

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing
Project Name/Number: /

Filing at a Glance

Company: BCBSVT
Product Name: Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing
State: VermontGMCB
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003G Small Group Only - Other
Filing Type: GMCB Rate
Date Submitted: 05/09/2023
SERFF Tr Num: BCVT-133654592
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num:

Effective: 01/01/2024
Date Requested:
Author(s): Martine Brisson-Lemieux, Matthew Goodrich, Jack Cunningham
Reviewer(s): Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Michael Barber, Laura Beliveau, Jennifer DaPolito

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: VermontGMCB **Filing Company:** BCBSVT
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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:	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 05/10/2023	
State Status Changed:	Deemer Date:
Created By: Martine Brisson-Lemieux	Submitted By: Martine Brisson-Lemieux
Corresponding Filing Tracking Number:	
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Exchange Intentions:	To be sold directly to consumers effective 01/01/2024
Filing Description:	

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May 9, 2023

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295
2024 Vermont ACA Market – Small Group Rate Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2024 Vermont ACA Market – Small Group Rate Filing.

The average rate change is an increase of 14.5 percent.

Rate increases for specific plans range from 13.2 percent to 15.8 percent.

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

Sincerely,

Ruth Greene

cc:Michael Barber/GMCB
Martine Lemieux/Blue Cross VT
Rebecca Heintz/Blue Cross VT
Michael Donofrio/Stris&Maher
Bridget Asay/Stris&Maher

Company and Contact

Filing Contact Information

Martine Brisson-Lemieux, Manager, brissonlm@bcbsvt.com
Actuarial Services
PO Box 186 802-371-3285 [Phone]
Montpelier, VT 05601

SERFF Tracking #: BCVT-133654592

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company: BCBSVT

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing

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Filing Company Information

BCBSVT

CoCode: 53295

State of Domicile: Vermont

PO BOX 186

Group Code:

Company Type: Hospital

Montpelier, VT 05601

Group Name:

Service Corp

(802) 371-3450 ext. [Phone]

FEIN Number: 03-0277307

State ID Number:

State: VermontGMCB

Filing Company: BCBSVT

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

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Filing Fees

State Fees

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

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Rate Information

Rate data applies to filing.

Filing Method: Experience Rated
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 11.680%
 Effective Date of Last Rate Revision: 01/01/2023
 Filing Method of Last Filing: Experience Rated
 SERFF Tracking Number of Last Filing: BCVT-133243509

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	Increase	14.531%	14.531%	\$27,914,838	13,607	\$192,108,942	15.768%	13.150%

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Rate Review Detail

COMPANY:

Company Name: BCBSVT
 HHS Issuer Id: 13627

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BCBSVT EPO (Small Group)	13627VT032		10886
BCBSVT EPO CDHP (Small Group)	13627VT033		2028
BCBSVT EPO Vermont Preferred (Small Group)	13627VT036		1911
BCBSVT EPO Vermont Select CDHP (Small Group)	13627VT037		8829

Trend Factors:

FORMS:

New Policy Forms: NA
 Affected Forms: NA
 Other Affected Forms: NA

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 235,406
 Benefit Change: Increase
 Percent Change Requested: Min: 13.51 Max: 15.768 Avg: 14.531

PRIOR RATE:

Total Earned Premium: 192,108,942.00
 Total Incurred Claims: 178,272,194.00
 Annual \$: Min: 505.44 Max: 870.43 Avg: 676.80

REQUESTED RATE:

Projected Earned Premium: 220,023,780.00
 Projected Incurred Claims: 196,602,030.00
 Annual \$: Min: 653.45 Max: 1,148.98 Avg: 775.15

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BCVT-133654592

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URRT

State Determination

Review Status:	Incomplete
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URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_13627_SmallGroup_20230505141553.xml</i>
Actuarial Memorandum - Redacted	<i>REDACTED_Blue_Cross_VT_2024_Vermont_ACA_Market_Filings_Actuarial_Memorandum.pdf</i>
Consumer Justification Narrative	<i>Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Small_Group_Plain_Language_Summary.pdf</i>
Other Supporting Documents	<i>Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Small_Group_Cover_Letter.pdf, REDACTED_Blue_Cross_VT_2024_Vermont_ACA_Market_Filings_Exhibits.pdf, Attachment_A_Blue_Cross_VT_2024_ACA_Market_Standard_Plans_AV_Certification.pdf, Attachment_B_Blue_Cross_VT_2024_ACA_Market_Non_Standard_Plans_AV_Certification.pdf, Attachment_E_Blue_Cross_VT_2024_ACA_Market_Report_Outreach_Directly_Enrolled_Individuals.pdf, Attachment_C_Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Contribution_to_Member_Reserves.pdf, Attachment_D_Blue_Cross_VT_2024_ACA_Market_Hearing_Aid_Cost_Development.pdf</i>

SERFF Tracking #:

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Attachment UnifiedRateReviewSubmission_13627_SmallGroup_20230505141553.xml is not a PDF document and cannot be reproduced here.

Attachment Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Small_Group_Cover_Letter.pdf could not be reproduced here for the following reason: Unknown encryption type R = 6

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Table of Contents

1. GENERAL INFORMATION	3
1.1. Company Identifying Information	3
1.2. Company Contact Information	3
1.3. Scope and Purpose	3
1.4. Proposed Rate Change(s)	4
1.4.1. Individual Market	4
1.4.2. Small Group Market	4
1.5. Reason for Rate Change(s)	4
1.6. Historical Financial Performance	6
1.7. Environmental Factors	7
1.8. Vermont Statutory Rate Review Criteria	8
2. PROPOSED BENEFITS	10
2.1. Description of Benefits	10
2.2. AV Metal Values	11
3. EXPERIENCE RATING	11
3.1. Experience Period Premium and Claims	11
3.2. Benefit Categories	13
3.3. Index Rate	13
3.4. Projection Factors	15
3.4.1. Membership Projections	15
3.4.2. Changes in the Morbidity of the Population Insured	17
3.4.3. Changes in Benefits	18
3.4.4. Changes in Demographics	18
3.4.5. Other Adjustments	19
3.4.6. Non-System Claims	20
3.4.7. Trend Factors (cost/utilization)	23
3.4.7.1. Data and Population	23

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.2.	Medical Trend Development	24
3.4.7.3.	Pharmacy Trend Development	33
3.4.7.4.	Vision and Dental Trend Development.....	36
3.4.7.5.	Overall Total Trend	37
3.5.	Credibility of Experience	37
3.6.	Credibility manual rate development.....	37
3.7.	Market Adjusted Index Rate.....	37
3.7.1.	Projected Risk Adjustment Transfer PMPM:.....	37
3.7.2.	Exchange User Fees	41
3.8.	Plan Adjusted Index Rates.....	41
3.8.1.	Plan Adjustment – Actuarial Value and Cost Sharing adjustment.....	41
3.8.2.	Silver Loading	43
3.8.3.	Provider Network, Delivery System and Utilization Management adjustment	43
3.8.4.	Adjustment for benefits in addition to the EHBs	43
3.8.5.	Impact of specific eligibility categories for the catastrophic plan	43
3.8.6.	Impact of Selection	44
3.8.6.	Adjustment for distribution of the administrative costs	44
3.8.7.	Calibration	49
3.8.8.	Projected Loss Ratio	49
3.9.	Consumer Adjusted Premium Rate Development	50
3.10.	Small Group Plan Premium Rates.....	50
4.	ADDITIONAL INFORMATION	50
4.1.	Terminated Products.....	50
4.2.	Plan Type	50
4.3.	Act 193 Information	50
4.4.	Report on Outreach to Directly Enrolled Individuals	51
5.	RELIANCE AND ACTUARIAL CERTIFICATION.....	51
5.1.	Reliance	51
5.2.	Actuarial Certification	52
5.3.	Disclosures	53

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1. GENERAL INFORMATION

1.1. Company Identifying Information

Company Legal Name: Blue Cross and Blue Shield of Vermont
State: Vermont
HIOS Issuer ID: 13627
Markets: Individual and Small Group markets
Effective Date: January 1, 2024

1.2. Company Contact Information

Primary Contact Name: Martine B. Lemieux, FSA, MAAA
Primary Contact Telephone Number: 1-(802)-371-3285
Primary Contact Email Address: brissonlm@bcbsvt.com

1.3. Scope and Purpose

The purpose of this rate filing is to provide the rates and a description of the rate development for the ACA-compliant plans for the Vermont individual and small group markets that Blue Cross and Blue Shield of Vermont (Blue Cross VT) proposes to offer for the 2024 benefit year. This rate filing applies to plans both On-Exchange and Off-Exchange.

This filing is intended to comply with the following laws, regulations, orders, and guidance:

- Vermont State Law 8 V.S.A. § 4062
- Vermont State Law 8 V.S.A. § 4512
- Vermont State Law 33 V.S.A. § 1806
- Vermont State Law 33 V.S.A § 1811
- Vermont State Law 33 V.S.A. § 1812
- Vermont State Law 18 V.S.A. § 9375(b)(6)
- DFR Order establishing tier rate structure and multipliers (Docket No. 13-002-I)
- Vermont Agency of Human Services Health Benefits Eligibility and Enrollment Rule, Parts 1 and 2
- Green Mountain Care Board, Rule 2.000
- Green Mountain Care Board Guidance on Silver Loading (effective March 15, 2023)
- Federal Regulation 45 C.F.R. Part 147
- Federal Regulation 45 C.F.R. Part 153
- Federal Regulation 45 C.F.R. Part 154
- Federal Regulation 45 C.F.R. Part 155
- Federal Regulation 45 C.F.R. Part 156
- Federal Regulation 45 C.F.R. Part 158
- Federal Regulation 26 IRC § 223

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.4. Proposed Rate Change(s)

1.4.1. Individual Market

The average rate change is 15.5 percent. Changes for specific plans range from 12.4 percent to 15.2 percent for non-loaded silver plans and from 18.8 percent to 21.1 percent for loaded silver plans. The range of changes is due to changes to the actuarial values, plan designs, and the new guidance on silver loading.

1.4.2. Small Group Market

The average rate change is 14.5 percent. Changes for specific plans range from 13.2 percent to 15.8 percent. The range of changes is due to changes to the actuarial values and plan designs.

1.5. Reason for Rate Change(s)

The starting point of any renewal rate analysis is an assessment of actual to expected experience results. The basis for this rate filing is calendar year 2022 experience. The claims experience for 2022 was slightly under the expectation embedded within the 2023 filing for small groups and individuals. This was offset by unfavorable population changes during 2023 open enrollment. With the addition of an expected favorable risk adjustment transfer, the overall change to 2023 rates due to experience and population changes is negative 0.3 percent for individual and 0.1 percent for small groups.

Similar to last year, trend is the most significant driver of the change in rates (see section 3.4.7). The 2023 approved rates included assumptions for projecting 2022 to 2023 which must be re-examined because the 2024 filing is based on updated actuarial assumptions that reflect current data. Also, an additional year of projected trend applies from 2023 to 2024. The overall anticipated increase in rates due to trend is 9.0 percent for individual and 8.6 percent for small groups:

2024 Rate Impacts of Trend		
Trend Component	Individual	Small Group
Restatement of 2022 to 2023 Trend	-0.7%	-0.6%
Additional Year of Medical Utilization Trend	0.7%	0.7%
Additional Year of Medical Unit Cost Trend	5.0%	4.8%
Additional Year of Retail Pharmacy Trend	3.5%	3.3%
Additional Year of Dental Trend	0.0%	0.0%
Additional Year of Vision Trend	0.0%	0.0%
Leap Year	0.3%	0.3%
Total	9.0%	8.6%

As noted in Attachments A and B, the claims underlying the federal Actuarial Value Calculator (AVC) were trended forward to 2024 and the underlying claims distributions were updated. This caused some plans to fall outside of the de minimis metal ranges. For both the standard plans and non-standard plans, deductibles and out-of-pocket limits were changed to comply with the AVC ranges. This means that benefit changes made by the Department of Vermont Health Access for standard plans and by Blue Cross VT for non-standard plans partly offset the impact of benefit leverage. Altogether, factors related

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

to plan design, actuarial value, silver loading and induced utilization increases rates by 0.4 percent for individuals and increased rates by 0.1 percent for small groups.

In previous filings, Blue Cross VT did not include the expected cost of covering COVID-19 testing, treatment, and vaccines in premiums. With the end of the federal Public Health Emergency (PHE), Blue Cross VT will treat COVID-19 the same as any other respiratory virus and include the projected costs in premiums, resulting in an increase of 1.0 percent for individuals and 1.3 percent for small groups.

The 340B Drug Pricing Program sets a ceiling price for manufacturers on drug sales to certain healthcare facilities, and participation in the program is required in order for drugs to be covered by Medicaid and Medicare Part B. Manufacturers often do not consider the drugs purchased through this program to be rebate-eligible, since they were purchased at a cost well below the average sales price. As certain hospitals, especially academic medical centers with specialty pharmacies, have expanded efforts to provide drugs purchased under the 340B program to their patients, the number of rebate-eligible drug claims have been correspondingly lower for payers. This has resulted in pharmacy rebates being less than expected, since drugs that were previously rebate-eligible transitioned to a 340B setting, increasing individual rates by 1.5 percent and small group rates by 1.2 percent.

Blue Cross VT base administrative charges are increasing as compared to the 2023 approved rates, mostly due to inflationary pressures (see section 3.8.7), increasing premiums by 0.1 percent for individuals and 0.3 percent for small groups.

Blue Cross VT must comply with all regulatory requirements from both state and federal agencies. The Department of Financial Regulation (DFR) has ordered Blue Cross VT to be within a specific Risk-Based Capital (RBC) range.¹ Blue Cross VT's RBC at year-end 2022 was well below the mandated range. Therefore, Blue Cross VT is increasing its contribution to member reserve (CTR) from 1.5 percent to 3.0 percent as part of the plan to move towards its RBC range. Due to the effective CTR of -0.3 percent approved in the 2023 rates, the total increase to premiums is 3.3 percent. Other federal and state taxes and fees will remain stable from 2023 to 2024.

Blue Cross VT continues to find innovative ways to mitigate premium increases. Blue Cross VT members continue to see premium reductions due to the ongoing work of Vermont Blue Rx and a new partnership with CivicaRx (see sections 3.4.7.1 and 3.4.6). Through these programs, Blue Cross VT has achieved rate relief of 0.4 percent in the individual market and 0.5 percent in the small group market.

¹ See Vermont DFR, BCBSVT Risk-Based Capital Order (Feb. 7, 2019), available at <https://dfr.vermont.gov/reg-bul-ord/bcbsvt-risk-based-capital-order>.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.6. Historical Financial Performance

Blue Cross VT has offered ACA products since the start of the program in 2014. Prior to offering ACA plans, Blue Cross VT offered individual and small group products. All Vermonters who previously purchased individual and small group products were required to move to an ACA product in 2014. The State allowed individuals and small groups to remain in their 2013 products through the first quarter of 2014. All financial information below includes only the ACA experience in 2014.

Statutory financial reporting is not the best tool for assessment of pricing assumption performance. The pricing in this and prior filings for these markets reflect claims, premium, and expenses based on the date of service. Financial reporting, on the other hand, is based on the date that payments are made to providers along with a change in estimated unpaid liabilities. Statutory financials also include events that are unrelated to the reasonableness of pricing assumptions, such as payments from the federal risk corridor program. To assess the performance of pricing assumptions most accurately, we restated financial results to include the impacts of transitional reinsurance, risk adjustment, and other prior year events in the year in which they were incurred, rather than the year in which they were booked into financials.

The tables below show actual contribution to reserve and operating results with and without the impact of the risk corridor payments. Risk corridor payments impact the true financial performance, so they are included in the column labeled “Actual Contribution to Reserve (Financial).” However, these payments exist to mitigate pricing inaccuracies; therefore, it is best to exclude them when assessing pricing performance, which is the purpose of the column labeled “Actual Contribution to Reserve (Pricing).”

Year	Member Months	Filed Contribution to Reserve	Approved Contribution to Reserve ²	Actual Contribution to Reserve (Financial)	Actual Contribution to Reserve (Pricing)
2014	638,492	1.0%	-0.1%	1.0%	1.0%
2015	768,293	1.0%	1.0%	-1.1%	-2.5%
2016	835,541	2.0%	0.8%	-2.3%	-3.8%
2017	820,156	2.0%	1.0%	1.0%	1.0%
2018	630,163	2.0%	-3.8%	-1.8%	-1.8%
2019	520,854	1.5%	0.0%	-0.7%	-0.7%
2020	453,744	1.5%	1.5%	5.5%	5.5%
2021	411,961	1.5%	0.5%	0.4%	0.4%
2022	430,399	1.5%	1.0%	-4.5%	-4.5%
Cumulative	5,079,204	1.6%	0.5%	-0.3%	-0.7%

The cumulative operating margin on ACA business since inception is a loss of \$9.4 million, including federal risk corridor recoveries of \$10.0 million. Overall, the performance of actual results to expected indicate a consistent absence of conservatism in the factors underlying the filing.

² Includes explicit cuts to CTR as well as reductions to actuarial factors that were beyond those recommended by the Board's contracted actuary.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.7. Environmental Factors

Affiliation with Blue Cross Blue Shield of Michigan

Blue Cross VT intends to affiliate with Blue Cross Blue Shield of Michigan (BCBSM) so we can best meet the needs of the people we serve.

The 2024 premiums are unaffected by this proposed affiliation. Here in Vermont, the Department of Financial Regulation must review and approve the proposed affiliation. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. Moreover, after this transaction is approved, it will take some time for the two companies to align their operations.

This is a strategic partnership that will allow us to work together to access new technology, expertise, and operational resources – while minimizing the future administrative cost impact. BCBSM is an industry leader in developing new technology and innovative products, and like us is a mission-driven nonprofit Blue Plan.

With these new resources, we will be positioned to streamline our interactions with providers, facilitate the exchange of information to drive health care reform, and improve our members’ experience as they navigate the system of care.

Blue Cross VT will continue to be a Vermont organization with policy, governance, and operational decisions made locally, focused on the best interest of members and the community, all while keeping member reserves and health care decisions in our state. Our members and customers will continue to experience the same excellent health coverage, benefits, extensive network of providers, and award-winning local customer service.

OneCare Vermont

It was a difficult decision for Blue Cross VT to pause its contract with OneCare Vermont (OCV) for 2023, and we stayed at the negotiating table until it was clear that we would not be able to come to an agreement that would measurably improve health quality outcomes, lower the total cost of care for Vermonters, and ensure the protection of our members’ health care data. Since the announcement, we have worked to support primary care providers by continuing care management payments and through our efforts in the Vermont Blue Integrated Care pilot. It remains to be seen whether OCV will bring a proposal to the negotiating table that will bring clear value to our members for 2024.

Unmerging the Market

Blue Cross VT led advocacy efforts to unmerge the individual and small group market through 2025. Unmerging the markets allows those holding small group plans to benefit tangentially from the expanded Advanced Premium Tax Credit, by shifting the subsidy of the individual market from Vermont’s smallest employers to the federal government.

BLUE CROSS BLUE SHIELD OF VERMONT 2024 VERMONT ACA MARKET RATE FILINGS ACTUARIAL MEMORANDUM

Vermont Legislature

The Vermont Legislature is currently in session, and it remains to be seen how the bills being considered will impact 2024 rates. Blue Cross VT advocates in the State House with the single-minded intention of improving the health and wellbeing of our members, our neighbors, and our community. Our advocacy decisions are based on three factors: measurably improving quality and access to care, impact on premiums, and impacts on the security of our members' health care data and privacy.

COVID-19 and the end of the Public Health Emergency

COVID-19 continues to have a significant impact to the health system in our state. As we near the end of the federal Public Health Emergency on May 11, 2023, we will shift toward covering all covid testing, treatment, and vaccinations as we do all other respiratory viruses. As it was intended, our reserves covered these costs as our members endured three long years of the pandemic but starting in 2024, we must include these costs in our premiums.

1.8. Vermont Statutory Rate Review Criteria

When reviewing a proposed rate, the GMCB must consider:

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

8 V.S.A. § 4062(a)(3). The GMCB expressly incorporated actuarial review standards into the process, tasking itself with "determin[ing] whether the requested rate is...not excessive, inadequate, or unfairly discriminatory." GMCB Rule 2.000 §2.401. The Board must also consider the Vermont Department of Financial Regulation's ("DFR") "analysis and opinion on the impact of the proposed rate on the insurer's solvency and reserves." *Id.* § 4062(a)(2)(B). The purpose of this memorandum is to provide the actuarial basis for the proposed rate. Although a number of the rate review criteria are not technically actuarial in nature, this section briefly explains how the Blue Cross VT actuarial calculations relate to the criteria, with the understanding that (consistent with Board practice) these issues will be more fully developed during the rate review process.

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

Unlike quality care and access to care, "protection of insurer solvency" is demonstrably *not* in tension with affordability. DFR considers insurer solvency to be the most fundamental aspect of consumer protection.³ Insurer solvency is a necessary pre-condition for affordability, because reducing rates to levels that result in insurer insolvency would place the entire burden of the cost of care on consumers.

³ See, for instance, DFR solvency opinion in filing BCVT-132829562.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

Because members likely cannot afford the full cost of their care without insurance, this result would restrict patient access and impede providers' ability to provide high-quality care. Furthermore, reductions producing rates that are inadequate to any extent do not promote long-term affordability, as it simply shifts costs from current policyholders to future policyholders. The full funding of adequate rates is thereby critical to both insurer solvency and affordability.

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

Increases in prices for services at hospitals and other providers result in 4.9 percentage points of the overall 15.5 percent premium increase for individuals and 4.6 percentage points of the overall 14.5 percent premium increase for small groups. Approved rates must incorporate information about the upcoming GMCB hospital budget review process to ensure rate adequacy while maximizing affordability and access to care.

Spending on specialty pharmaceuticals, through both the retail pharmacy and medical benefits, along with the shift to hospital dispensed specialty pharmacies, is driving 4.3 percentage points of the total individual rate increase and 3.8 percentage points of the total small group rate increase. Blue Cross VT supports and protects our members by ensuring access to medications that significantly improve quality of life, and in many cases save lives. The cost of these drugs is an appropriate topic for public policy discussion, particularly given their impact on rates. However, given the clinical need to provide access to this care and in the absence of mitigating federal or state legislation, Blue Cross VT must include the very high cost of these drugs in this year's rate development. The additional cost of providing these life-altering therapies is expected to lead to greater affordability and/or quality of life in the long term.

Blue Cross VT has invested in CivicaRx, a non-profit enterprise that will bring to market lower cost options for prescription drugs. While its impact on pharmacy spend is not expected to be significant in 2024, the investment in CivicaRx demonstrates Blue Cross VT's commitment to taking action to make medications more affordable for Vermonters.

In summary, these rates strike the best balance available among affordability, access to care, and quality of care by providing coverage for necessary medical services that improve Vermonters' quality of life at a cost of insurance that is far lower than that allowed by federal and State medical loss ratio requirements (see section 3.8.9). Blue Cross VT is increasing base administrative costs (see section 3.8.7), which has the effect of increasing the premiums by 0.1 percent for individuals and 0.3 percent for small groups. This modest increase reflects current and expected inflationary levels. Since 2019, Blue Cross VT has implemented a variety of programs and services that have the cumulative impact of mitigating 2024 premiums by 13.9 percent, or approximately \$61 million based on projected membership.

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

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

2. PROPOSED BENEFITS

2.1. Description of Benefits

Blue Cross VT will offer two types (Standard and Non-Standard) of plans to the individual and small group markets in 2024. These plans include coverage for all Essential Health Benefits (EHBs). All plans are on the Exclusive Provider Organization (EPO) network and offer members access to a nationwide network of providers, including over 97 percent of the providers in Vermont. The majority of providers not in the EPO network are dentists, ambulance services, and mental health providers.

Blue Cross VT Standard Plans: Blue Cross VT is providing rates for the Standard plans with benefits as approved by the Green Mountain Care Board, which are outlined in Exhibit 1A – “State of Vermont Standard Plan Designs.” The form filing for these products can be found under BCVT-133595113 for deductible plans and BCVT-133595280 for Consumer Driven Health plans (CDHP). Blue Cross VT is also providing rates for the catastrophic plan, also outlined in Exhibit 1A. The form filing for this plan can be found under BCVT-133595253.

Blue Cross VT Non-Standard Plans: Blue Cross VT is providing rates for two non-standard products. The first product, Vermont Select, offers HSA compatible plans with the deductible at the same level as the out-of-pocket. The second product, Vermont Preferred, offers plans with zero cost share for some primary care or mental health visits and some specialist visits to manage diabetes and heart disease. Both products waive deductibles for wellness drugs. Please see Exhibit 1B – “Non-Standard Plan Designs” for details on the benefit structure. The form filing for these products can be found under BCVT-133595201 for Vermont Preferred and BCVT-133595237 for Vermont Select.

Reflective Silver Plans

Pursuant to Act 88, Blue Cross VT will offer certain silver plans only off-exchange for the 2024 plan year. These plans are “reflective” of the Exchange plans, with only a \$5 copayment, 5 percent coinsurance or \$25 deductible difference from the Exchange plan.

Uniform Compliance

Benefits of all Standard, Vermont Preferred, and Vermont Select plans are in compliance with 45 CFR §147.106. Specifically, the benefits continue to be offered on the Blue Cross VT Exclusive Provider Organization (EPO) network and continue to cover the same service area. Some cost sharing levels were modified to maintain the same metal tier levels. Each product covers the same benefits as covered for plan year 2023.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

2.2. AV Metal Values

Standard plans are designed by the State of Vermont and offered by all issuers in the individual and small group markets. Please see *Attachment A – Standard Plans AV Certification - 2024* for the certification provided by the State.

Non-Standard plans are designed by Blue Cross VT. The metal values included in the Unified Rate Review Template (URRT) were calculated using an alternate methodology, as allowed by 45 CFR §156.135. Multiple benefit designs offered in the Blue Cross VT Non-Standard plans are not supported by the AV Calculator. Please see *Attachment B – Non-Standard Plans AV Certification - 2024*⁵, for the actuarial certification, which includes the process used to develop the AV Metal Values.

3. EXPERIENCE RATING

3.1. Experience Period Premium and Claims

Our analysis begins with the 2022 experience of Blue Cross VT individual and small group markets. Starting in 2021, Vermont unmerged the individual and small group markets.

We analyzed claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023. We completed both the paid claims and the allowed charges using the Blue Cross VT monthly reserving models that underpin the financial statement reserves (best estimates before margin) for claims incurred but not reported (IBNR). These methods are subject to review by independent auditors and examination by Vermont Department of Financial Regulation (DFR). For the purpose of calculating completion factors, the reserving method categorizes claims by reporting/payment process (Local, BlueCard, Retail Pharmacy, Medicare Supplement, etc.). We calculate completion factors separately for each category. We also included an estimate of outstanding pharmacy rebates.

The paid claims and allowed charges are sourced directly from claim records in the Blue Cross VT data warehouse. For fee-for-service claims, we combined plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combined capitation paid to the provider with the member cost sharing to generate allowed charges.

The table below shows details underlying the incurred claims and allowed claims (from URRT, Section I of Worksheet 1) for the experience period.

⁵ While the Final Actuarial Calculator was released on April 17, 2023, the IRS has yet to release the HSA deductible limits for 2024. Once those are available, we will update Attachment B to reflect all final values for both AV and Rx out-of-pocket maximum.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of Experience Period Claims Per Member Per Month (PMPM) – Individual Market		
	Incurred Claims	Allowed Claims
Claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023	\$140,728,886	\$165,971,729
Estimate of IBNR for claims incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	\$913,512	\$774,522
Estimate of IBNR pharmacy rebates incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	(\$4,264,605)	(\$4,264,605)
Total completed experience period claims	\$137,377,793	\$162,481,646
Member months	194,869	194,869
Total claims per member per month (PMPM)	\$704.98	\$833.80

Calculation of Experience Period Claims Per Member Per Month (PMPM) – Small Group Market		
	Incurred Claims	Allowed Claims
Claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023	\$142,897,165	\$169,904,621
Estimate of IBNR for claims incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	\$830,163	\$982,642
Estimate of IBNR pharmacy rebates incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	(\$5,105,580)	(\$5,105,580)
Total completed experience period claims	\$138,621,747	\$165,781,682
Member months	235,406	235,406
Total claims per member per month (PMPM)	\$588.86	\$704.24

In the experience period, the earned premium was \$133,369,892 for the individual market and \$143,656,384 for the small group market. Blue Cross VT will not be required to pay minimum loss ratio (MLR) rebates for the 2022 calendar year. Vermont does not currently have a 1332 waiver for a Reinsurance program. The estimated 2022 risk adjustment receivable, according to the information from the Interim Report, is \$13,309,300 for the individual market (including Catastrophic) and \$9,579,344 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.2. Benefit Categories

Medical claims are initially categorized into two categories based on the type of claim form the provider submitted: UB-04/CMS 1450 (Facility Inpatient/Outpatient) or HCFA/CMS 1500 (Professional/Other). We then separate facility claims into the Inpatient and Outpatient categories in Worksheet 1, Section II of the URRT by the place of service listed on the UB-04 claim form. Professional and Other medical claims are subdivided based on whether the provider is a medical professional or medical supplier as submitted on the HCFA 1500 claim form. We populate the prescription drug benefit category for claims processed through our pharmacy benefit manager. We populate the capitation benefit category with claims that run through our internal capitation system. The capitation category uses “Benefit Period” as a utilization description and the units represent the number of capitations in a given year.

3.3. Index Rate

The Index Rate is equal to the experience period allowed charges for Essential Health Benefits (EHB). In 2017, Blue Cross VT removed an exclusion for routine circumcision (see section 3.8.3 for details). Those services are not considered EHB and must be removed from the experience to calculate the Index Rate.

Calculation of the Experience Index Rate PMPM – Individual market	
Allowed Claims in section 1 of worksheet 1 of URRT	\$851.71
Allowed Claims for Non-EHB	\$0.04
Experience Index Rate in section 2 of worksheet 1 of URRT	\$851.67

The experience index rate for 2022 for the individual market is \$851.67.

Calculation of the Experience Index Rate PMPM – Small Group market	
Allowed Claims in section 1 of worksheet 1 of URRT	\$721.75
Allowed Claims for Non-EHB	\$0.09
Experience Index Rate in section 2 of worksheet 1 of URRT	\$721.66

The experience index rate for 2022 for the small group market is \$721.66.

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

Blue Cross VT has access to the detailed claims information underlying capitated claims. We use the fee-for-service (FFS) equivalent rather than the capitation.

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

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation of Allowed Claims from section 1 of URRT to Line A1 of Exhibit 5 – Individual Market		
	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$165,971,729	\$851.71
Remove BlueCard Fees	(\$423,824)	(\$2.17)
Remove Pharmacy Rebates	\$8,353,380	\$42.87
Remove Payments to Blueprint Program	(\$572,179)	(\$2.94)
Replace Capitation with FFS equivalent	\$14,889	\$0.08
Line a1 of Exhibit 5 - IND	\$173,343,994.41	\$889.54

Reconciliation of Allowed Claims from section 1 of URRT to Line A1 of Exhibit 5 – Small Group Market		
	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$169,904,621	\$721.75
Remove BlueCard Fees	(\$695,303)	(\$2.95)
Remove Pharmacy Rebates	\$10,061,816	\$42.74
Remove Payments to Blueprint Program	(\$939,071)	(\$3.99)
Replace Capitation with FFS equivalent	(\$48,735)	(\$0.21)
Line a1 of Exhibit 5 - SMG	\$178,283,328	\$757.34

3.3.1. Pooling experience claims

Starting in 2020, Blue Cross VT purchased reinsurance coverage for the ACA market that covers the portion of claims above one million dollars that is not reimbursed by the High Cost Risk Pool (HCRP). To project the claims above the pooling point, we cap the claims and include the full cost of reinsurance and HCRP. To cap the projected claims, we calculate the de-trended pooling level by removing the total trend (see section 3.4.7 for details) from the attachment point of one million dollars. We then exclude the claims above the resulting de-trended limit. In 2022, Blue Cross VT had a member in the individual market with almost \$2 million in claims, with the majority of claims paying for a drug that treats a rare disease. This type of drug is excluded from the Blue Cross VT reinsurance agreement. We excluded the total allowed charges from the experience period, as none of the projection factors described below apply to this specific member. The net expected allowed charges after recoveries from the HCRP are included in the reinsurance component (see item e₅ on Exhibits 5).

