 3 /0, V BID ≡ \$1 #
FRVT-HMO-S1-003-N (2020)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$40 (Fac) \$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1.450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%. VBID = \$1 #
FRV 1-FINO-3 1-003-N (2020)	riyriiVIO	Silver	Non-Standard	φυ INO DD	φ10	3%	φ <b>2</b> 0	\$800 (Fac)	φ <b>2</b> 5	φU	υŲ	Embedded	5%	Embedded	Embedded	φ1,45U	\$2,900	φυ30	φ/00	Separate	φ3 / 3 /0 / 3 /0, V BID ≡ \$1 #
FRVT-HMO-S1-004-N (2019)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$400 (Phvs)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1.350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #
110 1-11WO-01-004-W (2019)	i iyi iiviO	Silvei	14011-Otalidald	Ψιθ	ψ-10	30 /0	Ψ100	\$800 (Fac)	\$100	Ψ500	ψουυ	Limbedded	30 /0	Linbedded	Linbedded	ψ5,050	ψ10,100	ψ1,330	Ψ2,700	Ocparate	φο / το /ο / το /ο, φ 100 / φ200 Dea, VBID = φ1 #
FRVT-HMO-S1-004-N (2020)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Pac)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5.400	\$10.800	\$1.350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #
FIX V 1 *F110/10*-3 1*-004*-N (2020)	HYHIVIO	Silver	Non-Standard	ابت	\$ <del>4</del> 0	30%	φισυ	\$200 (F1195)	<b>⊒</b> φ100	φυUU	φ1,000	FILIDEGGEG	JU%	EHIDEGGEG	FILINGGGGG	φυ,400	\$10,000	φ1,350	φ <u>2,</u> 700	Separate	\$57 40767 4076, \$2007 \$400 Ded, VBID = \$1 #

American Indian	and Alaskan Native (AI/A	N) Benefits (Subsidia	zed)								In-Netwo	ork Benefits									
										Med						Med OOP	Med OOP	Rx OOP			
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

## Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018 Rating Period: January 1, 2020 - December 31, 2020

	2019	2020	Total	
Months of Trend	12	12	24	

#### **Medical Trend Summary**

	2019 Annual Trend										
	% of Allowed Claims	Unit Cost	Utilization	Total							
IP	21.1%	5.0%	0.0%	5.0%							
OP	48.2%	4.1%	0.0%	4.1%							
PHY	28.9%	2.2%	0.0%	2.2%							
OTR	1.8%	4.0%	0.0%	4.0%							
Medical Total		3.7%	0.0%	3.7%							

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.4%	5.3%	0.0%	5.3%
OP	48.4%	4.3%	0.0%	4.3%
PHY	28.5%	1.3%	0.0%	1.4%
OTR	1.8%	2.0%	0.0%	2.0%
<b>Medical Total</b>		3.7%	0.0%	3.7%

Annual Allowed Medical Trend 3.7%

				<del>_</del>	
	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$393.56	\$10.58	\$7.36	\$58.33	\$317.28
24 Months of Trend:	1.075	1.075	1.000	1.028	1.085
Projection Period:	\$423.10	\$11.38	\$7.36	\$59.98	\$344.38
ed Trend (Annual)	3.7%				
aid Trend (Annual)	4.2%				
veraging (Annual)	0.5%				

## Rx Trend Summary

	2019	Trend	2020	Trend	<u>Annualiz</u>	ed Trend
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	17.8%	2.9%	-5.2%	2.5%	5.7%	2.7%
Brand	11.7%	-8.9%	8.6%	-1.3%	10.1%	-5.2%
Specialty	-0.4%	6.0%	7.5%	7.4%	3.5%	6.7%

#### Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,457	898	100	11,455
Experience Period Allowed Cost per Script	\$17.09	\$313.51	\$4,458.04	\$79.22
Experience Period Deductible Per Script	\$3.56	\$24.20	\$79.63	\$5.85
Experience Period Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.35
Experience Period Coinsurance Per Script	\$0.98	\$15.46	\$31.64	\$2.38
Experience Period Paid Cost Per Script	\$9.87	\$263.72	\$4,334.81	\$67.64
Experience Period Allowed PMPM	\$14.89	\$23.46	\$37.27	\$75.62
Experience Period Deductible PMPM	\$3.10	\$1.81	\$0.67	\$5.58
Experience Period Copay PMPM	\$2.34	\$0.76	\$0.10	\$3.20
Experience Period Coinsurance PMPM	\$0.85	\$1.16	\$0.26	\$2.27
Experience Period Paid PMPM	\$8.60	\$19.73	\$36.24	\$64.57
Experience Period Rx Rebates PMPM				(\$14.83)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.059
Annual Allowed Trend	1.086	1.044	1.104	1.082
Annual Deductible Trend	1.014	1.014	1.014	1.014
Annual Paid Trend	1.116	1.055	1.105	1.091
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.096
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,037	807	114	11,958
Projected Allowed Cost per Script	\$19.09	\$380.21	\$4,774.45	\$88.88
Projected Deductible Per Script	\$3.66	\$24.89	\$81.87	\$5.84
Projected Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.27
Projected Coinsurance Per Script	\$1.09	\$18.75	\$33.89	\$2.60
Projected Paid Cost Per Script	\$11.65	\$326.44	\$4,646.73	\$77.16
Projected Allowed PMPM	\$17.56	\$25.57	\$45.44	\$88.57
Projected Deductible PMPM	\$3.37	\$1.67	\$0.78	\$5.82
Projected Copay PMPM	\$2.47	\$0.68	\$0.11	\$3.26
Projected Coinsurance PMPM	\$1.00	\$1.26	\$0.32	\$2.59
Projected Paid PMPM	\$10.72	\$21.96	\$44.22	\$76.89
Projected Rx Rebates Net Projected Paid PMPM				(\$17.11) \$59.79

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Tota
Experience Period Scripts / 1000	10,414	872	97	11,38
Experience Period Allowed Cost per Script	\$18.08	\$309.39	\$4,573.13	\$79.18
Experience Period Deductible Per Script	\$3.84	\$28.08	\$77.76	\$6.33
Experience Period Copay Per Script	\$3.10	\$13.57	\$16.39	\$4.01
Experience Period Coinsurance Per Script	\$1.06	\$12.68	\$25.88	\$2.17
Experience Period Paid Cost Per Script	\$10.07	\$255.06	\$4,453.10	\$66.6
Experience Period Allowed PMPM	\$15.69	\$22.49	\$36.93	\$75.1
Experience Period Deductible PMPM	\$3.34	\$2.04	\$0.63	\$6.01
Experience Period Copay PMPM	\$2.69	\$0.99	\$0.13	\$3.81
Experience Period Coinsurance PMPM	\$0.92	\$0.92	\$0.21	\$2.05
Experience Period Paid PMPM	\$8.74	\$18.54	\$35.96	\$63.2
Experience Period Rx Rebates PMPM				(\$14.8
Annual Util Trend	1.027	0.948	1.067	1.02
Annual Unit Cost Trend	1.057	1.101	1.035	1.060
Annual Allowed Trend	1.086	1.044	1.104	1.08
Annual Deductible Trend	1.014	1.014	1.014	1.01
Annual Paid Trend	1.119	1.058	1.105	1.09
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.10
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,992	784	110	11,88
Projected Allowed Cost per Script	\$20.19	\$375.20	\$4,897.71	\$88.8
Projected Deductible Per Script	\$3.95	\$28.86	\$79.92	\$6.30
Projected Copay Per Script	\$3.10	\$13.57	\$16.39	\$3.91
Projected Coinsurance Per Script	\$1.19	\$15.38	\$27.72	\$2.37
Projected Paid Cost Per Script	\$11.96	\$317.40	\$4,773.68	\$76.3
Projected Allowed PMPM	\$18.50	\$24.51	\$45.02	\$88.0
Projected Deductible PMPM	\$3.62	\$1.89	\$0.73	\$6.24
Projected Copay PMPM	\$2.84	\$0.89	\$0.15	\$3.87
Projected Coinsurance PMPM	\$1.09	\$1.00	\$0.25	\$2.35
Projected Paid PMPM	\$10.95	\$20.74	\$43.88	\$75.5
Projected Rx Rebates				(\$16.6
Net Projected Paid PMPM				\$58.9

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,617	937	103	11,657
Experience Period Allowed Cost per Script	\$15.80	\$318.63	\$4,219.28	\$77.42
Experience Period Deductible Per Script	\$2.81	\$16.55	\$70.17	\$4.51
Experience Period Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.70
Experience Period Coinsurance Per Script	\$0.93	\$20.37	\$42.76	\$2.86
Experience Period Paid Cost Per Script	\$9.75	\$275.21	\$4,098.47	\$67.36
Experience Period Allowed PMPM	\$13.98	\$24.88	\$36.35	\$75.21
Experience Period Deductible PMPM	\$2.48	\$1.29	\$0.60	\$4.38
Experience Period Copay PMPM	\$2.04	\$0.51	\$0.07	\$2.62
Experience Period Coinsurance PMPM	\$0.82	\$1.59	\$0.37	\$2.78
Experience Period Paid PMPM	\$8.63	\$21.49	\$35.31	\$65.43
Experience Period Rx Rebates PMPM				(\$14.15)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.058
Annual Allowed Trend	1.086	1.044	1.104	1.081
Annual Deductible Trend	1.015	1.015	1.015	1.015
Annual Paid Trend	1.111	1.051	1.105	1.088
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.082
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,205	842	118	12,165
Projected Allowed Cost per Script	\$17.64	\$386.41	\$4,518.74	\$86.73
Projected Deductible Per Script	\$2.89	\$17.04	\$72.23	\$4.54
Projected Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.65
Projected Coinsurance Per Script	\$1.04	\$24.70	\$45.79	\$3.11
Projected Paid Cost Per Script	\$11.41	\$338.18	\$4,392.83	\$76.42
Projected Allowed PMPM	\$16.48	\$27.12	\$44.32	\$87.92
Projected Deductible PMPM	\$2.70	\$1.20	\$0.71	\$4.60
Projected Copay PMPM	\$2.16	\$0.46	\$0.08	\$2.69
Projected Coinsurance PMPM	\$0.97	\$1.73	\$0.45	\$3.15
Projected Paid PMPM	\$10.65	\$23.74	\$43.09	\$77.47
Projected Rx Rebates				(\$17.42)
Net Projected Paid PMPM				\$60.06

#### Exhibit 2b -- Rx Trend Development (Small Grandfathered)

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,561	853	113	10,527
Experience Period Allowed Cost per Script	\$17.14	\$313.18	\$5,224.37	\$97.04
Experience Period Deductible Per Script	\$7.32	\$51.83	\$173.59	\$12.71
Experience Period Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.36
Experience Period Coinsurance Per Script	\$0.34	\$1.17	\$0.00	\$0.40
Experience Period Paid Cost Per Script	\$8.39	\$255.71	\$5,050.15	\$82.57
Experience Period Allowed PMPM	\$13.65	\$22.26	\$49.21	\$85.12
Experience Period Deductible PMPM	\$5.83	\$3.68	\$1.64	\$11.15
Experience Period Copay PMPM	\$0.87	\$0.32	\$0.01	\$1.19
Experience Period Coinsurance PMPM	\$0.27	\$0.08	\$0.00	\$0.35
Experience Period Paid PMPM	\$6.68	\$18.18	\$47.57	\$72.43
Experience Period Rx Rebates PMPM				(\$20.26
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.063
Annual Allowed Trend	1.086	1.044	1.104	1.086
Annual Deductible Trend	1.014	1.014	1.014	1.014
Annual Paid Trend	1.130	1.062	1.105	1.097
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,091	767	129	10,986
Projected Allowed Cost per Script	\$19.14	\$379.80	\$5,595.17	\$109.6
Projected Deductible Per Script	\$7.52	\$53.29	\$178.48	\$12.72
Projected Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.32
Projected Coinsurance Per Script	\$0.38	\$1.42	\$0.00	\$0.45
Projected Paid Cost Per Script	\$10.15	\$320.62	\$5,416.06	\$95.13
Projected Allowed PMPM	\$16.09	\$24.26	\$60.00	\$100.36
Projected Deductible PMPM	\$6.33	\$3.40	\$1.91	\$11.65
Projected Copay PMPM	\$0.92	\$0.29	\$0.01	\$1.21
Projected Coinsurance PMPM	\$0.32	\$0.09	\$0.00	\$0.41
Projected Paid PMPM	\$8.53	\$20.48	\$58.08	\$87.09
Projected Rx Rebates				(\$19.90
Net Projected Paid PMPM				\$67.20

## **Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

Completed Throught O/O// To				D II . C
	ACA Compliant Small Group	ACA Compliant Individual	Small Group Grandfathered	Small Group + Individual Single Risk Pool
1 Member Months	172,758	130,575	14,969	318,302
2 FFS Paid Medical Claims	\$312.58	\$322.62	\$324.98	\$317.28
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.00	\$0.80
4a Federal CSR Payments	\$0.00	(\$38.95)	\$0.00	(\$15.98)
4b State CSR Payments	\$0.00	(\$5.23)	\$0.00	(\$2.15)
5 IBNR Factor	1.024	1.024	1.024	* * *
6 FFS Incurred Paid Medical Claims	\$321.05	\$286.08	\$332.92	\$307.26
7 FFS Incurred Rx Claims	\$63.24	\$65.43	\$72.43	\$64.57
8 Experience Period Rx Rebates	(\$14.87)	(\$14.15)	(\$20.26)	(\$14.83)
9 FFS Incurred Rx Claims (Net of Rebates)	\$48.37	\$51.28	\$52.17	\$49.74
40 FFO Medical 8 De Claimaia Fusasa et 6400 000 Paulina Paint	(0.40, 40)	(000.04)	(#.40.00)	(07.40)
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$40.46)	(\$32.21)	(\$42.23)	
11 Pooling Charge	\$41.14	\$38.16	\$42.88	\$40.00
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$370.11	\$343.31	\$385.75	\$359.85
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.47	\$9.00	\$8.67
14 Adjusted Experience Period Claim Expense	\$378.91	\$351.78	\$394.74	\$368.52
Market-Wide Adjustments to Experience Period Claims				
15 Adjustment for average policy during beginning of policy year	\$0.00	\$0.00	\$0.00	\$0.00
16 Adjustment for pharmacy benefit carve-in	\$0.31	\$0.11	\$0.81	\$0.25
17 Adjustment for pediatric dental carve-in to Small Group Grandfathered	\$0.00	\$0.00	\$0.84	\$0.04
18 Adjustment for Individual Mandate Repeal	\$0.00	\$0.00	\$0.00	\$0.00
19 Adjustment for Association Health Plans	\$3.74	\$3.48	\$3.90	\$3.64
20 Adjustment for Leap Year	\$1.01	\$0.94	\$1.06	\$0.99
21 Adjustment for National High Cost Reinsurance Pool	\$0.89	\$0.82	\$0.93	\$0.86
22 Experience Period Claim Expense After All Adjustments	\$384.87	\$357.12	\$402.28	\$374.30
23 Annual FFS Medical projection factor	1.042	1.042	1.042	1.042
24 Annual FFS Rx projection factor	1.104	1.082	1.135	1.096
25 Annual FFS Claim trend projection factor	1.050	1.048	1.054	1.049
26 Months of Trend	24	24	24	24
27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$414.58	\$382.91	\$437.27	\$402.67
28 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.18	\$4.78	\$5.46	\$5.03
29 Projection Period Capitation and Non-FFS Medical Costs	\$6.64	\$6.64	\$6.64	\$6.64
30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$426.39	\$394.33	\$449.37	\$414.34
Federal Reinsurance and Risk Adjustment Programs				
31 Federal Risk Adjustment Program Impact	\$62.29	\$57.61	\$65.65	\$60.53
32 Paid Index Rate PMPM After Adjustments for Federal Programs	\$488.69	\$451.94	\$515.02	
52 I ald linder Nate Fille Mater Adjustificits for Federal Flograms	φ <del>4</del> 00.09	φ+31.34	φυ10.UZ	φ414.01

# **Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

			Avg Contract							
Tier	Contract Type	Subscribers	Members	Size	Load Factor					
4	Single	13,734	13,737	1.000	1.000					
4	Double	3,547	7,087	1.998	2.000					
4	Parent/Child(ren)	681	1,682	2.470	1.930					
4	Family	2.194	8.381	3.820	2.810					

Single Conversion Factor 1.091

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

% of Premium Retention Compone	ents
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.50%
Total % of Premium Retention Components	1.90%
PMPM Retention Components	
General Administrative Load	\$42.00
% of Premium Taxes and Assessm	ents
Premium Tax	0.00%
VT Vaccine Pilot	0.30%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.30%
% of Paid Claim Taxes and Assessr	ments
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%
PMPM Taxes and Assessments	5
HHS Risk Adjustment User Fee	\$0.17
18 VSA 9374(h) Billback	\$1.93
Total PMPM Taxes/Assessments	\$2.10

# Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

# % of Premium Retention Components

<ol> <li>Projection Period Federal CSR Dollars</li> <li>Projection Period Member Months, CSR Plans</li> <li>Projection Period Federal CSR PMPM</li> <li>IBNR Factor</li> <li>Federal CSR PMPM with IBNR</li> <li>Annual Trend Factor</li> <li>Months of Trend</li> </ol>	\$5,946,226 78,168 \$76.07 1.024 \$77.93 1.014 24	= 1) / 2) = 3) * 4)
8) Trended Federal CSR PMPM	\$80.15	= 5) * 6) ^ [ 7) / 12 ]

Increase

Increase

#### Exhibit 7 -- 2020 Exchange Premium Rates

2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32) \$474.87 Benefit Relativity \* Induced Demand Reflected in Index Rate 0.7440 Adjusted Claim Cost for Pricing \$638.29

					Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in							Increase	over 2019	Increase	over 2019
	Product		Standard/Non	On/Off	Combined	Actuarial		Not Claim Cost	Bad Debt / CTR	Expense	Taxes and	and	Excess of	CSR	Gross Claim			Parent/Child(		over 2019	Double	over 2019	Family
Coplan	Type	Metal Level	Standard	Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	Loading	Cost PMPM	Cinglo***	Double	ren)	Family	Single Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.881	1.138	\$639.83	\$13.42	\$42.00	\$9.19	\$2.10	\$0.00	\$0.00	\$706.54	\$770.84	\$1.541.68	\$1.487.72	\$2,166,06	7.6%	7.6%	7.6%	7.6%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.782	1.072	\$534.61	\$11.36	\$42.00	\$7.77	\$2.10	\$0.00	\$0.00	\$597.85		\$1,304.50	\$1,258.84	\$1,832.82	7.2%	7.2%	7.2%	7.2%
FRVT-HMO-G-002-N (2020)	HvHMO	Gold		On Exchange	Non-Subsidized	0.876	1.133	\$633.33	\$13.31	\$42.00	\$9.11	\$2.10	\$0.88	\$0.00	\$700.74		\$1,504.00	\$1,475.50	\$2,148.27	22.6%	22.6%	22.6%	22.6%
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold		On Exchange	Non-Subsidized	0.769	1.066	\$523.47	\$11.16	\$42.00	\$7.63	\$2.10	\$0.88	\$0.00	\$587.25		\$1,281,38	\$1,236.53	\$1,800.34	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.706	1.033	\$465.91	\$11.58	\$42.00	\$7.93	\$2.10	\$0.00	\$80.15	\$609.68		\$1,330,32	\$1,283.76	\$1.869.10	4.1%	4.1%	4.1%	4.1%
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.693	1.026	\$454.15	\$11.35	\$42.00	\$7.77	\$2.10	\$0.00	\$80.15	\$597.53		\$1,303.82	\$1,258.19	\$1,831.87	4.9%	4.9%	4.9%	4.9%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75	\$661.96	\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.706	1.033	\$465.91	\$10.01	\$42.00	\$6.85	\$2.10	\$0.00	\$0.00	\$526.87	\$574.82	\$1,149.64	\$1,109.40	\$1,615.24	7.6%	7.6%	7.6%	7.6%
VT-HMOH-S-004-S II (2020)	HĎHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.693	1.026	\$454.15	\$9.78	\$42.00	\$6.69	\$2.10	\$0.00	\$0.00	\$514.72	\$561.56	\$1,123.12	\$1,083.81	\$1,577.98	8.6%	8.6%	8.6%	8.6%
VT-HMOH-S-002-N II (2020)	HDHMO	Silver		Off Exchange	Non-Subsidized	0.702	1.028	\$460.34	\$9.92	\$42.00	\$6.79	\$2.10	\$0.88	\$0.00	\$522.03	\$569.53	\$1,139.06	\$1,099.19	\$1,600.38	9.7%	9.7%	9.7%	9.7%
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.673	1.021	\$438.68	\$9.49	\$42.00	\$6.50	\$2.10	\$0.88	\$0.00	\$499.65		\$1,090.24	\$1,052.08	\$1,531.79	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.582	1.000	\$371.48	\$8.16	\$42.00	\$5.58	\$2.10	\$0.00	\$0.00	\$429.32	\$468.39	\$936.78	\$903.99	\$1,316.18	9.9%	9.9%	9.9%	9.9%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.601	1.000	\$383.48	\$8.39	\$42.00	\$5.74	\$2.10	\$0.00	\$0.00	\$441.72	\$481.92	\$963.84	\$930.11	\$1,354.20	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.661	1.017	\$429.39	\$9.29	\$42.00	\$6.36	\$2.10	\$0.00	\$0.00	\$489.15	\$533.66	\$1,067.32	\$1,029.96	\$1,499.58	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-B-005-N (2020)	HMO	Bronze		On Exchange	Non-Subsidized	0.613	1.003	\$392.26	\$8.58	\$42.00	\$5.87	\$2.10	\$0.88	\$0.00	\$451.69	\$492.79	\$985.58	\$951.08	\$1,384.74	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-B-001-N (2020)	HMO	Bronze		On Exchange		0.580	1.000	\$370.40	\$8.15	\$42.00	\$5.58	\$2.10	\$0.88	\$0.00	\$429.11	\$468.16	\$936.32	\$903.55	\$1,315.53	9.3%	9.3%	9.3%	9.3%
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard		Non-Subsidized	0.613	0.638	\$249.63	\$5.77	\$42.00	\$3.94	\$2.10	\$0.00	\$0.00	\$303.44	\$331.05	\$662.10	\$638.93	\$930.25	10.6%	10.6%	10.6%	10.6%
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard		Subsidized (73%)	0.706	1.033	\$465.91	\$11.58	\$42.00	\$7.93	\$2.10	\$0.00	\$80.15	\$609.68	\$665.16	\$1,330.32	\$1,283.76	\$1,869.10	4.1%	4.1%	4.1%	4.1%
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard		Subsidized (87%)	0.706	1.033	\$465.91	\$11.58	\$42.00	\$7.93	\$2.10	\$0.00	\$80.15	\$609.68		\$1,330.32	\$1,283.76	\$1,869.10	4.1%	4.1%	4.1%	4.1%
FRVT-HMO-S3-003-S (2020) FRVT-HMO-S3-004-S (2020)	HyHMO HvHMO	Silver Silver	Standard Standard		Subsidized (94%)	0.706 0.706	1.033	\$465.91 \$465.91	\$11.58 \$11.58	\$42.00	\$7.93 \$7.93	\$2.10	\$0.00 \$0.00	\$80.15 \$80.15	\$609.68 \$609.68		\$1,330.32 \$1,330.32	\$1,283.76 \$1,283.76	\$1,869.10 \$1.869.10	4.1% 4.1%	4.1% 4.1%	4.1% 4.1%	4.1% 4.1%
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard		Subsidized (77%) Subsidized (73%)	0.706	1.033	\$454.15	\$11.35	\$42.00 \$42.00	\$7.77	\$2.10 \$2.10	\$0.00	\$80.15	\$597.53	\$651.91	\$1,330.32	\$1,258.19	\$1,831.87	4.1%	4.1%	4.1%	4.1%
FRVT-HMOH-S4-001-S (2020)	HMO	Silver	Standard		Subsidized (73%) Subsidized (87%)	0.693	1.026	\$454.15 \$454.15	\$11.35	\$42.00	\$7.77	\$2.10	\$0.00	\$80.15	\$597.53 \$597.53		\$1,303.82	\$1,258.19	\$1,831.87	4.9%	4.9%	4.9%	4.9%
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard		Subsidized (94%)	0.693	1.026	\$454.15	\$11.35	\$42.00	\$7.77	\$2.10	\$0.00	\$80.15	\$597.53		\$1,303.82	\$1,258.19	\$1,831.87	4.9%	4.9%	4.9%	4.9%
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard		Subsidized (77%)	0.693	1.026	\$454.15	\$11.35	\$42.00	\$7.77	\$2.10	\$0.00	\$80.15	\$597.53		\$1,303.82	\$1,258.19	\$1,831.87	4.9%	4.9%	4.9%	4.9%
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard		Subsidized (73%)	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75		\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-002-N (2020)	HMO	Silver			Subsidized (87%)	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75		\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-003-N (2020)	HMO	Silver			Subsidized (94%)	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75		\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75	\$661.96	\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver			Subsidized (77%)	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45		\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$639.83	\$13.42	\$42.00	\$9.19	\$2.10	\$0.00	\$0.00	\$706.54	\$770.84	\$1,541.68	\$1,487.72	\$2,166.06	7.6%	7.6%	7.6%	7.6%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.072	\$534.61	\$11.36	\$42.00	\$7.77	\$2.10	\$0.00	\$0.00	\$597.85		\$1,304.50	\$1,258.84	\$1,832.82	7.2%	7.2%	7.2%	7.2%
FRVT-HMO-GA2-002-N (2020)	HyHMO	Gold		On Exchange	Al/AN	0.876	1.133	\$633.33	\$13.31	\$42.00	\$9.11	\$2.10	\$0.88	\$0.00	\$700.74		\$1,529.02	\$1,475.50	\$2,148.27	22.6%	22.6%	22.6%	22.6%
FRVT-HMOH-GA2-003-N (2020)	HDHMO	Gold		On Exchange	Al/AN	0.769	1.066	\$523.47	\$11.16	\$42.00	\$7.63	\$2.10	\$0.88	\$0.00	\$587.25		\$1,281.38	\$1,236.53	\$1,800.34	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-SA2-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$465.91	\$11.58	\$42.00	\$7.93	\$2.10	\$0.00	\$80.15	\$609.68		\$1,330.32	\$1,283.76	\$1,869.10	4.1%	4.1%	4.1%	4.1%
FRVT-HMOH-SA2-004-S (2020) FRVT-HMOH-SA2-002-N (2020)	HDHMO HDHMO	Silver Silver	Standard	On Exchange On Exchange	AI/AN AI/AN	0.693 0.702	1.026 1.031	\$454.15 \$462.20	\$11.35 \$11.53	\$42.00 \$42.00	\$7.77 \$7.89	\$2.10 \$2.10	\$0.00 \$0.88	\$80.15 \$80.15	\$597.53 \$606.75	\$651.91 \$661.96	\$1,303.82 \$1,323.92	\$1,258.19 \$1,277.58	\$1,831.87 \$1.860.11	4.9% 6.1%	4.9% 6.1%	4.9% 6.1%	4.9% 6.1%
FRVT-HMO-SA2-002-N (2020)	HyHMO	Silver		On Exchange	Al/AN	0.702	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,323.92	\$1,277.56	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-BA2-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.582	1.000	\$371.48	\$8.16	\$42.00	\$5.58	\$2.10	\$0.00	\$0.00	\$429.32	\$468.39	\$936.78	\$903.99	\$1,316.18	9.9%	9.9%	9.9%	9.9%
FRVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$383.48	\$8.39	\$42.00	\$5.74	\$2.10	\$0.00	\$0.00	\$441.72	\$481.92	\$963.84	\$930.11	\$1,354.20	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.017	\$429.39	\$9.29	\$42.00	\$6.36	\$2.10	\$0.00	\$0.00	\$489.15	\$533.66	\$1,067.32	\$1,029.96	\$1,499.58	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-BA2-005-N (2020)	HyHMO	Bronze		On Exchange	Al/AN	0.613	1.003	\$392.26	\$8.58	\$42.00	\$5.87	\$2.10	\$0.88	\$0.00	\$451.69	\$492.79	\$985.58	\$951.08	\$1,384.74	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-BA2-001-N (2020)	HvHMO	Bronze		On Exchange	Al/AN	0.580	1.000	\$370.40	\$8.15	\$42.00	\$5.58	\$2.10	\$0.88	\$0.00	\$429.11	\$468.16	\$936.32	\$903.55	\$1,315,53	9.3%	9.3%	9.3%	9.3%
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$639.83	\$13.42	\$42.00	\$9.19	\$2.10	\$0.00	\$0.00	\$706.54	\$770.84	\$1,541.68	\$1,487.72	\$2,166.06	7.6%	7.6%	7.6%	7.6%
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	AI/AN	0.782	1.072	\$534.61	\$11.36	\$42.00	\$7.77	\$2.10	\$0.00	\$0.00	\$597.85	\$652.25	\$1,304.50	\$1,258.84	\$1,832.82	7.2%	7.2%	7.2%	7.2%
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	Al/AN	0.876	1.133	\$633.33	\$13.31	\$42.00	\$9.11	\$2.10	\$0.88	\$0.00	\$700.74	\$764.51	\$1,529.02	\$1,475.50	\$2,148.27	22.6%	22.6%	22.6%	22.6%
FRVT-HMOH-GA1-003-N (2020)	HDHMO	Gold		On Exchange	Al/AN	0.769	1.066	\$523.47	\$11.16	\$42.00	\$7.63	\$2.10	\$0.88	\$0.00	\$587.25		\$1,281.38	\$1,236.53	\$1,800.34	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$465.91	\$11.58	\$42.00	\$7.93	\$2.10	\$0.00	\$80.15	\$609.68		\$1,330.32	\$1,283.76	\$1,869.10	4.1%	4.1%	4.1%	4.1%
FRVT-HMOH-SA1-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$454.15	\$11.35	\$42.00	\$7.77	\$2.10	\$0.00	\$80.15	\$597.53		\$1,303.82	\$1,258.19	\$1,831.87	4.9%	4.9%	4.9%	4.9%
FRVT-HMOH-SA1-002-N (2020)	HDHMO	Silver	Non-Standard		Al/AN	0.702	1.031	\$462.20	\$11.53	\$42.00	\$7.89	\$2.10	\$0.88	\$80.15	\$606.75	\$661.96	\$1,323.92	\$1,277.58	\$1,860.11	6.1%	6.1%	6.1%	6.1%
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard		Al/AN	0.673	1.021	\$438.68	\$11.07	\$42.00	\$7.57	\$2.10	\$0.88	\$80.15	\$582.45	\$635.45	\$1,270.90	\$1,226.42	\$1,785.61	6.3%	6.3%	6.3%	6.3%
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.582	1.000	\$371.48	\$8.16	\$42.00	\$5.58	\$2.10	\$0.00	\$0.00	\$429.32	\$468.39	\$936.78	\$903.99	\$1,316.18	9.9%	9.9%	9.9%	9.9%
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	Al/AN	0.601	1.000	\$383.48	\$8.39	\$42.00	\$5.74	\$2.10	\$0.00	\$0.00	\$441.72	\$481.92	\$963.84	\$930.11	\$1,354.20	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.017	\$429.39	\$9.29	\$42.00	\$6.36	\$2.10	\$0.00	\$0.00	\$489.15	\$533.66	\$1,067.32	\$1,029.96	\$1,499.58	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze		On Exchange	AI/AN AI/AN	0.613	1.003 1.000	\$392.26 \$370.40	\$8.58 \$8.15	\$42.00	\$5.87 \$5.58	\$2.10	\$0.88	\$0.00	\$451.69	\$492.79	\$985.58	\$951.08	\$1,384.74	11.7%	11.7% 9.3%	11.7%	11.7%
FRVT-HMO-BA1-001-N (2020)	HyHMO	Bronze	DISDIESIC-11081	On Exchange	Al/AIN	0.580	1.000	\$370.40	\$0.10	\$42.00	\$5.56	\$2.10	\$0.88	\$0.00	\$429.11	\$468.16	\$936.32	\$903.55	\$1,315.53	9.3%	9.3%	9.3%	9.3%

<sup>\*</sup>The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT366

\*\*\*Child Only Rate = Single Rate per Child



# ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold 3 HDHP Plus Silver 2 HDHP Plus Silver 2 HDHP Plus II

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off of the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2020 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 211,000 covered MVP commercial members. The data reflects claims paid for 2017 incurred dates, paid as of January 31, 2019. MVP combines data from all of its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

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

VT secondary Rx OOP max

Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73% and 77% cost-sharing reduction plan were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

Safe harbor prescription drug benefits excluded from the plan deductible

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

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	77.10%	78.67%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	76.92%	78.51%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	67.84%	69.51%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	70.24%	71.94%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	69.80%	70.77%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	71.82%	72.83%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	74.52%	75.52%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.78%	76.81%
Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit	85.54%	86.57%
Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit	85.79%	86.83%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	92.23%	93.57%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	92.24%	93.57%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	67.75%	69.42%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	70.15%	71.85%

Actuarial Adjustment factor for Gold 3 Plan: 0.998 = 76.92% / 77.10% Final Federal AV for Gold 3 Plan: 78.67% x 0.998 = 78.51%

Actuarial Adjustment factor for Silver 2 Plan: 1.035 = 70.24% / 67.84%

Final Federal AV for Silver 2 Plan: 69.51% x 1.035 = 71.94%

Actuarial Adjustment factor for Silver 2 73% Plan: 1.029 = 71.82% / 69.80%

Final Federal AV for Silver 2 73% Plan: 70.77% x 1.029 = 72.83%

Actuarial Adjustment factor for Silver 2 77% Plan: 1.017 = 75.78% / 74.52%

Final Federal AV for Silver 2 77% Plan: 75.52% x 1.017 = 76.81%

Actuarial Adjustment factor for Silver 2 87% Plan: 1.003 = 85.79% / 85.54%

Final Federal AV for Silver 2 87% Plan: 86.57% x 1.003 = 86.83%

Actuarial Adjustment factor for Silver 2 94% Plan: 1.000 = 92.24% / 92.23%

Final Federal AV for Silver 2 94% Plan: 93.57% x 1.000 = 93.57%

Actuarial Adjustment factor for Silver 2 II Plan: 1.035 = 70.15% / 67.75%

Final Federal AV for Silver 2 II Plan: 69.42% x 1.035 = 71.85%

#### **CERTIFICATION**

I, Matthew Lombardo, Director of Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2020 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).

Matthew Lombardo, FSA, MAAA Director, Actuarial Services

Mithen forhold

**MVP Health Care** 

3/29/2019

Date

User Inputs for Plan Parameters		[MVP VT Plus] G	old 2							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🔲	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A			1st T	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contrib	oution Amount:		2nd 1	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							•			
Desired Metal Tier	Gold 🔻									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$6,050.00	\$1,350.00	\$7,400.00							
			_				_			
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	-
· · · · · · · · · · · · · · · · · · ·	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	□ All	☐ All		dasa aa	✓ All	✓ All			□ All	☐ All
Emergency Room Services				\$250.00	<b>V</b>	<b>∨</b>				
All Inpatient Hospital Services (inc. MH/SUD)		Ш		\$750.00	<u> </u>					L
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$30.00	✓	✓				
Specialist Visit				\$50.00	<b>V</b>	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$30.00	✓	✓				
Imaging (CT/PET Scans, MRIs)					✓	✓				
Speech Therapy				\$150.00	V	V				
				\$50.00	✓	<b>▽</b>				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00	V	V				
X-rays and Diagnostic Imaging				\$50.00						<u></u>
Skilled Nursing Facility				\$750.00	✓	<b>V</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$500.00	✓	✓				
Outpatient Surgery Physician/Surgical Services				\$100.00	~	~				
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All
Generics				\$8.00	~	<b>V</b>				
Preferred Brand Drugs				\$4.00	<b>V</b>	✓		•		
Non-Preferred Brand Drugs		<b>V</b>	50%		<b>V</b>	✓				
Specialty Drugs (i.e. high-cost)		V	50%		V	<b>V</b>				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]	Gold 2					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):					•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_		Generic	\$10						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID							
Copays?				\$1						
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	81.36%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents, overriding	g outpatient input	s for those serv	rice(s).	
Additional Notes:				.,		,			• •	
Calculation Time:	0.0898 seconds									

User Inputs for Plan Parameters		[MVP VT Plus HD	DHP] Gold 3							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	;	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A manual Cambril	hustina Americati		1st 7	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd 7	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,700.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$2,700.00							
MOOP if Separate (\$)			\$0.00	=						
							-			
Click Here for Important Instructions		Tie	er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	=	Coinsurance, if	Copay, if	Copay applies	
••	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	<b>&gt;</b>	<b>V</b>			V	<b>y</b>				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			~	<b>V</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓			✓	✓				
X-rays)										_
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	<b>V</b>			✓	✓				
Services										
Imaging (CT/PET Scans, MRIs)	V .	<u> </u>			V	Z.				
Speech Therapy	~	<b>V</b>			V	✓				
	✓	<b>✓</b>			✓	✓				
Occupational and Physical Therapy				4						
Preventive Care/Screening/Immunization			100%	\$0.00	_ _ 		100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V				<b>V</b>				
X-rays and Diagnostic Imaging	Z	Z								
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓			✓	V				
Outpatient Surgery Physician/Surgical Services	V	~			✓	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	~	~			<b>V</b>	<u> </u>				
Preferred Brand Drugs	>	✓			✓	✓				
Non-Preferred Brand Drugs	V	V			✓	✓				
Specialty Drugs (i.e. high-cost)	V	V			~	V				
Options for Additional Benefit Design Limits:		_	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus H	IDHP] Gold 3					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	78.67%	0.998	78.51%							
Metal Tier:	Gold	AV Adj	Final AV							
	-	.,								
Additional Notes:										

0.207 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT] Reflect	tive Silver 1 II							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🗆	Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Γier Utilization				
Use Separate MOOP for Medical and Drug Spending?	_	Annual Contin	oution Amount.		2nd 1	Γier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De	<u> </u>			2 Plan Benefit				
5 1 (1) (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$500.00								
Coinsurance (%, Insurer's Cost Share)		50.00%		-						
MOOP (\$) MOOP if Separate (\$)		\$1,350.00	\$7,850.00	•						
WOOF II Separate (3)	\$0,300.00	\$1,330.00	\$7,830.00			l				
Click Here for Important Instructions		Tie	r 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	~			\$400.00	~	<b>V</b>			~	
All Inpatient Hospital Services (inc. MH/SUD)	<b>&gt;</b>	✓			~	<b>∨</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				¢20.00				-		
X-rays)	✓			\$30.00	✓	✓			✓	
Specialist Visit	V			\$60.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	V			\$30.00	✓	<b>✓</b>			✓	
Services										
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	<b>▽</b>	V			V	
Speech Therapy	V			\$60.00	✓	~			~	
	✓			\$45.00	✓	✓			✓	
Occupational and Physical Therapy			1000/				4000/	60.00		
Preventive Care/Screening/Immunization	□		100%	\$0.00	_ 		100%	\$0.00	V	
Laboratory Outpatient and Professional Services	V			\$60.00	<u>∨</u>	V V			<u>V</u>	
X-rays and Diagnostic Imaging	V			\$150.00						
Skilled Nursing Facility					<b>~</b>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$1,400.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	V			\$300.00	✓	<b>~</b>			✓	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	V			\$4.00	<b>V</b>	<b>V</b>			V	
Preferred Brand Drugs	V	<b>V</b>			V	<b>V</b>				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	V	~			V	V				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT] Refle						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):			0	4-						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$1						
Copays?										
# Copays (1-10):										
Output		J								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	71.96%	1	71.96							
Metal Tier:	Silver	AV Adj	Final AV							
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overridin	g outpatient input	s for those serv	vice(s).	
Additional Notes:										
Calculation Time:	0.0977 seconds									