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of the Impact of Capping Claims – Individual Market		
CY 2022 total allowed claims	A1	\$173,343,994
Allowed charges for drugs not included in the Blue Cross VT reinsurance agreement	A2	\$1,759,400
Net allowed charges	A = A1 – A2	\$171,584,594
Claims above \$825,942	B	\$812,087
Capped Claims	C = A - B	\$170,772,508
Impact of capping claims (a ₅ on Exhibit 5 - IND)	D = C / A	0.9953

Calculation of the Impact of Capping Claims – Small Group Market		
CY 2022 total allowed claims	A1	\$178,283,307
Allowed charges for drugs not included in the BCBSVT reinsurance agreement	A2	\$0
Net allowed charges	A = A1 – A2	\$178,283,307
Claims above \$826,871	B	\$710,532
Capped Claims	C = A - B	\$178,283,307
Impact of capping claims (a ₅ on Exhibit 5 - SMG)	D = C / A	0.9959

3.4. Projection Factors

3.4.1. Membership Projections

As of February 2023, Blue Cross VT had 40,460 members enrolled in the Vermont ACA markets, with 18,517 enrolled individually through Vermont Health Connect or directly through Blue Cross VT and 21,943 small group employees and their dependents.

We used this information as the starting point to project the 2024 enrollment and the distribution by plan.

Starting in April 2023, Medicaid started their “unwind” plan⁶ to redetermine eligibility for all Vermonters on Medicaid. Since March 2020, states were not allowed to disenroll members from Medicaid. Through this redetermination process, we expect a portion of members previously in Medicaid will become ineligible and will need to select a new insurance plan or choose to become uninsured. To estimate the number of members expected to enroll in an ACA market plan, we relied on a study from NORC at the University of Chicago⁷. This study projected the number of members expected to become ineligible for Medicaid and their new source of coverage.

⁶ <https://dvha.vermont.gov/unwinding>

⁷ <https://www.ahip.org/resources/medicaid-redetermination-coverage-transitions>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Using these data points, our current ACA market share of 60 percent, and an estimate that small groups cover approximately 16.4 percent⁸ of members with employer sponsored coverage, we project that Blue Cross VT enrollment will increase by 1,609 individual members and 1,711 small group members by the beginning of 2024.

For the individual market, we assume that members previously on Medicaid will enroll in On-Exchange Silver plans, with the same proportion by plan as current enrollment, after CSR membership movement (described below). In the small group market, we assume that members previously on Medicaid will enroll in all plans with the same proportion by plans as current enrollment.

With the new guidance from the GMCB on Silver Loading⁹, On-Exchange Silver plans have higher increases than all other plans. With this shift, we expect that a portion of the members currently enrolled in an On-Exchange Silver will select a different benefit for 2024.

The table below shows the February 2023 enrollment in On-Exchange Silver plans by CSR level, the assumed percentage of member moving to another metal and the remaining CSR membership.

On-Exchange Silver Plans Membership				
Plan	February 2023 Membership	Percentage of Members Moving to Another Metal	Total Members Moving to Another Metal	Total Members Remaining in On-Exchange Silver
70% plan	1,415	75%	1,061	354
73% plan	631	50%	315	316
77% plan	1,085	25%	271	814
87% plan	1,693	0%	0	1,693
94% plan	594	0%	0	594

We assume that members moving to another metal would be distributed in proportion with current enrollment in the Gold, Silver-Reflective, and Bronze plans.

Exhibits 2A shows the 2024 Blue Cross VT individual and small group projected population by plan and market.

Blue Cross VT expects to cover 513,718 member months in the Vermont ACA combined market in 2024, with 229,870 member months in the individual market and 283,848 in the small group market.

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

⁸ Based on the proportion of total Blue Cross VT employer membership comprised by members in the small group market.

⁹ See section 3.8.2 for details

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.2. Changes in the Morbidity of the Population Insured

Changes in pool morbidity due to voluntary cancelations ($1+b_9$)

This factor measures morbidity differences between the experience period population and projection period population due to choices made by small groups and individuals to voluntarily disenroll from Blue Cross VT ACA market coverage. The impact is measured by observing experience period claims costs for groups and members known to be no longer enrolled as of February 2023.

The base for our experience period is calendar year 2022. Using February 2023 enrollment, we group members into broad categories of active and canceled. We can further divide canceled members into two categories: voluntary cancelation and cancelation due to death. We can further break down voluntary cancelations by aging out, cancellations from normal group turnover, and individual cancellations. We capture individuals aging out in our demographic adjustment (see section 3.4.5).

We adjust for small group members leaving the Blue Cross VT ACA market. If all members in a group are no longer enrolled in Blue Cross VT ACA market, we exclude them under the assumption that the entire group moved to a different carrier or different product. If members that canceled were part of a group that is still in the Blue Cross VT ACA market and the disenrollment reason was not death or retirement (defined as leaving after age 64), we assume that the members voluntarily left the Blue Cross VT ACA market. As part of last year's filing, we completed an experience study comparing claim costs for retiring members to claim costs for members of the same age who continue to be actively employed. The study showed that the retiring cohort had significantly higher claim costs, leading us to conclude that retirement can be driven by deteriorating health. It is therefore appropriate to include an experience adjustment reflecting the expectation that some members of retirement age will experience increased morbidity that will lead to a decision to retire. This is analogous to the adjustment we make for death. Functionally, we achieved the adjustment by excluding member months and claims for members who retired, but only up to the average claim cost of members of the same age bracket who remained enrolled.

We split the experience claims costs based on these categories in order to compare the different populations. We adjust the allowed charges from the experience period to reflect the average claims cost of members who did not voluntarily terminate from the individual market prior to February 2023, and to reflect the average claims cost of small group members as described above.

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

As shown on Exhibits 2C, the factor ($1+b_9$ on Exhibits 5) to adjust for the change in pool morbidity is 1.0159 for the individual market and 1.0156 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.3. Changes in Benefits

Impact of changes in benefits (1+c₁)

The impact of benefit changes (1+c₁ line on Exhibits 5) represents the anticipated change in the average utilization of services due to the change in average cost sharing in the projection period compared to the experience period. Based upon ACA rating rules, it is appropriate to use the HHS induced utilization factors by metal to limit the quantification to only the impact of varying cost shares between the experience plan distribution and the projected plan distribution. Using the experience member months for members included in the “remaining members” category of the morbidity factor described above and the projected membership by metal, we calculate an average induced utilization factor for each and compare the two averages to generate the impact of changes in benefits.

As shown on Exhibits 2D, the impact of the movement among benefit plans (1+c₁ on Exhibits 5) is 0.9960 for the individual market and 0.9976 for the small group market.

Impact of the addition on Hearing Aids to the EHB benchmark (1+c₆)

Since we do not have credible experience for hearing aid costs, we develop an estimated allowed charge from demographic data and average market costs. We add the estimated allowed PMPM of \$1.30 to the trended professional PMPM to calculate the overall projected professional PMPM.

Calculation of impact of addition of Hearing Aids			
		Individual	Small Group
Trended Professional PMPM, excluding hearing aids	A	\$209.80	\$181.19
Projected Hearing Aids PMPM	B	\$1.30	\$1.30
Trended Professional PMPM, including Hearing Aids	C = A + B	\$211.11	\$182.49
Factor 1+c ₆ on Exhibits 5 for Professional Claims	D = C / A	1.0062	1.0072

Details of the assumptions and calculations supporting the \$1.30 PMPM are in Attachment D.

3.4.4. Changes in Demographics

Impact of changes in demographics (1+c₃)

We calculate separate factors for small groups and for individuals.

For both market segments, we use the age-gender factors from the SOA’s report Health Care Cost – From Birth to Death¹⁰ to calculate the age-gender factors for the experience membership and compare to those of the projected 2024 membership.

For small groups, we first observe the actual change in average age-gender factors from the experience period to February 2023. We observed a consistent seasonal pattern in the age-gender factors for small groups. We therefore adjust the year-to-date February observation to reflect a full calendar year age-gender factor. We divide the full year 2023 age-gender factor by the experience age-gender factor to

¹⁰ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

calculate a projection factor from 2022 to 2023. We then use a three-year average impact of the demographic changes for renewing groups to project from 2023 to 2024..

For individuals, we first split the population into VHC-enrolled and direct-enrolled members. We then categorize each member into the following sub-categories: continuing, retired, newborn, moved to other Blue Cross VT line of business, and voluntarily canceled. For continuing members, we age all members by one year starting with their February 2023 age and calculate the average duration by age. We assign the age one duration to members age zero in 2023. We assessed historical persistency by age for members who are eligible for Medicare. Based on historical patterns, we assume that 27 percent of members age 64 in 2023 will remain enrolled through 2024, and that 58 percent of members age 65 and over in 2023 will remained enrolled through 2024. Finally, in order to complete the age distribution, we add new members age zero in 2024. Again, we examined historical patterns to develop newborn assumptions. For the VHC enrolled population, we expect newborns to comprise 0.64 percent of the total population with an average duration of 3.97 months. For direct enrolled members, we expect the newborns to comprise 0.56 percent with an average duration of 4.51 months. We apply these percentages to the in-force 2023 enrollment to estimate the newborns in 2024. We then compare the experience period average age-gender factor to the projected period average age-gender factor.

As shown on Exhibits 2E, the demographic adjustment ($1+c_3$ on Exhibits 5) is 0.9956 for the individual market and 0.9998 for the small group market.

3.4.5. Other Adjustments

Changes in Provider Network and Reimbursements ($1+c_2$)

Since the experience period claims and the projection period claims are both on the EPO network, the factor for the change in provider networks for medical claims is 1.000.

In early 2020, Blue Cross VT announced¹¹ a partnership with CivicaRx on an initiative to reduce the cost of prescription drugs in Vermont by introducing new generics at a much lower cost than currently available generic drugs. The first generics available through CivicaScript are Abiratone and Imatinib. To estimate the impact of moving individual and small group members from the current generic available to the CivicaScript version, we worked with CivicaRx to understand the expected number of prescriptions that would switch and the cost of the new drugs. We calculate the impact on specialty drugs to be 0.9982 for the individual market and 0.9962 for the small group market.

In the spring of 2023, many insulin manufacturers announced reductions in the ingredient cost of some of their products. Working closely with the pharmacy team, we estimate the change in ingredient cost for the Blue Cross VT ACA market and apply to the experience period claims for each impacted insulin drug. We adjust the pharmacy non-specialty allowed charges to reflect these lower costs. We calculate the impact on non-specialty drugs to be 0.9525 for the individual market and 0.9474 for the small group market.

¹¹ <https://www.bluecrossvt.org/news/blue-cross-blue-shield-vermont-partners-with-civica-rx>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Impact of the ACO program (1+b₄)

In 2022, Blue Cross VT and OCV had a shared-risk/shared-savings agreement covering on average 19,150 lives within the ACA market. The agreement provides for 50/50 sharing of savings or risk up to six percent above or below the expected medical spend, which is derived from the final 2022 GMCB rate order for the ACA market. Due to the COVID-19 pandemic, the contract between OCV and Blue Cross VT limited the shared savings and risk to \$50,000. Our current best estimate of the 2022 transfer is \$50,000 from OCV to Blue Cross VT. As per the contract with OCV, this payment is to be invested in population health programs. Therefore, the factor for this program (1+b₄ on Exhibit 5) is 1.000.

3.4.6. Non-System Claims

We add other costs to the buildup of the Projected Index Rate to account for non-system claims (Items e₁-e₈ on Exhibits 5). As previous explained in section 3.3, these non-system claims are claims that are independent from the benefits but considered claims from an MLR standpoint.

- Pharmacy Rebates (e₁):
To estimate the 2024 rebates, we start with actual calendar year 2022 rebates (including IBNR for the quarters where actuals are not yet available). We trend the rebates using the total trend for brand eligible rebates (see table below).

Calculation of the trend for Rebates		
Claim Type	Experience Period Allowed Charges (Gross of Rebates)	Projected Allowed Charges (Gross of Rebates) after Contract Changes
Brand Going Generic	██████████	████
Brand	██████████	██████████
Specialty	██████████	██████████
Total	██████████	██████████
Total Trend for Drugs Eligible for rebates	██	

The emergence of biosimilar for specialty drugs with high utilization is expected to yield additional rebates as manufacturers compete to maintain their market share. We adjusted the rebates for the inflammatory conditions drug class to reflect this. As mentioned above, many insulin manufacturers announced a reduction in the ingredients cost of their products. We expect that they will not continue to pay rebates for these lower costs insulins and reflected this in the projected rebate PMPM.

The projected pharmacy rebates PMPM are \$56.55 for the individual market and \$56.96 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

- **Blueprint Payments (e₂):**
Blue Cross VT participates in the Vermont Blueprint for Health¹² program. The Vermont Blueprint for Health Manual, effective July 1, 2022, details the funding for both portions of the program: Community Health Teams (CHT) and Patient Centered Medical Homes (PCMH). The experience PMPM for Blueprint payments has been stable from year to year. We therefore do not expect the funding for either CHT or PCMH to change in 2024. and instead assume that the experience period PMPM would continue to 2024.

Calculation of projected Blueprint payments PMPM		
	Individual	Small Group
Experience Member Months	194,869	235,406
Experience Blueprint Payments	\$572,179	\$939,071
Blueprint Payments PMPM	\$2.94	\$3.99

- **Interplan Teleprocessing System (ITS) (e₃):**
The BlueCard® Program gives Blue Cross VT members healthcare coverage wherever they go across the country and around the world. The fees associated with this program are independent of the dollar amount of the claims and therefore solely dependent on utilization of BlueCard participating providers. These fees are assumed to increase at the annual medical utilization trend, before the impact of the fraud, waste, and abuse program (see section 3.4.7.2).

Calculation of projected ITS fees PMPM		
	Individual	Small Group
Experience Member Months	194,869	235,406
Experience ITS fees	\$423,428	\$694,698
ITS fees PMPM	\$2.17	\$2.95
Trend (for 2 years)	1.008	1.008
Projected ITS fees PMPM	\$2.21	\$3.00

- **Vermont Vaccine Purchasing Program Payments (e₄):**
The Vermont Vaccine Purchasing Program¹³ (VVPP) offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers and other payers. This assessment is a PMPM charge applied to members residing in Vermont who are under age 65. On May 2, 2023, the Vermont Vaccine Purchasing Program met and approved the rates for SFY2024¹⁴. We used these rates for CY2024, as we do not have information about the SFY2025 rates.

¹² <http://blueprintforhealth.vermont.gov/>

¹³ <http://www.vtvaccine.org/>

¹⁴ https://www.vtvaccine.org/data/get_doc/1448a692c8852f8c112b673a6371a1ed

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of the VVPP PMPM - Individual			
Market	Age Category	Weighted Rate for CY 2024¹⁵	Projected Membership
Individual	Child	\$13.54	1,520
Individual	Adult	\$2.74	18,359
Individual	Over 65	\$0.00	247
Total		\$3.52	20,126

Calculation of the VVPP PMPM – Small Group			
Market	Age Category	Weighted Rate for CY 2024	Projected Membership
Small Group	Child	\$13.54	3,449
Small Group	Adult	\$2.74	19,394
Small Group	Over 65	\$0.00	811
Total		\$4.22	23,654

- Cost of Reinsurance (e₅):**
 Blue Cross VT uses reinsurance to protect itself against very high claims. Starting in 2020, Blue Cross VT purchased reinsurance for 40 percent of claims above \$1 million. When combined with the High Cost Risk Pool (HCRP) program, Blue Cross VT is fully reinsured at an attachment point of \$1 million. Since we capped claims in the projected period allowed claims for EHB (line D of Exhibits 5) at \$1 million, we include the full cost of reinsurance. The projected rate for this coverage in 2024 is \$ [REDACTED] PMPM, which is the 2023 cost of coverage with expected increases due to trend leveraging. As mentioned in section 3.3.1., Blue Cross VT has a member in the individual market with ongoing high-cost pharmacy claims that are not covered by Blue Cross VT reinsurance. We include these claims, net of HCRP recoveries, in this component.
- Payment Reform Initiatives (e₆):**
 Blue Cross VT is committed to continuing its effort in payment reform. In late 2022, Blue Cross VT developed an innovative care model for primary care practices. The model, Vermont Blue Integrated Care (VBIC), is intended to improve value and outcomes for members. The program includes participation payments which support enhanced care coordination, population health management, an electronic medical record overlay that offers a more comprehensive look at the members' care across providers, and other resources. While Blue Cross VT paused its relationship with OCV for 2023, we will continue to support primary care providers in 2024 either with a renewed relationship or expansion of our own programs. We estimate the monthly PMPM needed for our payment reform efforts as \$2.25 PMPM.

¹⁵ Using the SFY2024 rates for Q1 2024 and the SFY2025 for Q2 2024 through Q4 2025.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

- Retail Pharmacy Clinical Management Fees (e₇):
Vermont Blue Rx provides clinical management services to reduce waste and improve the quality of the prescription drug benefit. These programs, which are subject to fees per use, include prior authorizations, step therapy, quantity reviews, copay reviews, and pharmacy vaccination programs, as well as a safety management program, which protects patients against potentially harmful drug interactions. The total PMPM in the experience period under Vermont Blue Rx was \$ [REDACTED] PMPM for individuals and \$ [REDACTED] PMPM for small groups. We project this cost to be the same in 2024.
- Accordant Health Services Fees (e₈):
Blue Cross VT partners with Accordant Health Services to provide members support with managing their rare diseases. The program targets patients with complex, chronic diseases in neurology, rheumatology, hematology and pulmonology. Accordant provides early intervention and patient compliance services to support the Blue Cross VT care management strategies, improve patient health and strengthen physician-patient relationships. The total PMPM in the experience period was \$ [REDACTED] PMPM for these services. We project the PMPM to be the same in 2024.

3.4.7. Trend Factors (cost/utilization)

3.4.7.1. Data and Population

The source of the data is the Blue Cross VT data warehouse, except where noted below. To ensure accuracy of claims information, we reconciled the data against internal reserving, enrollment, and other financial reports. The analysis examines claims incurred between January 1, 2019 and December 31, 2022, paid through February 28, 2023. We apply completion factors, based on best estimates from financial reporting before margin for conservatism, to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from the ACA small group and individual markets and Pathway 2 Association Health Plans (AHPs). Over the past few years, we have experienced membership retroactivity, primarily associated with members enrolled through VHC. This retroactivity causes some claims to no longer be associated with active membership. The data excludes claims that are no longer associated with active enrollment.

Blue Cross VT experienced large membership movement out of the ACA small group and individual markets in 2019, 2020 and 2021. To ensure that the trend factors do not implicitly reflect changes in the Blue Cross VT population, we create a matched population specific to each benefit year. This methodology ensures that the mix of age, gender, metal level, market, duration, and health conditions is the same over the four years of data.

To match the population, we first summarize the enrollment data by member and by year to calculate the number of months with active enrollment for each member in each year. We then assign the age category (0, 1, 2 to 4, five-year bands until 64, 65 and over), gender, metal level, and market (individual subsidized, individual unsubsidized, and small group) associated with the last month of enrollment for that member in that year.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

Using pharmacy claims, we then assign condition categories based on drug utilization. We assign each category a 1 or 0 value. Members can have multiple condition categories. Using medical claims, we assign pregnancy indicators, and newborn condition indicators following the categories used in the HHS-HCC risk adjustment model. Finally, we assign a high claimant indicator for members with annual claims above \$500,000. We excluded high claimants from the matching process.¹⁶

Starting with calendar year 2022, we match backward to the 2021, 2020 and 2019 populations. Page 1 of Exhibit 3B shows the summary statistics of the full Blue Cross VT ACA small group and individual markets and AHP population, as well as the matched population.

We use the full population for the medical cost trend calculation and the matched population for all other trend estimates.¹⁷

3.4.7.2. Medical Trend Development

Medical trend is composed of three pieces: cost, utilization, and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. We normalize historical experience for contract changes so that we can derive a utilization trend in the absence of unit cost changes. We develop future unit cost trends on a discrete basis, using the most recent round of contract negotiations as a starting point. The overall trend is the product of these two components.

Unit Cost

Observations of recent contracting and provider budgetary changes are the main source of unit cost trend. We use calendar year 2022, excluding direct COVID costs, as the base for mix of site of care and project costs two years to 2024.

During calendar year 2022, about 52 percent of total medical claims dollars occurred at Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of the GMCB, we start with the assumption that the GMCB will approve hospital budgets for the 2023 cycle that are equal to the commercial increases approved in the 2021 cycle.¹⁸

Based upon the above assumptions concerning hospital budget and fee schedule changes, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the network used for the ACA markets.

We assumed for other providers within the Blue Cross VT service area that overall 2023 and 2024 budget increases would be the average of the increases implemented during the 2021 cycle and the 2022 cycle, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers.

¹⁶ The utilization component includes intensity, so an increase in high-cost claimants can disproportionately impact the year-over-over and regression calculations.

¹⁷ Using the full population for the cost trend base ensures that the weights among facilities and other providers reflect the most accurate weights for the ACA population.

¹⁸ We expect to update the unit cost trend assumptions upon review of the June 30, 2023 hospital budget submissions.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

For drugs dispensed in a facility or office, we use the outpatient or professional increase for each facility or provider group to calculate an estimated unit cost trend. As described below, we apply an overall allowed trend for these drugs but, per the URRT instructions, we must separate cost and utilization. This estimated unit cost trend is used for URRT purposes as actual unit cost increases by type of service are not readily available.

Finally, we derive unit cost increases for providers outside the Blue Cross and Blue Shield of Vermont service area from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

The chart below summarizes the results of the analysis:

Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims in 2022	Cost Trend from 2022 to 2023	Cost Trend from 2023 to 2024	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB’s Hospital Budget Review	52.2%	13.5%	5.3%	9.3%
Other facilities and providers. ¹⁹	47.8%	5.9%	6.6%	6.2%
Total	100.0%	9.8%	5.9%	7.9%

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

Utilization & Intensity

To examine historical utilization trend patterns, we first normalize for unit cost increases for each of the facilities and provider groups included in Exhibit 3A. The historical cost increases reflect the approved or negotiated commercial increases for each group.

We derive contracting changes for out-of-area services from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

We normalize claims to the December 2022 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through December 2022. We assume the derived trend for other claims is continuous.

Blue Cross VT continues to implement many payment integrity programs to combat fraud, waste and abuse (FWA). To control for the changes in payment integrity recoveries, we normalize claims to the recovery levels achieved in 2022.²⁰ in accordance with the following chart:

¹⁹ Vermont facilities with professional reimbursement on the Blue Cross VT Community fee schedule are included in this category.

²⁰ The impact of projected changes to the FWA programs is described in the projected payment integrity impacts section on page 32.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Incurred Period	Percent of claims recovered as part of FWA programs ²¹
CY 2019	0.34%
Q1-Q3 2020	0.62%
Q4 2020	1.27%
CY 2021	2.59%
CY2022	2.45%

We further normalize the claim costs such that each month reflects the average number of working days per month in 2022, as defined by our reserving models.

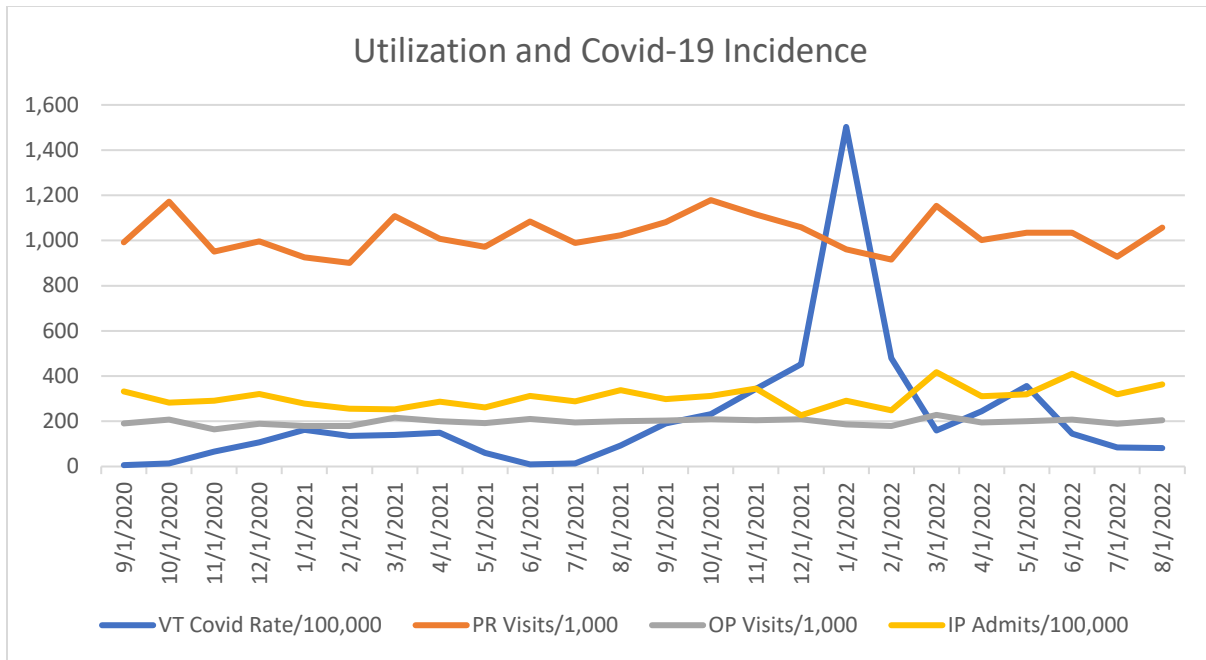
Page 2 of Exhibit 3B shows the calculation and resulting factors for these adjustments for the matched population.

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

The COVID-19 pandemic greatly impacted medical claims, with a slowdown in services in the spring of 2020 and a return of care into 2021. In the fall of 2020, the cyberattack on the University of Vermont Health Network (UVMHN) also impacted medical claims as some services needed to be rescheduled in the first quarter of 2021, further dampening 2020 and amplifying 2021 claims. While COVID-19 is still in our communities, its impact on the utilization of medical care was limited, if non-existent in 2022, as shown in the graph below.

²¹ Programming slowed in 2019 due to Blue Cross VT’s migration to a new operating platform. The Vermont Department of Financial Regulations (DFR) ordered the suspension of all routine provider audits from March 18, 2020 through August 3, 2020. In the fourth quarter of 2020, Blue Cross VT did not engage in routine audits of the University of Vermont Health Network providers as they dealt with a cyberattack. In 2021, Blue Cross VT was able to return its internal payment integrity efforts to pre-migration and pre-pandemic levels while working with new vendors to increase the recoveries beyond historical levels.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**



Facility Claims

For facility claims, we select a 0.5 percent utilization trend.

The table below shows the PMPM claims costs, adjusted for cost increases, FWA programs, and number of working days for the matched population for facility claims.

Facility Claims		
Year	PMPM	Trend
2019	\$309.04	
2020	\$276.12	-10.7%
2021	\$326.65	+18.3%
2022	\$324.55	-0.6%

Comparing 2022 to 2019, the last calendar year prior to the COVID-19 pandemic, we observe a 1.6 percent annualized trend.

As mentioned above, calendar year 2021 was elevated due to deferred care from 2020, which dampens some 24-month measures such as the year-over-year trend. The Holt-Winters time series model forecasts both the trend and seasonality aspects of the underlying data and aligns with the year-over-year trend. The regressions on the other hand clearly suggest an emerging positive trend.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Summary of Statistics for Periods Ended December 2022 for Facility Claims		
Method	Trend	RMSE²²
Year-over-year trend	-0.6%	
24-Month Logistic Regression	2.4%	26.46
24-Month Linear Regression	2.6%	26.44
24-Month Holt-Winters' Multiplicative	0.6%	22.34
24-Month Holt-Winters' Additive	-0.4%	16.23

The average of these measure is 0.9 percent.

While the year-over-year trend is negative, there are external forces that may impact facility utilization between 2022 and 2024. Notably, hospital budget submissions assumed an increase in utilization during the 2023 cycle, which supports a selection modestly higher than the year-over-year trend²³. We consider a 0.5 percent trend rate to be a reasonable selection through 2024 for facility claims. The Green Mountain Surgery Center (GMSC) opened in July 2019 and the experience used in this filing reflects the lower cost for the surgeries performed at GMSC. We did not adjust the experience to reflect this change; such an adjustment would have increased each statistic in the table above by 0.2 percent. By not adjusting for this change, we are implicitly expecting that trend will continue to be dampened as more services shift from more expensive settings to the GMSC.

Details on facility trends are shown on Exhibit 3C.

Professional and Ancillary

We select a 1.0 percent utilization trend for non-mental health and substance use disorder (MHSUD) professional claims and for MHSUD services.

In prior filings, we selected utilization trend specifically for the change in number of services and mix of services between the different types of professional services. This was done to address one-time events that impacted professional claims in 2019. Professional claims were also impacted by the COVID-19 pandemic reducing the number of visits in 2020 and increased visits in 2021 due to care returning.

For this filing, we opted to use the same methodology as for facility claims and use the array of PMPM claims costs, net of high claimants, and adjusted for number of working days and FWA to perform regressions and time series calculations.

²² Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

²³ UVMHC's hospital budget submission notes that "(w)orkforce challenges continue to create access issues across multiple service lines" (p. 13), but they "assume a stabilization of the long-term care and skilled nursing facility system," which is needed to address "significant backlog of patients" seeking care (p.39). UVMHC also notes that, "Pandemic impacts on [UVMHN] during the Omicron wave" included decreased volumes "for higher margin services ... due to inpatient capacity and outpatient surgery constraints" (p.41).

https://gmcboard.vermont.gov/sites/gmcb/files/documents/UVMHN_FY_2023_UVMHN_Budget_Narrative_07-01-2022_-_Final.pdf

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Due to the large change in MHSUD utilization patterns in 2020 and 2021, as compared to non-MHSUD services, we separate utilization trends for MHSUD from non-MHSUD professional services. The table below shows the annual PMPMs and trends for both categories of professional claims.

Professional Claims PMPM				
	Non-MHSUD		MHSUD	
	PMPM	Trend	PMPM	Trend
2019	\$128.10		\$15.32	
2020	\$109.42	-14.6%	\$16.73	9.2%
2021	\$136.78	25.0%	\$18.13	8.3%
2022	\$136.40	-0.3%	\$18.56	2.4%

For non-MHSUD services, services deferred in 2020 continue to return in 2021. As with facility claims, 2021 was elevated compared to 2022 due to these returning services.

Summary of Statistics for Periods Ended December 2022 for Non-MHSUD Professional Claims		
Method	Trend	RMSE²⁴
Year-over-year trend	-0.3%	
24-Month Logistic Regression	2.8%	8.15
24-Month Linear Regression	2.7%	8.15
24-Month Holt-Winters' Multiplicative	-0.3%	5.37
24-Month Holt-Winters' Additive	-0.3%	4.10

The average of these measures is 0.9 percent.

As with facility trend, the negative year-over-year trend is partly due to the elevated 2021 experience, and the regressions clearly suggest a positive emerging trend.

Blue Cross VT, through programs like VBIC, continues to work with providers to increase the access to primary care and ensure that members get the appropriate screenings and follow up care for their conditions. By increasing primary care services in the short-term, we can expect long-term returns on the overall health of Vermonters.

We therefore believe that a 1.0 percent trend for non-MHSUD providers, which is slightly above the average of the metrics shown above, reflects both the recent experience and expectation of increased utilization in the short-term.

Based on the historical patterns and the work in Vermont to expand access to mental health services, especially during and after the pandemic, MHSUD services trended at a higher rate than other professional services through 2021. In prior filing, we based the overall utilization trend for MHSUD services on only the changes in number of services. That methodology does not account for the increase

²⁴ Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

in the intensity and mix of services in this category. To account for this, we used the same methodology as for non-MHSUD claims and use the array of PMPM claims costs, net of high claimants, and adjusted for number of working days and FWA to perform regressions and time series calculations.

Summary of Statistics for Periods Ended December 2022 for MHSUD Professional Claims		
Method	Trend	RMSE²⁵
Year-over-year trend	2.4%	
24-Month Logistic Regression	0.4%	8.15
24-Month Linear Regression	0.3%	8.15
24-Month Holt-Winters' Multiplicative	2.3%	5.37
24-Month Holt-Winters' Additive	0.7%	4.10

The average of these measure is 1.2 percent.

After the large increases observed in 2020 and 2021, the utilization of MHSUD services has leveled off and is now trending at a similar rate as non-MHSUD services. We therefore select the same trend, 1.0 percent, for MHSUD services.

Exhibit 3D shows the normalized professional PMPM, for MHSUD and non-MHSUD, along with the regressions and time series.

Pharmaceuticals

We select a 2.0 percent utilization trend for pharmaceuticals processed through the medical benefit.

The recent acceleration in cost for pharmaceuticals processed through the medical benefit warrants a separate analysis for these claims. Pharmaceuticals processed through the medical benefits include a wide variety of drugs. In prior filings, we included all types of pharmaceuticals in this separate analysis, but ultimately trended non-injections at the selected facility trend. To simplify the analysis, we only included injections in this analysis and retained non-injections in the facility trend analysis.

We split the injection experience into four categories: Injections with a biosimilar option, biosimilars, other injections costing at least \$1,000, and all other injections. The introduction of biosimilars considerably changes the cost per service for injections. To reflect this change in mix, we project the overall number of services for injections and their biosimilar options and project the growth in the share of services that will be with a biosimilar. We apply the overall outpatient cost trend to each category to project the cost per service. By using varying trends for services per member for each category, the average projected cost per service for all pharmaceuticals processed through the medical benefit reflects a projected change in mix. This change in mix is included in the total utilization trend below.