Manual Control Note	User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 Plus							
Apply Sallocation fluring Early Copy per Carly Discassed ACOP of Federal Roborator Model in Corporation of Process Activation    Continue of Process Active	Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption			
Libe Separate MODE for Medical and Displayeding for Mode Separate Mode for Separate	Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?	· 🗆			
The Separate Motor Fund Nets Clore 1 support of letter 4 sharped (letter 4 sharped	Apply Skilled Nursing Facility Copay per Day?		Annual Contril	aution Amounts		1st T	Tier Utilization				
Desired Metal In   Part   Flam Benefit Design   Subject   Subjec	Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd 7	Tier Utilization				
The Fire Plane Rendell Design   Medical   Drug   Combined   Sp. 2000   Sp.	the contract of the contract o		,								
Medical Deductible (s) S15,000,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500,00 500	Desired Metal Tier				-						
Deduction   Consumer (Pt. Insurer's Cost Base   Cost   C			1	1 -							
Coinsurance (%, insurance (%,				Combined		Medical	Drug	Combined			
MODOF IS Separate (S) 56,500.00 531,900.00 57,900.00 57,900.00 57,900.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00											
MOOP if Separate (\$)			50.00%								
Title   Subject to Sub			Ć4 350 00	ć7.0E0.00			T				
Type of Benefit    Subject to   Subject to   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Coppy applies   Coppy	MOOP IT Separate (\$)	\$6,500.00	\$1,350.00	\$7,850.00							
Type of Benefit    Subject to   Subject to   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Decircities   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Colonsurance, if   Coppy,   Coppy applies only after   Coppy applies   Coppy	Click Here for Important Instructions		Tie	or 1			т	ier 2		Tier 1	Tier 2
Medica		Subject to			Copav. if	Subject to			Copay, if		
Medical	Type of Benefit	_	=	•		_	-				
Emergeny Boom Services   V	Medical										
All inpatited Hospital Services (inc. Mrl/SUD)					\$400.00						
Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and Private Care)  Specialist Visit  Montal fehavioral Health and Substance Use Disorder Outpatient Services  Services  Services  Services  Services  Services  Secretary  Specialist Visit  Services  Services  Specialist Visit  Services  Specialist Visit  Services  Specialist Visit  Services  Specialist Visit  Specialist Visit Specialist Visit Vi							<u> </u>				
Second   S											······································
Specialist Visit					\$30.00	~	~			~	
Mental/Jebhavioral Health and Substance Use Disorder Outpatient		<b>V</b>			\$60.00	<b>V</b>	<u>~</u>		•	~	
Services					422.22						
Speech Therapy  Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational and Physical Therapy Cocupational Active Therapy Cocupati		✓	Ш		\$30.00	ightharpoons	✓			✓	
Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services V	Imaging (CT/PET Scans, MRIs)	<b>V</b>			\$1,400.00	<b>V</b>	<b>v</b>			~	
Occupational and Physician Herapy Preventive Care/Screening/Immunization   100%   \$0.00	Speech Therapy	V			\$60.00	✓	✓			V	
Occupational and Physician Herapy Preventive Care/Screening/Immunization   100%   \$0.00					¢4F.00						
Laboratory Outpatient and Professional Services  Varyas and Diagnostic Imaging  Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Up											
Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgery Surgery Surg	Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgery Surgery Surg	Laboratory Outpatient and Professional Services				\$60.00	✓	<u>~</u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Orugs  Orugs  Orughatient Surgery Physician/Surgical Services  Orugs  Orughatient Surgery Physician/Surgical Services  Orugs  Orughatient Surgery Physician/Surgical Services  Orughatient Surgical Surgica					\$150.00						
Outpatient Surgery Physician/Surgical Services    Drugs	Skilled Nursing Facility	<b>V</b>	~			<b>V</b>	<b>V</b>				
Generics Generics Set a Maximum on Specialty Rx Coinsurance Payments? Set a Maximum on Specialty Rx Coinsurance Nation: Name: [MVP VT Plus] Silver 1 Plan HIOS ID: [Input Issuer HIOS ID] Supplies A	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$1,400.00						_
Generics Preferred Brand Drugs V V V V V V V V V V V V V V V V V V V	Outpatient Surgery Physician/Surgical Services	✓			\$300.00	~				~	
Preferred Brand Drugs   Mon-Preferred Brand Drugs   V V V V V V V V V V V V V V V V V V	Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Non-Preferred Brand Drugs (i.e. high-cost)	Generics				\$4.00					>	
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?  Set a Maximum on Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance River Special Rx Survey Special	Preferred Brand Drugs										
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum:  Begin Primary Care Cost-Sharing After a Set Number of Wisits: Copays? # Usists (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  # Colculate  Status/Error Messages: Actuarial Value: Actuarial Value: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:	Non-Preferred Brand Drugs										
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Hosys (1-10): Issuer HIOS ID: Issuer	Specialty Drugs (i.e. high-cost)	V	~			V	~				
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):  3  Output  Calculate  Status/Error Messages:  Actuarial Value:  Metal Tier:  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:	Options for Additional Benefit Design Limits:		=	Plan Description	n:						
Set a Maximum Number of Days for Charging an IP Copay? #Days (1-10):  # Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits; (1-10):  # Visits (1-10):  # Visits (1-10):  # Copays? #Copays (1-10):  **Copays? #Copays (1-10):  **Copays. #Copays. #Copays	Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
# 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? # Copays? # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculate: 71.96% Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Begin Primary Care Cost-Sharing After a Set Number of Visits?				Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  # Copays (1-10):    Calculate											
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96%  Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Copays   # Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful.  Actuarial Value: 71.96%			+	VDID	\$1						
#Copays (1-10): 3  Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96%	l = '										
Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 71.96% Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Calculate  Status/Error Messages: Actuarial Value: T1.96% Metal Tier: Silver NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:		. 3	J								
Status/Error Messages:  Actuarial Value:  Metal Tier:  Silver  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
Actuarial Value:  71.96%  Metal Tier:  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 Succe	essful.								
Metal Tier:  Silver  NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:											
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  Additional Notes:					_						
Additional Notes:			ecific cost-sharin	g is applying for s	ervice(s) with fac	c/prof compon	ents, overridin	g outpatient innut	ts for those sen	vice(s).	
Calculation Time: 0.2656 seconds	Additional Notes:	2 . 2. 20. 7.00 Sp		O , -FF.1.18.013		., , 2011.	,				
	Calculation Time	0.2656 seconds									

Calculation Time: Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver CSR 73							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A manual Cambril			1st <sup>-</sup>	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	oution Amount:		2nd <sup>-</sup>	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							,			
Desired Metal Tier	Silver 🔻									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,300.00	\$450.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$5,400.00	\$1,350.00	\$6,750.00				_			
		_					_		_	
Click Here for Important Instructions		Tie		,	0.11		er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applies	-
84 - dt - d	Deductible?  ✓ All	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	All
Medical Emergency Room Services	V All	All		\$350.00					☐ All	Aii
	V			\$350.00	> >	<b>▽</b>				
All Inpatient Hospital Services (inc. MH/SUD)  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u> </u>			V	•				
X-rays)	✓			\$30.00	✓	✓			✓	
Specialist Visit	V			\$60.00	<b>V</b>	<b>✓</b>			<b>~</b>	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓			\$30.00	✓	✓			✓	
Imaging (CT/PET Scans, MRIs)	V			\$1,400.00	<b>V</b>	V			<b>V</b>	
Speech Therapy	V			\$60.00	V	V			V	
	✓			\$45.00	✓	✓			✓	
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		_
Laboratory Outpatient and Professional Services	V			\$60.00	V	<b>&gt; &gt;</b>			<u> </u>	
X-rays and Diagnostic Imaging	> >	□ <b>▽</b>		\$150.00					<u> </u>	
Skilled Nursing Facility	<u> </u>				~	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$1,400.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	✓			\$300.00	✓	✓			<b>_</b>	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics	>			\$4.00	V	<b>V</b>			<b>Y</b>	
Preferred Brand Drugs	<b>&gt;</b>	✓			V	V				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	>	~			Y	V				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver CSR 73					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of	~	1	VBIB	Ų1						
Copays?										
# Copays (1-10):	3	]								
Output										
Calculate										
		(200-250% FPL), (	Calculation Succe	sstul.						
Actuarial Value:	73.96%			_						
Metal Tier:	Silver									
	NOTE: Service-sp	oecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.1445 seconds									

User Inputs for Plan Parameters		[MVP VT PLUS] S	Silver 1 CSR 77							
Use Integrated Medical and Drug Deductible?		I	HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	ier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 7	ier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De	1 -	_		2 Plan Benefit				
5 1 (11 (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$200.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%								
MOOP (\$) MOOP if Separate (\$)	\$5,400.00	\$1,350.00	\$6,750.00							
MOOP II Separate (5)	\$5,400.00	\$1,350.00	\$6,750.00							
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	-
Medical	<b>✓</b> All	All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V			\$100.00	<b>V</b>	<b>V</b>			V	
All Inpatient Hospital Services (inc. MH/SUD)	V	<b>V</b>			✓	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V			\$10.00	✓	V			V	
X-rays)				\$10.00		~				_
Specialist Visit	V			\$40.00	~	~			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$10.00	<b>▽</b>	V			V	
Services										
Imaging (CT/PET Scans, MRIs)	V			\$500.00	<b>V</b>	V			V	
Speech Therapy	~			\$40.00	✓	V			V	
Ossupational and Physical Thereny	✓			\$15.00	✓	✓			~	
Occupational and Physical Therapy Preventive Care/Screening/Immunization		П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$40.00		<u> </u>	100%	Ş0.00	V	
X-rays and Diagnostic Imaging	V			\$100.00	V	✓			V	
Skilled Nursing Facility	V			\$100.00	V	7				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$800.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	>			\$200.00	V	<u>~</u>			v	
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	<b>V</b>			\$4.00	<b>∨</b>	<u>~</u>			V	
Preferred Brand Drugs	✓	<u> </u>			<u> </u>					
Non-Preferred Brand Drugs	<u> </u>	<u> </u>			V	<u> </u>				
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>	•			✓	~				
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT PLUS]						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	נטו טט					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?		•	Generic	\$5						
#Visits (1-10):			VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of	<b>V</b>	1	VBIB	Ų1						
Copays?										
# Copays (1-10):										
Output		4								
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 1 per	cent de minimis	variation for CSRs	s.					
Actuarial Value:	77.92%									
Metal Tier:										
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0898 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 87							
Use Integrated Medical and Drug Deductible?		HSA/HRA Options			Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?			Tiered	Network Plan	? □			
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:			1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	oution Amount:		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 💌			_						
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$2,450.00	\$600.00	\$3,050.00							
Clieb Harry Frankry and head to story at least		7.				-	12		Ti 4	Tier 2
Click Here for Important Instructions	Cubinakan		er 1	C !f	Cubi A A-		ier 2	C 16	Tier 1	
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 applie deduc	
Medical	All	All	unierent	separate	✓ All	✓ All	unierent	separate	☐ All	All All
Emergency Room Services				\$50.00	<u> </u>	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>		330.00	V	✓		·····		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$5.00	~	✓				
Specialist Visit				\$30.00	V	<b>✓</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$100.00	V	<b>V</b>				
Speech Therapy				\$30.00	V	✓				
Occupational and Physical Therapy				\$7.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$30.00	V		100%	30.00		
X-rays and Diagnostic Imaging				\$30.00		V				
Skilled Nursing Facility		V		\$30.00	V					
James Nulsing Lacinty		······································								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	V	✓				
Outpatient Surgery Physician/Surgical Services				\$100.00	V	✓				
Drugs	All	✓ All			✓ All	✓ All			All	☐ All
Generics				\$4.00	V	<u> </u>				
Preferred Brand Drugs			20%		V	<u> </u>				
Non-Preferred Brand Drugs		<u> </u>			V	<u> </u>				
Specialty Drugs (i.e. high-cost)		~			~	✓				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS IDJ					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	ćr						
# Visits (1-10):			VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output Calculate										
Status/Error Messages:	CSR Level of 97%	(150-200% FPL), (	Calculation Succe	ssful						
Actuarial Value:	87.92%	(150-200/01PL), (		331 ul.						
Metal Tier:	67.92% Gold			_						
Metal Hell		necific cost-sharin	g is anniving for s	ervice(s) with fa	c/prof compon	ents overridin	g outpatient inpu	ts for those ser	vice(s)	
Additional Notes:	NOTE. SETVICE-S	Cente Cost-sildilli	P 12 abbiling 101 s	civice(3) willia	e, proi compon	cina, overriuii	6 oatpatient inpu	13 131 til03e sel	vicc(3).	
Calculation Time:	0.1016 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 94							
Use Integrated Medical and Drug Deductible?		HSA/HRA Options			Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	· 🗆	Tiered Network Plan?						
Apply Skilled Nursing Facility Copay per Day?					1st <sup>-</sup>	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	oution Amount:		2nd <sup>-</sup>	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							•			
Desired Metal Tier	Platinum 💌									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	95.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$1,450.00	\$350.00	\$1,800.00							
						_				
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	• • •	Subject to	-	Coinsurance, if	Copay, if	Copay applie	-
24 11 1	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	□ All	All		ć2F 00	✓ All	✓ All			☐ All	☐ All
Emergency Room Services				\$25.00	> >	<b>▽</b>				
All Inpatient Hospital Services (inc. MH/SUD)  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	Ш									
X-rays)				\$5.00	✓	✓				
Specialist Visit				\$10.00	V	<b>✓</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient				Ţ10.00						
Services				\$5.00	✓	~				
Imaging (CT/PET Scans, MRIs)				\$25.00	<b>V</b>	V				
Speech Therapy				\$10.00	V	✓				
One weather all and Discovery Theorems				\$7.00	✓	✓				
Occupational and Physical Therapy Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
			100%		✓		100%	\$0.00		
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging				\$10.00 \$10.00	✓	<b>V</b>				
Skilled Nursing Facility		<u> </u>		\$10.00	V					
Skilled Nulsing Facility		······································								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$40.00	<b>V</b>	~				
Outpatient Surgery Physician/Surgical Services				\$20.00	>	<b>V</b>				
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All
Generics				\$4.00	V	V				
Preferred Brand Drugs		<b>V</b>			V	V				
Non-Preferred Brand Drugs		<u> </u>			<u> </u>	<u> </u>				
Specialty Drugs (i.e. high-cost)		~			✓	V				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	Ш		Name:	[MVP VT Plus] S						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	[Input Plan HIO:	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):			0	<b>4-</b>						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):			Generic VBID	\$5 \$1						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	CCP Lovel of 049/	(100 1E09/ EDI) 1	Calculation Cus	ccful						
Status/Error Messages: Actuarial Value:	CSR Level of 94% 94.99%	(100-130% FPL), (	_arculation 50000	ssiui.						
Metal Tier:	94.99% Platinum			-						
ivietai fier.		ecific cost-sharin	g is applying for a	envice(s) with fa	c/prof.compon	ents overridin	g outpatient input	e for those con	vice(s)	
Additional Notes:	NOTE. SETVICE-SE	ediic COSE-SIIdfin	g is applying for s	ervice(s) With Tat	c, pror compon	ents, overridin	5 оатранент піриі	.s ioi tiiose ser	vice(s).	
Calculation Time:	0.1406 seconds									

User Inputs for Plan Parameters	_	[MVP VT Plus] Re	flective Silver 2 II	HDHP						
Use Integrated Medical and Drug Deductible?	? W HSA/HRA Options				Tie	red Network Op	otion			
Apply Inpatient Copay per Day?						d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier					_					
		1 Plan Benefit De	, -	_		2 Plan Benefit D				
Dodustible (Ć)	Medical	Drug	\$4,775.00	_	Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,775.00							
MOOP if Separate (\$)			34,773.00							
Moor in separate (9)							ı			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- 4- 4:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	<b>✓</b> All	<b>✓</b> All		·	✓ All	<b>✓</b> All		<u> </u>	☐ All	All
Emergency Room Services	•	<b>V</b>			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	<b>V</b>			V	<b>~</b>				
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	•			V	V				
Services					_	_				
Imaging (CT/PET Scans, MRIs)	V	V			> [	<u>~</u>				
Speech Therapy	V	V			V	V				
Occupational and Dhysical Thomas	•	•			<b>V</b>	V				
Occupational and Physical Therapy Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<u> </u>	100%	\$0.00	<u> </u>	<u> </u>	100%	\$0.00		
X-rays and Diagnostic Imaging	V	V			V	<u>~</u>				
Skilled Nursing Facility	<u> </u>	<u> </u>			V	<u> </u>			H	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			<b>V</b>	✓				
Outpatient Surgery Physician/Surgical Services	V	V			V	<b>~</b>				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			All	All
Generics	V	V			V	<u>~</u>				
Preferred Brand Drugs	V	V			>	v				
Non-Preferred Brand Drugs	v	V			<b>V</b>	✓				
Specialty Drugs (i.e. high-cost)	•	V			V	~				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] R		2 II HDHP				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIO	S ID]					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	_									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	69.42%		1.0350	71.85%						
Metal Tier:	Silver		AV Adj	Final AV						
Additional Notes:										

0.457 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Sil	lver 2 HDHP							
Use Integrated Medical and Drug Deductible?					Tie	ered Network Op	tion			
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 miliaar conter	bacion, uno anci		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4 Dl D 6't D-	!	Т	T1	2 Dl D 6'4 D				
	Medical	r 1 Plan Benefit De Drug	Combined	1	Medical	2 Plan Benefit D Drug	Combined			
Deductible (\$)		Diug	\$4,750.00		Wiedical	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,750.00							
MOOP if Separate (\$)			\$0.00	•			•			
									•	
Click Here for Important Instructions			er 1	- ''			er 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	✓ All	✓ All			✓ All	✓ All		Соринис	☐ All	All
Emergency Room Services	V				V	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<b>▽</b>			<b>V</b>	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	V			V	V				
Specialist Visit	V	V			V	<b>~</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient					_	_				
Services	V	V			V	✓				
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Speech Therapy	v	V			V	✓				
Occupational and Physical Thorses	•	•			✓	<b>v</b>				
Occupational and Physical Therapy	П		100%	\$0.00		П	1000/	¢0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	\$0.00		<u> </u>	100%	\$0.00		
X-rays and Diagnostic Imaging	Ū	V			<u>~</u>	V			H	H
Skilled Nursing Facility	V	V			v v	<u> </u>			H H	Ä
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	~				
Outpatient Surgery Physician/Surgical Services	V	V			v	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	<u> </u>	<u> </u>			V	<u> </u>				
Preferred Brand Drugs	V	V			~	<b>V</b>				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	V	V			V	<b>V</b>				
Options for Additional Benefit Design Limits:		1	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Si						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID: Issuer HIOS ID:	[Input Plan HIOS	-					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			issuer HIOS ID:	[Input Issuer HIO	נטו צו					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		]								
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	69.51%		1.0350	71.94%						
Metal Tier:	Silver		AV Adj	Final AV						
Additional Notes:										

0.2109 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Si	ilver 2 HDHP CSR 7	73						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	S	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Silver 💌			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,400.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,400.00							
MOOP if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applies	
<i>"</i>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Emergency Room Services	V	<b>v</b>			<b>&gt;</b>	<b>&gt;</b>				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			<b>V</b>	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓			<b>▽</b>	<b>V</b>				
X-rays)										
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	✓			✓	✓				
Services										
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Speech Therapy	~	~			V	V				
	~	•			✓	~				
Occupational and Physical Therapy										l
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		l
Laboratory Outpatient and Professional Services	V	<u> </u>			y y	<u> </u>				
X-rays and Diagnostic Imaging	>	~				~				
Skilled Nursing Facility	V	<b>v</b>			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			V	V				
Outpatient Surgery Physician/Surgical Services	>	~			V	<b>V</b>				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	<b>✓</b> All			☐ All	All
Generics	~	~			✓	~				
Preferred Brand Drugs	>	V			V	V				
Non-Preferred Brand Drugs	>	V			V	V				
Specialty Drugs (i.e. high-cost)	V	V			V	V				
Options for Additional Benefit Design Limits:		_	Plan Description	ı:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 HDHP C	SR 73				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		utside of +/- 1 per	rcent de minimis v		s.					
Actuarial Value:	70.77%		1.029	72.83%						
Metal Tier:			AV Adj	Final AV						
Additional Notes:										

Calculation Time: Final 2020 AV Calculator 0.0977 seconds

User Inputs for Plan Parameters		[MVP VT Plus] Si	ilver 2 HDHP CSR 7	77						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 7	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Silver									
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,250.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,250.00							
MOOP if Separate (\$)			\$0.00	-						
			_				_			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All		·	☐ All	All
Emergency Room Services	<u> </u>	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			N N	~		•••••••••••••••••••••••••••••••••••••••		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					*				***************************************	
X-rays)	~	✓			✓	✓				
Specialist Visit	<b>V</b>	<b>V</b>			V	<u>~</u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	<b>V</b>	<b>V</b>			✓	<b>▽</b>				
Speech Therapy		<u> </u>			<u> </u>					
Special Includy.										·············· <del>·····</del> ·········
Occupational and Physical Therapy	V	✓			✓	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓	100/0	ψ0.00		<u> </u>	100/0	Ψ0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V V					
Skilled Nursing Facility	<u> </u>	<u> </u>			_ _					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	<b>V</b>			<b>▽</b>	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	□ All
Generics	<u> </u>	<u> </u>			<b>▽</b>	<u> </u>				
Preferred Brand Drugs	~	<u> </u>						•		
Non-Preferred Brand Drugs	~	<u> </u>								
Specialty Drugs (i.e. high-cost)		<u> </u>								
Options for Additional Benefit Design Limits:			Plan Description	•						
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	[MVP VT Plus] \$	Silver 2 HDHP C	SR 77				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO		31(7)				
Set a Maximum Number of Days for Charging an IP Copay?	П			[Input Issuer HI						
# Days (1-10):			issuer rilos ib.	[IIIpat Issaci III	03101					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
Status/Error Messages:	Frror: Result is o	utside of +/- 1 ne	rcent de minimis v	variation for CSR	s					
Actuarial Value:	75.52%		1.0170	76.81%						
Metal Tier:			AV Adj	Final AV						
The same of the sa			- Av Auj	IIIdiAV						
Additional Notes:										

Calculation Time:

0.1328 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 2 CSR 87							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	3	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	Γier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 1	Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 🔻			_						
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,400.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,400.00							
MOOP if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie	x-1			Ti	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All	unicient	se parate	✓ All	✓ All	uniciciii	oc parate	□ All	All
Emergency Room Services	V	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									***************************************	
X-rays)	✓	✓			✓	✓				
Specialist Visit	~	<b>V</b>			<b>V</b>	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	V			✓	✓				
Imaging (CT/PET Scans, MRIs)	~	~			✓	✓				
Speech Therapy	•	<b>&gt;</b>			V	V				
	V	<b>V</b>			✓	✓				
Occupational and Physical Therapy	•					Ľ				
Preventive Care/Screening/Immunization			100%	\$0.00	_ _ 		100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			~	✓				
X-rays and Diagnostic Imaging	>	V				~				
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	~			✓	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics	>	V			~	~				
Preferred Brand Drugs	>	V			V	✓				
Non-Preferred Brand Drugs	>	V			V	~				
Specialty Drugs (i.e. high-cost)	Y	~			Y	<b>V</b>				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 CSR 87					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), (	Calculation Succes	ssful.						
Actuarial Value:	86.57%	. , ,	1.003							
Metal Tier:	Gold		AV Adj	Final AV						
			-							
Additional Notes:										

0.1016 seconds

Final 2020 AV Calculator

Calculation Time:

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 2 CSR 94							
Use Integrated Medical and Drug Deductible?	$\checkmark$		HSA/HRA Options		Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	oution Amount:		2nd <sup>1</sup>	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum 💌			_						
	Tier	1 Plan Benefit De			Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$600.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$600.00							
MOOP if Separate (\$)			\$0.00							
Click House for long ordered to show of the sec		T:-	4			T:	3		T:4	Ti 2
Click Here for Important Instructions	Subject to	Tie Subject to	Coinsurance, if	Canau if	Subject to		er 2 Coinsurance, if	Copay, if	Tier 1 Copay applie	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	<b>✓</b> All			☐ All	☐ All
Emergency Room Services	<b>V</b>	✓			V	<b>&gt;</b>				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓			✓	✓				
Specialist Visit	<b>V</b>	<b>V</b>			V	<u> </u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>			V	<b>V</b>				
Speech Therapy	V	<b>V</b>			<b>V</b>	~				
	V	<u> </u>			<b>~</b>	<u> </u>				
Occupational and Physical Therapy	v	•				•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			V	_ _ 				
X-rays and Diagnostic Imaging	V	✓			<b>V</b>	V				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	V			✓	<u>~</u>				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Generics	>	~			<b>V</b>	<b>V</b>				
Preferred Brand Drugs	V	~			V	V				
Non-Preferred Brand Drugs	>	✓			✓	<b>✓</b>				
Specialty Drugs (i.e. high-cost)	>	~			V	V				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S	Silver 2 CSR 94					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
<u> </u>										
# Copays (1-10):										
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL) (	Calculation Succes	sful						
Actuarial Value:	93.57%	(150 150/0111), (	1.0000	93.57%						
Metal Tier:	Platinum		AV Adj	Final AV						
ivictal fiel.	. iddiidiii		A v Auj	I IIIai A v						
Additional Notes:										

0.0977 seconds Calculation Time:

Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] Bi	ronze 1							
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st T	ier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?	=	Annual Contin	outron Amount.		2nd T	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1 -			2 Plan Benefit I				
5 1 (4)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$700.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	50.00%	40.00% 00.00								
MOOP (\$)		1								
WOOF IT Separate (5)										
Click Here for Important Instructions		Tie	er 1			ті	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	f Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V	V			<b>V</b>	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V			\$40.00	✓	<b>~</b>			v	П
X-rays)				·		_				
Specialist Visit	V			\$100.00	~	<b>V</b>			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$40.00	✓	✓			✓	
Services				Ψ 10.00						
Imaging (CT/PET Scans, MRIs)	Ž	<u> </u>			<u> </u>	⊻				
Speech Therapy	V	✓			✓	✓				
Occupational and Physical Therapy	~	~			~	~				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	<b>V</b>	<u> </u>				<u> </u>				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	✓				
Skilled Nursing Facility	<u> </u>	<u> </u>			<b>V</b>	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	✓			V	✓				
	<u> </u>	<u> </u>								
Outpatient Surgery Physician/Surgical Services					✓ All	✓ All				
Drugs	✓ All	✓ All		Ć40 F0	✓ All	✓ All			☐ All	All
Generics Preferred Brand Drugs	V	П		\$19.50 \$100.00	Ŭ.	✓ ✓			V	H
Non-Preferred Brand Drugs	V	<u> </u>		\$100.00	V	✓				
Specialty Drugs (i.e. high-cost)	V	<u> </u>			<u> </u>	<u>.</u>				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	 [MVP VT Plus] E	Bronze 1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HI	-					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$25.00	)					
# Visits (1-10):			VBID	\$3.00	)					
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		]								
Output Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (56% to	o 65%). Calculatio	on Successful.						
Actuarial Value:	61.10%		, , Januarati							
Metal Tier:	Bronze									
		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:			, 0	-	-					
Calculation Time:	0.2578 seconds									

Final 2020 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] B	ronze 5							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Amount.		2nd 7	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<b>V</b>									
Desired Metal Tier	Bronze 💌			_						
		1 Plan Benefit D				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,600.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,600.00	_						
MOOP if Separate (\$)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Click here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti	
Medical	✓ All	✓ All			✓ All	✓ All			All	All
Emergency Room Services	<b>V</b>	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	✓	<b>V</b>			<b>V</b>	<b>~</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					_	_				_
X-rays)	•	✓			✓	✓				
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient					_					
Services	•	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	~	<b>V</b>			V	✓				
Speech Therapy	✓	V			V	V				
	V	✓			V	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓			マン	<b>V</b>				
X-rays and Diagnostic Imaging	<b>V</b>	V				<b>V</b>				
Skilled Nursing Facility	V	V			<b>V</b>	<b>V</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	✓	<b>V</b>			V	✓				
Drugs	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			☐ All	All
Generics				\$23.00	V	V				
Preferred Brand Drugs	<b>&gt;</b>	✓			V	V				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>	V			V	✓				
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] E						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	[Input Plan HIO	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$30						
#Visits (1-10):		1	VBID	\$3						
Begin Primary Care Deductible/Coinsurance After a Set Number of	✓									
Copays?										
# Copays (1-10): Output	3	J								
Calculate										
	Evnanded Bronze	e Standard (56% t	o 65%), Calculatio	n Successful						
	63.83%	2 3 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	o os/oj, cuiculatio	5000053101.						
	Bronze									
Additional Notes:										

0.1953 seconds

Final 2020 AV Calculator

Calculation Time:

#### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

					IDARD PLANS								STANDARD PLANS	i					1		
	G	OLD		SI	LVER		BRO	NZE	PLATINUM	GOLD		SI	LVER			BRONZE		Catastrophic	Total Annual		
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP			On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP		Premium	Average PMPM	Average Annual Premium
2020 Proposed Rates																					
Single Rate	\$646.34	\$771.35	\$640.46	\$549.85	\$667.22	\$574.50	\$472.16	\$497.04	\$777.75	\$658.03	\$670.45	\$579.86	\$657.08	\$566.47	\$486.06	\$472.40	\$538.30	\$333.75			
Couple Rate	\$1,292.68	\$1,542.70	\$1,280.92	\$1,099.70	\$1,334.44	\$1,149.00	\$944.32	\$994.08	\$1,555.50	\$1,316.06	\$1,340.90	\$1,159.72	\$1,314.16	\$1,132.94	\$972.12	\$944.80	\$1,076.60	\$667.50			
Adult and Child(ren) Rate	\$1,247.44	\$1,488.71	\$1,236.09	\$1,061.21	\$1,287.73	\$1,108.79	\$911.27	\$959.29	\$1,501.06	\$1,270.00	\$1,293.97	\$1,119.13	\$1,268.16	\$1,093.29	\$938.10	\$911.73	\$1,038.92	\$644.14			
Family Rate	\$1,816.22	\$2,167.49	\$1,799.69	\$1,545.08	\$1,874.89	\$1,614.35	\$1,326.77	\$1,396.68	\$2,185.48	\$1,849.06	\$1,883.96	\$1,629.41	\$1,846.39	\$1,591.78	\$1,365.83	\$1,327.44	\$1,512.62	\$937.84	\$206,369,894	\$556.79	\$6,681.45
2019 Approved Rates																					
Single Rate	\$583.79	\$623.64	\$597.79	\$493.35	\$623.72	\$519.29	\$428.16	\$441.18	\$716.54	\$608.39	\$638.82	\$534.39	\$621.74	\$517.31	\$436.34	\$426.12	\$485.37	\$299.31			
Couple Rate	\$1,167.58	\$1,247.28	\$1,195.58	\$986.70	\$1,247.44	\$1,038.58	\$856.32	\$882.36	\$1,433.08	\$1,216.78	\$1,277.64	\$1,068.78	\$1,243.48	\$1,034.62	\$872.68	\$852.24	\$970.74	\$598.62			
Adult and Child(ren) Rate	\$1,126.71	\$1,203.63	\$1,153.73	\$952.17	\$1,203.78	\$1,002.23	\$826.35	\$851.48	\$1,382.92	\$1,174.19	\$1,232.92	\$1,031.37	\$1,199.96	\$998.41	\$842.14	\$822.41	\$936.76	\$577.67			
Family Rate	\$1,640.45	\$1,752.43	\$1,679.79	\$1,386.31	\$1,752.65	\$1,459.20	\$1,203.13	\$1,239.72	\$2,013.48	\$1,709.58	\$1,795.08	\$1,501.64	\$1,747.09	\$1,453.64	\$1,226.12	\$1,197.40	\$1,363.89	\$841.06	\$188,668,999	\$509.03	\$6,108.36
	¥-,- ·-· ·-	7-7	**,******	+-,	*-,	4-7	¥-)	4-,	4-/	4-7	**,	+-,	4-9	4-7	, -,	, -, · · · ·	*-,	********	+100,000,000	*******	**,
2020 Proposed Rate Increases																					
Single Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Couple Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Adult and Child(ren) Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Family Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%	9.38%	Total Revenue	Change
February 2019 Contracts																					
Single Rate	1,955	167	3,066	521	31	141	402	483	852	1,498	342	536	289	471	1,343	1,453	174	10			
Couple Rate	593	38	757	103	19	43	86	94	331	476	86	110	69	103	291	319	27	2			
Adult and Child(ren) Rate	126	10	99	25	3	7	8	22	81	97	13	25	16	26	70	49	4	0			
Family Rate	629	29	121	84	1	78	44	42	223	253	26	99	25	94	271	158	17	0			
Total	3,303	244	4,043	733	54	269	540	641	1,487	2,324	467	770	399	694	1,975	1,979	222	12	]		
2020 Proposed PMPY Revenue	\$6,783.84	\$8,508.52	\$7,530.93	\$5,995.23	\$7,766.44	\$5,762.01	\$5,330.15	\$5,661.35	\$8,312.34	\$7,201.88	\$7,635.64	\$6,324.07	\$7,242.23	\$5,952.86	\$5,236.29	\$5,356.23	\$6,165.76	\$4,005.00			
2019 Approved PMPY Revenue	\$6.127.32	\$6,879.19	\$7,029.18	\$5,379.19	\$7,760.44	\$5,208.26	\$4.833.44	\$5,025.10	\$7.658.15	\$6,658.60	\$7,035.04	\$5,828.17	\$6.852.72	\$5,436.25	\$4,700.67	\$4.831.49	\$5,559.50	\$3,591,72			



# MVP Health Care -- 2020 Exchange Rate Filing

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

#### Exhibit 1 -- Summary of Medical Coplans Offered

												In-Netwo	rk Benefits									1
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		1
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	1
Form ID	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
				-					\$500 (Fac)													1
FRVT-HMO-G-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$30	\$50	75000%	\$250	\$100 (Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50%, VBID = \$1 #
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
				-					\$1,400 (Fac)													1
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/ \$700 Brand Ded
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
VT-HMOH-S-002-N II (2020)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$4,775	\$9,550	Embedded	0%	Embedded	Aggregate	\$4,775	\$9,550	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
				-					\$1,400 (Fac)													1
VT-HMO-S-001-N II (2020)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500		Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,000			50%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%		\$11,000		50%	Stacked	Aggregate	\$6,750	\$13,500	\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
																						\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible,
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 "
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1.350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

	Subsidized Cost-Sharin	ng Benefits (Non Al/Al	N)									In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD		\$6,200	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3,800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	On Exchange		\$45 No DD	50%	\$250	50%	\$100 No DD			Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard		Ded then 10%	25%	25%	25%	25%	25%			Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,450	\$2,900	Aggregate	25%	Aggregate	Aggregate	\$3,400	\$6,800	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%		\$8,800	Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%		\$2,800	Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1400 (Fac)													\$450 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	_
									\$200 (Fac)													
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
									\$40 (Fac)													
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 *
									\$800 (Fac)													
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American I	ndian and Alaskan Nati	ve (Al/AN) Benefits (U	Insubsidized)^									In-Netwo	rk Benefits									·
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
form ID	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
RVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
RVT-HMO-GA2-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
									No DD \$500													
									(Fac)													
									No DD \$100													
RVT-HMO-GA2-002-N (2020)	HvHMO	Gold	Non-Standard	On Exchange	\$30 No DD	\$50 No DD	\$750 no DD	\$250 no DD	(Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6.050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50% No DD, VBID = \$1 #
RVT-HMOH-GA2-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350		Integrated	0% / 0% / 0%. Subject to Med Deductible
RVT-HMO-SA2-003-S (2020)	HvHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	40%	\$250		\$100 No DD			Embedded	40%	Embedded	Embedded	\$7,900	\$15.800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
RVT-HMOH-SA2-004-S (2020)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%		\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500	\$1,350	\$2,700	Integrated	\$10/\$40/50%
RVT-HMOH-SA2-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%		\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,350	\$2,700	Integrated	0%/0%/0%
1001 1 mort of 2 ooz 14 (2020)	110111110	Olivoi	14011 Otaridard	On Exondingo	070	0,0	0,0	0,0	\$1,400 (Fac)	0,0	ψ4,700	ψ5,555	Liliboadaa	0,0	Liliboada	, iggiogato	<b>\$4,700</b>	Ψ5,555	Ψ1,000	Q2,700	integrated	074074076
RVT-HMO-SA2-001-N (2020)	HvHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1.500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1
RVT-HMO-BA2-002-S (2020)	HvHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100			Embedded		Embedded	Embedded	\$8,200	\$16,400	\$1,350	\$2,700		\$1000/\$1200 Ded then \$20/\$85/60%
			Standard		50%		50%	50%	50%										\$1,350			
RVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze		On Exchange		50%	50%			50%		\$11,000		50%	Stacked	Aggregate	\$6,750	\$13,500		\$2,700	Integrated	\$12/40%/60%
RVT-HMO-BA2-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	\$0	\$7,900	\$15,800	Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
						l									1					1		\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deduct
RVT-HMO-BA2-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	VBID = \$3 #
RVT-HMO-BA2-001-N (2020)	HvHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7.250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,000	\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3

												In-Networ										
American	n Indian and Alaskan Na	tive (Al/AN) Benefits (	Subsidized)									In-Networ	k Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-				IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	On/Off Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-002-N (2020)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-GA1-003-N (2020)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-004-S (2020)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-SA1-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-SA1-001-N (2020)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

"First 3 PCP Office Visits are not subject to deductible

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

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

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

# Family structure is \$0,000 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$600 per contract per year.

### Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2019)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD		\$700	Embedded	10%	Embedded	Embedded	\$1,350	\$2,700	\$1,350	\$2,700	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2019)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD		\$1,700	Embedded	30%	Embedded	Embedded	\$4,700	\$9,400	\$1,350	\$2,700	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$5,000	\$10,000	\$1,350	\$2,700	Separate	\$10/\$50/50% \$100/\$200 Brand Ded
FRVT-HMO-G-002-N (2019)	HyHMO	Gold	Non-Standard	\$15 No DD	\$40 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #
								\$500 (Fac)													
FRVT-HMO-G-002-N (2020)	HMO	Gold	Non-Standard	\$30	\$50	\$750	\$250	\$100 (Phys)	\$50	\$0	\$0	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$10/\$40/50%, VBID = \$1 #
FRVT-HMOH-G-003-N (2019)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700	\$5,400	Aggregate	0%	Aggregate	Aggregate	\$2,700	\$5,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,700		Aggregate	0%			\$2,700				Integrated	
FRVT-HMO-S-003-S (2019)	HyHMO	Silver	Standard	\$30 No DD	\$75 No DD	40%	\$250		\$100 No DE		\$5,600	Embedded	40%		Embedded	\$7,500	\$15,000	\$1,350	\$2,700	Integrated	
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	40%	\$250	50%	\$100 No DE	\$3,200	\$6,400	Embedded	40%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2019)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2020)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,700	\$3,400	Aggregate	30%	Stacked	Aggregate	\$6,750	\$13,500"	\$1,400	\$2,800	Integrated	\$10/\$40/50%
FRVT-HMOH-S-002-N (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,100	\$8,200	Embedded	0%	Embedded	Aggregate	\$4,100	\$8,200	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,750	\$9,500	Embedded	0%	Embedded	Aggregate	\$4,750	\$9,500	\$1,400	\$2,800	Integrated	0%/0%/0%
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$600 (Phys)	\$100	\$1,400	\$2,800	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100		\$3,000	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,350	\$2,700	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2019)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMO-B-002-S (2020)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100			Embedded	50%	Embedded	Embedded		\$16,300	\$1,350	\$2,700	Integrated	\$1000/\$1200 Ded then \$20/\$85/60%
FRVT-HMOH-B-003-S (2019)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250		Aggregate	50%	Stacked	Aggregate	\$6,650	\$13,300"	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2020)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%		\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,750		\$1,400	\$2,800	Integrated	\$12/40%/60%
FRVT-HMO-B-004-S (2019)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,600		Embedded	0%		Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-004-S (2020)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%		\$15,800		0%	Embedded	Embedded	\$7,900	\$15,800	N/A	N/A	N/A	\$25 No DD/0%/0%
FRVT-HMO-B-005-N (2019)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2020)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,600	\$15,200	Embedded	0%	Embedded	Embedded	\$7,600	\$15,200	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2019)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,750		Embedded	50%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2020)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100			Embedded	50%	Embedded	Embedded		\$16,000	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2019)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,900		Embedded	0%	Embedded	Embedded	\$7,900	\$15,800	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$8,150	\$16,300	Embedded	0%	Embedded	Embedded	\$8,150	\$16,300	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subeidia	ed Cost-Sharing Benef	ite (Non AI/AN)									In-Netwo	rk Benefits									
Oubsidia	ed Cost-Glianing Dener	ita (itoli Al/Alt)			1 1					Med	III-IVELWO	IK Delielits				Med OOP	Med OOP	RY OOP	Rx OOP	_	
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Sura	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2019)	HvHMO	Silver	Standard	\$30 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,700	\$5,400	Embedded	40%	Embedded	Embedded	\$6.300	\$12,600	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-001-S (2020)	HvHMO	Silver	Standard	\$35 No DD		50%	\$250	50%	\$100 No DD				50%	Embedded		\$6,500	\$13,000	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%. \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2019)	HvHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1.800	\$3,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-002-S (2020)	HvHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$900	\$1,800	Embedded	40%	Embedded	Embedded	\$1,900	\$3.800	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2019)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2019)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,200	\$4,400	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-004-S (2020)	HyHMO	Silver	Standard	\$25 No DD	\$45 No DD	50%	\$250	50%	\$100 No DD	\$2,300	\$4,600	Embedded	50%	Embedded	Embedded	\$5,000	\$10,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$250 / \$500 Brand Ded
FRVT-HMOH-S4-001-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Stacked	Aggregate	\$4,800	\$9,600"	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$5,000	\$10,000"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,250	\$2,500	Aggregate	0%	Aggregate	Aggregate	\$1,250	\$2,500	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2019)	HyHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2019)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,350	\$2,700	Aggregate	25%	Aggregate	Aggregate	\$3,300	\$6,600	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,450		Aggregate	25%	Aggregate	Aggregate	\$3,400			\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,750	\$7,500	Embedded	0%	Embedded		\$3,750	\$7,500	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,400	\$8,800	Embedded	0%	Embedded	Aggregate	\$4,400	\$8,800	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,150	\$2,300	Embedded	0%	Embedded	Embedded	\$1,150	\$2,300	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2020)	НМО	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400		Embedded	0%	Embedded	Embedded	\$1,400	\$2,800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-S (2019)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$425	\$850	Embedded	0%	Embedded		\$425	\$850	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-S (2019)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,800	\$5,600	Embedded	0%	Embedded	Aggregate	\$2,800	\$5,600	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2020)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1400 (Fac)												_	
FRVT-HMO-S1-001-N (2019)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,150	\$2,300	Embedded	50%	Embedded	Embedded	\$5,100	\$10,200	\$1,350	\$2,700	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
								\$1400 (Fac)													AA A
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,400	\$10,800	\$1,350	\$2,700	Separate	\$450/\$900 Ded then \$5/50%/50%, VBID = \$1 #
EDVE 11140 04 000 N (0040)	HvHMO	Silver	N	AF N. DD	600 N. DD	400/	050 N. DD	\$200 (Fac) \$100 (Phys)	eco N. DD	**	en.		400/	F	F	***	04500	0550	64 400		65 (000) (400) MDID 64 II
FRVT-HMO-S1-002-N (2019)	нунмо	Sliver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD		\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,250	\$4,500	\$550	\$1,100	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRVT-HMO-S1-002-N (2020)	HvHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$50	\$200 (Fac) \$100 (Phys)	\$50	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,450	\$4.900	\$600	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRV1-HWO-S1-002-N (2020)	пупіліО	Sliver	Non-Standard	DO NO DD	\$30	10%	\$50	\$40 (Fac)	\$50	φU	ŞU	Embedded	10%	Embedded	Embedded	\$2,450	\$4,900	\$000	\$1,200	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRVT-HMO-S1-003-N (2019)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	60	eo.	Embedded	5%	Embedded	Embedded	\$1,250	\$2,500	\$200	\$400	Separate	\$5 / 5% / 5%, VBID = \$1 #
FKV1=FIWO+31=003-N (2019)	riyriiVIO	Silver	non-standard	φυ INO DD	\$10 NO DD	3%	φ20 INO DD	\$20 (Phys) \$40 (Fac)	\$25 NO DD	\$0	\$0	Embedded	5%	Embedded	Embedded	φ1,250	φ2,500	φ200	φ <del>4</del> 00	Зерагате	φ3 / 3 /0 / 3 /0, V BID ≡ \$1 #
FRVT-HMO-S1-003-N (2020)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$40 (Fac) \$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1.450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%. VBID = \$1 #
FRV 1-FINO-3 1-003-N (2020)	riyriiVIO	Silver	Non-Standard	φυ INO DD	φ10	3%	φ <b>2</b> 0	\$800 (Fac)	φ <b>2</b> 5	φU	υŲ	Embedded	5%	Embedded	Embedded	φ1,45U	\$2,900	φυ30	φ/00	Separate	φ3 / 3 /0 / 3 /0, V BID ≡ \$1 #
FRVT-HMO-S1-004-N (2019)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$400 (Phvs)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$5,050	\$10,100	\$1.350	\$2,700	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #
110 1-11WO-01-004-W (2019)	i iyi iiviO	Silvei	14011-Otalidald	Ψιθ	ψ-10	30 /0	Ψ100	\$800 (Fac)	\$100	Ψ500	ψουυ	Limbedded	30 /0	Linbedded	Linbedded	ψ5,050	ψ10,100	ψ1,330	Ψ2,700	Ocparate	φο / το /ο / το /ο, φ 100 / φ200 Dea, VBID = φ1 #
FRVT-HMO-S1-004-N (2020)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Pac)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5.400	\$10.800	\$1.350	\$2,700	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #
FIX V 1*F1IVIO*3 1*004*IN (2020)	HYHIVIO	Silver	Non-Standard	انټ	\$ <del>4</del> 0	30%	φισυ	\$200 (F1195)	<b>⊒</b> φ100	φυUU	φ1,000	FILIDEGGEG	JU%	EHIDEGGEG	FILINGGGGG	φυ,400	\$10,000	φ1,330	φ <u>2</u> ,700	Separate	\$57 40767 4076, \$2007 \$400 Ded, VBID = \$1 #