²⁵ Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Exhibit 3E, pages 1 to 2 show the experience services per 1,000 members for each of the four injection categories, total allowed charges, and the 24 and 36-month regressions. Exhibit 3E, page 3, shows the result of this calculation.

Injections have been increasing steadily, with the expected slowdown and return due to the COVID-19 pandemic (while less pronounced than for other types of claims) and we expect it to continue to grow at a 2.4 percent rate through calendar year 2024.

Trend for Injections	
Most Recent Year over Year	-3.3%
Three-Year	2.6%
24-month regression on Monthly data	3.6%
24-month regression on rolling 12 data	6.7%

The biosimilar utilization as a percentage of total services for injections that have a biosimilar option has been increasing logarithmically over the past few years but slowed down in the past year:

Percentage of Biosimilar Services	
CY 2019	6.2%
CY 2020	28.9%
CY 2021	41.2%
CY 2022	39.3%

We do not expect the percentage to remain at this rate through calendar year 2024. We expect that the percentage of biosimilars will grow by about 5 percent per year. At this rate, we calculate that the percentage of biosimilars will be about 50 percent for calendar year 2024.

Combining all the categories yields a 2.0 percent utilization trend for pharmaceuticals, including the impact of change in mix, which is lower than the assumption in the prior filing (3.6 percent).

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Overall Medical Utilization Trend

Using the 2022 allowed charges PMPM, adjusted for the index rate projection factors described earlier in this section, we calculate the following overall medical utilization trend:

Calculation of the overall medical utilization trend - Individual		
Category	Uncapped Allowed Charge PMPM, adjusted for projection factors (Line D of Exhibit 3J-IND)	Selected Utilization Trend
Inpatient	\$129.07	0.5%
Outpatient	\$292.97	0.5%
Pharmaceuticals	\$80.87	2.0%
Professional	\$184.80	1.0%
COVID-19	\$7.74	0.0%
Total	\$695.45	0.8%

Calculation of the overall medical utilization trend – Small Group		
Category	Uncapped Allowed Charge PMPM, adjusted for projection factors (Line D of Exhibit 3J-SMG)	Selected Utilization Trend
Inpatient	\$116.86	0.5%
Outpatient	\$239.86	0.5%
Pharmaceuticals	\$77.05	2.0%
Professional	\$159.48	1.0%
COVID-19	\$9.71	0.0%
Total	\$602.97	0.8%

Projected Payment Integrity Impacts

As described above, the FWA programs yielded savings and recoveries of about 2.5 percent of total allowed charges in 2022. We do not expect this percentage to change in 2024.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.3. Pharmacy Trend Development

With the ongoing introduction of new and expensive specialty drugs, as well as the increasing shift to generics as more brand drugs come off patent, we analyze the components of trend (cost and utilization) separately for brands, generics, and specialty drugs. Specialty drugs are very high-cost drugs with low utilization. Because of their relative infrequency, it is more appropriate to look at the overall PMPM trends for these drugs rather than separate cost and utilization components. We calculate the overall pharmacy trend by combining the separate projections.

Non-Specialty Drug Utilization

As described above, we use a matched population as the basis for our trend analysis and adjust for pharmacy working days, which are different from medical working days. Using the array of monthly PMPM claims after adjustments, we performed 24-month and 36-month regressions as well as time series.

Exhibit 3F provides the monthly, quarterly, and the 12-month rolling data, along with the corresponding year-over-year and exponential regression trends and time series for non-specialty drug utilization. We use the number of days supply, rather than the number of scripts, to normalize for changes in the days supply per script (e.g. increased use of 90-day fills). Because there are several popular brand drugs that have become generic during the experience period, or will become generic during the projection period, we combine the data for generic and brand drugs for the purpose of analyzing utilization patterns. Vaccines and devices have been moving from the medical benefit to the pharmacy benefits. These two categories are excluded from the non-specialty trend calculations as they would skew the results. COVID-19 vaccines are completely excluded from this analysis, as their inclusion would skew the results.

Due to the relaxation of clinical edits in response to COVID-19, many members refilled their prescription early in March 2020. This changed the pattern of monthly days supply per member. To adjust for this one-time event, we smooth monthly days supply per member for the periods from March 2020 to May 2020 and June 2020 to August 2020 by using the monthly spread from the same months in 2019. Blue Cross VT introduced Vermont Blue Rx in July 2021, which included a change in pharmacy benefit manager. Prior to the transition, members were offered the option to refill their prescriptions early to avoid potential disruptions. We smooth the monthly days supply for the period from June 2021 to August 2021 by using the monthly spread from the same months in 2019.

Similar to the prior filing, we performed regressions and time series on quarterly data, which decreases the variance of the statistics. As shown in the table below, the regressions, year-over-year, and the two-year trend converge around 2.0 percent. Accordingly, we select a 2.0 percent non-specialty trend.

Trend for Non-Specialty Drug Utilization	
8 Quarter Regression	2.7%
12 Quarter Regression	2.0%
16 Quarter Regression	2.9%
Year Over Year	1.3%
Two-Year	1.4%

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

Instead of projecting a generic dispensing rate, we separate the drugs into nine categories:

- Generics: Drugs that have been generic since at least January 2020
- New Generics: Generic drugs that have been in the market for less than 36 months (introduced January 2020 to December 2022)
- Brands going Generic: brands that are expected to become available in generic form in the projection period, based on a list from our pharmacy benefit manager
- Vaccines
- Over the Counter (OTC) drugs
- Compounds
- Devices, such as continuous glucose monitoring and insulin pens
- All other Brands
- COVID Vaccines

As shown on Exhibit 3I, all days supply are trended forward at the same rate of 2.0 percent.

Generic Cost Trend

Exhibit 3H, page 1, shows monthly Average Wholesale Price (AWP) cost per days supply and the 24-month regressions. We select 3.8 percent for the generic cost trend, which is the roughly the average of the 24-month regressions and the year over year result. The rolling annual trends have been between 3.6 and 4.0 percent for the last eleven 12-month periods. We consider 3.8 percent to be a reasonable long-term outlook for generic cost trend. This is consistent with our prior filing.

Brands that are going generic will become subject to generic discounts. We do not expect that the AWP for these drugs will significantly change from the experience period due to the lack of generic competition for the main drugs in this category. We adjust the price to reflect the different experienced effective discounts between brands and generics. We also adjust the price of the new generics to reflect the difference in effective discounts as compared to the generics that have been in the market for at least three years.

Brand Cost Trend

To ensure that the brand cost trend is not skewed by brands going generic, vaccines, over the counter drugs, devices, and compounds, we performed a 24-month regression on monthly AWP cost per days supply on the “brands with at least four years of claims” category only. The monthly AWP cost per day supply for brand drugs is impacted by the mix of new and older brands. Brands that have been in the market for one to two years have been, on average, less expensive than older brands. To account for this change in mix, we perform a 24-month regression on monthly AWP cost per day supply for brand drugs that have been in the experience for at least four years and have had no drastic change in their market share.

Exhibit 3H, page 2, shows monthly cost per days supply and the 24-month regression. We select 10.5 percent for the brand cost trend, which is the average of the 24-month regression on monthly data and the most recent year over year result. This selection is consistent with recent filings, and we consider it to be a reasonable outlook of future trend. We apply the selected trend to all brand drugs, including devices and vaccines.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

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

We also do not expect over-the-counter drugs and COVID-19 drugs to follow the overall brand cost trend, and we select a 0.0 percent cost trend for these drugs.

Specialty Drugs

In July 2021, we introduced Vermont Blue Rx, which improved our discount off AWP for specialty drugs. We adjust months prior to July 2021 to reflect the current contract.

We did not adjust the experience to reflect aging or benefits because we used the matched population. We did not adjust for working days, as nearly all retail specialty medications are provided through mail service and the vast majority of prescriptions are refills.

As described above, Blue Cross VT introduced Vermont Blue Rx in July 2021, which included a change in pharmacy benefit manager (PBM). Prior to the transition, members were offered the option to refill their prescriptions early to avoid potential disruptions. We smooth the monthly days supply for the period from April 2021 to August 2021 by using the monthly spread from the same months in 2019 and 2022. This smoothing period for specialty drugs is longer than for non-specialty drugs due to the nature of the prescriptions and observed refill patterns.

Exhibit 3G contains the monthly and the 12-month rolling data, the smoothing adjustment, and the results of the regressions. We select 19.5 percent as the contracted adjusted trend²⁶. This is informed by the average trend produced by a 24-month regression on monthly cost, a 24-month regression on rolling 12-month cost, the most recent year over year increase, and an expected reduction in costs due to the introduction of biosimilars. For our regressions, we chose 24 points of monthly data to best capture the most recent history of drug costs.

Changes in Pharmacy Contracts

Vermont Blue Rx has established contracted rates with its new PBM that continue to provide substantial savings to consumers. Furthermore, the contract includes annual discount improvements that will impact the projected pharmacy allowed charges. To calculate a contract improvement factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2022 claims for contract provisions applicable to both the experience period and the projection period. We apply the contract improvement factor to the projected pharmacy claims for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract (see Exhibit 3I for details).

²⁶

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Overall Pharmacy Trend

Exhibit 3I summarizes the trends and calculates our total allowed pharmacy trend as 14.9 percent. Note that changes in pharmacy contracts are included in the cost trend component on Exhibits 3J.

3.4.7.4. Vision and Dental Trend Development

Dental Trend

The pediatric dental benefit is available to all members age 21 and under. Dental services were greatly impacted by the COVID-19 pandemic, with some dentist offices closing during the spring of 2020. In prior filings, we expected dental services to return to 2019 levels. The 2022 experience is still slightly below the 2019 experience and we believe that dental services have reached their new steady state levels. We therefore apply no trend for dental services. The table below shows the historical dental allowed charges per child member per month (PCMPM) and PMPM.

Historical for Dental Claims – Using matched population		
Calendar Year	PCMPM	PMPM
2019	\$11.68	\$1.76
2020	\$9.16	\$1.38
2021	\$10.86	\$1.62
2022	\$10.81	\$1.60

Vision Trend

While the slowdown in the spring of 2020 due to the COVID-19 pandemic impacted vision services, the deferred care returned in the second half of the year and the annual PCMPM and PMPM are aligned with the other years in the experience. The table below shows the historical vision allowed charges PCMPM and PMPM.

Historical for Dental Claims – Using matched population		
Calendar Year	PCMPM	PMPM
2019	\$0.52	\$0.08
2020	\$0.56	\$0.08
2021	\$0.48	\$0.07
2022	\$0.52	\$0.08

We expect 2023 and 2024 to remain at the level experienced in 2022; we therefore select a 0.0 percent overall vision trend.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.5. Overall Total Trend

To calculate the overall trend, we apply the trend factors described above to the adjusted experience period allowed claims for EHB (Exhibits 5, line C), but exclude the adjustment for claims above \$1 million. Exhibit 3J shows the calculation of the resulting factors $1+d_1$ and $1+d_2$ in Exhibits 5.

	Row on Exhibits 5	Individual Factor	Small Group Factor
Cost Trend Factor	$1+d_1$	1.1507	1.1504
Utilization Trend Factor	$1+d_2$	1.0522	1.0513

3.5. Credibility of Experience

In the experience period, Blue Cross VT had 194,869 member months in the individual market and 235,406 in the small group market for a total for 430,275 member months in the combined market. The experience is fully credible in all markets.

3.6. Credibility manual rate development

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

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

3.6.2. Adjustments Made to the Data: Not Applicable

3.6.3. Inclusion of Capitation Payments: Not Applicable

3.7. Market Adjusted Index Rate

The Market Adjusted Index Rate (line H of Exhibits 5) is \$911.24 for the individual market and \$821.25 for the small group market. We calculate these quantities by adjusting the Projected Index Rate (line F of Exhibits 5) for allowable market-wide modifiers described below.

3.7.1. Projected Risk Adjustment Transfer PMPM:

On March 17, 2023, CMS published an Interim Summary Report on Risk Adjustment for the 2022 benefit year.²⁷ The Blue Cross VT data included in the report represents claims incurred in 2022 and paid through December 31, 2022. We assume that MVP's 2022 interim submission includes the same incurred and paid data as Blue Cross VT, consistent with previous years' interim submissions. The final 2022 report will include the impact of supplemental diagnosis files and claims runout. We estimate the impact of claims runout and supplemental diagnoses for Blue Cross VT and MVP by considering

²⁷ <https://www.cms.gov/ccio/programs-and-initiatives/premium-stabilization-programs/downloads/interim-ra-report-by2022.pdf>

BLUE CROSS BLUE SHIELD OF VERMONT

2024 VERMONT ACA MARKET RATE FILINGS

ACTUARIAL MEMORANDUM

historical relationships of the plan liability risk score (PLRS) in the 2018 to 2021 Final Summary Reports relative to the 2018 to 2021 Interim Summary Reports.

The 2024 risk adjustment calculation starts with the estimated final 2022 risk adjustment and projects to 2024 based on projected membership changes, market-wide premium increases, PLRS adjustments due to model changes, and other factors impacting the transfer.

Market-Wide Premium Increases

We calculate the 2024 market-wide premium by applying statewide increases from the 2022 Interim Summary Report to 2023 and from 2023 to 2024. The statewide premium in 2023 represents the weighted average increase between Blue Cross VT and MVP. The weights and increase for Blue Cross VT are observed from our data by comparing actual February 2023 premium PMPM compared to calendar year 2022 premium PMPM. MVP's weight was pulled from the January 2023 DVHA enrollment report.²⁸ and their rate increase was pulled from their approved 2023 ACA rate filing adjusted for the observed 2023 plan mix change in each market. We project the 2024 market-wide premium by applying Blue Cross VT rate increases by market as an approximation for the statewide increase.

The calculation of 2024 average premium by market is shown in Exhibit 4, Table 1.

Model Adjustments

On April 17, 2023, HHS released the final notice of benefit and payment parameters (NBPP).²⁹ which included finalized 2024 risk adjustment model coefficients.

Blue Cross VT performed an analysis using production Edge Server data for benefit year 2021, the most recent fully complete experience year. The analysis consisted of mapping each 2021 unique member, metal level and market combination to the 2022 model and the 2024 model. This mapping allowed us to observe the impact of model changes between 2022 and 2024 using the same base experience. We observed that the model changes impacted various member groupings in different ways. Most notably, metal levels are impacted by varying degrees and members that had a claims-based HCC component had a smaller relative model change compared to a member whose risk score consisted only of a demographic component.

The Blue Cross VT impact was summarized from the analysis by metal level and market. The overall impact represents the weighted average by metal and market using the projected 2024 plan mix as the weights. The MVP impact was measured by taking a subset of the Blue Cross VT data such that the average risk score for each metal and carrier category matched with MVP's 2021 experience risk score by metal and carrier. MVP's 2021 risk scores were imputed from the experience section of their URRT within each respective 2023 ACA rate filing. The overall MVP impact used their metal distribution from the DVHA enrollment report as the weight applied to the MVP estimated model impact by metal and market. The result of this analysis was that relative risk scores between the carriers changed by a factor of 1.0014 and 0.9998 for the individual and small group markets, respectively. Since the modeled relative results were so close to 1.00, we concluded that MVP's model impact was not materially

²⁸ Report provided by DVHA to carriers on February 27, 2023.

²⁹ <https://www.cms.gov/files/document/cms-9899-f-patient-protection-final.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

different than Blue Cross VT’s and thus assumed the same model impact factor for both carriers. The table below summarizes the model impact analysis.

Market	Model Impact CY 2024 compared to CY2022		Selected model impact for both carriers
	Blue Cross VT	MVP	
Individual	0.9620	0.9603	0.9620
Small Group	0.9709	0.9711	0.9709

Population Adjustments

We adjust the PLRS for both Blue Cross VT and MVP for the impact of members migrating between carriers, the impact of new members, members leaving the ACA market altogether, and the impact of members changing their metallic plan design.

Comparing membership as of February 2023 to experience membership, we categorize members into “renew”, “cancel” or “new” buckets. We adjust the Blue Cross VT projected 2024 risk score by removing members who canceled for reasons other than retirement, death, expiration of 90-day newborn coverage, or transition to another Blue Cross VT line of business. [REDACTED]

We estimate the impact of new members to Blue Cross VT by first imputing a demographic risk score from in force enrollment data using observed age, gender and plan selection. We calculate the remaining risk score components—medical diagnosis, severity, duration, prescription drug, medical-pharmacy interaction and cost-share reduction (silver only)— based on historical relationships between new members and renewing members. [REDACTED]

We estimate the impact of plan changes within the renewing population by mapping each member and their experience risk score to a hypothetical 2022 risk score in their new metal level. The individual and small group markets both saw a benefit buy-down on average. [REDACTED]

As described in section 3.4.1, we project that the Medicaid redetermination will add new members in both the individual and small group ACA markets. Our assumption is that the new members formerly in Medicaid will select a Blue Cross VT plan comparable to the current market share, about 60 percent, resulting in the Blue Cross VT individual market growing by 1,609 members and the Blue Cross VT small group market growing by 1,711 members. We further project that the new Medicaid members will have the same risk score relationship between the carriers as the existing market; therefore, the risk score impact is 1.000 for both carriers. However, increasing the size of the markets has an impact on the

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

projected transfer even if the risk scores are not impacted. Adding new Medicaid members to the individual market increases the billable member months by 8.8 percent, increasing the projected transfer increases by \$1.8 million. The small group market is projected to grow by 7.8 percent, increasing the transfer by \$1.1 million.

MVP's risk scores are impacted by members leaving and joining as well as observed changes in plan design. A member that is considered "new" to Blue Cross VT is assumed to be a member who left MVP, while Blue Cross VT members who left voluntarily are assumed to have the same risk profile as those who joined MVP. [REDACTED]

MVP, like Blue Cross VT, observed a benefit buy-down from its 2022 experience plan designs. Using data from the DVHA January 2023 statewide enrollment by plan report we can estimate the change in plan mix for MVP. [REDACTED]

See Exhibits 4, table 2 for a summary of all population and model adjustments.

Other Factors

Adjustments were made to the 2022 Interim Summary Report for the Catastrophic plan to reflect the projected 2024 catastrophic statewide premium. Blue Cross VT had approximately 98 percent of the catastrophic market in 2022, and we project a similar market share in 2024. Since Blue Cross VT has an identical market share in both the experience and projection periods, we did not make any population adjustments to the 2022 experience. The 2024 projected statewide premium was calculated by applying a weighted average 2023 increase based on approved rate increases and the Blue Cross VT projected 2024 increase as an approximation for the statewide increase to the 2022 interim statewide premium.

Other factors impacting the risk adjustment transfer include the actuarial value (AV), induced demand factor (IDF) and allowed rating factor (ARF). The AV and IDF factors change from the estimated final 2022 calculation as a result of the metallic distribution changing in 2024. We assume the ARF is unchanged from 2022 within the individual and small group markets. These results are shown in Exhibit 4, Table 3.

The 2022 Interim Summary Report has a total transfer amount \$22,888,645. Due to claims runout and the expected impact of the supplemental diagnosis file, we estimate the final 2022 transfer will be \$26,092,375 for the individual, small group, and catastrophic markets combined. Adjusting the final 2022 transfer for model, population, and plan changes, we estimate the final 2024 transfer will be \$19,940,915 for the individual market, \$14,667,461 for the small group market, and (\$13,786) for the catastrophic plan. Each of these transfer amounts is prior to the charges for the HCRP program.

The 2024 transfer amount PMPM is partially offset by the projected charges and payments for the HCRP program. The plan year 2021 HCRP charge for the individual market was 0.31 percent of premium³⁰. The plan year 2021 HCRP charge for the small group market was 0.49 percent of premium. Due to trend leverage for a constant attachment point, the charge will increase over time as a percentage of total

³⁰ <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RA-Report-BY2021.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

premium. To estimate the 2024 charge, we trend the charge using a 28.0 percent trend for three years for claims above \$1 million.³¹ We then divide by an estimated average nationwide premium increase of 10 percent annually for three years. This calculation yields the following estimates of the 2024 charge:

Market	Percent of Premium	PMPM
Individual	0.459%	\$4.01
Small Group	0.723%	\$5.60

In the buildup of the projected index rate, we exclude all claims above the detrended pooling point of \$1 million. By including the total cost of reinsurance and the total HCRP charge, we effectively assume that claims above the pooling point would be offset by reinsurance and HCRP recoveries of an equal amount. The exception is for the high claimant discussed in section 3.4.6, whose claims net of HCRP recoveries we include separately, as described in that section.

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

Details of the risk adjustment transfer calculation are on Exhibits 4.

The overall market-wide adjustment (line g₁ of Exhibits 5) for the risk adjustment program is (\$120.19) PMPM for the individual market and (\$61.19) PMPM for the small group market.

3.7.2. Exchange User Fees

Blue Cross VT does not expect Vermont Health Connect to charge a user fee for 2024.

3.8. Plan Adjusted Index Rates

3.8.1. Plan Adjustment – Actuarial Value and Cost Sharing adjustment

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

- Benefit Richness Adjustment
- Paid-to-Allowed Ratio

The paid-to-allowed ratio comes from the federal actuarial value calculator (AVC) and is adjusted for benefit items that are not supported by the calculator as well the impact of aggregate and stacked deductibles. The adjustments to the federal AVC come from the Blue Cross VT internal re-adjudication model. The experience used to calculate the adjustments to the-paid-to allowed ratio is our calendar year 2018 data trended to calendar year 2024 using the trend factors described in section 3.4.7. The model re-adjudicates claims by starting with the allowed charges and applying appropriate cost sharing for each service. The model generates the projected average paid claims for each benefit based on what the AVC can support as well as what the model cannot support. The relationship between these outputs

³¹ This leveraged trend is based on factors in the Milliman Reinsurance Guidelines.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

from the Blue Cross VT based model is applied to the federal AVC paid-to-allowed ratio. The Blue Cross VT re-adjudication model is calibrated to 2018 experience and reproduces the experience paid-to-allowed ratio to within 0.1 percent.

The benefit richness adjustment reflects the expected changes in utilization due to different levels of cost sharing. This adjustment is based on the 2020 adjusted federal AVC. The 2024 federal AVC was not used as the basis because the updates made to the AVC in 2021 and carried forward to 2024 produced counterintuitive results across metal levels. The AVC, while not developed as a pricing tool, is used here to set the relativities between the plans because it represents the best approximation of a total market distribution free from selection bias. The adjustment described in section 3.8.6 ensures that the total premium collected is appropriately based on the Blue Cross VT re-adjudication model and experience, and not the federal AV calculator.

3.8.1.1. Benefit Richness Adjustment

The Benefit Richness Adjustment is the counterpart of the Change in Benefit projection factor ($1+c_1$ line on Exhibit 5) described in Section 3.4.3. This factor represents the different projected utilization for each plan based solely on benefit design. We apply the HHS Induced Utilization formula ($IU=AV^2-AV+1.24$) to each plan's paid-to-allowed ratio described in the section above.

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

3.8.1.2. Paid-to-Allowed Ratio

The paid-to-allowed ratio as seen in Exhibit 6C reflects the expected portion of total claims Blue Cross VT will pay. To calculate these ratios, we utilize the standard population within the federal AVC. Two adjustments are made to the federal AVC: 1) impact of benefit items not supported by the AVC, and 2) the impact of family deductible and family out of pocket on the paid-to-allowed ratio. The result is a paid-to-allowed ratio based on a standard population that reflects the Blue Cross VT plan designs, including the family deductible and out of pocket maximum arrangements.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.8.2. Silver Loading

On March 15, 2023 the Green Mountain Care Board provided prescriptive guidance on Silver Loading to ensure compliance with 45 CFR 156.80(d)(2) as follows;

- Based on the combined experience of all the issuer's individual market plans, consistent with the other metal tiers, and
- calculated using weighted average benefit richness of Silver members, inclusive of the issuer's CSR-adjusted benefits.

Blue Cross VT developed the 2024 Silver Load by first calculating a paid-to-allowed ratio similar to all other plans as described in section 3.8.1.2 for each federal CSR variant, 73%, 87%, 94% and 100%, on each of the four silver plan designs. Then, an average paid-to-allowed ratio was calculated for the on-exchange silver plans using the projected 2024 membership which accounts for the mix of federal CSR variants within each silver plan. The Silver Load shown in Exhibit 6C represents the ratio of the weighted average paid-to-allowed ratio described above relative to paid-to-allowed ratio of the base silver plan.

This factor does not apply to the small group market.

3.8.3. Provider Network, Delivery System and Utilization Management adjustment

Not applicable.

3.8.4. Adjustment for benefits in addition to the EHBs

We trend our 2022 experience period non-EHB claims using the medical trends described in section 3.4.7, which produces an average allowed charge of \$0.05 PMPM for the individual market and \$0.11 PMPM for the small group market. Applying the same paid-to-allowed ratio to this benefit as to the EHB benefit, we calculate plan level factor adjustments that range from 1.0000 to 1.0002 for the individual market and 1.0001 to 1.0002 for the small group market, as shown on Exhibits 6A.

3.8.5. Impact of specific eligibility categories for the catastrophic plan

This plan adjustment includes two components of the impact of the specific eligibility categories for the catastrophic plan. Both adjustments are based on the eligible population. Since the expanded subsidies are continuing through 2025, we continue to project that 100 percent of the population eligible for this product in 2024 will be under age 30.

To adjust for the eligible population, we first calculate the adjustment for the impact on the pricing actuarial value of the expected lower allowed charges of the group eligible to enroll in the catastrophic plan. We calculate that the overall expected allowed charges are 0.4706 of the total allowed charges. We then adjust the paid-to-allowed ratio based on the average total allowed charges. This factor is 0.9673.

These factors are applied to the EHB portion of the Projected Period Index Rate. Because this adjustment has no impact on the Non-System claims and Market Wide Adjustment, we calculate the expected claims cost and back into the plan level adjustment for the impact of eligibility.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

The total adjustment for the specific eligibility categories for the catastrophic plan is 0.3649 for the individual market. This factor does not apply to the small group market. See Exhibits 6D for details.

3.8.6. Impact of Selection

Subscribers will make financial decisions that are right for them. Typically, this manifests itself in healthier subscribers selecting low-cost plans while less healthy subscribers select richer benefits. While we do not reflect selection in the plan-level adjustments, as per the URR instructions, it can be demonstrated that total premium will be understated without adjusting the index rate to spread the impact of selection across all plans (see Exhibits 6E). This is due to the plan share of allowed costs being greater for richer plan designs, which demonstrably experience antiselection in excess of benefit richness adjustments. The left section of Exhibits 6E shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this memorandum. The right section of the same exhibit demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual Vermont ACA markets experience. The ratio of weighted average projected paid claims calculated via each of these two approaches produces a factor that must be included in the index rate so that application of the various plan-level adjustments results in the correct total paid claims across all plans.

The total impact of selection is 1.1355 for the individual market and 1.1152 for the small group market.

3.8.6. Adjustment for distribution of the administrative costs

3.8.6.1. Administrative Expense Load:

The table below shows the total of all administrative charges outlined in this section as a percent of premium. The details of the administrative charges are on Exhibits 7A.

Total Administrative Charges as a Percent of Premium	
Individual Market	7.0%
Small Group Market	6.3%

Blue Cross VT did not initially calculate the administrative expense load as a percent of premium adjustment. This adjustment is the sum of the following fees divided by the average premium PMPM from Exhibits 6A.

Blue Cross VT Base Administrative Charges

We use calendar year 2022 data for both individual and small group members to develop the base administrative expenses PMPM.

The table below shows the reconciliation from GAAP accounting data to base administrative charges, including the removal of federal fees, GMCB billback, debit and credit card fees, and fees paid to vendors for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products. Each of these items that have been removed are added to premiums elsewhere. We also remove any expenses incurred due to one-time, non-recurring events, as these costs are not expected to continue to occur in the projection period.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation of Experience Base Administrative Expense to Reported GAAP Expenses				
	Individual Market		Small Group Market	
	Total Dollars	PMPM	Total Dollars	PMPM
Reported Expenses (GAAP)	\$12,245,531	\$62.84	\$11,758,858	\$49.95
Federal and State fees	(\$857,219)	(\$4.40)	(\$874,211)	(\$3.71)
Fees for outside vendors	(\$47,889)	(\$0.25)	(\$111,267)	(\$0.47)
Exclusions	(\$912,032)	(\$4.68)	(\$720,735)	(\$3.06)
Base Administrative Expenses	\$10,428,391	\$53.51	\$10,052,644	\$42.70

The base administrative charges are projected to 2024 using a 4.0 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. In light of continued inflationary pressures, Blue Cross VT believes that an overall administrative expenses annual trend of 4.0 percent better reflects the expected growth in costs.

We calculate PMPM admin charges with experience period enrollment and projected enterprise-wide 2024 enrollment. When projecting the 2024 enrollment, we include the observed membership changes, and expected growth due to the anticipated Medicaid redetermination initiative and its expected impact on ACA membership (see section 3.4.1 for details). Blue Cross VT variable costs represent approximately 30 percent of total administrative expenses. Blue Cross VT is committed to providing insurance coverage for our members at the most affordable rates possible; as a result, even though it is impractical to react to enrollment shifts by immediately right-sizing staff, we nonetheless remove from our projection the entirety of variable costs associated with the changes in enrollment. We therefore apply a net decrease of 3.4 percent to the base PMPM charges to account for the growth in membership on core operating platform. The table below shows the calculation.

Development of Enterprise Membership Adjustment	
	Members Months
Experience Period	1,965,527
Projected 2024 Enrollment	2,065,332
Adjustment for Enterprise Membership	$= 1 + 0.7 \times (1,965,527 / 2,065,332 - 1) = -3.4\%$

To calculate the projected base administrative charges, we increase the base experience PMPM by 4.0 percent for two years of trend and by negative 3.4 percent for the impact of membership.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Projected Administrative Charges Calculation			
		Individual Market	Small Group Market
Experience Base Administrative Charges PMPM	A	\$56.38	\$45.26
Trend Projection	B	1.0816	1.0816
Impact of Membership changes	C	0.9662	0.9662
Projected Base Administrative Charges (Exhibits 7A)	D = A x B x C	\$58.92	\$47.29
Projected Base Administrative Charges as a percent of premium		6.7%	6.1%

Debit and Credit Card Fees

Starting in plan year 2021, Blue Cross VT offers members the opportunity to pay their premiums via debit and credit cards. Debit and credit card fees are a percentage of the amount paid. We therefore excluded the fees in the experience administrative charges and applied the percentage of premium to the 2024 projected premiums.

To project the average fee, we use premium payment and fee data from calendar year 2022. The average fees as a percentage of premium were 0.1 percent for the small group market and 0.25 percent for the individual market. The table below shows the calculation of the percentage.

Calculation of Debit and Credit Card Fees as a Percent of Premium		
	Individual Market	Small Group Market
Billed Premium PMPM – CY 2022	\$684.41	\$610.25
Card Fees PMPM	\$1.69	\$0.40
Card Fees as a percent of Billed Premium	0.25%	0.1%

Charges for Outside Vendors

- Dental and Vision**

Dental and vision benefits are administered by third parties. The administrative fees are charged for eligible members only. We assume that these fees will not increase from those in the experience period, and therefore add a charge equal to the experience period PMPM.

- HRA/HSA Integration Services**

All Vermont ACA market members are eligible for HRA and/or HSA integration services. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into and paying claims out of Health Savings Accounts (HSAs). All plans are also eligible for this service in connection with Health Reimbursement Accounts (HRAs). To calculate these fees, we use the experience of members that are already enrolled in this program and compare it to all members enrolled in the Vermont ACA market in the first two months of 2023.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation to the Supplemental Health Care Exhibit

The Supplemental Health Care Exhibit (SHCE) is on a statutory accounting basis (as promulgated by the NAIC), while the administrative charges in this filing were developed based on GAAP accounting.

In the SHCE, administrative expenses are included in lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4. Line 1.5 also includes an allocation of federal income taxes that are not part of administrative expenses. Those must be excluded to reconcile to statutory basis administrative expenses. Statutory and GAAP accounting treat some expenses differently, mainly related to certain network fees and pension costs. The following chart demonstrates a reconciliation of the SCHE to GAAP base period administrative charges:

Reconciliation of SCHE and GAAP accounting		
		Individual and Small Group
SCHE lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4.	A	\$23,890,405
Less taxes in SCHE 1.5 that are not admin	B	(\$1,695,934)
Total administrative charges - STAT basis	C = A – B	\$25,586,339
Differences in STAT and GAAP treatment	D	(\$1,581,950)
Total administrative charges - GAAP basis	E = C + D	\$24,004,389

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

Contribution to Member Reserves

As directed by Blue Cross VT management, the filed rates include a nominal 3.0 percent contribution to reserves (CTR). A contribution to member reserves is required in order to maintain an adequate level of surplus. Surplus, or member reserves, is a critical consumer protection that is required by the Vermont Department of Financial Regulation. In the event of unforeseen adverse events that may otherwise impact Blue Cross VT's ability to pay claims, surplus allows subscribers to receive needed care and providers to continue to receive payments.