American Indian	and Alaskan Native (AI/A	N) Benefits (Subsidia	zed)		In-Network Benefits																
										Med						Med OOP	Med OOP	Rx OOP			
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
ALL PLANS	HMO	All	All	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

# Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018 Rating Period: January 1, 2020 - December 31, 2020

	2019	2020	Total
Months of Trend	12	12	24

## Medical Trend Summary

	2019 Annual Trend									
%	6 of Allowed Claims	Unit Cost	Utilization	Total						
IP	21.1%	5.8%	0.0%	5.8%						
OP	48.2%	4.8%	0.0%	4.8%						
PHY	28.9%	2.2%	0.0%	2.2%						
OTR	1.8%	4.0%	0.0%	4.0%						
Medical Total		4.3%	0.0%	4.3%						

	2020 Annual Trend										
	% of Allowed Claims	Unit Cost	Utilization	Total							
IP	21.4%	6.1%	0.0%	6.1%							
OP	48.4%	5.0%	0.0%	5.0%							
PHY	28.3%	1.4%	0.0%	1.4%							
OTR	1.8%	2.0%	0.0%	2.0%							
Medical Total		4.2%	0.0%	4.2%							

Annual Allowed Medical Trend 4.2%

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
#REF!	\$393.56	\$10.58	\$7.36	\$58.33	\$317.28
24 Months of Trend:	1.086	1.086	1.000	1.032	1.098
Projection Period:	\$427.39	\$11.49	\$7.36	\$60.21	\$348.33
llowed Trend (Annual)	4.2%				
Paid Trend (Annual)	4.8%				
Leveraging (Annual)	0.5%				

# Rx Trend Summary

	2019	Trend	2020	Trend	Annualized Trend		
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	
Generic	17.8%	2.9%	-5.2%	2.5%	5.7%	2.7%	
Brand	11.7%	-8.9%	8.6%	-1.3%	10.1%	-5.2%	
Specialty	-0.4%	6.0%	7.5%	7.4%	3.5%	6.7%	

#### Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,457	898	100	11,455
Experience Period Allowed Cost per Script	\$17.09	\$313.51	\$4,458.04	\$79.22
Experience Period Deductible Per Script	\$3.56	\$24.20	\$79.63	\$5.85
Experience Period Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.35
Experience Period Coinsurance Per Script	\$0.98	\$15.46	\$31.64	\$2.38
Experience Period Paid Cost Per Script	\$9.87	\$263.72	\$4,334.81	\$67.64
Experience Period Allowed PMPM	\$14.89	\$23.46	\$37.27	\$75.62
Experience Period Deductible PMPM	\$3.10	\$1.81	\$0.67	\$5.58
Experience Period Copay PMPM	\$2.34	\$0.76	\$0.10	\$3.20
Experience Period Coinsurance PMPM	\$0.85	\$1.16	\$0.26	\$2.27
Experience Period Paid PMPM	\$8.60	\$19.73	\$36.24	\$64.57
Experience Period Rx Rebates PMPM				(\$14.83)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.059
Annual Allowed Trend	1.086	1.044	1.104	1.082
Annual Deductible Trend	1.016	1.016	1.016	1.016
Annual Paid Trend	1.116	1.055	1.105	1.091
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.096
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,037	807	114	11,958
Projected Allowed Cost per Script	\$19.09	\$380.21	\$4,774.45	\$88.88
Projected Deductible Per Script	\$3.68	\$24.98	\$82.19	\$5.86
Projected Copay Per Script	\$2.68	\$10.14	\$11.96	\$3.27
Projected Coinsurance Per Script	\$1.09	\$18.75	\$33.89	\$2.60
Projected Paid Cost Per Script	\$11.64	\$326.34	\$4,646.41	\$77.14
Projected Allowed PMPM	\$17.56	\$25.57	\$45.44	\$88.57
Projected Deductible PMPM	\$3.38	\$1.68	\$0.78	\$5.84
Projected Copay PMPM	\$2.47	\$0.68	\$0.11	\$3.26
Projected Coinsurance PMPM	\$1.00	\$1.26	\$0.32	\$2.59
Projected Paid PMPM	\$10.70	\$21.95	\$44.22	\$76.87
Projected Rx Rebates				(\$17.11)
Net Projected Paid PMPM				\$59.77

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

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,414	872	97	11,383
Experience Period Allowed Cost per Script	\$18.08	\$309.39	\$4,573.13	\$79.18
Experience Period Deductible Per Script	\$3.84	\$28.08	\$77.76	\$6.33
Experience Period Copay Per Script	\$3.10	\$13.57	\$16.39	\$4.01
Experience Period Coinsurance Per Script	\$1.06	\$12.68	\$25.88	\$2.17
Experience Period Paid Cost Per Script	\$10.07	\$255.06	\$4,453.10	\$66.67
Experience Period Allowed PMPM	\$15.69	\$22.49	\$36.93	\$75.11
Experience Period Deductible PMPM	\$3.34	\$2.04	\$0.63	\$6.01
Experience Period Copay PMPM	\$2.69	\$0.99	\$0.13	\$3.81
Experience Period Coinsurance PMPM	\$0.92	\$0.92	\$0.21	\$2.05
Experience Period Paid PMPM	\$8.74	\$18.54	\$35.96	\$63.24
Experience Period Rx Rebates PMPM				(\$14.87
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.060
Annual Allowed Trend	1.086	1.044	1.104	1.083
Annual Deductible Trend	1.016	1.016	1.016	1.016
Annual Paid Trend	1.119	1.057	1.105	1.093
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.104
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,992	784	110	11,886
Projected Allowed Cost per Script	\$20.19	\$375.20	\$4,897.71	\$88.88
Projected Deductible Per Script	\$3.97	\$28.97	\$80.23	\$6.32
Projected Copay Per Script	\$3.10	\$13.57	\$16.39	\$3.91
Projected Coinsurance Per Script	\$1.19	\$15.38	\$27.72	\$2.37
Projected Paid Cost Per Script	\$11.94	\$317.29	\$4,773.38	\$76.27
Projected Allowed PMPM	\$18.50	\$24.51	\$45.02	\$88.03
Projected Deductible PMPM	\$3.63	\$1.89	\$0.74	\$6.26
Projected Copay PMPM	\$2.84	\$0.89	\$0.15	\$3.87
Projected Coinsurance PMPM	\$1.09	\$1.00	\$0.25	\$2.35
Projected Paid PMPM	\$10.94	\$20.73	\$43.88	\$75.55
Projected Rx Rebates				(\$16.63
Net Projected Paid PMPM				\$58.92

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

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,617	937	103	11,657
Experience Period Allowed Cost per Script	\$15.80	\$318.63	\$4,219.28	\$77.42
Experience Period Deductible Per Script	\$2.81	\$16.55	\$70.17	\$4.51
Experience Period Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.70
Experience Period Coinsurance Per Script	\$0.93	\$20.37	\$42.76	\$2.86
Experience Period Paid Cost Per Script	\$9.75	\$275.21	\$4,098.47	\$67.36
Experience Period Allowed PMPM	\$13.98	\$24.88	\$36.35	\$75.21
Experience Period Deductible PMPM	\$2.48	\$1.29	\$0.60	\$4.38
Experience Period Copay PMPM	\$2.04	\$0.51	\$0.07	\$2.62
Experience Period Coinsurance PMPM	\$0.82	\$1.59	\$0.37	\$2.78
Experience Period Paid PMPM	\$8.63	\$21.49	\$35.31	\$65.43
Experience Period Rx Rebates PMPM				(\$14.15)
Annual Util Trend	1.027	0.948	1.067	1.022
Annual Unit Cost Trend	1.057	1.101	1.035	1.058
Annual Allowed Trend	1.086	1.044	1.104	1.081
Annual Deductible Trend	1.017	1.017	1.017	1.017
Annual Paid Trend	1.111	1.051	1.105	1.088
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.082
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,205	842	118	12,165
Projected Allowed Cost per Script	\$17.64	\$386.41	\$4,518.74	\$86.73
Projected Deductible Per Script	\$2.90	\$17.11	\$72.53	\$4.56
Projected Copay Per Script	\$2.31	\$6.50	\$7.88	\$2.65
Projected Coinsurance Per Script	\$1.04	\$24.70	\$45.79	\$3.11
Projected Paid Cost Per Script	\$11.40	\$338.11	\$4,392.54	\$76.40
Projected Allowed PMPM	\$16.48	\$27.12	\$44.32	\$87.92
Projected Deductible PMPM	\$2.71	\$1.20	\$0.71	\$4.62
Projected Copay PMPM	\$2.16	\$0.46	\$0.08	\$2.69
Projected Coinsurance PMPM	\$0.97	\$1.73	\$0.45	\$3.15
Projected Paid PMPM	\$10.64	\$23.73	\$43.08	\$77.46
Projected Rx Rebates Net Projected Paid PMPM				(\$17.42) \$60.04

#### Exhibit 2b -- Rx Trend Development (Small Grandfathered)

Total	Rx Claim Information	Generic	Brand	Specialty	Total
11,657	Experience Period Scripts / 1000	9,561	853	113	10,527
\$77.42	Experience Period Allowed Cost per Script	\$17.14	\$313.18	\$5,224.37	\$97.04
\$4.51	Experience Period Deductible Per Script	\$7.32	\$51.83	\$173.59	\$12.71
\$2.70	Experience Period Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.36
\$2.86	Experience Period Coinsurance Per Script	\$0.34	\$1.17	\$0.00	\$0.40
\$67.36	Experience Period Paid Cost Per Script	\$8.39	\$255.71	\$5,050.15	\$82.57
\$75.21	Experience Period Allowed PMPM	\$13.65	\$22.26	\$49.21	\$85.12
\$4.38	Experience Period Deductible PMPM	\$5.83	\$3.68	\$1.64	\$11.15
\$2.62	Experience Period Copay PMPM	\$0.87	\$0.32	\$0.01	\$1.19
\$2.78	Experience Period Coinsurance PMPM	\$0.27	\$0.08	\$0.00	\$0.35
\$65.43	Experience Period Paid PMPM	\$6.68	\$18.18	\$47.57	\$72.43
(\$14.15)	Experience Period Rx Rebates PMPM				(\$20.26)
1.022	Annual Util Trend	1.027	0.948	1.067	1.022
1.058	Annual Unit Cost Trend	1.057	1.101	1.035	1.063
1.081	Annual Allowed Trend	1.086	1.044	1.104	1.086
1.017	Annual Deductible Trend	1.016	1.016	1.016	1.016
1.088	Annual Paid Trend	1.128	1.061	1.105	1.096
1.082	Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
24	Months of Trend	24	24	24	24
12,165	Projected Scripts / 1000	10,091	767	129	10,986
\$86.73	Projected Allowed Cost per Script	\$19.14	\$379.80	\$5,595.17	\$109.62
\$4.56	Projected Deductible Per Script	\$7.55	\$53.49	\$179.17	\$12.77
\$2.65	Projected Copay Per Script	\$1.09	\$4.47	\$0.64	\$1.32
\$3.11	Projected Coinsurance Per Script	\$0.38	\$1.42	\$0.00	\$0.45
\$76.40	Projected Paid Cost Per Script	\$10.12	\$320.42	\$5,415.37	\$95.08
\$87.92	Projected Allowed PMPM	\$16.09	\$24.26	\$60.00	\$100.36
\$4.62	Projected Deductible PMPM	\$6.35	\$3.42	\$1.92	\$11.69
\$2.69	Projected Copay PMPM	\$0.92	\$0.29	\$0.01	\$1.21
\$3.15	Projected Coinsurance PMPM	\$0.32	\$0.09	\$0.00	\$0.41
\$77.46	Projected Paid PMPM	\$8.51	\$20.47	\$58.07	\$87.05
(\$17.42)	Projected Rx Rebates				(\$19.90)
\$60.04	Net Projected Paid PMPM				\$67.15

# **Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

	ACA Compliant Small Group	ACA Compliant Individual	Small Group Grandfathered	Small Group + Individual Single Risk Pool
1 Member Months	172,758	130,575	14,969	318,302
2 FFS Paid Medical Claims	\$312.58	\$322.62	\$324.98	\$317.28
3 FFS Paid Pediatric Dental Claims	\$0.84	\$0.84	\$0.00	\$0.80
4a Federal CSR Payments	\$0.00	(\$38.95)	\$0.00	(\$15.98)
4b State CSR Payments	\$0.00	(\$5.23)	\$0.00	(\$2.15)
5 IBNR Factor	1.024	1.024	1.024	1.024
6 FFS Incurred Paid Medical Claims	\$321.05	\$286.08	\$332.92	\$307.26
7 FFS Incurred Rx Claims	\$63.24	\$65.43	\$72.43	\$64.57
8 Experience Period Rx Rebates	(\$14.87)	(\$14.15)	(\$20.26)	(\$14.83)
9 FFS Incurred Rx Claims (Net of Rebates)	\$48.37	\$51.28	\$52.17	\$49.74
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$40.46)	(\$32.21)	(\$42.23)	(\$37.16)
11 Pooling Charge	\$41.14	\$38.16	\$42.88	\$40.00
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$370.11	\$343.31	\$385.75	\$359.85
13 Experience Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.47	\$9.00	\$8.67
14 Adjusted Experience Period Claim Expense	\$378.91	\$351.78	\$394.74	\$368.52
Market-Wide Adjustments to Experience Period Claims				
15 Adjustment for average policy during beginning of policy year	\$0.00	\$0.00	\$0.00	\$0.00
16 Adjustment for pharmacy benefit carve-in	\$0.31	\$0.11	\$0.81	\$0.25
17 Adjustment for pediatric dental carve-in to Small Group Grandfathered	\$0.00	\$0.00	\$0.84	\$0.04
18 Adjustment for Individual Mandate Repeal	\$0.00	\$0.00	\$0.00	\$0.00
19 Adjustment for Association Health Plans	\$3.74	\$3.48	\$3.90	\$3.64
20 Adjustment for Leap Year	\$1.01	\$0.94	\$1.06	\$0.99
21 Adjustment for National High Cost Reinsurance Pool	\$0.89	\$0.82	\$0.93	\$0.86
22 Experience Period Claim Expense After All Adjustments	\$384.87	\$357.12	\$402.28	\$374.30
23 Annual FFS Medical projection factor	1.048	1.048	1.048	1.048
24 Annual FFS Rx projection factor	1.104	1.082	1.135	1.096
25 Annual FFS Claim trend projection factor	1.055	1.053	1.060	1.055
26 Months of Trend	24	24	24	24
27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$418.65	\$386.59	\$441.51	\$406.59
28 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.23	\$4.83	\$5.51	\$5.08
29 Projection Period Capitation and Non-FFS Medical Costs	\$6.64	\$6.64	\$6.64	\$6.64
30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$430.52	\$398.06	\$453.66	\$418.31
Federal Reinsurance and Risk Adjustment Programs				
31 Federal Risk Adjustment Program Impact	\$62.90	\$58.15	\$66.28	\$61.11
32 Paid Index Rate PMPM After Adjustments for Federal Programs	\$493.42	\$456.21	\$519.94	\$479.42

# **Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	13,734	13,737	1.000	1.000
4	Double	3,547	7,087	1.998	2.000
4	Parent/Child(ren)	681	1,682	2.470	1.930
4	Family	2.194	8.381	3.820	2.810

Single Conversion Factor 1.091

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

% of Premium Retention Compon	onts
% of Fremium Retention Compon	CIIIS
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.50%
Total % of Premium Retention Components	1.90%
PMPM Retention Components	3
General Administrative Load	\$42.00
% of Premium Taxes and Assessn	nents
Premium Tax	0.00%
VT Vaccine Pilot	0.30%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.30%
% of Paid Claim Taxes and Assess	ments
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%
PMPM Taxes and Assessment	s
HHS Risk Adjustment User Fee	\$0.17
18 VSA 9374(h) Billback	\$1.93
Total PMPM Taxes/Assessments	\$2.10

# Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

# % of Premium Retention Components

<ol> <li>Projection Period Federal CSR Dollars</li> <li>Projection Period Member Months, CSR Plans</li> <li>Projection Period Federal CSR PMPM</li> <li>IBNR Factor</li> <li>Federal CSR PMPM with IBNR</li> <li>Annual Trend Factor</li> <li>Months of Trend</li> </ol>	\$5,946,226 78,168 \$76.07 1.024 \$77.93 1.016 24	= 1) / 2) = 3) * 4)
8) Trended Federal CSR PMPM	\$80.39	= 5) * 6) ^ [ 7) / 12 ]

### Exhibit 7 -- 2020 Exchange Premium Rates

2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32) \$479.42 Benefit Relativity \* Induced Demand Reflected in Index Rate 0.7440 Adjusted Claim Cost for Pricing \$644.40

			,			•															Increase		Increase
	Deadust		Standard/Non-	On/Off	Federal and State Combined	Benefit Actuarial	Induced Utilization	Nat Claim Cast	Ded Debt (CTD	Administrative Expense	% of Premium Taxes and	PMPM Taxes and	Benefits in Excess of	CCD	Conne Claim			Parent/Child(			over 2019	Increase over 2019	over 2019
Coplan	Product Type	Metal Level	Standard/Non-	Exchange	Subsidy	Value	Factor*	PMPM	Bad Debt / CTR (% of Premium)	(PMPM)	Assessments	and Assessments	EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	ren)	Family	over 2019 Single Rate	Double Rate	P/C Rate	Family Rate
FRVT-HMO-P-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.881	1.138	\$645.96	\$13.54	\$42.00	\$9.27	\$2.10	\$0.00	\$0.00	\$712.88	\$777.75	\$1,555.50	\$1,501.06	\$2,185.48	8.5%	8.5%	8.5%	8.5%
FRVT-HMO-G-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.782	1.072	\$539.73	\$11.46	\$42.00	\$7.84	\$2.10	\$0.00	\$0.00	\$603.14		\$1,316.06	\$1,270.00	\$1,849.06	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-G-002-N (2020)	HyHMO	Gold		On Exchange	Non-Subsidized	0.876	1.133	\$639.40	\$13.43	\$42.00	\$9.19	\$2.10	\$0.88	\$0.00	\$707.01	\$771.35	\$1,542.70	\$1,488.71	\$2,167.49	23.7%	23.7%	23.7%	23.7%
FRVT-HMOH-G-003-N (2020)	HDHMO	Gold	Non-Standard		Non-Subsidized	0.769	1.066	\$528.49	\$11.26	\$42.00	\$7.70	\$2.10	\$0.88	\$0.00	\$592.43		\$1,292.68	\$1,247.44	\$1,816.22	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-S-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.99	\$2.10	\$0.00	\$80.39	\$614.53		\$1,340.90	\$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMOH-S-004-S (2020) FRVT-HMOH-S-002-N (2020)	HDHMO HDHMO	Silver Silver	Standard Non-Standard	On Exchange	Non-Subsidized Non-Subsidized	0.693 0.702	1.026 1.031	\$458.50 \$466.62	\$11.44 \$11.62	\$42.00 \$42.00	\$7.83 \$7.95	\$2.10 \$2.10	\$0.00 \$0.88	\$80.39 \$80.39	\$602.26 \$611.57		\$1,314.14 \$1,334.44	\$1,268.15 \$1,287.73	\$1,846.37 \$1.874.89	5.7% 7.0%	5.7% 7.0%	5.7% 7.0%	5.7% 7.0%
FRVT-HMO-S-001-N (2020)	HyHMO	Silver		On Exchange	Non-Subsidized	0.702	1.021	\$442.88	\$11.15	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04		\$1,280.92	\$1,236.09	\$1,799.69	7.0%	7.1%	7.0%	7.1%
VT-HMO-S-003-S II (2020)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.706	1.033	\$470.37	\$10.10	\$42.00	\$6.91	\$2.10	\$0.00	\$0.00	\$531.48		\$1,159.68	\$1,119.09	\$1,629.35	8.5%	8.5%	8.5%	8.5%
VT-HMOH-S-004-S II (2020)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.693	1.026	\$458.50	\$9.87	\$42.00	\$6.75	\$2.10	\$0.00	\$0.00	\$519.22	\$566.47	\$1,132.94	\$1,093.29	\$1,591.78	9.5%	9.5%	9.5%	9.5%
VT-HMOH-S-002-N II (2020)	HDHMO	Silver	Non-Standard		Non-Subsidized	0.702	1.028	\$464.75	\$10.01	\$42.00	\$6.85	\$2.10	\$0.88	\$0.00	\$526.58	\$574.50	\$1,149.00	\$1,108.79	\$1,614.35	10.6%	10.6%	10.6%	10.6%
VT-HMO-S-001-N II (2020)	HyHMO	Silver		Off Exchange	Non-Subsidized	0.673	1.021	\$442.88	\$9.58	\$42.00	\$6.55	\$2.10	\$0.88	\$0.00	\$503.99	\$549.85	\$1,099.70	\$1,061.21	\$1,545.08	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-B-002-S (2020)	HMO	Bronze		On Exchange	Non-Subsidized	0.582	1.000	\$375.04 \$387.16	\$8.23 \$8.46	\$42.00	\$5.63	\$2.10	\$0.00	\$0.00	\$433.00	\$472.40	\$944.80	\$911.73	\$1,327.44	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-B-003-S (2020) FRVT-HMO-B-004-S (2020)	HDHMO HMO	Bronze Bronze	Standard Standard	On Exchange On Exchange	Non-Subsidized Non-Subsidized	0.601 0.661	1.000 1.017	\$387.16 \$433.51	\$8.46 \$9.37	\$42.00 \$42.00	\$5.79 \$6.41	\$2.10 \$2.10	\$0.00 \$0.00	\$0.00 \$0.00	\$445.51 \$493.40	\$486.05 \$538.30	\$972.10 \$1.076.60	\$938.08 \$1.038.92	\$1,365.80 \$1,512.62	11.4% 10.9%	11.4% 10.9%	11.4% 10.9%	11.4% 10.9%
FRVT-HMO-B-005-N (2020)	HMO	Bronze		On Exchange	Non-Subsidized	0.613	1.003	\$396.01	\$8.66	\$42.00	\$5.92	\$2.10	\$0.88	\$0.00	\$455.57	\$497.03	\$994.06	\$959.27	\$1,312.02	12.7%	12.7%	12.7%	12.7%
FRVT-HMO-B-001-N (2020)	HMO	Bronze		On Exchange	Non-Subsidized	0.580	1.000	\$373.95	\$8.22	\$42.00	\$5.63	\$2.10	\$0.88	\$0.00	\$432.78	\$472.16	\$944.32	\$911.27	\$1,326.77	10.3%	10.3%	10.3%	10.3%
FRVT-HMO-C-001-N (2020)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.613	0.638	\$252.02	\$5.81	\$42.00	\$3.98	\$2.10	\$0.00	\$0.00	\$305.91	\$333.75	\$667.50	\$644.14	\$937.84	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-S3-001-S (2020)	HyHMO	Silver	Standard		Subsidized (73%)	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.99	\$2.10	\$0.00	\$80.39	\$614.53	\$670.45	\$1,340.90	\$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S3-002-S (2020)	HyHMO	Silver	Standard		Subsidized (87%)	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.99	\$2.10	\$0.00	\$80.39	\$614.53	\$670.45	\$1,340.90	\$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S3-003-S (2020)	HyHMO	Silver	Standard		Subsidized (94%)	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.99	\$2.10	\$0.00	\$80.39	\$614.53		\$1,340.90	\$1,293.97 \$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMO-S3-004-S (2020) FRVT-HMOH-S4-001-S (2020)	HyHMO HDHMO	Silver Silver	Standard Standard	On Exchange	Subsidized (77%) Subsidized (73%)	0.706	1.033	\$470.37 \$458.50	\$11.68 \$11.44	\$42.00 \$42.00	\$7.99 \$7.83	\$2.10 \$2.10	\$0.00 \$0.00	\$80.39 \$80.39	\$614.53 \$602.26	\$670.45 \$657.07	\$1,340.90 \$1,314.14	\$1,293.97	\$1,883.96 \$1,846.37	5.0%	5.0%	5.0% 5.7%	5.0%
FRVT-HMOH-S4-001-S (2020)	HMO	Silver	Standard		Subsidized (73%)	0.693	1.026	\$458.50	\$11.44	\$42.00	\$7.83	\$2.10	\$0.00	\$80.39	\$602.26		\$1,314.14	\$1,268.15	\$1,846.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-003-S (2020)	HMO	Silver	Standard		Subsidized (94%)	0.693	1.026	\$458.50	\$11.44	\$42.00	\$7.83	\$2.10	\$0.00	\$80.39	\$602.26		\$1,314.14	\$1,268.15	\$1,846.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S4-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.693	1.026	\$458.50	\$11.44	\$42.00	\$7.83	\$2.10	\$0.00	\$80.39	\$602.26	\$657.07	\$1,314.14	\$1,268.15	\$1,846.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-S2-001-N (2020)	HDHMO	Silver		On Exchange	Subsidized (73%)	0.702	1.031	\$466.62	\$11.62	\$42.00	\$7.95	\$2.10	\$0.88	\$80.39	\$611.57	\$667.22	\$1,334.44	\$1,287.73	\$1,874.89	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-S2-002-N (2020)	HMO	Silver			Subsidized (87%)	0.702	1.031	\$466.62	\$11.62	\$42.00	\$7.95	\$2.10	\$0.88	\$80.39	\$611.57		\$1,334.44	\$1,287.73	\$1,874.89	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-S2-003-N (2020) FRVT-HMOH-S2-004-N (2020)	HMO HMO	Silver Silver			Subsidized (94%) Subsidized (77%)	0.702 0.702	1.031 1.031	\$466.62 \$466.62	\$11.62 \$11.62	\$42.00 \$42.00	\$7.95 \$7.95	\$2.10 \$2.10	\$0.88 \$0.88	\$80.39 \$80.39	\$611.57 \$611.57		\$1,334.44 \$1,334.44	\$1,287.73 \$1,287.73	\$1,874.89 \$1.874.89	7.0% 7.0%	7.0% 7.0%	7.0% 7.0%	7.0% 7.0%
FRVT-HMO-S1-001-N (2020)	HyHMO	Silver			Subsidized (77%) Subsidized (73%)	0.702	1.021	\$442.88	\$11.02	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04		\$1,334.44	\$1,236.09	\$1,799.69	7.0%	7.0%	7.1%	7.1%
FRVT-HMO-S1-002-N (2020)	HyHMO	Silver			Subsidized (87%)	0.673	1.021	\$442.88	\$11.15	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04		\$1,280.92	\$1,236.09	\$1,799.69	7.1%	7.1%	7.1%	7.1%
FRVT-HMO-S1-003-N (2020)	HyHMO	Silver			Subsidized (94%)	0.673	1.021	\$442.88	\$11.15	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04		\$1,280.92	\$1,236.09	\$1,799.69	7.1%	7.1%	7.1%	7.1%
FRVT-HMO-S1-004-N (2020)	HyHMO	Silver		On Exchange	Subsidized (77%)	0.673	1.021	\$442.88	\$11.15	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04		\$1,280.92	\$1,236.09	\$1,799.69	7.1%	7.1%	7.1%	7.1%
FRVT-HMO-PA2-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$645.96	\$13.54	\$42.00	\$9.27	\$2.10	\$0.00	\$0.00	\$712.88	\$777.75	\$1,555.50	\$1,501.06	\$2,185.48	8.5%	8.5%	8.5%	8.5%
FRVT-HMO-GA2-001-S (2020)	HyHMO	Gold		On Exchange	Al/AN	0.782	1.072	\$539.73	\$11.46	\$42.00	\$7.84	\$2.10	\$0.00	\$0.00	\$603.14		\$1,316.06	\$1,270.00	\$1,849.06	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA2-002-N (2020) FRVT-HMOH-GA2-003-N (2020)	HyHMO HDHMO	Gold Gold	Non-Standard Non-Standard		AI/AN AI/AN	0.876 0.769	1.133 1.066	\$639.40 \$528.49	\$13.43 \$11.26	\$42.00 \$42.00	\$9.19 \$7.70	\$2.10 \$2.10	\$0.88 \$0.88	\$0.00 \$0.00	\$707.01 \$592.43		\$1,542.70 \$1,292.68	\$1,488.71 \$1,247.44	\$2,167.49 \$1,816.22	23.7% 10.7%	23.7% 10.7%	23.7% 10.7%	23.7% 10.7%
FRVT-HMO-SA2-003-N (2020)	HyHMO	Silver		On Exchange	Al/AN	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.70	\$2.10	\$0.00	\$80.39	\$614.53		\$1,340.90	\$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMOH-SA2-004-S (2020)	HDHMO	Silver	Standard	On Exchange	Al/AN	0.693	1.026	\$458.50	\$11.44	\$42.00	\$7.83	\$2.10	\$0.00	\$80.39	\$602.26	\$657.07	\$1,314,14	\$1,268,15	\$1,846.37	5.7%	5.7%	5.7%	5.7%
FRVT-HMOH-SA2-002-N (2020)	HDHMO	Silver	Non-Standard	On Exchange	Al/AN	0.702	1.031	\$466.62	\$11.62	\$42.00	\$7.95	\$2.10	\$0.88	\$80.39	\$611.57	\$667.22	\$1,334.44	\$1,287.73	\$1,874.89	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-SA2-001-N (2020)	HyHMO	Silver		On Exchange	Al/AN	0.673	1.021	\$442.88	\$11.15	\$42.00	\$7.63	\$2.10	\$0.88	\$80.39	\$587.04	\$640.46	\$1,280.92	\$1,236.09	\$1,799.69	7.1%	7.1%	7.1%	7.1%
FRVT-HMO-BA2-002-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.582	1.000	\$375.04	\$8.23	\$42.00	\$5.63	\$2.10	\$0.00	\$0.00	\$433.00	\$472.40	\$944.80	\$911.73	\$1,327.44	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-BA2-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	AI/AN	0.601	1.000	\$387.16	\$8.46	\$42.00	\$5.79	\$2.10	\$0.00	\$0.00	\$445.51	\$486.05	\$972.10	\$938.08	\$1,365.80	11.4%	11.4%	11.4%	11.4%
FRVT-HMO-BA2-004-S (2020) FRVT-HMO-BA2-005-N (2020)	HyHMO HyHMO	Bronze Bronze	Standard Non-Standard	On Exchange On Exchange	AI/AN AI/AN	0.661 0.613	1.017 1.003	\$433.51 \$396.01	\$9.37 \$8.66	\$42.00 \$42.00	\$6.41 \$5.92	\$2.10 \$2.10	\$0.00 \$0.88	\$0.00 \$0.00	\$493.40 \$455.57	\$538.30 \$497.03	\$1,076.60 \$994.06	\$1,038.92 \$959.27	\$1,512.62 \$1,396.65	10.9% 12.7%	10.9% 12.7%	10.9% 12.7%	10.9% 12.7%
FRVT-HMO-BA2-003-N (2020)	HvHMO	Bronze		On Exchange	Al/AN	0.580	1.000	\$373.95	\$8.22	\$42.00	\$5.63	\$2.10	\$0.88	\$0.00	\$432.78	\$472.16	\$944.32	\$911.27	\$1,326.77	10.3%	10.3%	10.3%	10.3%
FRVT-HMO-PA1-001-S (2020)	HyHMO	Platinum	Standard	On Exchange	Al/AN	0.881	1.138	\$645.96	\$13.54	\$42.00	\$9.27	\$2.10	\$0.00	\$0.00	\$712.88	\$777.75	\$1,555.50	\$1,501.06	\$2,185.48	8.5%	8.5%	8.5%	8.5%
FRVT-HMO-GA1-001-S (2020)	HyHMO	Gold	Standard	On Exchange	Al/AN	0.782	1.072	\$539.73	\$11.46	\$42.00	\$7.84	\$2.10	\$0.00	\$0.00	\$603.14		\$1,316.06	\$1,270.00	\$1,849.06	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA1-002-N (2020)	НуНМО	Gold		On Exchange	AI/AN	0.876	1.133	\$639.40	\$13.43	\$42.00	\$9.19	\$2.10	\$0.88	\$0.00	\$707.01		\$1,542.70	\$1,488.71	\$2,167.49	23.7%	23.7%	23.7%	23.7%
FRVT-HMOH-GA1-003-N (2020)		Gold		On Exchange	AI/AN	0.769	1.066	\$528.49	\$11.26	\$42.00	\$7.70	\$2.10	\$0.88	\$0.00	\$592.43		\$1,292.68	\$1,247.44	\$1,816.22	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-SA1-003-S (2020)	HyHMO	Silver	Standard	On Exchange	Al/AN	0.706	1.033	\$470.37	\$11.68	\$42.00	\$7.99	\$2.10	\$0.00	\$80.39	\$614.53		\$1,340.90	\$1,293.97	\$1,883.96	5.0%	5.0%	5.0%	5.0%
FRVT-HMOH-SA1-004-S (2020) FRVT-HMOH-SA1-002-N (2020)	HDHMO HDHMO	Silver Silver	Standard Non-Standard	On Exchange On Exchange	Al/AN Al/AN	0.693 0.702	1.026 1.031	\$458.50 \$466.62	\$11.44 \$11.62	\$42.00 \$42.00	\$7.83 \$7.95	\$2.10 \$2.10	\$0.00 \$0.88	\$80.39 \$80.39	\$602.26 \$611.57		\$1,314.14 \$1,334.44	\$1,268.15 \$1,287.73	\$1,846.37 \$1,874.89	5.7% 7.0%	5.7% 7.0%	5.7% 7.0%	5.7% 7.0%
FRVT-HMO-SA1-002-N (2020)	HvHMO	Silver		On Exchange	Al/AN	0.702	1.031	\$400.02 \$442.88	\$11.02 \$11.15	\$42.00	\$7.95	\$2.10	\$0.88	\$80.39	\$587.04	\$640.46	\$1,334.44	\$1,267.73	\$1,074.69	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-BA1-002-S (2020)	HyHMO	Bronze		On Exchange	Al/AN	0.582	1.000	\$375.04	\$8.23	\$42.00	\$5.63	\$2.10	\$0.00	\$0.00	\$433.00	\$472.40	\$944.80	\$911.73	\$1,327.44	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-BA1-003-S (2020)	HDHMO	Bronze	Standard	On Exchange	AI/AN	0.601	1.000	\$387.16	\$8.46	\$42.00	\$5.79	\$2.10	\$0.00	\$0.00	\$445.51	\$486.05	\$972.10	\$938.08	\$1,365.80	11.4%	11.4%	11.4%	11.4%
FRVT-HMO-BA1-004-S (2020)	HyHMO	Bronze	Standard	On Exchange	Al/AN	0.661	1.017	\$433.51	\$9.37	\$42.00	\$6.41	\$2.10	\$0.00	\$0.00	\$493.40	\$538.30	\$1,076.60	\$1,038.92	\$1,512.62	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-BA1-005-N (2020)	HyHMO	Bronze	Non-Standard		AI/AN	0.613	1.003	\$396.01	\$8.66	\$42.00	\$5.92	\$2.10	\$0.88	\$0.00	\$455.57	\$497.03	\$994.06	\$959.27	\$1,396.65	12.7%	12.7%	12.7%	12.7%
FRVT-HMO-BA1-001-N (2020)	HyHMO	Bronze	Non-Standard	On Exchange	AI/AN	0.580	1.000	\$373.95	\$8.22	\$42.00	\$5.63	\$2.10	\$0.88	\$0.00	\$432.78	\$472.16	\$944.32	\$911.27	\$1,326.77	10.3%	10.3%	10.3%	10.3%

<sup>\*</sup>The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.
\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT366
\*\*Child Only, Rate = Single Rate per Child

### MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019 (excluding Silver On-Exchange)

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		DLD			NDARD PLANS ILVER		nn.	ONZE	PLATINUM	GOLD		-	STANDARD PLANS			BRONZE					
	G	DLD		51	ILVER		BRO	JNZE	PLATINUM	GOLD		SI	LVER			BRONZE		Catastrophic	Total Annual	Average	Average Annual
			On Exchange	Reflective	On Exchange	Reflective					On Exchange	Reflective	On Exchange	Reflective					Premium	PMPM	Premium
	HDHP	Non-HDHP	Non-HDHP	Non-HDHP	HDHP	HDHP	Non-HDHP	No RX OOP			Non-HDHP	Non-HDHP	HDHP	HDHP	HDHP	Non-HDHP	No RX OOP		rieiliulii	FIVIFIVI	Fremium
2020 Proposed Rates																					
Single Rate	\$646.34	\$771.35	\$640.46	\$549.85	\$667.22	\$574.50	\$472.16	\$497.04	\$777.75	\$658.03	\$670.45	\$579.86	\$657.08	\$566.47	\$486.06	\$472.40	\$538.30	\$333.75			
Couple Rate	\$1,292.68	\$1,542.70	\$1,280.92	\$1,099.70	\$1,334.44	\$1,149.00	\$944.32	\$994.08	\$1,555.50	\$1,316.06	\$1,340.90	\$1,159.72	\$1,314.16	\$1,132.94	\$972.12	\$944.80	\$1,076.60	\$667.50			
Adult and Child(ren) Rate	\$1,247.44	\$1,488.71	\$1,236.09	\$1,061.21	\$1,287.73	\$1,108.79	\$911.27	\$959.29	\$1,501.06	\$1,270.00	\$1,293.97	\$1,119.13	\$1,268.16	\$1,093.29	\$938.10	\$911.73	\$1,038.92	\$644.14			
Family Rate	\$1,816.22	\$2,167.49	\$1,799.69	\$1,545.08	\$1,874.89	\$1,614.35	\$1,326.77	\$1,396.68	\$2,185.48	\$1,849.06	\$1,883.96	\$1,629.41	\$1,846.39	\$1,591.78	\$1,365.83	\$1,327.44	\$1,512.62	\$937.84	\$157,378,001	\$538.13	\$6,457.59
•																					
2019 Approved Rates																					
Single Rate	\$583.79	\$623.64	\$597.79	\$493.35	\$623.72	\$519.29	\$428.16	\$441.18	\$716.54	\$608.39	\$638.82	\$534.39	\$621.74	\$517.31	\$436.34	\$426.12	\$485.37	\$299.31			
Couple Rate	\$1,167.58	\$1,247.28	\$1,195.58	\$986.70	\$1,247.44	\$1,038.58	\$856.32	\$882.36	\$1,433.08	\$1,216.78	\$1,277.64	\$1,068.78	\$1,243.48	\$1,034.62	\$872.68	\$852.24	\$970.74	\$598.62			
Adult and Child(ren) Rate	\$1,126.71	\$1,203.63	\$1,153.73	\$952.17	\$1,203.78	\$1,002.23	\$826.35	\$851.48	\$1,382.92	\$1,174.19	\$1,232.92	\$1,031.37	\$1,199.96	\$998.41	\$842.14	\$822.41	\$936.76	\$577.67			
Family Rate	\$1,640.45	\$1,752.43	\$1,679.79	\$1,386.31	\$1,752.65	\$1,459.20	\$1,203.13	\$1,239.72	\$2,013.48	\$1,709.58	\$1,795.08	\$1,501.64	\$1,747.09	\$1,453.64	\$1,226.12	\$1,197.40	\$1,363.89	\$841.06	\$142,791,009	\$488.25	\$5,859.05
2020 Proposed Rate Increases																					
Single Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Couple Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Adult and Child(ren) Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%			
Family Rate	10.7%	23.7%	7.1%	11.5%	7.0%	10.6%	10.3%	12.7%	8.5%	8.2%	5.0%	8.5%	5.7%	9.5%	11.4%	10.9%	10.9%	11.5%	10.22%	Total Revenue	Change
,,																					
February 2019 Contracts																					
Single Rate	1,955	167	0	521	0	141	402	483	852	1,498	0	536	0	471	1,343	1,453	174	10			
Couple Rate	593	38	0	103	0	43	86	94	331	476	0	110	0	103	291	319	27	2			
Adult and Child(ren) Rate	126	10	0	25	0	7	8	22	81	97	0	25	0	26	70	49	4	0			
Family Rate	629	29	0	84	0	78	44	42	223	253	0	99	0	94	271	158	17	0			
Total	3,303	244	0	733	0	269	540	641	1,487	2,324	0	770	0	694	1,975	1,979	222	12	J		
2020 Proposed PMPY Revenue	\$6,783.84	\$8,508.52	#DIV/0!	\$5,995.23	#DIV/0!	\$5,762.01	\$5,330.15	\$5,661.35	\$8,312.34	\$7,201.88	#DIV/0!	\$6,324.07	#DIV/0!	\$5,952.86	\$5,236.29	\$5,356.23	\$6,165.76	\$4,005.00			
2019 Approved PMPV Revenue	\$6,783.84	\$6,308.32	#DIV/01	\$5,339.19	#DIV/01	\$5,702.01	\$4,833.44	\$5,001.33	\$7,658.15	\$6,658,60	#DIV/01	\$5,828.17	#DIV/OI	\$5,932.80	\$4,700.67	\$4.831.49	\$5,559.50	\$3,591.72			



# Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2020 ACA Exchange Rate Filing

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

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2020 Exchange rates for effective dates of coverage between January 1, 2020 and December 31, 2020.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

*Increases in hospital and physician required charges for medical care.* The cost of medical services is expected to rise by 4.2% from 2019 to 2020.

*Increases in the prices of prescription drugs.* The cost per script of prescription drugs is expected to rise by 5.9% from 2019 to 2020.

*Increases in the number of prescription drug claims.* The number of prescription drug scripts is expected to rise by 2.2% from 2019 to 2020.

**Expansion in services covered under the benefit.** This includes a revamped wellness benefit for non-Standard plans to encourage healthy behaviors, as well as new prescription drugs covered before the deductible on Qualified High Deductible Health Plans.

**Fees and assessments charged by the government to insurers**. A re-introduction of the Federal Insurer Tax for 2020 is increasing premium rates by 1.0%. Additionally, increases to fees levied by the State of Vermont are increasing rates by approximately 0.5%.

*Increases in the cost of doing business.* As the cost of doing business rises over time, MVP must increase the amount of administrative expenses built into premium rates. This increase is worth approximately 0.4% of premium.

**Exit of healthier individuals from the risk pool as the cost of insurance increases.** As healthier small groups have been able to band together to purchase insurance as Association Health Plans, the cost to cover the members remaining in the risk pool has increased.

The proposed rates reflect an average rate adjustment to prior rates (felt by Vermonters) of 10.2%, ranging from 8.2% to 23.7%. Increases for subscribers receiving Advanced Premium Tax Credits will vary based on income. There are 11,696 policyholders, 20,156 subscribers and 30,887 members impacted by this rate filing.

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Unified Rate Review v5.0									To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shif
Company Legal Name:	MVP Health Plan, Inc.						State: VI		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.
	77566							mbined	To finalize, select the Finalize button or Ctrl + Shift + F.
	1/1/2020								
Effective Bate of flate change(s).									
Market Level Calculations (Same for a	all Plans)								
Section I: Experience Period Data		1/1/2018	4- 13:	31/2018					
Experience Period:		1/1/2016	to 12/ Total	PMPM					
Allowed Claims			\$151,214,457.54	\$47	.07				
Reinsurance			\$0.00		.00				
Incurred Claims in Experience Period			\$122,308,001.64	\$384					
Risk Adjustment			-\$16,331,242.63	-\$5:					
Experience Period Premium			\$149,200,645.80 318,302	\$46	.74				
Experience Period Member Months			318,302		<b>⊣</b>				
Section II: Projections									
		Year 1 Tree	nd	Ye	ar 2 Trend		1		
	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM			
Benefit Category Inpatient Hospital	\$72.27	1.058	1.000		061 1.000	\$81.13	3		
Outpatient Hospital	\$197.03	1.048	1.000		050 1.000	\$216.81			
Professional	\$127.08	1.022	1.000		014 1.000	\$131.69			
Other Medical	\$7.92	1.040	1.000		020 1.000	\$8.40			
Capitation	\$9.97	1.147	1.000		147 1.000	\$13.12			
la tra a		4.050							
Prescription Drug	\$60.79	1.059	1.022	1.	059 1.022	\$71.21			
Prescription Drug Total		1.059	1.022	1.	059 1.022	\$71.21 \$522.36			
Total	\$60.79	1.059	1.022						
, ,	\$60.79	1.059	1.022	1.	1.022 1009 1000				
Total  Morbidity Adjustment	\$60.79	1.059	1.022	1. 1. 1.	009 000 054				
Morbidity Adjustment Demographic Shift Plan Design Changes Other	\$60.79 \$475.06		1.022	1. 1. 1.	009 000 054 013				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1.	009 000 054 013				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims	\$60.79 \$475.06		1.022	1. 1. 1. 1. \$56	009 000 000 054 013 74				
Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	\$60.79 \$475.06		1.022	1. 1. 1. 1. 556;	009 000 054 113 -7.74				
Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims	\$60.79 \$475.06		1.022	1. 1. 1. 1. \$56	009 000 000 054 1513 .74				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. \$56: \$4:	000 000 0554 013 010 000 000 Projected Period Totals				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims  Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for	\$60.79 \$475.06		1.022	1. 1. 1. 1. 1. 556: 54: 100.	009 000 000 000 000 000 000 000 000 000				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	009 000 000 001 002 003 008 Projected Period Totals 9208,576,204,56 000 93.000				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims  Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 556: 54: 100. 556: 54: 556: 54: 556:	000 005 005 005 005 005 Projected Period Totals .74 \$208,576,204.56 .00 \$50.00 .50.00				
Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	000 000 000 000 000 000 000 000 000 00				
Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 556: 54: 100. 556: 54: 556: 54: 556:	0000 0000 0000 0000 0000 0000 0000 0000 0000				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	009 000 000 000 001 002 003 006  Projected Period Totals  Projected Period Totals  208,576,204,56 000 000 000 000 000 000 000 000 000 0				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 2. 556: 556: 556: 556: 556: 556: 556: 556	009 000 000 000 000 000 000 000 000 000				
Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	\$60.79 \$475.06	1/1/2020	1.022	1. 1. 1. 1. 2. 556: 556: 556: 556: 556: 556: 556: 556	009 000 000 000 000 000 000 000 000 000				
Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims  Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate  Projected Member Months	\$60.79 \$475.06	1/1/2020		1. 1. 1. 1. 1. 556: \$100: \$566: \$566: \$566: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576: \$576	009 000 000 000 000 000 000 000 000 000	\$522.36	5	persons not	authorized to receive the information. Unauthorized disclosure may result in

1 of 5

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift +

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

State: To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

#### Effective Date of Rate Change(s): 1/1/2020

MVP Health Plan, Inc.

Company Legal Name: HIOS Issuer ID: 77566 Market:

	Product/Plan Level Calculations																	
	ield # Section I: General Product and Plan Information																	
Ė	1.1 Product Name										Indivi	dual						
F	1.2 Product ID										77566\	/T004						
	1.3 Plan Name		FRVT-HMO-P-001- S (2020)	FRVT-HMO-G-001- S (2020)			FRVT-HMO-S-003-	FRVT-HMOH-S-	FRVT-HMOH-S- I 002-N (2020)	RVT-HMO-S-001- N (2020)	VT-HMO-S-003-S	VT-HMOH-S-004-S II (2020)	VT-HMOH-S-002- N II (2020)	VT-HMO-S-001-N II (2020)		FRVT-HMOH-B- 003-S (2020)	FRVT-HMO-B-004- S (2020)	FRVT-HMO-B-005-
-	1.4 Plan ID (Standard Component ID)		77566VT0040001		N (2020) 77566VT0040004	003-N (2020)	S (2020) 77566VT0040005	004-S (2020) 77566VT0040006		77566VT0040007			77566VT0040029	77566VT0040028	S (2020)		77566VT0040025	N (2020) 77566VT0040026
F	1.5 Metal		Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
	1.6 AV Metal Value		0.901	0.819	0.814	0.785	0.718	0.709	0.719	0.720	0.718	0.709	0.719	0.720	0.620	0.614	0.640	0.638
	1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
-	1.8 Plan Type 1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	HMO No	No	No	No.	Yes	Yes	Yes	HMO Yes
-	1.10 Effective Date of Proposed Rates		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
	1.11 Cumulative Rate Change % (over 12 mos prior)		8.21%	7.83%	23.30%	10.37%	4.63%	5.36%	6.64%	6.81%	8.17%	9.16%	10.29%	11.11%	10.52%	11.05%	10.56%	12.31%
	1.12 Product Rate Increase %										8.44	1%						
L	1.13 Submission Level Rate Increase %																	
et 1 Totals	Section II: Experience Period and Current Plan Leve	el Information																
	2.1 Plan ID (Standard Component ID)	Total						77566VT0040006	77566VT0040024		77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028				
51,214,458	2.2 Allowed Claims	\$151,214,458	\$3,626,788	\$2,108,392	\$1,276,257	\$4,915,519	\$5,530,036	\$5,522,605	\$0	\$27,818,716	\$0	\$0	\$0	\$0	\$3,889,574	\$3,025,770	\$281,563	\$1,450,866
\$0	2.3 Reinsurance 2.4 Member Cost Sharing	\$28,906,456	\$335,885	\$0 \$364,792	\$0 \$162,056	\$0 \$700,070	\$0 \$1,060,771	\$0 \$990,730	\$0 \$0	\$3,142,705	\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$1,368,022	\$934,543	\$101,429	\$508,787
	2.4 Member Cost Sharing 2.5 Cost Sharing Reduction	\$28,906,456	\$335,885	\$364,792 \$0	\$162,056	\$700,070	\$1,060,771	\$990,730	\$0 \$0	\$3,142,705	\$0 \$0	\$0 \$0		\$0 \$0	\$1,368,022	\$934,543 \$0	\$101,429	\$508,787
22,308,002	2.6 Incurred Claims	\$122,308,002	\$3,290,903	\$1,743,600	\$1,114,201	\$4,215,449	\$4,469,265	\$4,531,875	\$0	\$24,676,012	\$0	\$0		\$0	\$2,521,552	\$2,091,228	\$180,134	\$942,079
16,331,243	2.7 Risk Adjustment Transfer Amount	-\$16,331,243	\$739,318	\$46,564	\$781,519	\$614,586	-\$11,904	\$152,366	\$0	-\$2,350,667	\$0	\$0		\$0	-\$2,802,871	-\$1,350,279	-\$43,155	-\$925,165
49,200,646 318,302	2.8 Premium 2.9 Experience Period Member Months	\$149,200,646	\$2,361,908 3.655	\$1,671,298 3.078	\$592,396 1,039	\$2,407,481 4.744	\$5,251,596 10.486	\$4,602,983 9,650	\$0	\$27,082,734 58,512	\$0	\$0		\$0 0	\$6,246,004 15,401	\$3,795,783 9,642	\$339,117 851	\$2,253,269
318,302	2.9 Experience Period Member Months 2.10 Current Enrollment	318,302 30,887	3,655	1,641	1,039	4,744 1,032	10,486	9,650	70	58,512 5,105	0 79	108		353	15,401	1,028	851 232	5,605 630
	2.11 Current Premium PMPM	\$501.73	\$664.91	\$576.17	\$581.92	\$540.57	\$622.75	\$599.51	\$611.87	\$587.25	\$469.99	\$432.05	\$441.66	\$426.87	\$404.16	\$404.87	\$465.91	\$423.44
	2.12 Loss Ratio	92.05%	106.12%	101.50%	81.10%	139.49%	85.30%	95.30%	#DIV/0!	99.77%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	73.23%	85.51%	60.86%	70.93%
	Per Member Per Month 2.13 Allowed Claims	\$475.07	\$992.28	\$684.99	\$1,228,35	\$1.036.15	\$527.37	\$572.29	#DIV/0!	\$475.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$252.55	\$313.81	\$330.86	\$258.85
	2.13 Allowed Claims 2.14 Reinsurance	\$475.07	\$992.28	\$684.99	\$1,228.35	\$1,036.15	\$527.37	\$572.29	#DIV/0!	\$475.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$252.55	\$313.81	\$330.86	\$258.85
	2.15 Member Cost Sharing	\$90.81	\$91.90	\$118.52	\$155.97	\$147.57	\$101.16	\$102.67	#DIV/0!	\$53.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$88.83	\$96.92		\$90.77
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$384.25	\$900.38	\$566.47	\$1,072.38	\$888.59	\$426.21	\$469.62	#DIV/0!	\$421.73	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$163.73	\$216.89	\$211.67	\$168.08
	2.18 Risk Adjustment Transfer Amount 2.19 Premium	-\$51.31 \$468.74	\$202.28 \$646.21	\$15.13 \$542.98	\$752.18 \$570.16	\$129.55 \$507.48	-\$1.14 \$500.82	\$15.79 \$476.99	#DIV/0! #DIV/0!	-\$40.17 \$462.86	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	-\$181.99 \$405.56	-\$140.04 \$393.67	-\$50.71 \$398.49	-\$165.06 \$402.01
	2.15 Fielillulii	3408.74	3040.21	3342.30	3370.10	3307.46	\$300.82	3470.33	#014/0:	\$402.00	#DIV/0:	#514/0:	#510/0:	#514/0:	\$403.30	\$393.07	3336.43	3402.01
_	Section III: Plan Adjustment Factors																	
<u> </u>	3.1 Plan ID (Standard Component ID)		77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026
-	3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan		1.0024	0.8376	0.9922	0.8201	0.8547	0.8363	0.8489	0.8120	0.7299	0.7115	0.7212	0.6873	0.5820	0.6008	0.6727	0.6145
<b>-</b>	3.4 Provider Network Adjustment		1.0024	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
ľ	3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0014		1.0000	1.0000	1.0016	1.0017	1.0000	1.0000		1.0020	1.0000	1.0000		
_	Administrative Costs																	
-	3.6 Administrative Expense 3.7 Taxes and Fees		5.89% 1.59%	6.96% 1.65%	5.94% 1.60%	7.09% 1.65%	6.83% 1.64%	6.97% 1.65%	6.87% 1.64%	7.15% 1.66%	7.90% 1.70%	8.09% 1.70%	7.98% 1.70%	8.33% 1.72%	9.70% 1.79%	9.43% 1.77%		9.22%
-	3.8 Profit & Risk Load		1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.75%	1.90%
	3.9 Catastrophic 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	1.0000
	3.10 Plan Adjusted Index Rate		\$713.34	\$603.59	\$707.54	\$592.84	\$614.95	\$602.72	\$612.03	\$587.45	\$531.86	\$519.57	\$527.00	\$504.39	\$433.35	\$445.85	\$493.75	\$455.87
Г	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		\$713.34	\$603.59	\$707.54	\$592.84	\$614.95	\$602.72	\$612.03	\$587.45	\$531.86	\$519.57	\$527.00	\$504.39	\$433.35	\$445.85	\$493.75	\$455.87
	Section IV: Projected Plan Level Information																	
Г	4.1 Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026
	4.2 Allowed Claims	\$226,564,980	\$3,394,416	\$11,866,508	\$1,551,950	\$7,423,996	\$4,427,258	\$3,350,793	\$583,043	\$42,485,745	\$550,785	\$747,835	\$811,597	\$2,431,887	\$12,306,770	\$6,936,052	\$1,592,384	\$4,262,105
	4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-	4.4 Member Cost Sharing 4.5 Cost Sharing Reduction	\$65,687,645	\$404,954	\$2,592,832 \$0	\$192,907 \$0	\$1,713,458 \$0	\$1,299,843 \$0	\$1,027,353 \$0	\$173,513 \$0	\$13,888,590	\$161,711 \$0	\$229,361 \$0		\$794,984 \$0	\$5,144,230	\$2,768,872 \$0	\$539,340 \$0	\$1,649,861 \$0
-	4.5 Cost Sharing Reduction 4.6 Incurred Claims	\$160,877,335	\$2,989,462	\$9,273,676	\$1,359,043	\$5,710,538	\$3,127,415	\$2,323,440	\$409,529	\$28,597,155	\$389,075	\$518,474		\$1,636,903	\$7,162,540	\$4,167,180		\$2,612,244
F	4.7 Risk Adjustment Transfer Amount	-\$22,585,045	-\$436,745	-\$1,354,838	-\$198,549	-\$834,281	-\$382,064	-\$282,647	-\$49,965	-\$3,458,433	-\$56,842	-\$75,746		-\$239,143	-\$1,046,411	-\$608,804	-\$153,844	-\$381,636
	4.8 Premium	\$206,576,040	\$3,781,116	\$11,877,033	\$1,722,276	\$7,336,653	\$3,915,785	\$2,912,578	\$513,719	\$35,962,070	\$503,853	\$672,909	\$739,318	\$2,134,902	\$9,477,504	\$5,495,935	\$1,373,626	\$3,444,185
	4.9 Projected Member Months	370,644	5,304	19,692	2,436	12,384	6,372	4,836	840	61,260	948	1,296	1,404	4,236	21,888	12,336	2,784	7,560
L	4.10 Loss Ratio Per Member Per Month	87.44%	89.39%	88.13%	89.19%	87.82%	88.50%	88.35%	88.31%	87.98%	87.04%	86.82%	86.77%	86.35%	84.95%	85.27%	86.33%	85.30%
Γ	4.11 Allowed Claims	\$611.27	\$639.97	\$602.61	\$637.09	\$599.48	\$694.80	\$692.89	\$694.10	\$693.53	\$581.00	\$577.03	\$578.06	\$574.10	\$562.26	\$562.26	\$571.98	\$563.77
f	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	\$0.00	\$0.00
	4.13 Member Cost Sharing	\$177.23	\$76.35	\$131.67	\$79.19	\$138.36	\$203.99	\$212.44	\$206.56	\$226.72	\$170.58	\$176.98		\$187.67	\$235.03	\$224.45		\$218.24
	4.14 Cost Sharing Reduction 4.15 Incurred Claims	\$0.00 \$434.05	\$0.00 \$563.62	\$0.00 \$470.94	\$0.00 \$557.90	\$0.00 \$461.12	\$0.00 \$490.81	\$0.00 \$480.45	\$0.00 \$487.53	\$0.00 \$466.82	\$0.00 \$410.42	\$0.00 \$400.06	\$0.00 \$405.51	\$0.00 \$386.43	\$0.00 \$327.24	\$0.00 \$337.81		\$0.00 \$345.53
-	4.15 Incurred claims 4.16 Risk Adjustment Transfer Amount	-\$60.93	-\$82.34	\$470.94 -\$68.80	\$557.90 -\$81.51	\$461.12 -\$67.37	-\$59.96	-\$58.45	\$487.53 -\$59.48	-\$56.45	\$410.42 -\$59.96	-\$58.45		\$386.43 -\$56.45	\$327.24 -\$47.81	-\$49.35	\$378.25 -\$55.26	\$345.53 -\$50.48
F	4.17 Premium	\$557.34	\$712.88	\$603.14	\$707.01	\$592.43	\$614.53	\$602.27	\$611.57	\$587.04	\$531.49	\$519.22		\$503.99	\$433.00	\$445.52		
_																		