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

The recommendations provided in Attachment C have been reviewed and were found to yield a reasonable contingency margin.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Other Risk Margin

Under the ACA, enrollees who are receiving Advance Premium Tax Credits (APTC) have a three-month grace period to pay premiums, while enrollees who are not receiving APTC have a one-month grace period. For both these populations, the State requires the insurer to pay for claims incurred in the first month of the grace period even if premium is never collected. This uncollected premium is considered bad debt. To ensure that Blue Cross VT collects enough premium from the total pool to cover the grace periods, it is necessary to include a risk margin for bad debt. This only applies to the individual market.

For the individual market, we have added a margin of 0.20 percent, which equals the observed amount of uncollected premium due to the grace periods in each of the previous four years.

Calculation of the Unpaid 30-day Grace Period as a Percent of Premium - Individual			
	Unpaid 30-day Grace Period Premium	Total Billed Premium	Percent of Billed Premium
2019	\$232,289	\$131,158,860	0.2%
2020	\$269,037	\$129,532,299	0.2%
2021	\$231,511	\$123,499,348	0.2%
2022	\$109,955	\$133,369,892	0.1%
Total	\$842,792	\$517,576,640	0.2%

This provision is not applicable to the Small Group market.

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

3.8.6.3. Taxes and Fees:

The table below shows the total of all taxes and fees outlined in this section as a percent of premium. The details of the taxes and fees are on Exhibits 7C.

Total Taxes and Fee as a Percent of Premium	
Individual Market	1.3%
Small Group Market	1.4%

These taxes and fees are imposed by both the state and federal government.

Green Mountain Care Board Billbacks

Blue Cross VT is assessed a billback from the Green Mountain Care Board. We include the experience period PMPM of \$2.32 PMPM in the rates.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Health Care Claims Tax

The Health Care Claims Tax (HCCT) levied by the State of Vermont totals 0.999 percent of claims. This consists of 0.8 percent of claims for the HCCA tax and 0.199 percent of claims for the VITL assessment. Act 73 of 2021 sunset the 0.199 percent assessment for the Health IT-Fund on July 1, 2023. Given that this fee has routinely been extended close to its sunset date, we continue to include it in the calculation for the full calendar year.

Patient-Centered Outcomes Research Institute Fee

This fee is part of the Affordable Care Act and applies to all plan years through October 1, 2029. We estimate that the fee will be \$0.29 PMPM for the plan year ending December 2024.

Federal Insurer Fee

The Federal Insurer Fee (also known as the Health Insurer Tax, or HIT) funded some provisions of the Affordable Care Act. H.R.1865 ended this fee after 2020.

Risk Adjustment User Fees

Per the 2024 Final Notice of Benefits and Payment Parameters³², the risk adjustment user fee is \$0.21 per member per month.

3.8.7. Calibration

Age, tobacco, and geographic factors are not allowed in Vermont. Therefore, no calibration is required.

3.8.8. Projected Loss Ratio

The Medical Loss Ratio (MLR) calculation at individual market and small group market levels has a minimum requirement of 80 percent. We project that the overall loss ratio, using the federally prescribed MLR methodology, will be as follows:

Projected overall Medical Loss Ratio Using Federally Prescribed Methodology	
Individual Market	88.9%
Small Group Market	90.3%

The details of the MLR calculation are on Exhibits 8.

³² <https://www.cms.gov/files/document/cms-9899-f-patient-protection-final.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.9. Consumer Adjusted Premium Rate Development

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

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

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

Please see Exhibits 9A for details calculations of the contract conversion factor.

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

3.10. Small Group Plan Premium Rates

All Small Groups must renew on January 1, 2024 according to market rules. Blue Cross VT will not file small group rates for Q2-Q4 2024.

4. ADDITIONAL INFORMATION

4.1. Terminated Products

Blue Cross VT will not be terminating any products prior to January 1, 2024.

4.2. Plan Type

The plan type is EPO.

4.3. Act 193 Information

This information is included templates filed in SERFF with this filing:

- *VT Rx Data Template – Blue Cross VT 2024 ACA Market – Individual.xlsx*
- *VT Rx Data Template – Blue Cross VT 2024 ACA Market – Small Group.xlsx*

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

4.4. Report on Outreach to Directly Enrolled Individuals

In the GMCB’s Decision³³ of August 4, 2022 at page 20, the Board stated: “...we feel compelled to express our opinion that BCBSVT can and should do more to encourage direct enrollees to purchase a plan through VHC so that they can take advantage of federal and state subsidies that may be available to them.” The GMCB required Blue Cross to: “include in next year’s individual rate filing detailed information on the efforts it has taken to encourage enrollment through VHC and the effectiveness of these efforts.” Please see attachment E for the report.

5. RELIANCE AND ACTUARIAL CERTIFICATION

5.1. Reliance

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

³³ https://ratereview.vermont.gov/sites/dfr/files/PDF/08.04.2022%20%20REDACTED%20Decision%20and%20Order%20GMCB-003-22rr%20%20GMCB-004-22rr_redacted_.pdf

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

5.2. Actuarial Certification

The purpose of this rate filing is to provide the rates and a description of the rate development for the plans that Blue Cross and Blue Shield of Vermont (Blue Cross VT) is proposing to offer to the Vermont individual and small group markets in 2024. These calculations are not intended to be used for any other purpose. This memorandum documents the methodology used to calculate the AV Metal Value for each Qualified Health Plan and reflective plan offered by Blue Cross VT in 2024, the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, that the Index Rate is developed in accordance with federal regulations, and that the Index Rate along with allowable modifiers are used in the development of plan specific premium rates.

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

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

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with federal regulation, is used consistently, and is only adjusted by the allowable modifiers.



Martine B. Lemieux, F.S.A., M.A.A.A.
Actuarial Director, Financial Integrity
Blue Cross and Blue Shield of Vermont
May 9, 2023

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

5.3. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 3, 2023.

Scope: The purpose of this filing is to establish the premium rates for products offered by Blue Cross and Blue Shield of Vermont in the ACA market for the 2024 plan year. This filing is not intended to be used for other purposes.

Intended Users: This material has been prepared for the GMCB. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in the memorandum.

Per GMCB guidance published on March 29, 2023,³⁴ Vermont hospital budgets submissions are due June 30, 2023. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed herein.

Reliance on Other Sources for Data and Other Information: This analysis relies upon data from the Blue Cross VT data warehouse. I have reviewed the data for reasonableness, but no audit was performed. This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

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

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. The effect of this proposed affiliation on the projections included in the filing is currently expected to be immaterial.

As of May 3, 2023, the Internal Revenue Service (IRS) has not released the 2024 limits on deductibles for high deductible health plans. This limit is the threshold used in Vermont for the maximum pharmacy out-of-pocket. In the event that the 2024 limit is higher than the limits included in Attachments A and B, the plan designs would need to be updated following this filing to reflect the changes in pharmacy out-of-pocket maximum. This plan design change should have a minimal impact on premiums.

³⁴ <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Guidance%20FINAL.pdf>

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET – SMALL GROUP MARKET RATE FILING
PLAIN LANGUAGE SUMMARY

Our commitment. For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

Rate request summary. This filing includes our 2024 proposed rates and supporting calculations for small group plans. Overall we are requesting rates that are higher than last year by 14.5 percent.

- There are 21,943 members currently enrolled in the small group plans affected by this rate request.
- The increases for specific plans range from 13.2 percent to 15.8 percent, for an average of 14.5 percent.

Reasons for rate changes in the small group market. Our premiums must be adequately funded to ensure stability and to maintain access to quality care, while protecting Vermonters' ability to pay. The factors that drive this rate increase are primarily the cost and utilization of care in hospitals and life-saving drugs.

- **Medical care and retail pharmacy costs continue to rise.** Hospital costs and prescription drugs are the two greatest pressures on the cost of health care in Vermont. This alone resulted in a 10.1 percent increase in our members' premiums.
- **Impact of required benefit changes.** We changed the cost sharing aspect of our plans as required by the ACA to meet metal levels. Because of the relationship between cost sharing and premiums, those changes decreased rates by 1.4 percent.

Regulatory requirements. The proposed rates reflect the federal and state requirements that Blue Cross VT must implement:

- **Solvency.** As a regulated insurer, Blue Cross VT must maintain financial reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis. These reserves have been crucial during these past two years, and must be sufficient at any given time to cover the health needs of our members and maintain programs that reduce costs and promote quality care. Our 2024 rate request includes a 3.0 percent contribution to policyholder reserves.
- **Ongoing costs.** The rate request includes other ongoing regulatory costs, such as regulatory billbacks and federal and state taxes and fees.

Our experience in this market. Blue Cross VT began selling Qualified Health Plans on the Vermont Exchange in January 2014. Blue Cross VT has cumulative losses of \$9.4 million since inception for these plans for the combined Individual and Small Group ACA markets.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request from May 9, 2023 through July 24, 2023. For more information, please visit the Board's Public Comment page: https://ratereview.vermont.gov/public_comment

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

TABLE OF CONTENTS

Exhibit 1	Benefits
1A	State of Vermont Standard Plan Designs
1B	Non-Standard Plan Designs
Exhibit 2	Population Adjustments
2A	Membership by Plan
2B	<i>NOT NEEDED</i>
2C	Impact of Changes in Morbidity - CONFIDENTIAL
2D	Impact of Benefit Changes
2E	Demographic Adjustment - CONFIDENTIAL
Exhibit 3	Trend
3A	Medical Cost Trend Calculation - CONFIDENTIAL
3B	Medical Trend Development - Population Adjustments
3C	Medical Utilization Trend Calculation - Facility
3D	Medical Utilization Trend Calculation - Professional
3E	Medical Utilization Trend Calculation - Pharmaceuticals
3F	Pharmacy Trend Development - Non-Specialty Utilization
3G	Pharmacy Trend Development - Specialty - CONFIDENTIAL
3H	Pharmacy Trend Development - Non-Specialty Cost
3I	Pharmacy Trend Development - Summary - CONFIDENTIAL
3J	Overall Trend Development - Projection Factor for Index Rate Calculation
Exhibit 4	Risk Adjustment Transfer - CONFIDENTIAL
Exhibit 5	Index Rate Calculation
Exhibit 6	Plan Level Adjustments - Claims Items
6A	Plan Level Adjustment - Summary
6B	Plan Level Adjustment - Benefit Richness Adjustment Factor
6C	Plan Level Adjustment - Paid to Allowed Ratios
6D	Plan Level Adjustment - Impact of Specific Eligibility Categories for the Catastrophic Plan
6E	Plan Level Adjustment - Impact of Selection
Exhibit 7	Plan Level Adjustments - Non-Claims Items
7A	Details of Administrative Charges
7B	Details of Contribution to Reserve
7C	Details of Taxes and Fees
Exhibit 8	Federal Minimum Loss Ratio
Exhibit 9	Premium Rates
9A	Contract Conversion Factor
9B	Consumer Adjusted Premium Rates

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 1A

State of Vermont Standard Plan Designs

	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE	CATASTROPHIC
	Standard	Standard	Standard	Standard CDHP	Standard	Standard CDHP	Standard	Standard	Standard CDHP	Standard
Medical Ded	\$450	\$1,400	\$4,000	\$2,100	\$6,450	\$5,800	\$9,400	\$4,000	\$2,100	\$9,450
Rx Ded	\$0	\$200	\$500	Combined	\$1,100	Combined	Combined	\$500	Combined	Combined
Integrated Ded	No	No	No	Yes	No	Yes	Yes	No	Yes	Yes
Medical OOPM	\$1,500	\$5,600	\$9,300	\$7,050	\$9,450	\$7,200	\$9,400	\$9,300	\$7,050	\$9,450
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	Combined	\$1,400	\$1,500	\$1,500
Integrated OOPM	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, Office Visits, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, 3 PCP/MH Office Visits
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Generic Scripts	Wellness Scripts	N/A
Service Category										
Preventive	\$0	\$0	\$0	0%	\$0	0%	0%	\$0	0%	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share then \$15 copay	3 visits per member combined PCP/MH at no cost share then \$20 copay	3 visits per member combined PCP/MH at no cost share then \$40 copay	15%	\$35	50%	3 visits per member combined PCP/MH at no cost share then \$40 copay	3 visits per member combined PCP/MH at no cost share then \$40 copay	15%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance
MH/SA Office Visit				15%	\$35	50%			15%	
Chiropractic and Physical Therapy Office Visit	\$20	\$35	\$50	35%	\$45	50%	\$50	\$50	35%	0%
Specialist Office Visit	\$40	\$55	\$90	35%	\$90	50%	\$100	\$90	35%	0%
Urgent Care	\$50	\$65	\$100	35%	\$100	50%	0%	\$100	35%	0%
Ambulance	\$60	\$75	\$100	35%	\$100	50%	0%	\$105	35%	0%
DME	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
ER	\$100	\$150	\$500	35%	50%	50%	0%	\$500	35%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Outpatient	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Inpatient	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Wellness Rx - Generic	\$10	\$15	\$20	\$10	\$20	\$12	\$30	\$20	\$10	0%
Wellness Rx - Preferred Brand	\$50	\$60	\$70	\$40	\$85	40%	0%	\$70	\$40	0%
Wellness Rx - Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Rx Generic	\$10	\$15	\$20	\$10	\$20	\$12	\$30	\$20	\$10	0%
Rx Preferred Brand	\$50	\$60	\$70	\$40	\$85	40%	0%	\$70	\$40	0%
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Pediatric Vision (Exam and Materials)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%	0%	30%	30%	0%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%	0%	50%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 1B

Non-Standard Plan Designs

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE
	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP
Medical Ded	\$1,250	\$2,850	\$3,250	\$5,475	\$9,250	\$7,500	\$3,250	\$5,500
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$2,850	\$8,750	\$5,475	\$9,250	\$7,500	\$8,750	\$5,500
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500	Combined	Combined	\$1,500	\$1,500
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,100	Aggregate, 2x Family, Embedded Individual OOPM of \$9,100
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category								
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$0 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%
MH/SA Office Visit		0%		0%		0%		0%
Chiropractic and Physical Therapy Office Visit	\$30	0%	\$40	0%	\$0	0%	\$40	0%
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$40 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$0 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%
Urgent Care	\$40	0%	\$50	0%	\$0	0%	\$50	0%
Ambulance	\$40	0%	\$50	0%	\$0	0%	\$55	0%
DME	\$40	0%	\$50	0%	\$0	0%	\$50	0%
ER	\$250	0%	\$450	0%	\$0	0%	\$450	0%
Radiology (MRI, CT, PET)	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Outpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Inpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Wellness Rx - Generic	\$5	\$5	\$5	\$15	\$15	\$25	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50	\$50	65%	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%	60%	85%	60%	60%
Rx Generic	\$5	\$5	\$5	0%	\$0	\$0	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%	0%	0%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%	0%	0%	60%	0%
Pediatric Vision (Exam and Materials)	\$20	0%	\$20	0%	\$20	0%	\$20	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	0%	0%	30%	0%
Pediatric Dental Class III	50%	0%	50%	0%	0%	0%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2A-IND

MEMBERSHIP BY PLAN - INDIVIDUAL MARKET

Plan Design	Inforce Membership	CSR Movement	Medicaid Redetermined	Projected Membership
Vermont Preferred Gold	1,284	276	0	1,560
Vermont Preferred Silver - Reflective	253	54	0	307
Vermont Preferred Bronze	656	141	0	797
Vermont Select Gold CDHP	1,909	117	0	2,026
Vermont Select Silver CDHP - Reflective	310	19	0	329
Vermont Select Bronze CDHP	1,715	105	0	1,820
Standard Platinum	1,465	0	0	1,465
Standard Gold	1,574	269	0	1,843
Standard Silver - Reflective	694	118	0	812
Standard Bronze	1,223	209	0	1,432
Standard Silver CDHP - Reflective	157	33	0	190
Standard Bronze CDHP	838	177	0	1,015
Standard Bronze Integrated	757	129	0	886
Catastrophic	257	0	0	257
Vermont Preferred Silver	376	-282	40	134
Vermont Preferred Silver - CSR 73%	196	-98	42	140
Vermont Preferred Silver - CSR 77%	364	-91	116	389
Vermont Preferred Silver - CSR 87%	499	0	213	712
Vermont Preferred Silver - CSR 94%	172	0	73	245
Vermont Select Silver CDHP	217	-163	23	77
Vermont Select Silver CDHP - CSR 73%	84	-42	18	60
Vermont Select Silver CDHP - CSR 77%	144	-36	46	154
Vermont Select Silver CDHP - CSR 87%	205	0	87	292
Vermont Select Silver CDHP - CSR 94%	79	0	34	113
Standard Silver	616	-462	66	220
Standard Silver - CSR 73%	290	-145	62	207
Standard Silver - CSR 77%	472	-118	151	505
Standard Silver - CSR 87%	789	0	338	1,127
Standard Silver - CSR 94%	277	0	118	395
Standard Silver CDHP	206	-154	22	74
Standard Silver CDHP - CSR 73%	61	-30	13	44
Standard Silver CDHP - CSR 77%	105	-26	34	113
Standard Silver CDHP - CSR 87%	200	0	85	285
Standard Silver CDHP - CSR 94%	66	0	28	94
All CSR 100%	7	0	0	7
Total	18,517	0	1,609	20,126

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

Exhibit 2A-SMG

MEMBERSHIP BY PLAN - SMALL GROUP MARKET

Plan Design	Inforce Membership	Medicaid Redetermined	Projected Membership
Vermont Preferred Gold	747	58	805
Vermont Select Gold CDHP	5,496	428	5,924
Vermont Preferred Silver	0	0	0
Vermont Select Silver CDHP	0	0	0
Vermont Preferred Bronze	233	18	251
Vermont Select Bronze CDHP	915	71	986
Standard Platinum	3,969	309	4,278
Standard Gold	2,395	187	2,582
Standard Silver	0	0	0
Standard Silver CDHP	0	0	0
Standard Bronze	831	65	896
Standard Bronze CDHP	681	53	734
Standard Bronze Integrated	199	16	215
Catastrophic	0	0	0
Vermont Preferred Silver - Reflective	793	62	855
Vermont Select Silver CDHP - Reflective	1,780	139	1,919
Standard Silver - Reflective	2,704	211	2,915
Standard Silver CDHP - Reflective	1,200	94	1,294
Total	21,943	1,711	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2C-IND

IMPACT OF CHANGES IN MORBIDITY - INDIVIDUAL MARKET

	Voluntary Cancellation in the Individual Market	Remaining Members in the Individual Market	Total Individual Market - Excluding High Claimant and Direct COVID
Experience Period Allowed			\$164,075,039
Member Months	22,976	171,893	194,869
PMPM			\$841.98
Experience Period Average Induced Utilization			1.0000
PMPM after normalization for induced utilization		\$855.36	\$841.98

Impact of Canceled Members (Line 1+b₉ on Exhibit 5-IND) 1.0159

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

Exhibit 2C-SMG

IMPACT OF CHANGES IN MORBIDITY - SMALL GROUP MARKET

	Voluntary Cancellation in the Small Group Market	Remaining Members in the Small Group Market	Total Small Group Market - Excluding High Claimant and Direct COVID
Experience Period Allowed	██████████	██████████	\$172,127,797
Member Months	36,700	198,706	235,406
PMPM	██████████	██████████	\$731.20
Experience Period Average Induced Utilization	██████████	██████████	1.0000
PMPM after normalization for induced utilization	██████████	\$742.62	\$731.20
Impact of Canceled Members (Line 1+b ₉ on Exhibit 5-SMG)			1.0156

IMPACT OF BENEFIT CHANGES - INDIVIDUAL MARKET

Metal	HHS Allowed Relativities	Remaining Members in the Individual Market - Experience Member Months	Projected Membership
Platinum	1.150	17,414	1,465
Gold	1.080	43,208	5,429
Silver	1.030	67,762	7,025
Bronze	1.000	41,476	5,950
Catastrophic	1.000	2,033	257
Total		171,893	20,126

Weighted Average Allowed Charge Relativity 1.0471 1.0430

Benefit Adjustment (1+c1 on Exhibit 5-IND) = 1.0471/1.043 = 0.9960

BLUE CROSS AND BLUE SHIELD OF VERMONT
 2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2D-SMG

IMPACT OF BENEFIT CHANGES - SMALL GROUP MARKET

Metal	HHS Allowed Relativities	Experience Member Months for Members Remaining in the Small Group Market	Projected Membership
Platinum	1.150	42,521	4,278
Gold	1.080	71,917	9,311
Silver	1.030	59,357	6,983
Bronze	1.000	24,911	3,082
Catastrophic	1.000	0	0
Total		198,706	23,654
Weighted Average Allowed Charge Relativity		1.0700	1.0675
		Benefit Adjustment (1+c1 on Exhibit 5-SMG) = 1.07/1.0675 =	0.9976

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2E-IND

IMPACT OF DEMOGRAPHIC CHANGES - INDIVIDUAL MARKET

Method of enrollment	Category	Experience Period			Inforce	Projection Period			
		Member Months	Average Age	Average Age-Gender factor		Membership Count	Average Age	Average Age-Gender factor	Average Duration
Directly enrolled with Blue Cross	Continuous Enrollment - Age 0								
	Continuous Enrollment - Age 1								
	Continuous Enrollment - Age 2 to 26								
	Continuous Enrollment - Age 27								
	Continuous Enrollment - Age 28 to 63								
	Continuous Enrollment - Age 64								
	Continuous Enrollment - Age 65 +								
	Moved from Small Group to Individual								
	Canceled								
	New in 2020 - Age 0								
	New in 2020 - Age 1								
	New in 2020 - Age 2 to 26								
	New in 2020 - Age 27								
	New in 2020 - Age 28 to 63								
	New in 2020 - Age 64								
	New in 2020 - Age 65 +								
	New in 2021 - Age 0								
Enrolled through Vermont Health Connect	Continuous Enrollment - Age 0								
	Continuous Enrollment - Age 1								
	Continuous Enrollment - Age 2 to 26								
	Continuous Enrollment - Age 27								
	Continuous Enrollment - Age 28 to 63								
	Continuous Enrollment - Age 64								
	Continuous Enrollment - Age 65 +								
	Moved from Small Group to Individual								
	Canceled								
	New in 2020 - Age 0								
	New in 2020 - Age 1								
	New in 2020 - Age 2 to 26								
	New in 2020 - Age 27								
	New in 2020 - Age 28 to 63								
	New in 2020 - Age 64								
	New in 2020 - Age 65 +								
	New in 2021 - Age 0								
Annual Average Age-Gender factor				1.4076	1.4013				

Benefit Adjustment (1+c3 on Exhibit 5-IND) = 1.4076/1.4013 = 0.9956

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

IMPACT OF DEMOGRAPHIC CHANGES - SMALL GROUP MARKET

Impact of Demographic Changes from Experience to Inforce Membership

Experience Age-Gender Factor for Experience Groups	1.2187
February Age-Gender Factor for Inforce Groups	█
Year 1 impact of Demographics	

Impact of Demographic changes from Inforce Membership to Projected Period

Historical Impact of Continuing Membership	█
2020 to 2021	
2021 to 2022	█
2022 to 2023	
3-years Average	

Overall Demographic Adjustment

Experience Average Age-Gender factor	1.2187
Year 1 Adjustment	█
Year 2 Adjustment	
Projected Average Age-Gender factor	1.2184

Demographic Adjustment (1+c3 on Exhibit 5-SMG) = 1.2184/1.2187 = 0.9998

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 1**

MEDICAL COST TREND - INPATIENT

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 2**

MEDICAL COST TREND - OUTPATIENT

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 3**

MEDICAL COST TREND - PROFESSIONAL

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 4**

MEDICAL COST TREND - PHARMACEUTICALS

EXHIBIT REDACTED

MEDICAL COST TREND DEVELOPMENT - TOTAL TREND

Inpatient	GMCB	Other	Total
Year 0	23,671,081	21,690,677	45,361,758
Year 1	27,089,953	23,216,846	50,306,799
Year 2	28,585,368	25,034,781	53,620,149
Trend Y1/Y0	14.4%	7.0%	10.9%
Trend Y2/Y1	5.5%	7.8%	6.6%
Annual Cost Trend	9.9%	7.4%	8.7%

Outpatient	GMCB	Other	Total
Year 0	78,831,771	31,364,973	110,196,744
Year 1	88,884,205	33,643,541	122,527,746
Year 2	93,448,742	36,321,091	129,769,832
Trend Y1/Y0	12.8%	7.3%	11.2%
Trend Y2/Y1	5.1%	8.0%	5.9%
Annual Cost Trend	8.9%	7.6%	8.5%

Pharmaceuticals	GMCB	Other	Total
Year 0	16,683,368	9,300,644	25,984,011
Year 1	19,015,911	10,042,577	29,058,487
Year 2	20,065,289	10,962,206	31,027,495
Trend Y1/Y0	14.0%	8.0%	11.8%
Trend Y2/Y1	5.5%	9.2%	6.8%
Annual Cost Trend	9.7%	8.6%	9.3%

Professional	GMCB	Other	Total
Year 0	12,821,485	58,635,123	71,456,608
Year 1	14,784,018	61,226,769	76,010,787
Year 2	15,669,297	64,233,803	79,903,100
Trend Y1/Y0	15.3%	4.4%	6.4%
Trend Y2/Y1	6.0%	4.9%	5.1%
Annual Cost Trend	10.5%	4.7%	5.7%

Total	GMCB	Other	Total
Year 0	132,007,705	120,991,417	252,999,122
Year 1	149,774,087	128,129,733	277,903,820
Year 2	157,768,697	136,551,881	294,320,577
Trend Y1/Y0	13.5%	5.9%	9.8%
Trend Y2/Y1	5.3%	6.6%	5.9%
Annual Cost Trend	9.3%	6.2%	7.9%

MEDICAL COST TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Characteristic	Population Characteristics : Total Population			
	2019	2020	2021	2022
Member Months	588,014	452,571	412,207	430,275
Average Age	42.0	42.5	42.6	42.3
Percent of Male Members	49.4%	49.1%	49.3%	49.5%
Percent of Female Members	50.6%	50.9%	50.6%	50.4%
Percent of Non-Binary Members	0.03%	0.04%	0.07%	0.12%
Percent of Members in Small Group	61.6%	55.1%	54.3%	54.7%
Percent of Members with a Catastrophic Plan	0.6%	0.9%	0.9%	0.7%
Percent of Members with a Bronze Plan	12.9%	16.8%	18.6%	18.3%
Percent of Members with a Silver Plan	34.5%	34.5%	35.2%	34.4%
Percent of Members with a Gold Plan	33.3%	28.7%	28.2%	30.9%
Percent of Members with a Platinum Plan	18.7%	19.0%	17.2%	15.8%

Characteristic	Population Characteristics : Matched Population			
	2019	2020	2021	2022
Member Months	335,671	335,671	335,671	335,671
Average Age:	42.9	42.9	43.0	43.0
Percent of Male Members	49.7%	49.7%	49.7%	49.7%
Percent of Female Members	50.3%	50.3%	50.3%	50.3%
Percent of Non-Binary Members	0.01%	0.01%	0.01%	0.01%
Percent of Members in Small Group	57.1%	57.3%	57.3%	57.2%
Percent of Members with a Catastrophic Plan	0.7%	0.7%	0.7%	0.7%
Percent of Members with a Bronze Plan	16.6%	16.6%	16.8%	16.6%
Percent of Members with a Silver Plan	36.7%	36.6%	36.5%	36.6%
Percent of Members with a Gold Plan	29.4%	29.4%	29.4%	29.4%
Percent of Members with a Platinum Plan	16.6%	16.7%	16.6%	16.6%
Percent of Members with no conditions	94.07%	94.07%	94.07%	94.07%
Percent of Members with one conditions	5.81%	5.81%	5.81%	5.81%
Percent of Members with many conditions	0.12%	0.12%	0.12%	0.12%

MEDICAL COST TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Month	Membership	Adjustments for Fraud Waste and Abuse Programs and Working Days				
		FWA Recoveries and Savings	Normalized FWA Factor	Working Days	Normalized Working Days	Total Normalized Factor
Jan-19	28,550	0.3%	0.979	22	1.043	0.939
Feb-19	28,349	0.3%	0.979	20	0.949	1.032
Mar-19	28,247	0.3%	0.979	21	0.996	0.983
Apr-19	28,086	0.3%	0.979	22	1.043	0.939
May-19	27,962	0.3%	0.979	22	1.043	0.939
Jun-19	27,903	0.3%	0.979	20	0.949	1.032
Jul-19	27,898	0.3%	0.979	21	0.996	0.983
Aug-19	27,789	0.3%	0.979	22	1.043	0.939
Sep-19	27,774	0.3%	0.979	21	0.996	0.983
Oct-19	27,734	0.3%	0.979	22	1.043	0.939
Nov-19	27,727	0.3%	0.979	19	0.901	1.087
Dec-19	27,652	0.3%	0.979	21	0.996	0.983
Jan-20	28,759	0.6%	0.982	22	1.043	0.941
Feb-20	28,585	0.6%	0.982	20	0.949	1.035
Mar-20	28,386	0.6%	0.982	22	1.043	0.941
Apr-20	28,150	0.6%	0.982	22	1.043	0.941
May-20	27,990	0.6%	0.982	20	0.949	1.035
Jun-20	27,871	0.6%	0.982	22	1.043	0.941
Jul-20	27,809	0.6%	0.982	22	1.043	0.941
Aug-20	27,742	0.6%	0.982	21	0.996	0.986
Sep-20	27,706	0.6%	0.982	21	0.996	0.986
Oct-20	27,667	1.3%	0.989	22	1.043	0.947
Nov-20	27,549	1.3%	0.989	19	0.901	1.097
Dec-20	27,457	1.3%	0.989	21	0.996	0.992
Jan-21	28,381	2.6%	1.001	19	0.901	1.111
Feb-21	28,203	2.6%	1.001	20	0.949	1.056
Mar-21	28,086	2.6%	1.001	23	1.091	0.918
Apr-21	27,981	2.6%	1.001	22	1.043	0.960
May-21	27,919	2.6%	1.001	20	0.949	1.056
Jun-21	27,919	2.6%	1.001	22	1.043	0.960
Jul-21	27,852	2.6%	1.001	21	0.996	1.005
Aug-21	27,860	2.6%	1.001	22	1.043	0.960
Sep-21	27,892	2.6%	1.001	21	0.996	1.005
Oct-21	27,901	2.6%	1.001	21	0.996	1.005
Nov-21	27,843	2.6%	1.001	20	0.949	1.056
Dec-21	27,834	2.6%	1.001	22	1.043	0.960
Jan-22	28,263	2.5%	1.000	21	0.996	1.004
Feb-22	28,154	2.5%	1.000	20	0.949	1.054
Mar-22	28,078	2.5%	1.000	23	1.091	0.917
Apr-22	27,981	2.5%	1.000	21	0.996	1.004
May-22	27,891	2.5%	1.000	21	0.996	1.004
Jun-22	27,864	2.5%	1.000	22	1.043	0.958
Jul-22	27,929	2.5%	1.000	19	0.901	1.110
Aug-22	27,903	2.5%	1.000	23	1.091	0.917
Sep-22	27,905	2.5%	1.000	21	0.996	1.004
Oct-22	27,921	2.5%	1.000	21	0.996	1.004
Nov-22	27,906	2.5%	1.000	20	0.949	1.054
Dec-22	27,876	2.5%	1.000	21	0.996	1.004