Small Group					II Group Grandfat
-HM0-B-001-[FRVT-HM0-C-001-[FRVT-HM0-G-001-]FRVT-HM0-G-002-] FRVT-HM0-G-002-] FRVT-HM0-G-002-] FRVT-HM0-G-003-] FRVT-HM0-S-003-] FRVT-HM0-S-003-] FRVT-HM0-S-003-] VT-HM0-S-003-] VT-HM0-S	-B-002- FRVT-HMOH-B- FRVT-	T UMO D OOF ISS	DUT UNAO D OCE TE	EDIAL HIMO D COA	77566VT000
	(2020) 003-S (2020)	S (2020)	N (2020)		Terminated Plan
6VT0040011 77566VT0050001 77566VT0050001 77566VT0050001 77566VT0050002 77566VT0050002 77566VT0050002 77566VT0050002 77566VT0050003 77566VT0050003 77566VT0050003 77566VT0050003 77566VT0050003 77566VT0050002 77566VT0050002 77566VT0050003 77560VT0050003 77566VT0050003 77566VT0050003 77560VT0050003 77566VT0050003 77566VT0050003 77566VT005		566VT0050025 7			
	Bronze Bronze	Bronze	Bronze	Bronze	Not Applicabl
	0.620 0.614	0.640	0.638	0.611	0.00
	newing Renewing HMO HMO	Renewing	Renewing	Renewing	Terminate
	Yes Yes	Yes	Yes	Yes	N
	1/2020 1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/201
	10.52% 11.05%	10.56%	12.31%	9.94%	0.009
9.58%					0.00%
9.02%					
6VT0040011 77566VT0040013 77566VT0050001 77566VT0050001 77566VT0050002 77566VT0050000 77566VT005000 77566VT005000 77566VT005000 77566VT0050000 77566VT005000 77566VT005000 77566VT005000 7					
	80,770 \$7,664,984	\$205,029	\$1,939,765	\$1,105,328	\$7,443,66
	\$0 \$0  74,645 \$2,764,221	\$0 \$64,690	\$687,459	\$428,000	\$1,475,51
SO S	\$0 \$0	\$04,090	\$087,439	\$428,000	21,473,21
\$1,065,357 \$25,309 \$16,361,707 \$7,807,255 \$785,458 \$21,187,432 \$4,372,189 \$4,540,520 \$0 \$1,441,459 \$0 \$0 \$0 \$0 \$0 \$0 \$2,00	06,126 \$4,900,763	\$140,339	\$1,252,306	\$677,328	\$5,968,15
-51,526,462 $-51,602$ $52,271,485$ $-51,449,896$ $-5120,356$ $-51,395,261$ $-52,081,914$ $-5997,426$ $50$ $-51,076,578$ $50$ $50$ $50$ $50$ $50$ $50$ $-51,099$		-\$13,901	-\$279,900	-\$312,773	\$
	06,146 \$9,422,237	\$317,105	\$1,835,552	\$1,101,801	\$7,092,10
	9,186 25,077 959 2,115	726 65	4,894 246	2,714 79	14,98 45
	959 Z,115 399.71 \$385.33	\$453.93	\$406.76	5360.85	\$0.0
	79.91% 77.53%	46.29%	80.50%	85.84%	84.15
	324.49 \$305.66	\$282.41	\$396.36	\$407.27	\$496.9
	\$0.00 \$0.00 106.10 \$110.23	\$0.00 \$89.10	\$0.00 \$140.47	\$0.00 \$157.70	\$0.0 \$98.5
	\$0.00 \$0.00	\$0.00	\$0.00	\$137.70	\$96.5
	218.39 \$195.43	\$193.30	\$255.89	\$249.57	\$398.4
-\$199.23 -\$6.41 \$90.38 -\$78.89 -\$62.85 -\$31.23 -\$12.01 -\$63.05 #DIV/0! -\$156.64 #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! -\$1	119.26 -\$123.68	-\$19.15	-\$57.19	-\$115.24	\$0.0
	392.57 \$375.73	\$436.78	\$375.06	\$405.97	\$473.4
66VT0040011   77566VT0040013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050002   77566VT0050005   77566VT0050006   77566VT0050002   77566VT0050007   77566VT0050000   77566VT0050003   77566VT0050029   77566VT0050029   77566VT0050028   77566VT0050007   77566VT0050007   77566VT0050000   77566VT00		•			
56470040011   77566VT0050010   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050002   77566VT0050005   77566VT0050006   77566VT0050007   77566VT0050003   77566VT0050003   77566VT0050002   77566VT00	050009 77566VT0050010 77566 0.5820 0.6008 1.0000 1.0000	0.6727 1.0000	77566VT0050026 7 0.6145 1.0000	77566VT0050011 0.5803 1.0000	77566VT0000000: 1.000
	050009 77566VT0050010 77566 0.5820 0.6008	0.6727	77566VT0050026 7 0.6145	77566VT0050011 0.5803	77566VT0000000
6VT0040011 77566VT0040013 77566VT0050001 77566VT0050002 77566VT005	050009 77566VT0050010 77566 0.5820	0.6727 1.0000 1.0000	0.6145 1.0000 1.0022	77566VT0050011 0.5803 1.0000 1.0024	77566VT0000000 1.000 1.000
	050009 77566VT0050010 77566 0.5820 0.6008 1.0000 1.0000	0.6727 1.0000	77566VT0050026 7 0.6145 1.0000	77566VT0050011 0.5803 1.0000	77566VT000000 1.000 1.000 1.000
66VT0040011   77566VT0050011   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050005   77566VT0050004   77566VT0050007   77566VT0050003   77566VT0050003   77566VT0050008   77566VT0050008   77566VT0050007   77566VT0050007   77566VT0050003   77566VT0050008   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.7756 1.775 1.775 1.775 1.775 1.905 1.905 1.905	0.6727 1.0000 1.0000 8.51% 1.73% 1.90%	97566VT0050026 7 0.6145 1.0000 1.0022 9.22% 1.76% 1.90%	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90%	77566VT000000 1.000 1.000 1.000 0.000 0.000
66VT0040011   77566VT0040013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050002   77566VT0050005   77566VT0050006   77566VT0050006   77566VT0050007   77566VT0050000   77566VT0050003   77566VT0050002   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.77% 1.77% 1.77% 1.77% 1.90% 1.0000	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000	9.22% 1.90% 1.0000 1.0022	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90% 1.0000	77566VT000000 1.000 1.000 1.000 0.00 0.00 0.00
66VT0040011   77566VT0040013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050005   77566VT0050006   77566VT0050006   77566VT0050007   77566VT0050003   77566VT0050003   77566VT0050002   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.7756 1.775 1.775 1.775 1.775 1.905 1.905 1.905	0.6727 1.0000 1.0000 8.51% 1.73% 1.90%	97566VT0050026 7 0.6145 1.0000 1.0022 9.22% 1.76% 1.90%	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90%	77566VT000000 1.000 1.000 1.000 0.00 0.00 0.00
66VT0040011   77566VT0040013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050005   77566VT0050006   77566VT0050006   77566VT0050007   77566VT0050003   77566VT0050003   77566VT0050002   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.77% 1.77% 1.77% 1.77% 1.90% 1.0000	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000	9.22% 1.90% 1.0000 1.0022	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90% 1.0000	77566VT000000 1.000 1.000 1.000 0.00 0.00 0.00
66VT0040011   77566VT0040013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050002   77566VT0050005   77566VT0050006   77566VT0050007   77566VT0050003   77566VT0050003   77566VT0050002   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.77% 1.77% 1.77% 1.77% 1.90% 1.0000	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000	9.22% 1.90% 1.0000 1.0022	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90% 1.0000	77566VT0000000: 1.000
	0.5200   77566VT0050010   77566 0.5820	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000 \$493.75	9.22% 1.7566 1.0000 1.0022 9.22% 1.75% 1.90% 1.0000 \$455.87	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.0000 \$433.12	77566VT000000: 1.000 1.000 0.009 0.009 0.009 0.000 0.000 0.000
66VT0040011   77566VT0050011   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050002   77566VT0050002   77566VT0050003   77566VT00	0.5820 0.6008 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.77% 1.77% 1.77% 1.77% 1.90% 1.0000	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000	9.22% 1.90% 1.0000 1.0022	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.90% 1.0000	77566VT000000 1.000 1.000 1.000 0.00° 0.00° 0.000 50.0
66/T0040011   77566/T0040013   77566/T0050001   77566/T0050002   77566/T0050002   77566/T0050002   77566/T0050002   77566/T0050002   77566/T0050003   77566/T00	0.5200   77566VT0050010   77566 0.5820	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000 \$493.75	9.22% 1.7566 1.0000 1.0022 9.22% 1.75% 1.90% 1.0000 \$455.87	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.79% 1.0000 \$433.12	77566VT000000: 1.000 1.000 0.009 0.009 0.009 0.000 0.000 0.000
66VT0040011   77566VT0050013   77566VT0050001   77566VT0050002   77566VT0050004   77566VT0050005   77566VT0050006   77566VT0050006   77566VT0050007   77566VT0050000   77566VT0050003   77566VT0050008   77566VT0050008   77566VT0050007   77566VT0050000   77566VT00	0.5200   77566VT0050010   77566 0.5200   0.6008   1.0000   1.0000   1.0000   1.0000   1.0000   1.7756 1.778   1.778   1.778   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%   1.50%	0.6727 1.0000 1.0000 1.0000 1.73% 1.73% 1.90% 1.90% 1.90% 1.90% 1.90% 1.90% 1.90% 1.0000 5493.75 5493.75	77566VT0050026 :  0.6145   1.0000   1.0022   9.22%   1.76%   1.90%   1.0000   \$455.87   \$455.87	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.90% 1.0000 9.433.12	77566VT0000000 1.000 1.000 1.000 0.005 0.005 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.
66VT0040011   77566VT0050011   77566VT0050010   77566VT0050002   77566VT0050004   77566VT0050005   77566VT0050006   77566VT0050007   77566VT0050030   77566VT0050030   77566VT0050029   77566VT0050028   77566VT0050028   77566VT0050029   77566VT00	050009 77566VT0050010 77560 0.5820	0.6727 1.0000 1.0000 8.51% 1.73% 1.90% 1.0000 5493.75 \$493.75	77566VT0050026 : 0.6145   1.0000   1.0022   9.22%   1.76%   1.0000   \$455.87   \$455.87   \$455.87   \$7566VT0050026   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664	77566VT0050011 0.5803 1.0000 1.0024 9.70% 1.90% 1.0000 9.433.12	77566VT000000  1.000  1.000  1.000  0.000  0.000  0.000  \$0.0  \$0.0  \$77566VT000000  \$77566VT000000
66VT0040011   77566VT0050001   7756VT0050001   7756VT0050002	0.5200   77566VT0050010   77566 0.5220   0.6008   1.0000   1.0000   1.0000   1.0000   1.0000   1.0000   1.7756 1.7795   1.7775   1.7775   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000   1.5000	669/10050025   77 0.6727   1.0000 1.0000 8.51% 1.73% 1.90% 1.90% 1.90% 1.90% 5493.75   5493.75	77566VT0050026 3 0.6145 1.0000 1.0022 9.22% 1.76% 1.90% 1.0000 5.455.87 1.0000 5.455.87 5.455.87	77566VT0050011 0.5803 1.0004 9.70% 1.79% 1.99% 1.99% 1.90% 5433.12 77566VT0050011 \$533,023	77566VT000000 1.0000 1.0000 1.0000 0.0000 0.0000 \$0.000 \$0.000 \$0.000 \$75.66VT000000 \$\$ \$\$ \$\$ \$\$ \$\$
	050009 77566VT0050010 77560 0.5820	664/T0050025 77  0.6727   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   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   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   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   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   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   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   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   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   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   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   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   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   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   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   1.00	77566VT0050026 : 0.6145   1.0000   1.0022   9.22%   1.76%   1.0000   \$455.87   \$455.87   \$455.87   \$7566VT0050026   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664,251   \$1,664	77566VT0050011 0.5803 1.0002 1.0024 9.70% 1.99% 1.90% 5433.12 \$433.12	77566VT000000 1.00001 1.00000 0.000 0.000 0.000 50.0 50.
September   17566VT0040013   77566VT0050001   77566VT0050002   77566VT00	0.5820 0.6008   0.5008   0.0008   0.0008   0.0008   0.0008   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.000	669/10050025   77 0.6727   1.0000 1.0000 8.51% 1.73% 1.90% 1.90% 1.90% 1.90% 5493.75   5493.75	77566VT0050026 3 0.6145 1.0000 1.0022 9.22% 1.76% 1.90% 1.0000 5.455.87 1.0000 5.455.87 5.455.87	77566VT0050011 0.5803 1.0004 9.70% 1.79% 1.99% 1.99% 1.90% 5433.12 77566VT0050011 \$533,023	77566VT0000000 1.00001 1.00001 0.00000 0.00000000
Section   17566VT0040011   17566VT0050001   17566VT0050002   17566VT0050	0.5820 0.6008   0.5008   0.0008   0.0008   0.0008   0.0008   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.000	66VT0050025 77  0.6727	77566VT0050026 3 0.6145 1.0000 1.0022 1.0022 1.76% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.50% 1.5	77566/T0050011 0.5803 1.0000 1.0000 9.700 1.790 1.790 1.900 1.900 5433.12 77560/T0050011 77560/T0050011 5333.023 533.023 533.023	77566VT000000 1.000000 1.000000 0.000 0.000 0.000 50.0 50.
660/T0040011   77566VT0050013   77566VT0050001   77566VT0050002   77566V	0.5820 0.5008 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 1.0000 1.0000 1.0000 1.0000 1.0000 1.	66VT0050025 77  0.6727 1.0000  8.51% 1.73% 1.90% 1.0000  8.51% 1.93% 5.95% 1.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.95% 5.9	77566VT0050026  0.6145 1.0000 1.0022 9.22% 1.75% 1.90% 1.0000 \$455.87 \$455.87 \$7566VT0050026 \$1,664,251 \$0 \$5455.87 \$1,564,251 \$1,564,251 \$1,564,251 \$1,564,251 \$1,564,251 \$1,564,251 \$1,564,251	77560/T0050011  0.5803 1.0000 1.0000 9.70% 1.79% 1.99% 1.0000 \$433.12  \$433.12  \$77560/T0050011 \$533,023 \$523,731 \$523,731	77566VT0000000  1.0000 1.0000 0.000 0.000 0.000 0.000 0.000 50.0  77566VT0000000 50.0
66VT0040011   77566VT0050011   7756VT0050001   7756VT0050002	0.5820 0.6008   0.5820 0.6008   0.05820   0.6008   0.0008   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.000	66VT0050025 77  0.6727 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	77566VT0050026 ] :  0.6145   1.0000   1.0022   1.0020   1.0022   1.0020   1.0020   1.0020   1.0020   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   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   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   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   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   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   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   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   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   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   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   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   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   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   1.0000   1.0000   1.0000   1.0000   1.0000   1.0000   1	77560/T0050011 0.5003 1.0000 1.00026 9.7004 1.7900 1.7900 5433.12 5433.12 5433.12 5433.12 5433.12 5433.12	77566VT0000000  1.0000 1.0000 0.0000 0.0000 0.0000 0.0000 50.0  77566VT000000 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
66VT0040011   77566VT0050011   7756VT0050001   7756VT0050002   7756VT0050004   7756VT0050005   7756VT0050005   7756VT0050007   7756VT0050001   7756VT0050001   7756VT0050002	0.59009   77566VT0050010   77566 0.5820	66VT0050025 77  0.6727 1.0000  1.0000  8.51% 1.73% 1.90% 1.0000  \$493.75   \$493.75   \$493.75   \$493.75   \$546.142   \$50   \$51,108   \$529,503   \$548,852   \$538,852   \$588,852   \$588,852   \$588,852   \$588,852   \$588,853	77566VT0050026	77560/T0050011  0.5803 1.0002 1.0002 9.70% 1.79% 1.79% 1.90% 5433.12  \$433.12  \$433.12  \$533.023 \$523,703.14 \$45.180 \$540,7050,7031	77566VT000000 1.000 1.000 0.00 0.00 0.00 0.00
660T0040011   77560T0040013   77560T0050001   77560T0050002   77560T0050002   77560T0050002   77560T0050002   77560T0050002   77560T0050003	0.5820	66VT0050025 77  0.6727 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	77566VT0050026 ] 0.6145 ] 1.0000 ] 9.228   1.76% 1.90% 1.90% 1.0000 ] 5455.87 ] \$455.87 ] \$455.87 ] \$455.87 ] \$455.87 ] \$455.87 ] \$455.87 ] \$455.87 ] \$455.87 ]	77560/T0050011 0.5803 1.0000 1.0000 9.700 1.7900 1.7900 5433.12 5433.12 5433.12 5433.12 5433.12 5433.12	77566VT0000000  1.0000 1.0000 0.0000 0.0000 0.0000 50.00  77566VT000000 5 5 5 5 5 5 5 5 77566VT000000
66VTIOMORI 1 7756VTIOMORI 3 7756VTIOSOO02	0.5200   77566VT0050010   77566 0.5820	66VT0050025 77  0.6727   1.0000   1.0000   8.51%   1.73%   1.90%   1.0000   5493.75   66VT0050025 77  5446.142   5493.75   5493.75   5493.75   5493.75   5493.75	77566VT0050026 ] :  0.6145   1.0000   1.0022   1.0020   1.0022   1.0020   1.0020   1.0020   1.0020   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   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   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   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   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   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   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   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   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   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   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   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   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   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   1.0000   1.0000   1.0000   1.0000   1.0000   1.0000   1	77560/T0050011  0.5802 1.0000 1.0000 9.70% 1.79% 1.79% 1.90% 5433.12  \$433.12  \$433.12  \$533.023 \$530.23 \$550.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$50.50 \$	77566VT000000  1.000 1.000 1.000 0.000 0.000 0.000 50.00  \$0.00 77566VT0000000 5 5 5 5 6 8 8 BDIV/(F
66VTOMODII   7756VTOMODII   7756VTOM	0.5820	66VT0050025 77  0.6727 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	77566VT0050026	77560/T0050011 0.5803 1.0000 1.0000 9.700 1.7900 1.7900 5433.12 5433.12 5433.12 5433.12 5433.12 5433.12	77566VT0000000  1.0000  0.0000  0.0000  0.0000  50.00  77566VT0000000  #DIV/M  #DIV/M  #DIV/M  #DIV/M
	0.5820 0.6008   0.5820 0.6008   0.5820 0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008	66VT0050025 7.7  0.6272 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 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 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 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 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 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 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 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 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 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  0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008   0.6008	66VT0050025 7.7  0.6272 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 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 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 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 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 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 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 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 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 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# **Rating Area Data Collection**

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas 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

button or Ctrl + Shift + R.