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		Facility	Facility PMPM	Facility	Facility PMPM	Total Normalized Factor	Facility PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$8,059,176	\$282.28	\$9,989,326	\$349.89	0.939	\$328.41		
Feb-19	28,349	\$6,960,180	\$245.52	\$8,599,107	\$303.33	1.032	\$313.18		
Mar-19	28,247	\$7,111,175	\$251.75	\$8,823,300	\$312.36	0.983	\$307.15		
Apr-19	28,086	\$7,444,639	\$265.07	\$9,203,965	\$327.71	0.939	\$307.59		
May-19	27,962	\$7,590,335	\$271.45	\$9,383,282	\$335.57	0.939	\$314.98		
Jun-19	27,903	\$6,446,828	\$231.04	\$7,979,180	\$285.96	1.032	\$295.25		
Jul-19	27,898	\$6,951,025	\$249.16	\$8,528,872	\$305.72	0.983	\$300.62		
Aug-19	27,789	\$6,828,013	\$245.71	\$8,394,641	\$302.09	0.939	\$283.54		
Sep-19	27,774	\$6,526,912	\$235.00	\$8,050,452	\$289.86	0.983	\$285.02		
Oct-19	27,734	\$8,141,831	\$293.57	\$9,828,518	\$354.39	0.939	\$332.63		
Nov-19	27,727	\$7,221,876	\$260.46	\$8,739,437	\$315.20	1.087	\$342.56		
Dec-19	27,652	\$6,898,348	\$249.47	\$8,338,146	\$301.54	0.983	\$296.51	\$308.99	
Jan-20	28,759	\$6,990,674	\$243.08	\$8,316,078	\$289.16	0.941	\$272.18	\$304.19	
Feb-20	28,585	\$6,785,105	\$237.37	\$8,077,733	\$282.59	1.035	\$292.58	\$302.44	
Mar-20	28,386	\$6,167,435	\$217.27	\$7,347,782	\$258.85	0.941	\$243.65	\$297.09	
Apr-20	28,150	\$3,249,016	\$115.42	\$3,840,467	\$136.43	0.941	\$128.41	\$282.09	
May-20	27,990	\$4,986,796	\$178.16	\$5,901,305	\$210.84	1.035	\$218.30	\$274.05	
Jun-20	27,871	\$6,967,288	\$249.98	\$8,224,919	\$295.11	0.941	\$277.77	\$272.60	
Jul-20	27,809	\$7,283,607	\$261.92	\$8,566,176	\$308.04	0.941	\$289.94	\$271.71	
Aug-20	27,742	\$7,509,653	\$270.70	\$8,794,792	\$317.02	0.986	\$312.61	\$274.10	
Sep-20	27,706	\$7,561,778	\$272.93	\$8,846,791	\$319.31	0.986	\$314.86	\$276.56	
Oct-20	27,667	\$7,818,329	\$282.59	\$8,971,675	\$324.27	0.947	\$307.19	\$274.46	
Nov-20	27,549	\$7,308,457	\$265.29	\$8,387,518	\$304.46	1.097	\$333.96	\$273.71	
Dec-20	27,457	\$7,869,406	\$286.61	\$9,021,092	\$328.55	0.992	\$326.06	\$276.12	\$292.56
Jan-21	28,381	\$7,429,520	\$261.78	\$8,324,544	\$293.31	1.111	\$325.93	\$280.67	\$292.44
Feb-21	28,203	\$7,598,669	\$269.43	\$8,508,313	\$301.68	1.056	\$318.47	\$282.84	\$292.66
Mar-21	28,086	\$8,642,984	\$307.73	\$9,660,809	\$343.97	0.918	\$315.75	\$288.93	\$293.02
Apr-21	27,981	\$8,060,850	\$288.08	\$9,003,537	\$321.77	0.960	\$308.80	\$304.10	\$293.06
May-21	27,919	\$7,980,060	\$285.83	\$8,895,819	\$318.63	1.056	\$336.36	\$313.97	\$293.95
Jun-21	27,919	\$8,151,067	\$291.95	\$9,081,730	\$325.29	0.960	\$312.17	\$316.84	\$294.66
Jul-21	27,852	\$8,116,603	\$291.42	\$9,001,261	\$323.18	1.005	\$324.92	\$319.75	\$295.67
Aug-21	27,860	\$8,072,102	\$289.74	\$8,940,107	\$320.89	0.960	\$307.95	\$319.36	\$296.68
Sep-21	27,892	\$7,409,040	\$265.63	\$8,236,921	\$295.31	1.005	\$296.90	\$317.86	\$297.17
Oct-21	27,901	\$8,926,920	\$319.95	\$9,777,325	\$350.43	1.005	\$352.31	\$321.61	\$298.00
Nov-21	27,843	\$8,972,130	\$322.24	\$9,793,630	\$351.74	1.056	\$371.31	\$324.72	\$299.20
Dec-21	27,834	\$9,226,801	\$331.49	\$10,131,979	\$364.01	0.960	\$349.33	\$326.65	\$301.39
Jan-22	28,263	\$7,793,366	\$275.74	\$8,345,427	\$295.28	1.004	\$296.45	\$324.17	\$302.43
Feb-22	28,154	\$6,816,027	\$242.10	\$7,294,897	\$259.11	1.054	\$273.14	\$320.37	\$301.62
Mar-22	28,078	\$9,726,827	\$346.42	\$10,374,571	\$369.49	0.917	\$338.70	\$322.29	\$305.63
Apr-22	27,981	\$9,341,750	\$333.86	\$9,987,517	\$356.94	1.004	\$358.36	\$326.42	\$315.28
May-22	27,891	\$8,615,907	\$308.91	\$9,238,806	\$331.25	1.004	\$332.56	\$326.11	\$320.05
Jun-22	27,864	\$8,410,156	\$301.83	\$8,844,784	\$317.43	0.958	\$304.20	\$325.45	\$321.15
Jul-22	27,929	\$8,276,295	\$296.33	\$8,613,417	\$308.40	1.110	\$342.22	\$326.89	\$323.32
Aug-22	27,903	\$9,043,565	\$324.11	\$9,408,236	\$337.18	0.917	\$309.08	\$326.98	\$323.17
Sep-22	27,905	\$7,969,018	\$285.58	\$8,266,987	\$296.25	1.004	\$297.43	\$327.02	\$322.45
Oct-22	27,921	\$8,464,486	\$303.16	\$8,480,384	\$303.73	1.004	\$304.93	\$323.08	\$322.35
Nov-22	27,906	\$9,102,672	\$326.19	\$9,107,281	\$326.36	1.054	\$344.03	\$320.82	\$322.77
Dec-22	27,876	\$10,944,977	\$392.63	\$10,944,977	\$392.63	1.004	\$394.19	\$324.55	\$325.60
CY 2019	335,671	\$86,180,337	\$256.74	\$105,858,226	\$315.36				
CY 2020	335,671	\$80,497,543	\$239.81	\$94,296,329	\$280.92				
CY 2021	335,671	\$98,586,745	\$293.70	\$109,355,975	\$325.78				
CY 2022	335,671	\$104,505,046	\$311.33	\$108,907,284	\$324.45				

CY 2020 / CY 2019 Annual Increase	-6.6%	-10.9%	-10.6%
CY 2021 / CY 2020 Annual Increase	22.5%	16.0%	18.3%
CY 2022 / CY 2021 Annual Increase	6.0%	-0.4%	-0.6%

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

24-month regression on Facility PMPM - Period Ended Dec. 2022		
Month	Logistic Regression	Linear Regression
Jan-19	\$302.30	\$299.53
Feb-19	\$302.91	\$300.28
Mar-19	\$303.47	\$300.96
Apr-19	\$304.09	\$301.71
May-19	\$304.69	\$302.43
Jun-19	\$305.32	\$303.18
Jul-19	\$305.92	\$303.91
Aug-19	\$306.54	\$304.66
Sep-19	\$307.17	\$305.41
Oct-19	\$307.78	\$306.13
Nov-19	\$308.40	\$306.88
Dec-19	\$309.01	\$307.61
Jan-20	\$309.64	\$308.36
Feb-20	\$310.28	\$309.11
Mar-20	\$310.87	\$309.81
Apr-20	\$311.50	\$310.56
May-20	\$312.12	\$311.28
Jun-20	\$312.76	\$312.03
Jul-20	\$313.37	\$312.76
Aug-20	\$314.01	\$313.51
Sep-20	\$314.65	\$314.26
Oct-20	\$315.28	\$314.98
Nov-20	\$315.92	\$315.73
Dec-20	\$316.54	\$316.46
Jan-21	\$317.19	\$317.21
Feb-21	\$317.84	\$317.96
Mar-21	\$318.42	\$318.63
Apr-21	\$319.07	\$319.38
May-21	\$319.70	\$320.11
Jun-21	\$320.36	\$320.86
Jul-21	\$320.99	\$321.58
Aug-21	\$321.64	\$322.33
Sep-21	\$322.30	\$323.08
Oct-21	\$322.94	\$323.81
Nov-21	\$323.60	\$324.56
Dec-21	\$324.24	\$325.28
Jan-22	\$324.90	\$326.03
Feb-22	\$325.56	\$326.78
Mar-22	\$326.16	\$327.46
Apr-22	\$326.83	\$328.21
May-22	\$327.47	\$328.93
Jun-22	\$328.14	\$329.68
Jul-22	\$328.79	\$330.41
Aug-22	\$329.46	\$331.16
Sep-22	\$330.13	\$331.91
Oct-22	\$330.78	\$332.63
Nov-22	\$331.46	\$333.38
Dec-22	\$332.11	\$334.11

Annual Trend 2.4% 2.7%

24-month regression on Facility PMPM - Period Ended Dec. 2022-Logistic Regression		24-month regression on Facility PMPM - Period Ended Dec. 2022-Linear Regression	
1.000	17	0.024	-751.545
0.000	3.625	0.027	1192.437
0.029	0.084	0.036	27.612
0.653	22.000	0.816	22.000

			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022			
			Holt-Winters' Multiplicative		Holt-Winters' Additive	
Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	28,550	\$328.41				
Feb-19	28,349	\$313.18				
Mar-19	28,247	\$307.15				
Apr-19	28,086	\$307.59				
May-19	27,962	\$314.98				
Jun-19	27,903	\$295.25				
Jul-19	27,898	\$300.62				
Aug-19	27,789	\$283.54				
Sep-19	27,774	\$285.02				
Oct-19	27,734	\$332.63				
Nov-19	27,727	\$342.56				
Dec-19	27,652	\$296.51				
Jan-20	28,759	\$272.18				
Feb-20	28,585	\$292.58				
Mar-20	28,386	\$243.65				
Apr-20	28,150	\$128.41				
May-20	27,990	\$218.30				
Jun-20	27,871	\$277.77				
Jul-20	27,809	\$289.94				
Aug-20	27,742	\$312.61				
Sep-20	27,706	\$314.86				
Oct-20	27,667	\$307.19				
Nov-20	27,549	\$333.96				
Dec-20	27,457	\$326.06				
Jan-21	28,381	\$325.93	\$321.02		\$316.59	
Feb-21	28,203	\$318.47	\$310.19		\$302.30	
Mar-21	28,086	\$315.75	\$321.79		\$335.57	
Apr-21	27,981	\$308.80	\$317.33		\$339.80	
May-21	27,919	\$336.36	\$332.31		\$337.32	
Jun-21	27,919	\$312.17	\$306.77		\$310.99	
Jul-21	27,852	\$324.92	\$322.61		\$336.57	
Aug-21	27,860	\$307.95	\$302.58		\$310.28	
Sep-21	27,892	\$296.90	\$291.19		\$298.73	
Oct-21	27,901	\$352.31	\$339.72		\$330.04	
Nov-21	27,843	\$371.31	\$361.65		\$361.60	
Dec-21	27,834	\$349.33	\$346.86		\$376.82	
Jan-22	28,263	\$296.45	\$324.25		\$311.26	
Feb-22	28,154	\$273.14	\$312.94		\$294.31	
Mar-22	28,078	\$338.70	\$310.49		\$323.41	
Apr-22	27,981	\$358.36	\$307.53		\$331.50	
May-22	27,891	\$332.56	\$336.99		\$335.43	
Jun-22	27,864	\$304.20	\$312.41		\$330.90	
Jul-22	27,929	\$342.22	\$325.87		\$333.81	
Aug-22	27,903	\$309.08	\$309.80		\$309.75	
Sep-22	27,905	\$297.43	\$298.76		\$298.38	
Oct-22	27,921	\$304.93	\$352.35		\$329.81	
Nov-22	27,906	\$344.03	\$366.62		\$356.16	
Dec-22	27,876	\$394.19	\$343.65	\$325.12	\$368.92	\$325.10
Jan-23	27,876	\$306.13	\$323.61		\$309.20	\$324.94
Feb-23	27,876	\$289.79	\$321.70		\$293.87	\$324.93
Mar-23	27,876	\$335.76	\$323.81		\$325.35	\$325.09
Apr-23	27,876	\$344.98	\$326.93		\$331.76	\$325.11
May-23	27,876	\$334.78	\$326.75		\$332.70	\$324.89
Jun-23	27,876	\$307.92	\$326.37		\$306.48	\$324.68
Jul-23	27,876	\$337.61	\$327.35		\$331.92	\$324.53
Aug-23	27,876	\$308.98	\$327.28		\$306.92	\$324.29
Sep-23	27,876	\$297.30	\$327.16		\$295.63	\$324.06
Oct-23	27,876	\$321.26	\$324.57		\$327.14	\$323.84
Nov-23	27,876	\$356.22	\$323.70		\$356.24	\$323.85
Dec-23	27,876	\$382.40	\$326.93		\$370.38	\$323.97
Jan-24	27,876	\$308.09	\$327.09		\$307.85	\$323.85
Feb-24	27,876	\$291.64	\$327.24		\$292.52	\$323.74
Mar-24	27,876	\$337.91	\$327.42		\$324.00	\$323.63
Apr-24	27,876	\$347.18	\$327.61		\$330.41	\$323.52
May-24	27,876	\$336.92	\$327.78		\$331.35	\$323.40
Jun-24	27,876	\$309.88	\$327.95		\$305.13	\$323.29
Jul-24	27,876	\$339.75	\$328.13		\$330.57	\$323.18
Aug-24	27,876	\$310.94	\$328.29		\$305.57	\$323.07
Sep-24	27,876	\$299.19	\$328.45		\$294.28	\$322.96
Oct-24	27,876	\$323.31	\$328.62		\$325.79	\$322.84
Nov-24	27,876	\$358.48	\$328.81		\$354.89	\$322.73
Dec-24	27,876	\$384.83	\$329.01		\$369.03	\$322.62

Annual Trend RMSE 0.6% 22.34 -0.4% 16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		Non-MHSUD Professional	PMPM	Non-MHSUD Professional	PMPM	Total Normalized Factor	PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$3,587,783	\$125.67	\$3,996,536	\$139.98	0.939	\$131.39		
Feb-19	28,349	\$3,198,278	\$112.82	\$3,563,427	\$125.70	1.032	\$129.78		
Mar-19	28,247	\$3,296,366	\$116.70	\$3,669,812	\$129.92	0.983	\$127.75		
Apr-19	28,086	\$3,425,839	\$121.98	\$3,820,985	\$136.05	0.939	\$127.70		
May-19	27,962	\$3,412,820	\$122.05	\$3,797,905	\$135.82	0.939	\$127.49		
Jun-19	27,903	\$3,093,539	\$110.87	\$3,435,788	\$123.13	1.032	\$127.13		
Jul-19	27,898	\$3,076,894	\$110.29	\$3,408,594	\$122.18	0.983	\$120.14		
Aug-19	27,789	\$3,142,191	\$113.07	\$3,477,876	\$125.15	0.939	\$117.47		
Sep-19	27,774	\$3,177,538	\$114.41	\$3,517,908	\$126.66	0.983	\$124.55		
Oct-19	27,734	\$3,708,205	\$133.71	\$4,107,981	\$148.12	0.939	\$139.03		
Nov-19	27,727	\$3,161,814	\$114.03	\$3,486,236	\$125.73	1.087	\$136.65		
Dec-19	27,652	\$3,260,294	\$117.90	\$3,602,578	\$130.28	0.983	\$128.11	\$128.10	
Jan-20	28,759	\$3,474,239	\$120.81	\$3,831,777	\$133.24	0.941	\$125.41	\$127.59	
Feb-20	28,585	\$2,950,635	\$103.22	\$3,253,132	\$113.81	1.035	\$117.83	\$126.58	
Mar-20	28,386	\$2,475,160	\$87.20	\$2,737,388	\$96.43	0.941	\$90.77	\$123.46	
Apr-20	28,150	\$1,352,201	\$48.04	\$1,486,332	\$52.80	0.941	\$49.70	\$116.93	
May-20	27,990	\$1,994,539	\$71.26	\$2,206,278	\$78.82	1.035	\$81.61	\$113.11	
Jun-20	27,871	\$2,969,877	\$106.56	\$3,277,965	\$117.61	0.941	\$110.70	\$111.75	
Jul-20	27,809	\$2,918,629	\$104.95	\$3,202,168	\$115.15	0.941	\$108.38	\$110.77	
Aug-20	27,742	\$2,985,945	\$107.63	\$3,278,989	\$118.20	0.986	\$116.55	\$110.70	
Sep-20	27,706	\$3,291,370	\$118.80	\$3,610,889	\$130.33	0.986	\$128.51	\$111.02	
Oct-20	27,667	\$3,442,665	\$124.43	\$3,749,471	\$135.52	0.947	\$128.38	\$110.14	
Nov-20	27,549	\$2,999,528	\$108.88	\$3,259,044	\$118.30	1.097	\$129.76	\$109.56	
Dec-20	27,457	\$3,221,846	\$117.34	\$3,502,282	\$127.56	0.992	\$126.59	\$109.42	\$118.76
Jan-21	28,381	\$3,189,484	\$112.38	\$3,438,194	\$121.14	1.111	\$134.62	\$110.19	\$118.90
Feb-21	28,203	\$3,133,275	\$111.10	\$3,373,104	\$119.60	1.056	\$126.26	\$110.89	\$118.75
Mar-21	28,086	\$3,811,801	\$135.72	\$4,108,075	\$146.27	0.918	\$134.27	\$114.56	\$119.02
Apr-21	27,981	\$3,479,365	\$124.35	\$3,749,942	\$134.02	0.960	\$128.61	\$121.19	\$119.05
May-21	27,919	\$3,482,342	\$124.73	\$3,695,323	\$132.36	1.056	\$139.72	\$126.05	\$119.56
Jun-21	27,919	\$3,730,152	\$133.61	\$3,951,890	\$141.55	0.960	\$135.84	\$128.15	\$119.92
Jul-21	27,852	\$3,404,742	\$122.24	\$3,591,057	\$128.93	1.005	\$129.63	\$129.91	\$120.32
Aug-21	27,860	\$3,620,084	\$129.94	\$3,800,514	\$136.41	0.960	\$130.91	\$131.10	\$120.88
Sep-21	27,892	\$3,630,988	\$130.18	\$3,814,560	\$136.76	1.005	\$137.50	\$131.85	\$121.42
Oct-21	27,901	\$3,977,521	\$142.56	\$4,174,559	\$149.62	1.005	\$150.42	\$133.69	\$121.89
Nov-21	27,843	\$4,019,770	\$144.37	\$4,222,672	\$151.66	1.056	\$160.10	\$136.20	\$122.87
Dec-21	27,834	\$3,702,492	\$133.02	\$3,879,157	\$139.37	0.960	\$133.75	\$136.78	\$123.10
Jan-22	28,263	\$3,474,703	\$122.94	\$3,609,272	\$127.70	1.004	\$128.21	\$136.24	\$123.22
Feb-22	28,154	\$3,204,936	\$113.84	\$3,315,736	\$117.77	1.054	\$124.15	\$136.07	\$123.49
Mar-22	28,078	\$4,163,853	\$148.30	\$4,318,232	\$153.79	0.917	\$140.98	\$136.63	\$125.61
Apr-22	27,981	\$3,700,988	\$132.27	\$3,832,964	\$136.98	1.004	\$137.53	\$137.38	\$129.30
May-22	27,891	\$3,746,155	\$134.31	\$3,883,666	\$139.24	1.004	\$139.80	\$137.38	\$131.73
Jun-22	27,864	\$3,778,271	\$135.60	\$3,886,562	\$139.48	0.958	\$133.67	\$137.20	\$132.68
Jul-22	27,929	\$3,388,065	\$121.31	\$3,438,975	\$123.13	1.110	\$136.63	\$137.78	\$133.85
Aug-22	27,903	\$3,747,699	\$134.31	\$3,804,143	\$136.33	0.917	\$124.97	\$137.29	\$134.20
Sep-22	27,905	\$3,659,240	\$131.13	\$3,714,726	\$133.12	1.004	\$133.65	\$136.97	\$134.41
Oct-22	27,921	\$3,938,803	\$141.07	\$3,944,724	\$141.28	1.004	\$141.84	\$136.25	\$134.97
Nov-22	27,906	\$3,891,584	\$139.45	\$3,897,095	\$139.65	1.054	\$147.22	\$135.19	\$135.69
Dec-22	27,876	\$4,113,454	\$147.56	\$4,120,118	\$147.80	1.004	\$148.39	\$136.40	\$136.59
CY 2019	335,671	\$39,541,561	\$117.80	\$43,885,625	\$130.74				
CY 2020	335,671	\$34,076,633	\$101.52	\$37,395,714	\$111.41				
CY 2021	335,671	\$43,182,017	\$128.64	\$45,799,048	\$136.44				
CY 2022	335,671	\$44,807,753	\$133.49	\$45,766,213	\$136.34				

CY 2020 / CY 2019 Annual Increase -13.8% -14.8% -14.6%
 CY 2021 / CY 2020 Annual Increase 26.7% 22.5% 25.0%
 CY 2022 / CY 2021 Annual Increase 3.8% -0.1% -0.3%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022	
	Logistic Regression	Linear Regression
Jan-19	\$125.53	\$125.21
Feb-19	\$125.83	\$125.53
Mar-19	\$126.10	\$125.83
Apr-19	\$126.40	\$126.16
May-19	\$126.69	\$126.47
Jun-19	\$126.99	\$126.80
Jul-19	\$127.29	\$127.12
Aug-19	\$127.59	\$127.44
Sep-19	\$127.89	\$127.77
Oct-19	\$128.19	\$128.09
Nov-19	\$128.49	\$128.42
Dec-19	\$128.79	\$128.73
Jan-20	\$129.09	\$129.06
Feb-20	\$129.40	\$129.39
Mar-20	\$129.69	\$129.69
Apr-20	\$129.99	\$130.02
May-20	\$130.29	\$130.34
Jun-20	\$130.60	\$130.66
Jul-20	\$130.90	\$130.98
Aug-20	\$131.21	\$131.31
Sep-20	\$131.53	\$131.64
Oct-20	\$131.83	\$131.95
Nov-20	\$132.14	\$132.28
Dec-20	\$132.45	\$132.60
Jan-21	\$132.76	\$132.92
Feb-21	\$133.08	\$133.25
Mar-21	\$133.36	\$133.55
Apr-21	\$133.68	\$133.88
May-21	\$133.99	\$134.19
Jun-21	\$134.31	\$134.52
Jul-21	\$134.61	\$134.84
Aug-21	\$134.93	\$135.16
Sep-21	\$135.25	\$135.49
Oct-21	\$135.57	\$135.81
Nov-21	\$135.89	\$136.14
Dec-21	\$136.20	\$136.45
Jan-22	\$136.52	\$136.78
Feb-22	\$136.85	\$137.11
Mar-22	\$137.14	\$137.40
Apr-22	\$137.47	\$137.73
May-22	\$137.78	\$138.05
Jun-22	\$138.11	\$138.37
Jul-22	\$138.43	\$138.69
Aug-22	\$138.76	\$139.02
Sep-22	\$139.09	\$139.35
Oct-22	\$139.41	\$139.66
Nov-22	\$139.74	\$139.99
Dec-22	\$140.06	\$140.31

Annual Trend 2.8% 2.8%

24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Logistic Regression	24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Linear Regression
1.000	4
0.000	2.629
0.071	0.061
1.683	22.000
	0.011
	-333.814
	0.008
	367.398
	0.069
	8.507
	1.640
	22.000

			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022			
			Holt-Winters' Multiplicative		Holt-Winters' Additive	
Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	28,550	\$131.39				
Feb-19	28,349	\$129.78				
Mar-19	28,247	\$127.75				
Apr-19	28,086	\$127.70				
May-19	27,962	\$127.49				
Jun-19	27,903	\$127.13				
Jul-19	27,898	\$120.14				
Aug-19	27,789	\$117.47				
Sep-19	27,774	\$124.55				
Oct-19	27,734	\$139.03				
Nov-19	27,727	\$136.65				
Dec-19	27,652	\$128.11				
Jan-20	28,759	\$125.41				
Feb-20	28,585	\$117.83				
Mar-20	28,386	\$90.77				
Apr-20	28,150	\$49.70				
May-20	27,990	\$81.61				
Jun-20	27,871	\$110.70				
Jul-20	27,809	\$108.38				
Aug-20	27,742	\$116.55				
Sep-20	27,706	\$128.51				
Oct-20	27,667	\$128.38				
Nov-20	27,549	\$129.76				
Dec-20	27,457	\$126.59				
Jan-21	28,381	\$134.62	\$134.34		\$132.50	
Feb-21	28,203	\$126.26	\$126.82		\$126.51	
Mar-21	28,086	\$134.27	\$136.59		\$138.91	
Apr-21	27,981	\$128.61	\$131.23		\$133.91	
May-21	27,919	\$139.72	\$140.79		\$140.09	
Jun-21	27,919	\$135.84	\$136.49		\$135.06	
Jul-21	27,852	\$129.63	\$131.72		\$133.52	
Aug-21	27,860	\$130.91	\$130.97		\$127.96	
Sep-21	27,892	\$137.50	\$137.94		\$135.89	
Oct-21	27,901	\$150.42	\$150.33		\$146.62	
Nov-21	27,843	\$160.10	\$159.57		\$154.52	
Dec-21	27,834	\$133.75	\$136.49		\$142.49	
Jan-22	28,263	\$128.21	\$134.18		\$131.62	
Feb-22	28,154	\$124.15	\$126.08		\$125.08	
Mar-22	28,078	\$140.98	\$134.58		\$137.41	
Apr-22	27,981	\$137.53	\$129.04		\$133.22	
May-22	27,891	\$139.80	\$139.68		\$140.35	
Jun-22	27,864	\$133.67	\$135.68		\$135.30	
Jul-22	27,929	\$136.63	\$129.90		\$133.52	
Aug-22	27,903	\$124.97	\$130.60		\$128.66	
Sep-22	27,905	\$133.65	\$137.28		\$135.93	
Oct-22	27,921	\$141.84	\$150.01		\$146.28	
Nov-22	27,906	\$147.22	\$159.53		\$153.38	
Dec-22	27,876	\$148.39	\$134.19	\$136.72	\$140.18	\$136.73
Jan-23	27,876		\$129.62	\$136.34	\$130.97	\$136.68
Feb-23	27,876		\$124.40	\$136.21	\$124.77	\$136.67
Mar-23	27,876		\$138.76	\$136.56	\$137.20	\$136.65
Apr-23	27,876		\$134.70	\$137.03	\$132.66	\$136.60
May-23	27,876		\$139.40	\$137.01	\$139.36	\$136.52
Jun-23	27,876		\$133.91	\$136.86	\$134.37	\$136.44
Jul-23	27,876		\$134.32	\$137.23	\$132.75	\$136.38
Aug-23	27,876		\$126.28	\$136.87	\$127.57	\$136.29
Sep-23	27,876		\$134.36	\$136.63	\$135.21	\$136.23
Oct-23	27,876		\$143.86	\$136.11	\$145.78	\$136.18
Nov-23	27,876		\$150.43	\$135.35	\$153.31	\$136.18
Dec-23	27,876		\$143.88	\$136.16	\$140.73	\$136.22
Jan-24	27,876		\$129.29	\$136.13	\$130.71	\$136.20
Feb-24	27,876		\$124.08	\$136.11	\$124.51	\$136.18
Mar-24	27,876		\$138.41	\$136.08	\$136.94	\$136.16
Apr-24	27,876		\$134.36	\$136.05	\$132.40	\$136.14
May-24	27,876		\$139.04	\$136.02	\$139.10	\$136.12
Jun-24	27,876		\$133.57	\$135.99	\$134.10	\$136.09
Jul-24	27,876		\$133.97	\$135.96	\$132.49	\$136.07
Aug-24	27,876		\$125.96	\$135.93	\$127.31	\$136.05
Sep-24	27,876		\$134.01	\$135.90	\$134.95	\$136.03
Oct-24	27,876		\$143.49	\$135.87	\$145.52	\$136.01
Nov-24	27,876		\$150.04	\$135.84	\$153.05	\$135.99
Dec-24	27,876		\$143.51	\$135.81	\$140.47	\$135.96

Annual Trend
RMSE

-0.3%
22.34

-0.3%
16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		MHSUD Professional	PMPM	MHSUD Professional	PMPM	Total Normalized Factor	PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$412,721	\$14.46	\$453,934	\$15.90	0.939	\$14.92		
Feb-19	28,349	\$362,833	\$12.80	\$398,870	\$14.07	1.032	\$14.53		
Mar-19	28,247	\$397,282	\$14.06	\$436,698	\$15.46	0.983	\$15.20		
Apr-19	28,086	\$414,652	\$14.76	\$455,684	\$16.22	0.939	\$15.23		
May-19	27,962	\$434,076	\$15.52	\$476,860	\$17.05	0.939	\$16.01		
Jun-19	27,903	\$375,342	\$13.45	\$412,385	\$14.78	1.032	\$15.26		
Jul-19	27,898	\$390,148	\$13.98	\$428,401	\$15.36	0.983	\$15.10		
Aug-19	27,789	\$384,686	\$13.84	\$422,156	\$15.19	0.939	\$14.26		
Sep-19	27,774	\$401,867	\$14.47	\$440,807	\$15.87	0.983	\$15.61		
Oct-19	27,734	\$454,000	\$16.37	\$497,907	\$17.95	0.939	\$16.85		
Nov-19	27,727	\$373,403	\$13.47	\$408,957	\$14.75	1.087	\$16.03		
Dec-19	27,652	\$380,897	\$13.77	\$416,997	\$15.08	0.983	\$14.83	\$15.32	
Jan-20	28,759	\$474,152	\$16.49	\$519,127	\$18.05	0.941	\$16.99	\$15.49	
Feb-20	28,585	\$404,495	\$14.15	\$442,774	\$15.49	1.035	\$16.04	\$15.62	
Mar-20	28,386	\$427,636	\$15.07	\$468,249	\$16.50	0.941	\$15.53	\$15.65	
Apr-20	28,150	\$455,567	\$16.18	\$498,908	\$17.72	0.941	\$16.68	\$15.77	
May-20	27,990	\$420,290	\$15.02	\$460,246	\$16.44	1.035	\$17.02	\$15.85	
Jun-20	27,871	\$443,713	\$15.92	\$485,949	\$17.44	0.941	\$16.41	\$15.95	
Jul-20	27,809	\$439,963	\$15.82	\$482,010	\$17.33	0.941	\$16.31	\$16.05	
Aug-20	27,742	\$401,664	\$14.48	\$439,795	\$15.85	0.986	\$15.63	\$16.16	
Sep-20	27,706	\$442,242	\$15.96	\$484,473	\$17.49	0.986	\$17.24	\$16.30	
Oct-20	27,667	\$463,883	\$16.77	\$501,699	\$18.13	0.947	\$17.18	\$16.33	
Nov-20	27,549	\$419,105	\$15.21	\$453,153	\$16.45	1.097	\$18.04	\$16.49	
Dec-20	27,457	\$454,275	\$16.54	\$491,439	\$17.90	0.992	\$17.76	\$16.73	\$16.02
Jan-21	28,381	\$466,578	\$16.44	\$504,063	\$17.76	1.111	\$19.74	\$16.96	\$16.23
Feb-21	28,203	\$468,898	\$16.63	\$506,517	\$17.96	1.056	\$18.96	\$17.21	\$16.41
Mar-21	28,086	\$541,797	\$19.29	\$584,859	\$20.82	0.918	\$19.12	\$17.51	\$16.58
Apr-21	27,981	\$486,146	\$17.37	\$524,359	\$18.74	0.960	\$17.98	\$17.62	\$16.69
May-21	27,919	\$466,640	\$16.71	\$489,609	\$17.54	1.056	\$18.51	\$17.75	\$16.80
Jun-21	27,919	\$483,993	\$17.34	\$507,555	\$18.18	0.960	\$17.45	\$17.83	\$16.89
Jul-21	27,852	\$437,610	\$15.71	\$458,601	\$16.47	1.005	\$16.55	\$17.85	\$16.95
Aug-21	27,860	\$436,724	\$15.68	\$457,587	\$16.42	0.960	\$15.76	\$17.86	\$17.01
Sep-21	27,892	\$491,595	\$17.62	\$514,523	\$18.45	1.005	\$18.55	\$17.97	\$17.13
Oct-21	27,901	\$482,077	\$17.28	\$504,339	\$18.08	1.005	\$18.17	\$18.05	\$17.19
Nov-21	27,843	\$492,679	\$17.69	\$515,262	\$18.51	1.056	\$19.54	\$18.18	\$17.33
Dec-21	27,834	\$475,962	\$17.10	\$497,435	\$17.87	0.960	\$17.15	\$18.13	\$17.43
Jan-22	28,263	\$516,072	\$18.26	\$538,772	\$19.06	1.004	\$19.14	\$18.08	\$17.52
Feb-22	28,154	\$472,800	\$16.79	\$493,210	\$17.52	1.054	\$18.47	\$18.03	\$17.62
Mar-22	28,078	\$568,316	\$20.24	\$592,924	\$21.12	0.917	\$19.36	\$18.05	\$17.78
Apr-22	27,981	\$481,857	\$17.22	\$502,520	\$17.96	1.004	\$18.03	\$18.06	\$17.84
May-22	27,891	\$513,094	\$18.40	\$535,236	\$19.19	1.004	\$19.27	\$18.12	\$17.93
Jun-22	27,864	\$514,128	\$18.45	\$535,328	\$19.21	0.958	\$18.41	\$18.20	\$18.02
Jul-22	27,929	\$433,135	\$15.51	\$451,002	\$16.15	1.110	\$17.92	\$18.31	\$18.08
Aug-22	27,903	\$504,807	\$18.09	\$525,525	\$18.83	0.917	\$17.26	\$18.44	\$18.15
Sep-22	27,905	\$511,450	\$18.33	\$532,235	\$19.07	1.004	\$19.15	\$18.49	\$18.23
Oct-22	27,921	\$521,754	\$18.69	\$521,981	\$18.69	1.004	\$18.77	\$18.54	\$18.30
Nov-22	27,906	\$518,457	\$18.58	\$518,575	\$18.58	1.054	\$19.59	\$18.54	\$18.36
Dec-22	27,876	\$480,072	\$17.22	\$480,180	\$17.23	1.004	\$17.29	\$18.56	\$18.34
CY 2019	335,671	\$4,781,907	\$14.25	\$5,249,658	\$15.64				
CY 2020	335,671	\$5,246,986	\$15.63	\$5,727,824	\$17.06				
CY 2021	335,671	\$5,730,700	\$17.07	\$6,064,708	\$18.07				
CY 2022	335,671	\$6,035,942	\$17.98	\$6,227,489	\$18.55				

CY 2020 / CY 2019 Annual Increase	9.7%	9.1%	9.2%
CY 2021 / CY 2020 Annual Increase	9.2%	5.9%	8.3%
CY 2022 / CY 2021 Annual Increase	5.3%	2.7%	2.4%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022						
			Holt-Winters' Multiplicative			Holt-Winters' Additive			
Month	Logistic Regression	Linear Regression	Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	\$18.11	\$18.17	Jan-19	28,550	\$14.92				
Feb-19	\$18.11	\$18.17	Feb-19	28,349	\$14.53				
Mar-19	\$18.12	\$18.18	Mar-19	28,247	\$15.20				
Apr-19	\$18.12	\$18.18	Apr-19	28,086	\$15.23				
May-19	\$18.13	\$18.19	May-19	27,962	\$16.01				
Jun-19	\$18.14	\$18.19	Jun-19	27,903	\$15.26				
Jul-19	\$18.14	\$18.20	Jul-19	27,898	\$15.10				
Aug-19	\$18.15	\$18.20	Aug-19	27,789	\$14.26				
Sep-19	\$18.15	\$18.21	Sep-19	27,774	\$15.61				
Oct-19	\$18.16	\$18.21	Oct-19	27,734	\$16.85				
Nov-19	\$18.16	\$18.22	Nov-19	27,727	\$16.03				
Dec-19	\$18.17	\$18.22	Dec-19	27,652	\$14.83				
Jan-20	\$18.18	\$18.23	Jan-20	28,759	\$16.99				
Feb-20	\$18.18	\$18.23	Feb-20	28,585	\$16.04				
Mar-20	\$18.19	\$18.24	Mar-20	28,386	\$15.53				
Apr-20	\$18.19	\$18.24	Apr-20	28,150	\$16.68				
May-20	\$18.20	\$18.24	May-20	27,990	\$17.02				
Jun-20	\$18.20	\$18.25	Jun-20	27,871	\$16.41				
Jul-20	\$18.21	\$18.25	Jul-20	27,809	\$16.31				
Aug-20	\$18.22	\$18.26	Aug-20	27,742	\$15.63				
Sep-20	\$18.22	\$18.26	Sep-20	27,706	\$17.24				
Oct-20	\$18.23	\$18.27	Oct-20	27,667	\$17.18				
Nov-20	\$18.23	\$18.27	Nov-20	27,549	\$18.04				
Dec-20	\$18.24	\$18.28	Dec-20	27,457	\$17.76				
Jan-21	\$18.24	\$18.28	Jan-21	28,381	\$19.74	\$19.35		\$19.74	
Feb-21	\$18.25	\$18.29	Feb-21	28,203	\$18.96	\$18.66		\$19.00	
Mar-21	\$18.26	\$18.29	Mar-21	28,086	\$19.12	\$19.12		\$19.01	
Apr-21	\$18.26	\$18.30	Apr-21	27,981	\$17.98	\$17.87		\$17.90	
May-21	\$18.27	\$18.30	May-21	27,919	\$18.51	\$18.55		\$18.84	
Jun-21	\$18.27	\$18.31	Jun-21	27,919	\$17.45	\$17.53		\$17.56	
Jul-21	\$18.28	\$18.31	Jul-21	27,852	\$16.55	\$16.70		\$16.74	
Aug-21	\$18.28	\$18.32	Aug-21	27,860	\$15.76	\$15.93		\$15.82	
Sep-21	\$18.29	\$18.32	Sep-21	27,892	\$18.55	\$18.62		\$18.08	
Oct-21	\$18.30	\$18.33	Oct-21	27,901	\$18.17	\$18.25		\$18.12	
Nov-21	\$18.30	\$18.33	Nov-21	27,843	\$19.54	\$19.59		\$19.26	
Dec-21	\$18.31	\$18.34	Dec-21	27,834	\$17.15	\$17.22		\$17.28	
Jan-22	\$18.31	\$18.34	Jan-22	28,263	\$19.14	\$19.98		\$19.65	
Feb-22	\$18.32	\$18.35	Feb-22	28,154	\$18.47	\$19.18		\$18.43	
Mar-22	\$18.32	\$18.35	Mar-22	28,078	\$19.36	\$19.39		\$18.94	
Apr-22	\$18.33	\$18.36	Apr-22	27,981	\$18.03	\$18.23		\$18.12	
May-22	\$18.34	\$18.36	May-22	27,891	\$19.27	\$18.83		\$18.87	
Jun-22	\$18.34	\$18.37	Jun-22	27,864	\$18.41	\$17.78		\$18.28	
Jul-22	\$18.35	\$18.37	Jul-22	27,929	\$17.92	\$16.93		\$17.69	
Aug-22	\$18.35	\$18.37	Aug-22	27,903	\$17.26	\$16.18		\$17.17	
Sep-22	\$18.36	\$18.38	Sep-22	27,905	\$19.15	\$19.03		\$19.62	
Oct-22	\$18.37	\$18.38	Oct-22	27,921	\$18.77	\$18.66		\$18.76	
Nov-22	\$18.37	\$18.39	Nov-22	27,906	\$19.59	\$20.06		\$19.88	
Dec-22	\$18.38	\$18.39	Dec-22	27,876	\$17.29	\$17.60	\$18.49	\$17.35	\$18.56
Jan-23			Jan-23	27,876		\$20.01	\$18.49	\$19.76	\$18.57
Feb-23			Feb-23	27,876		\$19.29	\$18.50	\$19.06	\$18.62
Mar-23			Mar-23	27,876		\$19.90	\$18.54	\$19.56	\$18.67
Apr-23			Apr-23	27,876		\$18.62	\$18.57	\$18.31	\$18.69
May-23			May-23	27,876		\$19.57	\$18.64	\$19.18	\$18.72
Jun-23			Jun-23	27,876		\$18.58	\$18.70	\$18.20	\$18.71
Jul-23			Jul-23	27,876		\$17.87	\$18.78	\$17.49	\$18.69
Aug-23			Aug-23	27,876		\$17.11	\$18.86	\$16.74	\$18.66
Sep-23			Sep-23	27,876		\$19.47	\$18.89	\$19.06	\$18.61
Oct-23			Oct-23	27,876		\$19.08	\$18.93	\$18.67	\$18.60
Nov-23			Nov-23	27,876		\$20.20	\$18.94	\$19.75	\$18.59
Dec-23			Dec-23	27,876		\$17.80	\$18.96	\$17.51	\$18.61
Jan-24			Jan-24	27,876		\$20.43	\$18.99	\$19.97	\$18.63
Feb-24			Feb-24	27,876		\$19.70	\$19.03	\$19.27	\$18.64
Mar-24			Mar-24	27,876		\$20.31	\$19.06	\$19.77	\$18.66
Apr-24			Apr-24	27,876		\$19.00	\$19.09	\$18.53	\$18.68
May-24			May-24	27,876		\$19.98	\$19.13	\$19.39	\$18.70
Jun-24			Jun-24	27,876		\$18.96	\$19.16	\$18.41	\$18.71
Jul-24			Jul-24	27,876		\$18.24	\$19.19	\$17.70	\$18.73
Aug-24			Aug-24	27,876		\$17.46	\$19.22	\$16.96	\$18.75
Sep-24			Sep-24	27,876		\$19.87	\$19.25	\$19.27	\$18.77
Oct-24			Oct-24	27,876		\$19.48	\$19.29	\$18.88	\$18.78
Nov-24			Nov-24	27,876		\$20.62	\$19.32	\$19.97	\$18.80
Dec-24			Dec-24	27,876		\$18.16	\$19.35	\$17.72	\$18.82

24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Logistic Regression	24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Linear Regression
1.000	11.291
0.000	45.186
0.002	1.046
0.033	22.000

Annual Trend	0.4%	0.3%
Annual Trend	0.4%	0.3%

Annual Trend	2.3%	0.7%
Annual Trend	2.3%	0.7%
RMSE	22.34	16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Pharmaceuticals Processed through the Medical Benefit														
Month	MONTHLY DATA - NUMBER OF SERVICES					MONTHLY DATA Allowed Charges	ROLLING 12 - NUMBER OF SERVICES					ROLLIN 12 Allowed Charges		
	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections		Total Services	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections		All Other Injections	Total Services
Jan-19	28,550	0.00	62.00	97.00	1,901.00	2,060.00	1,203,962							
Feb-19	28,349	0.00	50.00	72.00	1,591.00	1,713.00	855,532							
Mar-19	28,247	0.00	45.00	91.00	1,683.00	1,819.00	1,008,517							
Apr-19	28,086	4.00	46.00	105.00	1,697.00	1,852.00	972,333							
May-19	27,962	0.00	72.00	101.00	1,689.00	1,862.00	1,046,938							
Jun-19	27,903	5.00	66.00	97.00	1,676.00	1,844.00	1,050,967							
Jul-19	27,898	8.00	72.00	107.00	1,728.00	1,915.00	1,088,300							
Aug-19	27,789	6.00	51.00	89.00	1,568.00	1,714.00	994,084							
Sep-19	27,774	4.00	40.00	106.00	1,624.00	1,774.00	1,026,276							
Oct-19	27,734	9.00	60.00	112.00	1,873.00	2,054.00	1,100,252							
Nov-19	27,727	6.00	50.00	103.00	1,829.00	1,988.00	1,151,190							
Dec-19	27,652	2.00	51.00	117.00	1,794.00	1,964.00	1,145,075	335,671	44.00	665.00	1,197.00	20,653.00	22,559.00	12,643,424.63
Jan-20	28,759	18.00	57.00	103.00	1,904.00	2,082.00	989,044	335,880	62.00	660.00	1,203.00	20,656.00	22,581.00	12,428,506.27
Feb-20	28,585	10.00	34.00	82.00	1,524.00	1,650.00	824,613	336,116	72.00	644.00	1,213.00	20,589.00	22,518.00	12,397,587.62
Mar-20	28,386	10.00	40.00	97.00	1,375.00	1,522.00	1,079,780	336,255	82.00	639.00	1,219.00	20,281.00	22,221.00	12,468,850.72
Apr-20	28,150	12.00	50.00	72.00	841.00	975.00	1,117,822	336,319	90.00	643.00	1,186.00	19,425.00	21,344.00	12,614,339.72
May-20	27,990	8.00	50.00	104.00	1,211.00	1,373.00	1,264,029	336,347	98.00	621.00	1,189.00	18,947.00	20,855.00	12,831,431.30
Jun-20	27,871	15.00	53.00	123.00	1,728.00	1,919.00	1,488,927	336,315	108.00	608.00	1,215.00	18,999.00	20,930.00	13,269,390.58
Jul-20	27,809	25.00	48.00	113.00	1,742.00	1,928.00	1,304,009	336,226	125.00	584.00	1,221.00	19,013.00	20,943.00	13,485,099.92
Aug-20	27,742	16.00	57.00	107.00	1,547.07	1,727.08	1,405,746	336,179	135.00	590.00	1,239.01	18,992.07	20,956.08	13,896,762.46
Sep-20	27,706	30.00	45.00	118.01	1,684.09	1,877.10	1,316,609	336,111	161.00	595.01	1,251.01	19,052.16	21,059.18	14,187,095.41
Oct-20	27,667	22.00	53.00	115.01	1,998.09	2,188.10	1,329,723	336,044	174.00	588.01	1,254.02	19,177.25	21,193.28	14,416,566.26
Nov-20	27,549	42.00	49.00	91.01	1,584.10	1,766.11	1,284,231	335,866	210.01	587.01	1,242.02	18,932.35	20,971.39	14,549,607.00
Dec-20	27,457	34.00	58.00	129.01	1,779.08	2,000.08	1,604,114	335,671	242.01	594.01	1,254.03	18,917.43	21,007.47	15,008,646.07
Jan-21	28,381	21.00	51.00	110.00	1,641.07	1,823.08	1,092,564	335,293	245.01	588.02	1,261.03	18,654.50	20,748.56	15,112,166.31
Feb-21	28,203	18.02	50.05	121.12	1,731.89	1,921.09	1,274,864	334,911	253.03	604.07	1,300.15	18,862.39	21,019.65	15,562,417.70
Mar-21	28,086	22.03	39.05	145.17	2,001.37	2,207.61	1,203,524	334,611	265.06	603.11	1,348.33	19,488.76	21,705.26	15,686,162.02
Apr-21	27,981	19.03	44.05	114.13	1,935.17	2,112.37	1,187,445	334,442	272.09	597.17	1,390.46	20,582.92	22,842.63	15,755,784.98
May-21	27,919	29.03	39.04	108.11	1,793.99	1,970.17	1,117,991	334,371	293.12	586.20	1,394.57	21,165.92	23,439.80	15,609,746.75
Jun-21	27,919	29.04	46.05	136.15	1,847.15	2,058.39	1,389,217	334,419	307.15	579.26	1,407.72	21,285.07	23,579.20	15,510,037.65
Jul-21	27,852	42.05	28.04	118.15	1,798.13	1,986.37	1,322,277	334,462	324.21	559.29	1,412.87	21,341.20	23,637.56	15,528,305.47
Aug-21	27,860	28.04	37.04	122.13	1,787.02	1,974.23	1,152,804	334,580	336.24	539.33	1,427.99	21,581.15	23,884.72	15,275,363.28
Sep-21	27,892	35.05	51.07	130.17	2,004.68	2,220.96	1,395,208	334,766	341.29	545.39	1,440.15	21,901.74	24,228.58	15,353,962.17
Oct-21	27,901	32.05	36.04	102.11	2,078.58	2,248.78	1,216,914	335,000	351.34	528.43	1,427.26	21,982.23	24,289.27	15,241,153.19
Nov-21	27,843	36.05	48.06	136.15	2,094.57	2,314.84	1,518,439	335,294	345.39	527.50	1,472.41	22,492.71	24,838.00	15,475,361.77
Dec-21	27,834	49.08	45.07	138.20	2,131.20	2,363.55	1,511,206	335,671	360.46	514.56	1,481.60	22,844.83	25,201.46	15,382,453.96
Jan-22	28,263	26.05	28.05	102.18	1,529.75	1,686.04	1,269,353	335,553	365.51	491.61	1,473.78	22,733.51	25,064.41	15,559,243.11
Feb-22	28,154	25.05	35.07	104.21	1,410.81	1,575.14	1,101,729	335,504	372.53	476.63	1,456.87	22,412.43	24,718.46	15,386,107.78
Mar-22	28,078	31.06	37.07	113.22	2,027.85	2,209.20	1,307,295	335,496	381.56	474.65	1,424.91	22,438.92	24,720.05	15,489,878.61
Apr-22	27,981	29.06	56.11	97.20	1,882.83	2,065.20	1,072,682	335,496	391.60	486.72	1,407.98	22,386.59	24,672.87	15,375,115.67
May-22	27,891	15.03	56.13	116.26	1,951.63	2,139.06	1,269,375	335,468	377.59	503.81	1,416.13	22,544.22	24,841.76	15,526,499.72
Jun-22	27,864	24.06	65.16	133.34	1,722.31	1,944.87	1,343,074	335,413	372.62	522.92	1,413.31	22,419.38	24,728.23	15,480,355.82
Jul-22	27,929	20.07	46.16	104.36	1,645.70	1,816.29	1,092,951	335,490	350.63	541.04	1,399.53	22,266.95	24,558.15	15,251,030.38
Aug-22	27,903	40.12	49.15	128.39	1,844.62	2,062.27	1,422,772	335,533	362.71	553.15	1,405.79	22,324.55	24,646.20	15,520,997.80
Sep-22	27,905	38.14	45.17	138.51	1,912.05	2,133.86	1,504,283	335,546	365.81	547.25	1,414.13	22,231.91	24,559.09	15,630,073.10
Oct-22	27,921	43.28	48.31	121.80	1,989.98	2,203.37	1,388,602	335,566	377.04	559.52	1,433.81	22,143.31	24,513.68	15,801,761.25
Nov-22	27,906	30.38	41.53	134.71	1,998.94	2,205.56	1,752,822	335,629	371.37	552.99	1,432.37	22,047.68	24,404.40	16,036,144.21
Dec-22	27,876	34.11	43.42	139.61	2,121.17	2,338.30	1,640,924	335,671	356.40	551.33	1,433.78	22,037.64	24,379.16	16,165,862.29
CY 2019	335,671	44.00	665.00	1,197.00	20,653.00	22,559.00	12,643,425							
CY 2020	335,671	242.01	594.01	1,254.03	18,917.43	21,007.47	15,008,646							
CY 2021	335,671	360.46	514.56	1,481.60	22,844.83	25,201.46	15,382,454							
CY 2022	335,671	356.40	551.33	1,433.78	22,037.64	24,379.16	16,165,862							

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Services Trend - Pharmaceuticals Processed through the Medical Benefit										
Month	MONTHLY DATA - SERVICES PER 1,000 MEMBERS					ROLLING 12 DATA - SERVICES PER 1,000 MEMBERS				
	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services
Jan-19	0.00	2.17	3.40	66.58	72.15					
Feb-19	0.00	1.76	2.54	56.12	60.43					
Mar-19	0.00	1.59	3.22	59.58	64.40					
Apr-19	0.14	1.64	3.74	60.42	65.94					
May-19	0.00	2.57	3.61	60.40	66.59					
Jun-19	0.18	2.37	3.48	60.07	66.09					
Jul-19	0.29	2.58	3.84	61.94	68.64					
Aug-19	0.22	1.84	3.20	56.43	61.68					
Sep-19	0.14	1.44	3.82	58.47	63.87					
Oct-19	0.32	2.16	4.04	67.53	74.06					
Nov-19	0.22	1.80	3.71	65.96	71.70					
Dec-19	0.07	1.84	4.23	64.88	71.03	0.13	1.98	3.57	61.53	67.21
Jan-20	0.63	1.98	3.58	66.21	72.39	0.18	1.96	3.58	61.50	67.23
Feb-20	0.35	1.19	2.87	53.31	57.72	0.21	1.92	3.61	61.26	66.99
Mar-20	0.35	1.41	3.42	48.44	53.62	0.24	1.90	3.63	60.31	66.08
Apr-20	0.43	1.78	2.56	29.88	34.64	0.27	1.91	3.53	57.76	63.46
May-20	0.29	1.79	3.72	43.27	49.05	0.29	1.85	3.54	56.33	62.00
Jun-20	0.54	1.90	4.41	62.00	68.85	0.32	1.81	3.61	56.49	62.23
Jul-20	0.90	1.73	4.06	62.64	69.33	0.37	1.74	3.63	56.55	62.29
Aug-20	0.58	2.05	3.86	55.77	62.25	0.40	1.76	3.69	56.49	62.34
Sep-20	1.08	1.62	4.26	60.78	67.75	0.48	1.77	3.72	56.68	62.66
Oct-20	0.80	1.92	4.16	72.22	79.09	0.52	1.75	3.73	57.07	63.07
Nov-20	1.52	1.78	3.30	57.50	64.11	0.63	1.75	3.70	56.37	62.44
Dec-20	1.24	2.11	4.70	64.79	72.84	0.72	1.77	3.74	56.36	62.58
Jan-21	0.74	1.80	3.88	57.82	64.24	0.73	1.75	3.76	55.64	61.88
Feb-21	0.64	1.77	4.29	61.41	68.12	0.76	1.80	3.88	56.32	62.76
Mar-21	0.78	1.39	5.17	71.26	78.60	0.79	1.80	4.03	58.24	64.87
Apr-21	0.68	1.57	4.08	69.16	75.49	0.81	1.79	4.16	61.54	68.30
May-21	1.04	1.40	3.87	64.26	70.57	0.88	1.75	4.17	63.30	70.10
Jun-21	1.04	1.65	4.88	66.16	73.73	0.92	1.73	4.21	63.65	70.51
Jul-21	1.51	1.01	4.24	64.56	71.32	0.97	1.67	4.22	63.81	70.67
Aug-21	1.01	1.33	4.38	64.14	70.86	1.00	1.61	4.27	64.50	71.39
Sep-21	1.26	1.83	4.67	71.87	79.63	1.02	1.63	4.30	65.42	72.37
Oct-21	1.15	1.29	3.66	74.50	80.60	1.05	1.58	4.26	65.62	72.51
Nov-21	1.29	1.73	4.89	75.23	83.14	1.03	1.57	4.39	67.08	74.08
Dec-21	1.76	1.62	4.97	76.57	84.92	1.07	1.53	4.41	68.06	75.08
Jan-22	0.92	0.99	3.62	54.13	59.66	1.09	1.47	4.39	67.75	74.70
Feb-22	0.89	1.25	3.70	50.11	55.95	1.11	1.42	4.34	66.80	73.68
Mar-22	1.11	1.32	4.03	72.22	78.68	1.14	1.41	4.25	66.88	73.68
Apr-22	1.04	2.01	3.47	67.29	73.81	1.17	1.45	4.20	66.73	73.54
May-22	0.54	2.01	4.17	69.97	76.69	1.13	1.50	4.22	67.20	74.05
Jun-22	0.86	2.34	4.79	61.81	69.80	1.11	1.56	4.21	66.84	73.72
Jul-22	0.72	1.65	3.74	58.92	65.03	1.05	1.61	4.17	66.37	73.20
Aug-22	1.44	1.76	4.60	66.11	73.91	1.08	1.65	4.19	66.53	73.45
Sep-22	1.37	1.62	4.96	68.52	76.47	1.09	1.63	4.21	66.26	73.19
Oct-22	1.55	1.73	4.36	71.27	78.91	1.12	1.67	4.27	65.99	73.05
Nov-22	1.09	1.49	4.83	71.63	79.04	1.11	1.65	4.27	65.69	72.71
Dec-22	1.22	1.56	5.01	76.09	83.88	1.06	1.64	4.27	65.65	72.63

Annual Trend	-1.1%	7.1%	-3.2%	-3.5%	-3.3%
Two-Year Trend	21.4%	-3.7%	6.9%	7.9%	7.7%

Month	All Injections		Logistic Regression - Period Ended Dec. 2021		
	Monthly Data	Rolling Data	24 Months on Monthly	36 Months on Monthly	24 Months on Rolling
Jan-19	72.15		66.11	53.69	59.01
Feb-19	60.43		66.31	54.16	59.34
Mar-19	64.40		66.49	54.59	59.63
Apr-19	65.94		66.70	55.07	59.96
May-19	66.59		66.89	55.54	60.28
Jun-19	66.09		67.10	56.03	60.61
Jul-19	68.64		67.29	56.51	60.93
Aug-19	61.68		67.50	57.00	61.27
Sep-19	63.87		67.70	57.51	61.60
Oct-19	74.06		67.90	58.00	61.93
Nov-19	71.70		68.11	58.51	62.27
Dec-19	71.03	67.21	68.31	59.00	62.60
Jan-20	72.39	67.23	68.52	59.52	62.94
Feb-20	57.72	66.99	68.73	60.05	63.29
Mar-20	53.62	66.08	68.92	60.54	63.61
Apr-20	34.64	63.46	69.13	61.08	63.96
May-20	49.05	62.00	69.34	61.60	64.30
Jun-20	68.85	62.23	69.55	62.14	64.66
Jul-20	69.33	62.29	69.75	62.67	65.00
Aug-20	62.25	62.34	69.97	63.22	65.36
Sep-20	67.75	62.66	70.18	63.77	65.71
Oct-20	79.09	63.07	70.39	64.32	66.06
Nov-20	64.11	62.44	70.60	64.88	66.43
Dec-20	72.84	62.58	70.81	65.44	66.78
Jan-21	64.24	61.88	71.02	66.01	67.15
Feb-21	68.12	62.76	71.24	66.59	67.51
Mar-21	78.60	64.87	71.44	67.12	67.85
Apr-21	75.49	68.30	71.65	67.71	68.22
May-21	70.57	70.10	71.86	68.29	68.58
Jun-21	73.73	70.51	72.08	68.89	68.96
Jul-21	71.32	70.67	72.30	69.48	69.33
Aug-21	70.86	71.39	72.52	70.09	69.71
Sep-21	79.63	72.37	72.74	70.71	70.09
Oct-21	80.60	72.51	72.95	71.31	70.46
Nov-21	83.14	74.08	73.17	71.94	70.85
Dec-21	84.92	75.08	73.39	72.55	71.22
Jan-22	59.66	74.70	73.61	73.19	71.62
Feb-22	55.95	73.68	73.84	73.83	72.01
Mar-22	78.68	73.68	74.04	74.42	72.37
Apr-22	73.81	73.54	74.26	75.07	72.76
May-22	76.69	74.05	74.48	75.71	73.15
Jun-22	69.80	73.72	74.71	76.38	73.55
Jul-22	65.03	73.20	74.93	77.03	73.94
Aug-22	73.91	73.45	75.16	77.71	74.35
Sep-22	76.47	73.19	75.39	78.39	74.76
Oct-22	78.91	73.05	75.61	79.06	75.15
Nov-22	79.04	72.71	75.84	79.76	75.56
Dec-22	83.88	72.63	76.06	80.44	75.97

Annual Trend		-3.3%	3.6%	10.9%	6.7%
Two-Year Trend		7.7%			
Three-Year Trend		2.6%			

Logistic Regression - Period Ended Dec. 2021-24 Months on Monthly		Logistic Regression - Period Ended Dec. 2021-36 Months on Monthly		Logistic Regression - Period Ended Dec. 2021-24 Months on Rolling	
1.000	0.931	1.000	0.000	1.000	0.027
0.000	4.560	0.000	3.567	0.000	1.606
0.040	0.106	0.267	0.152	0.522	0.037
0.918	22.000	12.360	34.000	23.990	22.000

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Biosimilars and Injections with Biosimilars Equivalent - Mix of Services				
Services Per 1,000 Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Total	Percentage of Biosimilars
CY 2019	0.13	1.98	2.11	6.2%
CY 2020	0.72	1.77	2.49	28.9%
CY 2021	1.07	1.53	2.61	41.2%
CY 2022	1.06	1.64	2.70	39.3%
CY 2023	1.23	1.54	2.77	44.3%
CY 2024	1.40	1.44	2.84	49.3%
Selected Service per 1,000 Trend			2%	
Expected Growth in Biosimilar Percentage			5%	

Overall Trend - Pharmaceuticals Processed through the Medical Benefit						
		Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services
CY 2022	PMPM	\$6.22	\$11.91	\$27.87	\$2.16	\$48.16
	Services per 1,000	1.06	1.64	4.27	65.65	72.63
	Cost Per Service	\$5,855.30	\$7,249.14	\$6,525.86	\$32.93	\$663.10
From CY 2022 to CY 2023	Cost per Service Trend	11.8%	11.8%	11.8%	11.8%	11.4%
	Number of Services Trend	15.5%	-6.0%	2.4%	2.4%	2.4%
	CY 2023 Cost Per Service	\$6,548.11	\$8,106.87	\$7,298.01	\$36.83	\$738.66
	CY 2023 Services per 1,000	1.23	1.54	4.37	67.24	74.38
	CY 2023 PMPM	\$8.03	\$12.51	\$31.93	\$2.48	\$54.94
From CY 2023 to CY 2024	Cost per Service Trend	6.8%	6.8%	6.8%	6.8%	6.4%
	Number of Services Trend	14.0%	-6.8%	2.4%	2.4%	2.4%
	CY 2024 Cost Per Service	\$6,991.81	\$8,656.19	\$7,792.52	\$39.32	\$785.61
	CY 2024 Services per 1,000	1.40	1.44	4.48	68.86	76.18
	CY 2024 PMPM	\$9.77	\$12.46	\$34.91	\$2.71	\$59.85
		Components		Year 1	Year 2	Trend
		Pure Cost		11.8%	6.8%	9.3%
		Utilization and Mix		2.0%	2.0%	2.0%
		Total		14.1%	8.9%	11.5%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Month	Membership	Days Supply Without Vaccines & Devices			Smoothed for Working Days Supply			Smoothed Days Supply		Rolling Days Supply per Member
		Total Non-Specialty Days Supply	Monthly Days Supply per Member	Rolling Days Supply per Member	Pharmacy Working Days	Normalized Working Days	Smoothed Monthly Supply	Smoothing Factor	Smoothed Monthly Supply	
Jan-19	28,550	803,510	28.14		30.5	1.003			28.05	
Feb-19	28,349	720,041	25.40		27.9	0.919			27.65	
Mar-19	28,247	790,857	28.00		30.5	1.005		0.3203	27.86	
Apr-19	28,086	798,022	28.41		31.0	1.022		0.3197	27.81	
May-19	27,962	797,521	28.52		31.2	1.028		0.3190	27.76	
Jun-19	27,903	759,300	27.21		29.5	0.970		0.3238	28.06	
Jul-19	27,898	810,902	29.07		31.4	1.034		0.3245	28.12	
Aug-19	27,789	809,746	29.14		31.1	1.024		0.3285	28.47	
Sep-19	27,774	771,939	27.79		29.9	0.983			28.26	
Oct-19	27,734	845,806	30.50		31.4	1.033			29.51	
Nov-19	27,727	782,776	28.23		28.8	0.947			29.82	
Dec-19	27,652	877,411	31.73	28.50	30.8	1.012			31.36	28.55
Jan-20	28,759	854,768	29.72	28.64	30.4	1.000			29.71	28.70
Feb-20	28,585	768,153	26.87	28.76	28.5	0.937			28.67	28.78
Mar-20	28,386	972,166	34.25	29.29	31.6	1.039		1.0019	30.63	29.01
Apr-20	28,150	757,914	26.92	29.16	30.6	1.008		1.0001	29.65	29.17
May-20	27,990	756,929	27.04	29.04	30.1	0.990		0.9980	29.07	29.28
Jun-20	27,871	835,268	29.97	29.27	31.0	1.022		0.9944	30.03	29.44
Jul-20	27,809	823,512	29.61	29.31	31.4	1.032		0.9966	30.40	29.63
Aug-20	27,742	807,575	29.11	29.31	30.9	1.017		1.0090	30.34	29.78
Sep-20	27,706	840,505	30.34	29.52	30.8	1.012			29.98	29.93
Oct-20	27,667	832,507	30.09	29.49	30.7	1.009			29.83	29.95
Nov-20	27,549	817,886	29.69	29.61	29.4	0.967			30.70	30.02
Dec-20	27,457	916,962	33.40	29.74	31.1	1.024			32.61	30.13
Jan-21	28,381	828,153	29.18	29.70	29.3	0.966			30.22	30.17
Feb-21	28,203	761,837	27.01	29.71	27.9	0.919			29.41	30.23
Mar-21	28,086	920,177	32.76	29.58	32.2	1.059			30.93	30.26
Apr-21	27,981	839,832	30.01	29.84	30.5	1.005			29.87	30.28
May-21	27,919	835,900	29.94	30.09	30.5	1.002			29.87	30.35
Jun-21	27,919	894,797	32.05	30.26	30.8	1.012		0.9944	30.38	30.37
Jul-21	27,852	790,278	28.37	30.16	30.4	1.002		0.9966	30.14	30.35
Aug-21	27,860	839,190	30.12	30.24	31.6	1.039		1.0090	31.64	30.46
Sep-21	27,892	852,492	30.56	30.26	30.6	1.008			30.33	30.49
Oct-21	27,901	855,886	30.68	30.31	30.1	0.990			30.99	30.59
Nov-21	27,843	861,874	30.95	30.41	30.1	0.992			31.21	30.63
Dec-21	27,834	914,455	32.85	30.37	31.3	1.029			31.92	30.57
Jan-22	28,263	846,968	29.97	30.44	30.2	0.994			30.15	30.57
Feb-22	28,154	767,273	27.25	30.46	27.9	0.919			29.67	30.59
Mar-22	28,078	897,456	31.96	30.39	31.9	1.048			30.49	30.55
Apr-22	27,981	832,105	29.74	30.37	30.0	0.987			30.12	30.57
May-22	27,891	871,718	31.25	30.48	31.1	1.024			30.52	30.63
Jun-22	27,864	874,736	31.39	30.42	30.6	1.007			31.16	30.69
Jul-22	27,929	834,405	29.88	30.55	29.4	0.968			30.86	30.75
Aug-22	27,903	915,171	32.80	30.77	32.2	1.059			30.96	30.70
Sep-22	27,905	867,405	31.08	30.81	30.5	1.005			30.94	30.75
Oct-22	27,921	881,059	31.56	30.89	30.5	1.002			31.49	30.79
Nov-22	27,906	871,132	31.22	30.91	29.9	0.984			31.73	30.83
Dec-22	27,876	937,459	33.63	30.97	30.4	1.002			33.57	30.97

CY2021 / CY 2020 Annual Increase
CY2022 / CY 2021 Annual Increase

2.1%
2.0%

1.5%
1.3%

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Quarter	Membership	Smoothed Days Supply Without Vaccines & Devices	
		Total Non-Specialty Smoothed Days Supply	Quarterly Days Supply per Member
Q1 2019	85,146	2,371,752	27.86
Q2 2019	83,951	2,340,187	27.88
Q3 2019	83,461	2,360,541	28.28
Q4 2019	83,113	2,512,355	30.23
Q1 2020	85,730	2,543,218	29.67
Q2 2020	84,011	2,485,270	29.58
Q3 2020	83,257	2,517,687	30.24
Q4 2020	82,673	2,566,301	31.04
Q1 2021	84,670	2,555,636	30.18
Q2 2021	83,819	2,518,013	30.04
Q3 2021	83,604	2,566,954	30.70
Q4 2021	83,578	2,622,126	31.37
Q1 2022	84,495	2,543,385	30.10
Q2 2022	83,736	2,562,320	30.60
Q3 2022	83,737	2,588,996	30.92
Q4 2022	83,703	2,700,286	32.26

Period	Quarter	Regression on Adjusted Days Supply		
		8-Quarter on Quarterly	12-Quarter on Quarterly	16-Quarter on Quarterly
1	Q1 2019	28.50	29.18	28.45
2	Q2 2019	28.69	29.32	28.66
3	Q3 2019	28.88	29.46	28.87
4	Q4 2019	29.08	29.60	29.08
5	Q1 2020	29.27	29.75	29.29
6	Q2 2020	29.46	29.89	29.50
7	Q3 2020	29.66	30.04	29.71
8	Q4 2020	29.86	30.18	29.93
9	Q1 2021	30.06	30.33	30.14
10	Q2 2021	30.26	30.48	30.36
11	Q3 2021	30.46	30.62	30.58
12	Q4 2021	30.66	30.77	30.80
13	Q1 2022	30.87	30.92	31.03
14	Q2 2022	31.07	31.07	31.25
15	Q3 2022	31.28	31.22	31.48
16	Q4 2022	31.49	31.38	31.71

2.7% 2.0% 2.9%

8-Quarter on Quarterly		12-Quarter on Quarterly		16-Quarter on Quarterly	
1.007	28.313	1.005	29.034	1.007	28.249
0.003	0.038	0.002	0.017	0.001	0.012
0.452	0.019	0.498	0.018	0.705	0.023
4.952	6.000	9.918	10.000	33.417	14.000

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Quarter	Membership	Adjusted Days Supply	48 Month Time Series - Days Supply				36 Month Time Series - Days Supply				24 Month Time Series - Days Supply			
			Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Additive		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Q1 2019	85,146	27.86	\$27.85		\$28.93									
Q2 2019	83,951	27.88	\$27.93		\$28.45									
Q3 2019	83,461	28.28	\$28.39		\$28.20									
Q4 2019	83,113	30.23	\$29.49		\$28.39									
Q1 2020	85,730	29.67	\$29.14		\$30.06		\$29.63		\$30.48					
Q2 2020	84,011	29.58	\$29.68		\$30.19		\$29.73		\$30.16					
Q3 2020	83,257	30.24	\$30.11		\$30.07		\$30.24		\$29.90					
Q4 2020	82,673	31.04	\$31.42		\$30.50		\$31.18		\$30.15					
Q1 2021	84,670	30.18	\$30.08		\$31.26		\$30.00		\$30.76		\$30.04		\$30.76	
Q2 2021	83,819	30.04	\$30.25		\$30.77		\$30.13		\$30.57		\$30.26		\$30.52	
Q3 2021	83,604	30.70	\$30.58		\$30.38		\$30.66		\$30.35		\$30.69		\$30.27	
Q4 2021	83,578	31.37	\$31.88		\$30.74		\$31.61		\$30.62		\$31.70		\$30.64	
Q1 2022	84,495	30.10	\$30.42	\$30.78	\$31.42	\$30.83	\$30.40	\$30.70	\$31.16	\$30.68	\$30.32	\$30.74	\$31.30	\$30.68
Q2 2022	83,736	30.60	\$30.21	\$30.77	\$30.58	\$30.78	\$30.43	\$30.77	\$30.68	\$30.70	\$30.44	\$30.78	\$30.61	\$30.71
Q3 2022	83,737	30.92	\$31.07	\$30.89	\$30.63	\$30.84	\$31.01	\$30.86	\$30.69	\$30.79	\$30.98	\$30.86	\$30.64	\$30.80
Q4 2022	83,703	32.26	\$32.13	\$30.96	\$30.90	\$30.88	\$31.93	\$30.94	\$30.88	\$30.85	\$31.96	\$30.92	\$30.89	\$30.86
Q1 2023	83,703		\$31.24	\$31.16	\$32.12	\$31.06	\$30.85	\$31.05	\$31.79	\$31.01	\$30.77	\$31.04	\$32.00	\$31.03
Q2 2023	83,703		\$31.31	\$31.44	\$32.44	\$31.52	\$30.94	\$31.18	\$31.98	\$31.33	\$30.95	\$31.17	\$32.27	\$31.45
Q3 2023	83,703		\$31.83	\$31.63	\$32.76	\$32.05	\$31.48	\$31.30	\$32.18	\$31.71	\$31.44	\$31.28	\$32.55	\$31.93
Q4 2023	83,703		\$33.02	\$31.85	\$33.08	\$32.60	\$32.42	\$31.42	\$32.38	\$32.08	\$32.45	\$31.41	\$32.82	\$32.41
Q1 2024	83,703		\$32.01	\$32.04	\$33.40	\$32.92	\$31.27	\$31.53	\$32.58	\$32.28	\$31.17	\$31.51	\$33.09	\$32.68
Q2 2024	83,703		\$32.09	\$32.24	\$33.72	\$33.24	\$31.36	\$31.63	\$32.78	\$32.48	\$31.35	\$31.60	\$33.37	\$32.96
Q3 2024	83,703		\$32.60	\$32.43	\$34.04	\$33.56	\$31.91	\$31.74	\$32.98	\$32.68	\$31.84	\$31.70	\$33.64	\$33.23
Q4 2024	83,703		\$33.79	\$32.62	\$34.36	\$33.88	\$32.85	\$31.85	\$33.18	\$32.88	\$32.85	\$31.80	\$33.91	\$33.50

Annual Trend

2.7%

4.7%

1.4%

3.2%

1.4%

4.2%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

PHARMACY TREND DEVELOPMENT - SPECIALTY

Month	Membership	Specialty Drug - Adjustment for Contract				Smoothed Allowed PMPM			
		Total Allowed Charges	Adjustment for Contract	Allowed Charges Adjusted for Contract	PMPM Adjusted for Contract	Rolling 12 PMPM Adjusted for Contract	Percentage of Allowed	Adjustment to Allowed for Transition	Smoothed Monthly PMPM
Jan-19	28,550			\$644,436	\$22.57			\$22.57	
Feb-19	28,349			\$711,177	\$25.09			\$25.09	
Mar-19	28,247			\$723,255	\$25.60			\$25.60	
Apr-19	28,086			\$843,083	\$30.02	21.8%		\$30.02	
May-19	27,962			\$704,276	\$25.19	18.3%		\$25.19	
Jun-19	27,903			\$718,899	\$25.76	18.7%		\$25.76	
Jul-19	27,898			\$755,868	\$27.09	19.6%		\$27.09	
Aug-19	27,789			\$828,910	\$29.83	21.6%		\$29.83	
Sep-19	27,774			\$752,636	\$27.10			\$27.10	
Oct-19	27,734			\$806,424	\$29.08			\$29.08	
Nov-19	27,727			\$736,717	\$26.57			\$26.57	
Dec-19	27,652			\$919,882	\$33.27			\$33.27	\$27.25
Jan-20	28,759			\$872,037	\$30.32			\$30.32	\$27.91
Feb-20	28,585			\$817,576	\$28.60			\$28.60	\$28.20
Mar-20	28,386			\$928,748	\$32.72			\$32.72	\$28.80
Apr-20	28,150			\$859,594	\$30.54	19.4%		\$30.54	\$28.85
May-20	27,990			\$914,455	\$32.67	20.7%		\$32.67	\$29.47
Jun-20	27,871			\$925,962	\$33.22	21.1%		\$33.22	\$30.09
Jul-20	27,809			\$875,435	\$31.48	20.0%		\$31.48	\$30.45
Aug-20	27,742			\$824,471	\$29.72	18.9%		\$29.72	\$30.44
Sep-20	27,706			\$1,002,543	\$36.19			\$36.19	\$31.19
Oct-20	27,667			\$983,010	\$35.53			\$35.53	\$31.72
Nov-20	27,549			\$885,885	\$32.16			\$32.16	\$32.18
Dec-20	27,457			\$957,605	\$34.88			\$34.88	\$32.32
Jan-21	28,381			\$791,606	\$27.89			\$27.89	\$32.11
Feb-21	28,203			\$895,660	\$31.76			\$31.76	\$32.38
Mar-21	28,086			\$953,280	\$33.94			\$33.94	\$32.48
Apr-21	27,981			\$1,034,072	\$36.96	22.5%	-\$3.13	\$33.82	\$32.76
May-21	27,919			\$936,551	\$33.55	20.4%	-\$1.49	\$32.06	\$32.71
Jun-21	27,919			\$932,816	\$33.41	20.3%	-\$0.72	\$32.69	\$32.66
Jul-21	27,852			\$764,080	\$27.43	16.7%	\$5.14	\$32.57	\$32.75
Aug-21	27,860			\$921,547	\$33.08	20.1%	\$0.21	\$33.28	\$33.05
Sep-21	27,892			\$948,223	\$34.00			\$34.00	\$32.87
Oct-21	27,901			\$910,537	\$32.63			\$32.63	\$32.63
Nov-21	27,843			\$1,086,337	\$39.02			\$39.02	\$33.20
Dec-21	27,834			\$1,021,146	\$36.69			\$36.69	\$33.35
Jan-22	28,263			\$1,038,304	\$36.74			\$36.74	\$34.10
Feb-22	28,154			\$1,026,617	\$36.46			\$36.46	\$34.49
Mar-22	28,078			\$1,290,094	\$45.95			\$45.95	\$35.50
Apr-22	27,981			\$1,037,991	\$37.10	17.9%		\$37.10	\$35.77
May-22	27,891			\$1,216,712	\$43.62	21.0%		\$43.62	\$36.73
Jun-22	27,864			\$1,136,187	\$40.78	19.7%		\$40.78	\$37.41
Jul-22	27,929			\$1,034,949	\$37.06	17.9%		\$37.06	\$37.78
Aug-22	27,903			\$1,364,849	\$48.91	23.6%		\$48.91	\$39.08
Sep-22	27,905			\$1,115,864	\$39.99			\$39.99	\$39.58
Oct-22	27,921			\$1,280,613	\$45.87			\$45.87	\$40.68
Nov-22	27,906			\$1,020,372	\$36.56			\$36.56	\$40.47
Dec-22	27,876			\$1,207,257	\$43.31			\$43.31	\$41.02

CY2020 / CY 2019 Annual Increase 18.6%
CY2021 / CY 2020 Annual Increase 3.2%
CY2022 / CY 2021 Annual Increase 23.0%

Month	Regression on Adjusted PMPM	
	24 Months on Monthly	24 Months on Rolling
Jan-19	\$20.94	\$23.53
Feb-19	\$21.28	\$23.80
Mar-19	\$21.60	\$24.05
Apr-19	\$21.95	\$24.33
May-19	\$22.30	\$24.60
Jun-19	\$22.66	\$24.88
Jul-19	\$23.02	\$25.16
Aug-19	\$23.40	\$25.45
Sep-19	\$23.78	\$25.75
Oct-19	\$24.15	\$26.04
Nov-19	\$24.55	\$26.34
Dec-19	\$24.94	\$26.63
Jan-20	\$25.35	\$26.94
Feb-20	\$25.76	\$27.25
Mar-20	\$26.15	\$27.54
Apr-20	\$26.58	\$27.86
May-20	\$27.00	\$28.17
Jun-20	\$27.44	\$28.50
Jul-20	\$27.88	\$28.82
Aug-20	\$28.33	\$29.15
Sep-20	\$28.80	\$29.49
Oct-20	\$29.25	\$29.82
Nov-20	\$29.73	\$30.16
Dec-20	\$30.20	\$30.50
Jan-21	\$30.70	\$30.85
Feb-21	\$31.20	\$31.21
Mar-21	\$31.66	\$31.53
Apr-21	\$32.18	\$31.90
May-21	\$32.69	\$32.25
Jun-21	\$33.22	\$32.63
Jul-21	\$33.75	\$32.99
Aug-21	\$34.30	\$33.37
Sep-21	\$34.86	\$33.76
Oct-21	\$35.41	\$34.13
Nov-21	\$35.99	\$34.53
Dec-21	\$36.56	\$34.92
Jan-22	\$37.16	\$35.32
Feb-22	\$37.76	\$35.73
Mar-22	\$38.32	\$36.10
Apr-22	\$38.95	\$36.52
May-22	\$39.56	\$36.92
Jun-22	\$40.21	\$37.35
Jul-22	\$40.85	\$37.77
Aug-22	\$41.52	\$38.20
Sep-22	\$42.20	\$38.65
Oct-22	\$42.86	\$39.08
Nov-22	\$43.56	\$39.53
Dec-22	\$44.25	\$39.97

Trend 21.0% 14.5%

Regression on Adjusted PMPM-24 Months on Monthly		Regression on Adjusted PMPM-24 Months on Rolling	
1.001	0.000	1.000	0.000
0.000	3.623	0.000	1.249
0.653	0.084	0.888	0.029
41.402	22.000	174.656	22.000

PHARMACY TREND DEVELOPMENT - GENERIC COST TREND

Month	All Generics			
	Days Supply	Average Wholesale Price	Monthly Cost per Days Supply	Rolling Cost per Days Supply
Jan-19	733,944	2,727,332	\$3.72	
Feb-19	654,361	2,485,854	\$3.80	
Mar-19	722,490	2,768,716	\$3.83	
Apr-19	728,828	2,753,410	\$3.78	
May-19	724,012	2,775,287	\$3.83	
Jun-19	695,631	2,645,013	\$3.80	
Jul-19	738,933	2,814,072	\$3.81	
Aug-19	742,395	2,876,926	\$3.88	
Sep-19	701,509	2,746,907	\$3.92	
Oct-19	769,630	3,018,567	\$3.92	
Nov-19	712,570	2,805,235	\$3.94	
Dec-19	793,754	3,137,301	\$3.95	\$3.85
Jan-20	790,168	3,036,109	\$3.84	\$3.86
Feb-20	707,983	2,803,844	\$3.96	\$3.87
Mar-20	893,395	3,475,254	\$3.89	\$3.88
Apr-20	701,608	2,698,050	\$3.85	\$3.88
May-20	701,339	2,756,565	\$3.93	\$3.89
Jun-20	775,730	2,992,383	\$3.86	\$3.89
Jul-20	764,758	3,060,781	\$4.00	\$3.91
Aug-20	747,222	2,972,703	\$3.98	\$3.92
Sep-20	780,533	3,085,279	\$3.95	\$3.92
Oct-20	767,795	3,042,138	\$3.96	\$3.93
Nov-20	755,063	3,024,232	\$4.01	\$3.93
Dec-20	847,489	3,422,162	\$4.04	\$3.94
Jan-21	771,118	3,070,454	\$3.98	\$3.95
Feb-21	712,031	2,850,557	\$4.00	\$3.95
Mar-21	851,991	3,420,825	\$4.02	\$3.97
Apr-21	778,008	3,146,978	\$4.04	\$3.98
May-21	777,257	3,187,571	\$4.10	\$4.00
Jun-21	827,900	3,338,525	\$4.03	\$4.01
Jul-21	742,555	2,979,388	\$4.01	\$4.01
Aug-21	784,629	3,256,243	\$4.15	\$4.03
Sep-21	796,079	3,246,756	\$4.08	\$4.04
Oct-21	800,956	3,260,905	\$4.07	\$4.04
Nov-21	802,284	3,366,385	\$4.20	\$4.06
Dec-21	851,644	3,519,765	\$4.13	\$4.07
Jan-22	793,257	3,280,314	\$4.14	\$4.08
Feb-22	717,989	3,042,299	\$4.24	\$4.10
Mar-22	838,707	3,505,123	\$4.18	\$4.11
Apr-22	773,958	3,271,426	\$4.23	\$4.13
May-22	812,795	3,426,903	\$4.22	\$4.14
Jun-22	814,633	3,426,825	\$4.21	\$4.15
Jul-22	775,554	3,291,219	\$4.24	\$4.17
Aug-22	850,962	3,609,711	\$4.24	\$4.18
Sep-22	805,630	3,381,007	\$4.20	\$4.19
Oct-22	816,405	3,505,895	\$4.29	\$4.21
Nov-22	806,990	3,451,513	\$4.28	\$4.22
Dec-22	867,673	3,713,170	\$4.28	\$4.23

CY2020 / CY 2019 Annual Increase 2.3%
 CY2021 / CY 2020 Annual Increase 3.3%
 CY2022 / CY 2021 Annual Increase 3.9%

Month	Regression on Cost per Days Supply on All Generics	
	24 Months on Monthly	24 months on Rolling
Jan-19	\$3.71	\$3.67
Feb-19	\$3.72	\$3.68
Mar-19	\$3.73	\$3.69
Apr-19	\$3.75	\$3.70
May-19	\$3.76	\$3.71
Jun-19	\$3.77	\$3.72
Jul-19	\$3.78	\$3.73
Aug-19	\$3.79	\$3.74
Sep-19	\$3.80	\$3.76
Oct-19	\$3.82	\$3.77
Nov-19	\$3.83	\$3.78
Dec-19	\$3.84	\$3.79
Jan-20	\$3.85	\$3.80
Feb-20	\$3.87	\$3.81
Mar-20	\$3.88	\$3.82
Apr-20	\$3.89	\$3.84
May-20	\$3.90	\$3.85
Jun-20	\$3.91	\$3.86
Jul-20	\$3.93	\$3.87
Aug-20	\$3.94	\$3.88
Sep-20	\$3.95	\$3.90
Oct-20	\$3.96	\$3.91
Nov-20	\$3.98	\$3.92
Dec-20	\$3.99	\$3.93
Jan-21	\$4.00	\$3.94
Feb-21	\$4.01	\$3.96
Mar-21	\$4.03	\$3.97
Apr-21	\$4.04	\$3.98
May-21	\$4.05	\$3.99
Jun-21	\$4.06	\$4.00
Jul-21	\$4.08	\$4.02
Aug-21	\$4.09	\$4.03
Sep-21	\$4.10	\$4.04
Oct-21	\$4.11	\$4.05
Nov-21	\$4.13	\$4.06
Dec-21	\$4.14	\$4.08
Jan-22	\$4.15	\$4.09
Feb-22	\$4.17	\$4.10
Mar-22	\$4.18	\$4.11
Apr-22	\$4.19	\$4.13
May-22	\$4.21	\$4.14
Jun-22	\$4.22	\$4.15
Jul-22	\$4.23	\$4.16
Aug-22	\$4.25	\$4.18
Sep-22	\$4.26	\$4.19
Oct-22	\$4.27	\$4.20
Nov-22	\$4.29	\$4.22
Dec-22	\$4.30	\$4.23

3.8% 3.7%

Regression on Cost per Days Supply on All Generics-24 Months on Monthly		Regression on Cost per Days Supply on All Generics	
1.000	0.043	1.000	0.048
0.000	0.390	0.000	0.050
0.863	0.009	0.997	0.001
138.062	22.000	7883.659	22.000

PHARMACY TREND DEVELOPMENT - BRAND COST TREND

Month	All Other Brands			Brands with at least four years of claims			
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Monthly Cost per Days Supply	Rolling Cost per Days Supply
Jan-19	16,921	\$185,524	\$10.96	36,162	\$554,596	\$15.34	
Feb-19	16,106	\$171,353	\$10.64	32,262	\$491,677	\$15.24	
Mar-19	14,837	\$181,197	\$12.21	35,261	\$588,035	\$16.68	
Apr-19	14,498	\$176,597	\$12.18	35,051	\$565,884	\$16.14	
May-19	15,391	\$185,467	\$12.05	37,571	\$597,569	\$15.91	
Jun-19	12,715	\$156,102	\$12.28	32,935	\$584,163	\$17.74	
Jul-19	13,457	\$201,216	\$14.95	39,501	\$639,606	\$16.19	
Aug-19	13,462	\$160,188	\$11.90	34,672	\$565,110	\$16.30	
Sep-19	14,684	\$170,547	\$11.61	37,888	\$662,302	\$17.48	
Oct-19	16,539	\$194,106	\$11.74	40,774	\$654,631	\$16.06	
Nov-19	16,058	\$187,938	\$11.70	35,999	\$586,953	\$16.30	
Dec-19	19,208	\$218,885	\$11.40	43,872	\$755,047	\$17.21	\$16.39
Jan-20	13,505	\$157,570	\$11.67	36,252	\$626,566	\$17.28	\$16.55
Feb-20	14,299	\$183,031	\$12.80	32,255	\$557,823	\$17.29	\$16.70
Mar-20	17,339	\$236,169	\$13.62	45,916	\$797,614	\$17.37	\$16.77
Apr-20	9,555	\$140,537	\$14.71	34,718	\$593,467	\$17.09	\$16.85
May-20	7,755	\$143,701	\$18.53	33,080	\$583,187	\$17.63	\$16.98
Jun-20	8,647	\$153,744	\$17.78	36,063	\$659,667	\$18.29	\$17.03
Jul-20	9,189	\$168,410	\$18.33	34,860	\$663,118	\$19.02	\$17.26
Aug-20	7,857	\$156,317	\$19.90	37,916	\$631,876	\$16.67	\$17.29
Sep-20	8,614	\$165,542	\$19.22	35,978	\$620,888	\$17.26	\$17.27
Oct-20	9,622	\$180,984	\$18.81	41,127	\$772,555	\$18.78	\$17.52
Nov-20	8,180	\$170,936	\$20.90	38,030	\$677,678	\$17.82	\$17.64
Dec-20	9,945	\$186,044	\$18.71	43,115	\$755,710	\$17.53	\$17.67
Jan-21	6,139	\$133,112	\$21.68	35,459	\$660,097	\$18.62	\$17.78
Feb-21	6,203	\$150,648	\$24.29	31,478	\$581,433	\$18.47	\$17.86
Mar-21	8,354	\$196,994	\$23.58	42,204	\$819,627	\$19.42	\$18.06
Apr-21	7,236	\$168,715	\$23.32	37,825	\$726,886	\$19.22	\$18.23
May-21	6,513	\$154,999	\$23.80	36,633	\$709,130	\$19.36	\$18.37
Jun-21	8,781	\$197,623	\$22.51	41,920	\$826,009	\$19.70	\$18.50
Jul-21	6,235	\$109,384	\$17.54	30,815	\$652,332	\$21.17	\$18.64
Aug-21	7,663	\$122,345	\$15.97	35,857	\$753,778	\$21.02	\$18.99
Sep-21	7,994	\$138,317	\$17.30	35,313	\$686,359	\$19.44	\$19.17
Oct-21	7,692	\$134,418	\$17.48	35,834	\$739,003	\$20.62	\$19.32
Nov-21	8,586	\$159,972	\$18.63	39,399	\$826,362	\$20.97	\$19.60
Dec-21	9,274	\$208,093	\$22.44	40,539	\$827,781	\$20.42	\$19.87
Jan-22	10,329	\$193,787	\$18.76	33,620	\$702,663	\$20.90	\$20.05
Feb-22	10,229	\$183,601	\$17.95	31,086	\$643,827	\$20.71	\$20.21
Mar-22	13,774	\$275,550	\$20.01	35,564	\$789,372	\$22.20	\$20.45
Apr-22	11,725	\$217,865	\$18.58	36,871	\$793,718	\$21.53	\$20.65
May-22	13,896	\$249,033	\$17.92	36,145	\$759,323	\$21.01	\$20.79
Jun-22	13,683	\$242,130	\$17.70	37,470	\$870,593	\$23.23	\$21.11
Jul-22	11,409	\$200,369	\$17.56	37,618	\$793,544	\$21.09	\$21.10
Aug-22	13,143	\$270,571	\$20.59	41,166	\$886,304	\$21.53	\$21.15
Sep-22	14,463	\$310,846	\$21.49	37,815	\$891,116	\$23.57	\$21.49
Oct-22	13,069	\$272,550	\$20.85	41,362	\$877,435	\$21.21	\$21.54
Nov-22	15,879	\$339,112	\$21.36	38,784	\$843,320	\$21.74	\$21.60
Dec-22	16,538	\$350,732	\$21.21	42,104	\$1,019,378	\$24.21	\$21.95

CY2020 / CY 2019 Annual Increase 37.8% 7.8%
 CY2021 / CY 2020 Annual Increase 26.0% 12.5%
 CY2022 / CY 2021 Annual Increase -5.0% 10.5%

Month	Regression on Cost per Days Supply on Brands with at least four years of claims	
	24 months on Monthly	24 months on Rolling
Jan-19	\$15.50	\$14.13
Feb-19	\$15.63	\$14.27
Mar-19	\$15.75	\$14.39
Apr-19	\$15.89	\$14.53
May-19	\$16.02	\$14.67
Jun-19	\$16.16	\$14.81
Jul-19	\$16.29	\$14.95
Aug-19	\$16.43	\$15.10
Sep-19	\$16.57	\$15.24
Oct-19	\$16.71	\$15.39
Nov-19	\$16.85	\$15.54
Dec-19	\$16.99	\$15.68
Jan-20	\$17.13	\$15.84
Feb-20	\$17.28	\$15.99
Mar-20	\$17.42	\$16.14
Apr-20	\$17.57	\$16.30
May-20	\$17.71	\$16.45
Jun-20	\$17.86	\$16.61
Jul-20	\$18.01	\$16.77
Aug-20	\$18.16	\$16.93
Sep-20	\$18.32	\$17.09
Oct-20	\$18.47	\$17.26
Nov-20	\$18.63	\$17.42
Dec-20	\$18.78	\$17.59
Jan-21	\$18.94	\$17.76
Feb-21	\$19.10	\$17.93
Mar-21	\$19.25	\$18.09
Apr-21	\$19.41	\$18.27
May-21	\$19.57	\$18.44
Jun-21	\$19.74	\$18.62
Jul-21	\$19.90	\$18.80
Aug-21	\$20.07	\$18.98
Sep-21	\$20.24	\$19.16
Oct-21	\$20.41	\$19.34
Nov-21	\$20.59	\$19.53
Dec-21	\$20.76	\$19.72
Jan-22	\$20.93	\$19.91
Feb-22	\$21.11	\$20.10
Mar-22	\$21.27	\$20.28
Apr-22	\$21.46	\$20.48
May-22	\$21.63	\$20.67
Jun-22	\$21.82	\$20.87
Jul-22	\$22.00	\$21.07
Aug-22	\$22.19	\$21.28
Sep-22	\$22.37	\$21.48
Oct-22	\$22.56	\$21.69
Nov-22	\$22.75	\$21.90
Dec-22	\$22.94	\$22.10

10.5% 12.1%

Regression on Cost per Days Supply on Brands with at least four years of claims-24 months on Monthly		Regression on Cost per Days Supply on Brands with at least four years of claims-24 months on Rolling	
1.000	0.000	1.000	0.000
0.000	1.625	0.000	0.278
0.720	0.038	0.991	0.006
56.472	22.000	2511.437	22.000

PHARMACY TREND DEVELOPMENT - BRAND COST TREND

Month	Vaccines			Over the Counter			All Brands - Excluding Compounds		
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply
Jan-19	528	23,597	\$44.69	12,366	17,425	\$1.41	65,977	\$781,142	\$11.84
Feb-19	323	21,269	\$65.85	13,765	17,481	\$1.27	62,456	701,780	\$11.24
Mar-19	260	18,304	\$70.40	14,264	24,061	\$1.69	64,622	811,597	\$12.56
Apr-19	175	16,787	\$95.93	14,860	21,421	\$1.44	64,584	780,689	\$12.09
May-19	262	19,942	\$76.11	16,273	22,334	\$1.37	69,497	825,312	\$11.88
Jun-19	285	20,339	\$71.36	14,407	20,540	\$1.43	60,342	781,144	\$12.95
Jul-19	310	16,228	\$52.35	14,989	21,650	\$1.44	68,257	878,699	\$12.87
Aug-19	464	21,794	\$46.97	14,938	22,659	\$1.52	63,536	769,751	\$12.12
Sep-19	918	36,979	\$40.28	13,420	21,614	\$1.61	66,910	891,442	\$13.32
Oct-19	3,132	81,766	\$26.11	14,327	20,098	\$1.40	74,772	950,602	\$12.71
Nov-19	1,493	48,133	\$32.24	14,204	19,440	\$1.37	67,754	842,465	\$12.43
Dec-19	958	38,260	\$39.94	15,632	28,634	\$1.83	79,670	1,040,826	\$13.06
Jan-20	827	35,373	\$42.77	9,815	15,705	\$1.60	60,399	835,214	\$13.83
Feb-20	558	25,937	\$46.48	9,545	16,895	\$1.77	56,657	783,686	\$13.83
Mar-20	223	19,552	\$87.68	10,466	16,195	\$1.55	73,944	1,069,529	\$14.46
Apr-20	15	2,443	\$162.85	7,183	12,933	\$1.80	51,471	749,379	\$14.56
May-20	68	4,065	\$59.78	10,336	17,715	\$1.71	51,239	748,668	\$14.61
Jun-20	126	11,373	\$90.26	10,784	17,808	\$1.65	55,620	842,592	\$15.15
Jul-20	121	16,349	\$135.12	9,526	14,478	\$1.52	53,696	862,355	\$16.06
Aug-20	484	23,126	\$47.78	10,358	16,214	\$1.57	56,615	827,532	\$14.62
Sep-20	2,281	69,532	\$30.48	10,347	15,834	\$1.53	57,220	871,796	\$15.24
Oct-20	3,793	106,870	\$28.18	9,679	18,816	\$1.94	64,221	1,079,225	\$16.80
Nov-20	1,530	60,988	\$39.86	11,733	20,062	\$1.71	59,473	929,664	\$15.63
Dec-20	595	41,457	\$69.68	10,719	18,930	\$1.77	64,374	1,002,141	\$15.57
Jan-21	292	31,314	\$107.24	10,659	13,616	\$1.28	52,549	838,139	\$15.95
Feb-21	228	20,094	\$88.13	8,471	14,554	\$1.72	46,380	766,730	\$16.53
Mar-21	94	11,931	\$126.92	10,712	14,020	\$1.31	61,364	1,042,571	\$16.99
Apr-21	49	4,525	\$92.34	11,435	17,109	\$1.50	56,545	917,236	\$16.22
May-21	58	9,958	\$171.69	10,669	15,443	\$1.45	53,873	889,530	\$16.51
Jun-21	93	10,475	\$112.63	9,922	15,959	\$1.61	60,716	1,050,065	\$17.29
Jul-21	88	11,626	\$132.12	5,914	11,036	\$1.87	43,052	784,378	\$18.22
Aug-21	139	14,114	\$101.54	6,129	14,247	\$2.32	49,788	904,484	\$18.17
Sep-21	812	32,783	\$40.37	7,089	15,859	\$2.24	51,208	873,317	\$17.05
Oct-21	2,285	84,314	\$36.90	6,134	9,092	\$1.48	51,945	966,827	\$18.61
Nov-21	1,400	56,696	\$40.50	6,778	15,300	\$2.26	56,163	1,058,329	\$18.84
Dec-21	904	39,336	\$43.51	6,648	13,807	\$2.08	57,365	1,089,017	\$18.98
Jan-22	321	27,859	\$86.79	5,914	12,788	\$2.16	50,184	937,097	\$18.67
Feb-22	97	15,801	\$162.90	4,587	7,398	\$1.61	45,999	850,628	\$18.49
Mar-22	160	23,841	\$149.01	5,086	9,030	\$1.78	54,584	1,097,793	\$20.11
Apr-22	89	16,526	\$185.68	4,999	8,721	\$1.74	53,684	1,036,830	\$19.31
May-22	96	17,805	\$185.47	5,386	8,296	\$1.54	55,523	1,034,457	\$18.63
Jun-22	101	19,617	\$194.23	5,583	12,372	\$2.22	56,837	1,144,713	\$20.14
Jul-22	110	16,907	\$153.70	5,606	9,579	\$1.71	54,743	1,020,398	\$18.64
Aug-22	197	19,019	\$96.54	6,004	11,789	\$1.96	60,510	1,187,683	\$19.63
Sep-22	1,119	49,218	\$43.98	5,396	7,532	\$1.40	58,793	1,258,713	\$21.41
Oct-22	1,996	78,134	\$39.15	6,303	12,168	\$1.93	62,730	1,240,286	\$19.77
Nov-22	1,525	67,092	\$43.99	5,310	9,307	\$1.75	61,498	1,258,830	\$20.47
Dec-22	795	38,960	\$48.98	6,582	9,961	\$1.51	66,019	1,419,031	\$21.49

CY2020 / CY 2019 Annual Increase	-1.6%	12.8%	20.9%
CY2021 / CY 2020 Annual Increase	29.3%	1.1%	16.0%
CY2022 / CY 2021 Annual Increase	16.5%	5.4%	13.5%

PHARMACY TREND DEVELOPMENT - SUMMARY

		Generic	New Generics	Brands Going Generic	Brand	Vaccines	Over the Counter	Devices	Compounds	COVID Vaccines	Non-Specialty Total	Specialty	Total Pharmacy
Experience Period Member Months	m												430,275
Experience Period Days Supply	a	12,937,913	315,088	101,443	1,165,987	8,367	108,714	212,801	4,141	100,909	14,955,361	206,007	15,161,369
Experience Period Allowed Charge per Supply	b	█	█	█	█	█	█	█	█	█		\$225.97	
Experience Period Total Allowed Charges	c = a x b	█	█	█	█	█	█	█	█	█	\$30,421,795	46,552,330	\$76,974,125
Experience Period PMPM	n = c / m	█	█	█	█	█	█	█	█	█	\$70.70	\$108.19	\$178.90
Utilization Trend	e	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		
Projected Period Days Supply	f=a x (1+e) ²	13,460,605	327,818	105,541	1,213,093	8,705	113,106	221,398	4,308	104,985	15,559,558		
Calculated Annual Trend	g	3.8%	3.8%	0.0%	10.5%	10.5%	0.0%	10.5%	0.0%	0.0%		█	
Impact on Cost of going Generic or mult source	h	█	█	█	█	█	█	█	█	█			
Projected Allowed Charge per Supply	i=b x (1+g) ² x h	█	█	█	█	█	█	█	█	█			
Projected Total Allowed Charges before Contract Changes	j = f x i	█	█	█	█	█	█	█	█	█	█	█	█
Projection Period PMPM	k = j / m	█	█	█	█	█	█	█	█	█	█	█	█
Annual Trend before Contract Changes	l = (k/n)^{1/2} - 1	█	█	█	█	█	█	█	█	█	█	█	█
Reduction of Projected Claims due to Contract Changes	o	█	█	█	█	█	█	█	█	█		█	
Projected Total Allowed Charges after Contract Changes	p = j x o	█	█	█	█	█	█	█	█	█	█	█	█
Projected PMPM after Contract Changes	q = p / m	█	█	█	█	█	█	█	█	█	█	█	█
Impact of Contract Changes on Projected Pharmacy PMPM		█	█	█	█	█	█	█	█	█	█	█	█
Annual Trend after Contract Changes		█	█	█	█	█	█	█	█	█	7.5%	19.5%	14.9%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 3J-IND

OVERALL TREND DEVELOPMENT - PROJECTION FACTOR FOR INDEX RATE CALCULATION
INDIVIDUAL MARKET

		Medical Inpatient	Medical Outpatient	Medical Pharmaceuticals	Medical Professional	Medical COVID	Pharmacy Non-Specialty	Pharmacy Specialty	Pharmacy COVID	Vision	Dental	Total	
From Exhibit 5	Total Experience Allowed Claims	a1	\$127.77	\$290.07	\$80.06	\$182.95	\$7.67	\$73.91	\$123.66	\$1.84	\$0.06	\$1.56	\$889.54
	Exclusions (Non-EHB, High Claimant, Direct COVID)	a2-a4	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$9.03	\$0.00	\$0.00	\$0.00	\$9.07
	Experience Period Allowed Claims for EHB	A	\$127.77	\$290.03	\$80.06	\$182.95	\$7.67	\$73.91	\$114.63	\$1.84	\$0.06	\$1.56	\$880.47
	Index Rate Projection Factors - Morbidity and Others	b and c	1.010	1.010	1.010	1.010	1.010	0.962	1.008	1.010	1.010	1.010	
	Uncapped Adjusted Experience Period Allowed Claims for EHB	D	\$129.07	\$292.97	\$80.87	\$184.80	\$7.74	\$71.11	\$115.58	\$1.86	\$0.06	\$1.57	\$885.62
	Selected Utilization Trend for Year 1		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Selected Utilization Trend for Year 2		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Projected Period Allowed Claims - Utilization Only		\$130.36	\$295.90	\$84.16	\$188.52	\$7.74	\$73.98	\$147.58	\$1.93	\$0.06	\$1.57	\$931.80
	Cost Trend for Year 1 - Including Rx Contract Change		1.1090	1.1119	1.1183	1.0637	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Cost Trend for Year 2 - Including Rx Contract Change		1.0659	1.0591	1.0678	1.0512	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Projected Period Allowed Claims		\$154.09	\$348.46	\$100.49	\$210.80	\$7.74	\$82.12	\$164.98	\$1.93	\$0.06	\$1.57	\$1,072.25
	Impact of Payment integrity Program		1.0000	1.0000	1.0000	1.0000	1.0000						
	Projected Period Allowed Claims		\$154.09	\$348.46	\$100.49	\$210.80	\$7.74	\$82.12	\$164.98	\$1.93	\$0.06	\$1.57	\$1,072.25
	Index Rate - d2 - Utilization Trend (Including Payment Integrity)		1.0100	1.0100	1.0407	1.0201	1.0000	1.0404	1.2769	1.0404	1.0000	1.0000	1.0522
	Index Rate - d1 - Cost Trend (including Rx Contract)		1.1821	1.1776	1.1941	1.1182	1.0000	1.1100	1.1179	1.0000	1.0000	1.0000	1.1507
	Total Trend		1.0927	1.0906	1.1147	1.0680	1.0000	1.0746	1.1948	1.0200	1.0000	1.0000	1.1003

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 3J-SMG

OVERALL TREND DEVELOPMENT - PROJECTION FACTOR FOR INDEX RATE CALCULATION
SMALL GROUP MARKET

		Medical Inpatient	Medical Outpatient	Medical Pharmaceuticals	Medical Professional	Medical COVID	Pharmacy Non- Specialty	Pharmacy Specialty	Pharmacy COVID	Vision	Dental	Total	
From Exhibit 5	Total Experience Allowed Claims	a1	\$115.05	\$236.23	\$75.86	\$157.01	\$9.56	\$65.06	\$95.39	\$1.46	\$0.09	\$1.63	\$757.34
	Exclusions (Non-EHB, High Claimant, Direct COVID)	a2-a4	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.09
	Experience Period Allowed Claims for EHB	A	\$115.05	\$236.14	\$75.86	\$157.01	\$9.56	\$65.06	\$95.39	\$1.46	\$0.09	\$1.63	\$757.26
	Index Rate Projection Factors - Morbidity and Others	b and c	1.016	1.016	1.016	1.016	0.962	1.012	1.016	1.016	1.016	1.016	
	Uncapped Adjusted Experience Period Allowed Claims for EHB	D	\$116.86	\$239.86	\$77.05	\$159.48	\$9.71	\$62.61	\$96.52	\$1.49	\$0.09	\$1.66	\$765.33
	Selected Utilization Trend for Year 1		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Selected Utilization Trend for Year 2		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Projected Period Allowed Claims - Utilization Only		\$118.03	\$242.26	\$80.19	\$162.68	\$9.71	\$65.14	\$123.25	\$1.55	\$0.09	\$1.66	\$804.56
	Cost Trend for Year 1 - Including Rx Contract Change		1.1090	1.1119	1.1183	1.0637	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Cost Trend for Year 2 - Including Rx Contract Change		1.0659	1.0591	1.0678	1.0512	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Projected Period Allowed Claims		\$139.52	\$285.29	\$95.75	\$181.91	\$9.71	\$72.30	\$137.78	\$1.55	\$0.09	\$1.66	\$925.57
	Impact of Payment integrity Program		1.0000	1.0000	1.0000	1.0000							
	Projected Period Allowed Claims		\$139.52	\$285.29	\$95.75	\$181.91	\$9.71	\$72.30	\$137.78	\$1.55	\$0.09	\$1.66	\$925.57
	Index Rate - d2 - Utilization Trend (Including Payment Integrity)		1.0100	1.0100	1.0407	1.0201	1.0000	1.0404	1.2769	1.0404	1.0000	1.0000	1.0513
	Index Rate - d1 - Cost Trend (including Rx Contract)		1.1821	1.1776	1.1941	1.1182	1.0000	1.1100	1.1179	1.0000	1.0000	1.0000	1.1504
	Total Trend		1.0927	1.0906	1.1147	1.0680	1.0000	1.0746	1.1948	1.0200	1.0000	1.0000	1.0997

RISK ADJUSTMENT CALCULATION
INDIVIDUAL MARKET

Scenario	Average Premium			
	Individual		Catastrophic	
	BCBSVT	MVP	BCBSVT	MVP
2022 Adjusted Average Premium	\$615.01		\$202.57	
2023 Approved Average Increase	13.5%		10.8%	6.3%
2024 Projected Market Mix	60.8%	39.2%	98.1%	1.9%
2024 Projected Increase	15.5%		15.2%	
2024 Projected Average Premium	\$806.14		\$258.36	

Scenario	Plan Liability Risk Score					
	Individual			Catastrophic		
	BCBSVT	MVP	Ratio	BCBSVT	MVP	Ratio
Interim 2022	1.369	1.051	1.3017	0.228	0.438	0.5201
<i>Impact of Claims Runout & Supplemental Diagnosis</i>	1.084	1.054		1.054	1.054	
Estimated Final 2022	1.484	1.108	1.3393	0.240	0.462	0.5201
<i>Impact of Model Changes</i>	0.9620	0.9620		1.000	1.000	
<i>Impact of Member Movement</i>				1.000	1.000	
<i>Impact of New Members</i>				1.000	1.000	
<i>Impact of Plan mix</i>				1.000	1.000	
Projected Final 2024	1.418	1.039	1.3652	0.240	0.462	0.5201

Factor -->	Other Risk Adjustment Factors*					
	AV		IDF		ARF	
	Individual					
	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP
Estimated Final 2022	0.719	0.706	1.046	1.039	0.986	0.991
Projected Final 2024	0.713	0.700	1.043	1.037	0.986	0.991

*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 1.00 for both carriers in all scenarios

Scenario	Risk Adjustment Transfer		
	Individual	Catastrophic	Total
	Interim 2022	-\$13,317,732	\$8,432
Estimated Final 2022	-\$14,761,023	\$8,432	-\$14,752,592
Projected Final 2024	-\$19,940,915	\$13,786	-\$19,927,130

Summary	
Projected Risk Adjustment Transfer - Before HCRP	-\$19,927,130
High Cost Risk Pool Recoveries	-\$462,282
Total Risk Adjustment Transfer	-\$20,389,412
Member Months	229,870
Net Projected Risk Adjustment PMPM	-\$88.70
Estimated Cost of High Risk Pool program	\$4.01
Paid to Allowed Ratio (from Exh 6C)	70.47%

Market Wide Adjustment for the Risk Adjustment Program	-\$120.19
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6A-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
INDIVIDUAL MARKET

	Plan	Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$911.24	1.0308	90.18%	1.0001	1.0000	\$847.10	1.0726	1.0138	1.0331	\$951.59	1,560
	Vermont Select Gold CDHP	\$911.24	1.0325	90.54%	1.0001	1.0000	\$851.90	1.0722	1.0138	1.0331	\$956.61	2,026
	Vermont Preferred Silver	\$911.24	0.9801	93.55%	1.0001	1.0000	\$835.51	1.0736	1.0138	1.0331	\$939.46	1,620
	Vermont Select Silver CDHP	\$911.24	0.9787	93.53%	1.0001	1.0000	\$834.18	1.0737	1.0138	1.0331	\$938.07	696
	Vermont Preferred Bronze	\$911.24	0.9591	68.72%	1.0001	1.0000	\$600.68	1.1013	1.0152	1.0331	\$693.81	797
	Vermont Select Bronze CDHP	\$911.24	0.9570	67.68%	1.0001	1.0000	\$590.20	1.1031	1.0153	1.0331	\$682.85	1,820
STANDARD PLANS	Standard Platinum	\$911.24	1.1183	106.20%	1.0000	1.0000	\$1,082.34	1.0574	1.0130	1.0331	\$1,197.66	1,465
	Standard Gold	\$911.24	1.0427	92.69%	1.0001	1.0000	\$880.72	1.0699	1.0136	1.0331	\$986.76	1,843
	Standard Silver	\$911.24	0.9835	94.93%	1.0001	1.0000	\$850.84	1.0723	1.0138	1.0331	\$955.50	2,454
	Standard Silver CDHP	\$911.24	0.9923	95.37%	1.0001	1.0000	\$862.42	1.0714	1.0137	1.0331	\$967.62	610
	Standard Bronze	\$911.24	0.9553	66.79%	1.0001	1.0000	\$581.47	1.1046	1.0154	1.0331	\$673.72	1,439
	Standard Bronze CDHP	\$911.24	0.9619	69.99%	1.0001	1.0000	\$613.54	1.0993	1.0151	1.0331	\$707.27	1,015
	Standard Bronze Integrated	\$911.24	0.9606	69.43%	1.0001	1.0000	\$607.85	1.1002	1.0152	1.0331	\$701.31	886
	Catastrophic	\$911.24	0.9611	69.64%	1.0002	0.3649	\$222.58	1.2690	1.0223	1.0331	\$298.29	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$911.24	0.9795	76.67%	1.0001	1.0000	\$684.38	1.0893	1.0146	1.0331	\$781.37	307
	Vermont Select Silver CDHP - Reflective	\$911.24	0.9778	76.10%	1.0001	1.0000	\$678.10	1.0901	1.0147	1.0331	\$774.80	329
	Standard Silver - Reflective	\$911.24	0.9830	77.80%	1.0001	1.0000	\$697.00	1.0877	1.0145	1.0331	\$794.57	812
	Standard Silver CDHP - Reflective	\$911.24	0.9921	80.55%	1.0001	1.0000	\$728.24	1.0841	1.0144	1.0331	\$827.26	190
	Total	\$911.24					\$772.63				\$873.69	20,126

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 6B-IND

**PLAN LEVEL ADJUSTMENTS - BENEFIT RICHNESS ADJUSTMENT FACTOR
INDIVIDUAL MARKET**

	Plan	Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	77.76%	1.0671	1.0269	1.000	\$943.46	1.0269	-\$37.06	-\$84.69	\$847.05	1.0308	1,560
	Vermont Select Gold CDHP	78.03%	1.0686	1.0283	1.000	\$946.78	1.0283	-\$37.06	-\$84.69	\$851.85	1.0325	2,026
	Vermont Preferred Silver	67.62%	1.0210	0.9826	1.000	\$974.20	0.9826	-\$37.06	-\$84.69	\$835.46	0.9801	1,620
	Vermont Select Silver CDHP	67.26%	1.0198	0.9814	1.000	\$974.03	0.9814	-\$37.06	-\$84.69	\$834.13	0.9787	696
	Vermont Preferred Bronze	61.65%	1.0036	0.9658	1.000	\$747.99	0.9658	-\$37.06	-\$84.69	\$600.63	0.9591	797
	Vermont Select Bronze CDHP	60.86%	1.0018	0.9641	1.000	\$738.44	0.9641	-\$37.06	-\$84.69	\$590.15	0.9570	1,820
STANDARD PLANS	Standard Platinum	89.80%	1.1484	1.1051	1.000	\$1,089.51	1.1051	-\$37.06	-\$84.69	\$1,082.29	1.1183	1,465
	Standard Gold	79.65%	1.0779	1.0373	1.000	\$966.38	1.0373	-\$37.06	-\$84.69	\$880.68	1.0427	1,843
	Standard Silver	68.47%	1.0241	0.9855	1.000	\$986.83	0.9855	-\$37.06	-\$84.69	\$850.79	0.9835	2,454
	Standard Silver CDHP	70.53%	1.0322	0.9933	1.000	\$990.80	0.9933	-\$37.06	-\$84.69	\$862.37	0.9923	610
	Standard Bronze	60.20%	1.0004	0.9627	1.000	\$730.41	0.9627	-\$37.06	-\$84.69	\$581.42	0.9553	1,439
	Standard Bronze CDHP	62.60%	1.0059	0.9680	1.000	\$759.56	0.9680	-\$37.06	-\$84.69	\$613.49	0.9619	1,015
	Standard Bronze Integrated	62.18%	1.0048	0.9670	1.000	\$754.46	0.9670	-\$37.06	-\$84.69	\$607.80	0.9606	886
	Catastrophic	62.33%	1.0052	0.9673	0.365	\$756.30	0.9673	-\$37.06	-\$84.69	\$609.84	0.9611	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	67.62%	1.0210	0.9826	1.000	\$820.38	0.9826	-\$37.06	-\$84.69	\$684.33	0.9795	307
	Vermont Select Silver CDHP - Reflective	67.19%	1.0195	0.9811	1.000	\$815.18	0.9811	-\$37.06	-\$84.69	\$678.05	0.9778	329
	Standard Silver - Reflective	68.47%	1.0241	0.9855	1.000	\$830.72	0.9855	-\$37.06	-\$84.69	\$696.95	0.9830	812
	Standard Silver CDHP - Reflective	70.53%	1.0321	0.9932	1.000	\$855.72	0.9932	-\$37.06	-\$84.69	\$728.19	0.9921	190
	Total		1.0392				1.0000				0.9993	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6C-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
INDIVIDUAL MARKET

	Plan	Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$1,068.48	77.76%	100.00%	113.55%	\$943.46	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$821.71	90.18%	1,560
	Vermont Select Gold CDHP	\$1,068.48	78.03%	100.00%	113.55%	\$946.78	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$825.03	90.54%	2,026
	Vermont Preferred Silver	\$1,068.48	67.62%	118.75%	113.55%	\$974.20	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$852.45	93.55%	1,620
	Vermont Select Silver CDHP	\$1,068.48	67.26%	119.36%	113.55%	\$974.03	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$852.28	93.53%	696
	Vermont Preferred Bronze	\$1,068.48	61.65%	100.00%	113.55%	\$747.99	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$626.24	68.72%	797
	Vermont Select Bronze CDHP	\$1,068.48	60.86%	100.00%	113.55%	\$738.44	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$616.69	67.68%	1,820
STANDARD PLANS	Standard Platinum	\$1,068.48	89.80%	100.00%	113.55%	\$1,089.51	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$967.77	106.20%	1,465
	Standard Gold	\$1,068.48	79.65%	100.00%	113.55%	\$966.38	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$844.64	92.69%	1,843
	Standard Silver	\$1,068.48	68.47%	118.79%	113.55%	\$986.83	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$865.08	94.93%	2,454
	Standard Silver CDHP	\$1,068.48	70.53%	115.78%	113.55%	\$990.80	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$869.05	95.37%	610
	Standard Bronze	\$1,068.48	60.20%	100.00%	113.55%	\$730.41	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$608.66	66.79%	1,439
	Standard Bronze CDHP	\$1,068.48	62.60%	100.00%	113.55%	\$759.56	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$637.81	69.99%	1,015
	Standard Bronze Integrated	\$1,068.48	62.18%	100.00%	113.55%	\$754.46	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$632.71	69.43%	886
Catastrophic	\$1,068.48	62.33%	100.00%	113.55%	\$756.30	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$634.55	69.64%	257	
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$1,068.48	67.62%	100.00%	113.55%	\$820.38	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$698.64	76.67%	307
	Vermont Select Silver CDHP - Reflective	\$1,068.48	67.19%	100.00%	113.55%	\$815.18	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$693.44	76.10%	329
	Standard Silver - Reflective	\$1,068.48	68.47%	100.00%	113.55%	\$830.72	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$708.98	77.80%	812
	Standard Silver CDHP - Reflective	\$1,068.48	70.53%	100.00%	113.55%	\$855.72	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$733.97	80.55%	190
	Total	\$1,068.48	70.47%	104.95%	113.55%	\$895.93	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$774.18	84.96%	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6D-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN
INDIVIDUAL MARKET

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	Projected Paid Claims for EHB Claims
Average Population		\$1,068.48	62.3%	\$666.02
Individual Ages 30 or Less	100.0%	\$543.84	57.6%	\$313.43
<i>Allowed Charges Adjustment</i>		<i>0.5090</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.9246</i>	

Plan Level Adjustment Calculation	
Projected Period Allowed Claims for Experience EHB	\$1,068.48
Paid to Allowed Ratio for EHB Portion	70.8%
Benefit Richness Adjustment for EHB	0.9673
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>	<i>0.4706</i>
Projected Period Paid Claims for Experience EHB	\$344.28
Non-System Claims	-\$37.06
Market Wide Adjustments	-\$84.69
Plans Benefits in addition to EHB	\$0.05
Expected Claims Cost	\$222.58
Market Adjusted Index Rate	\$911.24
Paid to Allowed Ratio	69.6%
Benefit Richness Adjustment	0.9611
Plan Benefits in addition to EHB	1.0002
For Catastrophic Only - Impact of Eligibility	0.3649
Expected Claims Cost	\$222.58
Total Adjustment for Catastrophic Plan	0.3649

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6E-IND

PLAN LEVEL ADJUSTMENTS - IMPACT OF SELECTION
INDIVIDUAL MARKET

Plan	Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor				
	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership
Vermont Preferred Gold	\$1,068.48	1.0269	77.76%	1.0000	\$853.16	\$1,068.48	1.1201	87.14%	\$1,042.95	1,560
Vermont Select Gold CDHP	\$1,068.48	1.0283	78.03%	1.0000	\$857.39	\$1,068.48	1.7624	87.85%	\$1,654.27	2,026
Vermont Preferred Bronze	\$1,068.48	0.9658	61.65%	1.0000	\$636.15	\$1,068.48	0.5264	71.04%	\$399.58	797
Vermont Select Bronze CDHP	\$1,068.48	0.9641	60.86%	1.0000	\$626.92	\$1,068.48	0.5264	69.56%	\$391.22	1,820
Standard Platinum	\$1,068.48	1.1051	89.80%	1.0000	\$1,060.32	\$1,068.48	1.8573	94.63%	\$1,877.90	1,465
Standard Gold	\$1,068.48	1.0373	79.65%	1.0000	\$882.77	\$1,068.48	1.1201	85.27%	\$1,020.55	1,843
Standard Bronze	\$1,068.48	0.9627	60.20%	1.0000	\$619.24	\$1,068.48	0.5264	69.35%	\$390.08	1,432
Standard Bronze CDHP	\$1,068.48	0.9680	62.60%	1.0000	\$647.48	\$1,068.48	0.5264	70.89%	\$398.74	1,015
Standard Bronze Integrated	\$1,068.48	0.9670	62.18%	1.0000	\$642.47	\$1,068.48	0.5264	71.57%	\$402.52	886
Catastrophic	\$1,068.48	0.9673	62.33%	0.4706	\$303.19	\$1,068.48	0.2944	55.61%	\$174.96	257
Vermont Preferred Silver - Reflective	\$1,068.48	0.9826	67.62%	1.0000	\$709.86	\$1,068.48	0.7798	74.94%	\$624.37	307
Vermont Select Silver CDHP - Reflective	\$1,068.48	0.9811	67.19%	1.0000	\$704.33	\$1,068.48	0.7798	71.96%	\$599.56	329
Standard Silver - Reflective	\$1,068.48	0.9855	68.47%	1.0000	\$720.97	\$1,068.48	0.7798	74.20%	\$618.20	812
Standard Silver CDHP - Reflective	\$1,068.48	0.9932	70.53%	1.0000	\$748.49	\$1,068.48	0.7798	75.60%	\$629.93	190
Vermont Preferred Silver	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	0.8889	75.54%	\$717.44	134
Vermont Preferred Silver - CSR 73%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	0.8772	75.54%	\$707.98	140
Vermont Preferred Silver - CSR 77%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.0128	77.60%	\$839.75	389
Vermont Preferred Silver - CSR 87%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.0439	88.82%	\$990.70	712
Vermont Preferred Silver - CSR 94%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.1654	93.12%	\$1,159.47	245
Vermont Select Silver CDHP	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	0.8889	73.31%	\$696.28	77
Vermont Select Silver CDHP - CSR 73%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	0.8772	73.31%	\$687.10	60
Vermont Select Silver CDHP - CSR 77%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.0128	74.91%	\$810.66	154
Vermont Select Silver CDHP - CSR 87%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.0439	86.10%	\$960.35	292
Vermont Select Silver CDHP - CSR 94%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.1654	92.02%	\$1,145.81	113
Standard Silver	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	0.8889	74.32%	\$705.90	220
Standard Silver - CSR 73%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	0.8772	74.32%	\$696.60	207
Standard Silver - CSR 77%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.0128	77.61%	\$839.85	505
Standard Silver - CSR 87%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.0439	87.00%	\$970.33	1,127
Standard Silver - CSR 94%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.1654	92.63%	\$1,153.44	395
Standard Silver CDHP	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	0.8889	75.47%	\$716.81	74
Standard Silver CDHP - CSR 73%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	0.8772	75.47%	\$707.36	44
Standard Silver CDHP - CSR 77%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.0128	77.09%	\$834.28	113
Standard Silver CDHP - CSR 87%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.0439	86.34%	\$963.01	285
Standard Silver CDHP - CSR 94%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.1654	92.06%	\$1,146.30	94
All CSR 100%	\$1,068.48	0.9627	60.20%	1.0000	\$619.24	\$1,068.48	1.1654	96.28%	\$1,198.90	7
Total					\$787.58				\$894.33	20,126

Impact of Selection = \$894.33 / \$787.58 = 1.1355

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 7A-IND

**DETAILS OF ADMINISTRATIVE CHARGES
INDIVIDUAL MARKET**

	Plan	BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$58.92	\$0.21	\$0.00	\$2.38	\$61.51	1.0726	6.46%	1,560
	Vermont Select Gold CDHP	\$58.92	\$0.22	\$0.00	\$2.39	\$61.53	1.0722	6.43%	2,026
	Vermont Preferred Silver	\$58.92	\$0.21	\$0.00	\$2.35	\$61.48	1.0736	6.54%	1,620
	Vermont Select Silver CDHP	\$58.92	\$0.21	\$0.00	\$2.35	\$61.48	1.0737	6.55%	696
	Vermont Preferred Bronze	\$58.92	\$0.21	\$0.00	\$1.73	\$60.87	1.1013	8.77%	797
	Vermont Select Bronze CDHP	\$58.92	\$0.22	\$0.00	\$1.71	\$60.84	1.1031	8.91%	1,820
STANDARD PLANS	Standard Platinum	\$58.92	\$0.21	\$0.00	\$2.99	\$62.13	1.0574	5.19%	1,465
	Standard Gold	\$58.92	\$0.21	\$0.00	\$2.47	\$61.60	1.0699	6.24%	1,843
	Standard Silver	\$58.92	\$0.21	\$0.00	\$2.39	\$61.52	1.0723	6.44%	2,454
	Standard Silver CDHP	\$58.92	\$0.22	\$0.00	\$2.42	\$61.55	1.0714	6.36%	610
	Standard Bronze	\$58.92	\$0.21	\$0.00	\$1.68	\$60.82	1.1046	9.03%	1,439
	Standard Bronze CDHP	\$58.92	\$0.22	\$0.00	\$1.77	\$60.90	1.0993	8.61%	1,015
	Standard Bronze Integrated	\$58.92	\$0.21	\$0.00	\$1.75	\$60.89	1.1002	8.68%	886
	Catastrophic	\$58.92	\$0.21	\$0.00	\$0.75	\$59.88	1.2690	20.07%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$58.92	\$0.21	\$0.00	\$1.95	\$61.09	1.0893	7.82%	307
	Vermont Select Silver CDHP - Reflective	\$58.92	\$0.22	\$0.00	\$1.94	\$61.07	1.0901	7.88%	329
	Standard Silver - Reflective	\$58.92	\$0.21	\$0.00	\$1.99	\$61.12	1.0877	7.69%	812
	Standard Silver CDHP - Reflective	\$58.92	\$0.22	\$0.00	\$2.07	\$61.21	1.0841	7.40%	190
	Total	\$58.92	\$0.22	\$0.00	\$2.18	\$61.32	1.0794	7.02%	20,126

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 7B-IND

**DETAILS OF CONTRIBUTION TO RESERVE
INDIVIDUAL MARKET**

	Plan	Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$28.55	\$1.90	\$30.45	1.0331	3.00%	0.20%	1,560
	Vermont Select Gold CDHP	\$28.70	\$1.91	\$30.61	1.0331	3.00%	0.20%	2,026
	Vermont Preferred Silver	\$28.18	\$1.88	\$30.06	1.0331	3.00%	0.20%	1,620
	Vermont Select Silver CDHP	\$28.14	\$1.88	\$30.02	1.0331	3.00%	0.20%	696
	Vermont Preferred Bronze	\$20.81	\$1.39	\$22.20	1.0331	3.00%	0.20%	797
	Vermont Select Bronze CDHP	\$20.49	\$1.37	\$21.85	1.0331	3.00%	0.20%	1,820
STANDARD PLANS	Standard Platinum	\$35.93	\$2.40	\$38.33	1.0331	3.00%	0.20%	1,465
	Standard Gold	\$29.60	\$1.97	\$31.58	1.0331	3.00%	0.20%	1,843
	Standard Silver	\$28.66	\$1.91	\$30.58	1.0331	3.00%	0.20%	2,454
	Standard Silver CDHP	\$29.03	\$1.94	\$30.96	1.0331	3.00%	0.20%	610
	Standard Bronze	\$20.21	\$1.35	\$21.56	1.0331	3.00%	0.20%	1,439
	Standard Bronze CDHP	\$21.22	\$1.41	\$22.63	1.0331	3.00%	0.20%	1,015
	Standard Bronze Integrated	\$21.04	\$1.40	\$22.44	1.0331	3.00%	0.20%	886
	Catastrophic	\$8.95	\$0.60	\$9.55	1.0331	3.00%	0.20%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$23.44	\$1.56	\$25.00	1.0331	3.00%	0.20%	307
	Vermont Select Silver CDHP - Reflective	\$23.24	\$1.55	\$24.79	1.0331	3.00%	0.20%	329
	Standard Silver - Reflective	\$23.84	\$1.59	\$25.43	1.0331	3.00%	0.20%	812
	Standard Silver CDHP - Reflective	\$24.82	\$1.65	\$26.47	1.0331	3.00%	0.20%	190
	Total	\$26.21	\$1.75	\$27.96	1.0331	3.00%	0.20%	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 7C-IND

DETAILS OF TAXES AND FEES
INDIVIDUAL MARKET

Plan	0.800%	0.199%	GMCB Billbacks	Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership	
	State Assessment - HCCA	State Tax - VITL									
NON-STANDARD PLANS	Vermont Preferred Gold	\$7.77	\$1.93	\$2.32	\$0.29	\$0.00	\$0.21	\$12.53	1.0138	1.32%	1,560
	Vermont Select Gold CDHP	\$7.81	\$1.94	\$2.32	\$0.29	\$0.00	\$0.21	\$12.57	1.0138	1.31%	2,026
	Vermont Preferred Silver	\$7.68	\$1.91	\$2.32	\$0.29	\$0.00	\$0.21	\$12.41	1.0138	1.32%	1,620
	Vermont Select Silver CDHP	\$7.66	\$1.91	\$2.32	\$0.29	\$0.00	\$0.21	\$12.40	1.0138	1.32%	696
	Vermont Preferred Bronze	\$5.80	\$1.44	\$2.32	\$0.29	\$0.00	\$0.21	\$10.06	1.0152	1.45%	797
	Vermont Select Bronze CDHP	\$5.71	\$1.42	\$2.32	\$0.29	\$0.00	\$0.21	\$9.96	1.0153	1.46%	1,820
STANDARD PLANS	Standard Platinum	\$9.65	\$2.40	\$2.32	\$0.29	\$0.00	\$0.21	\$14.88	1.0130	1.24%	1,465
	Standard Gold	\$8.04	\$2.00	\$2.32	\$0.29	\$0.00	\$0.21	\$12.86	1.0136	1.30%	1,843
	Standard Silver	\$7.80	\$1.94	\$2.32	\$0.29	\$0.00	\$0.21	\$12.56	1.0138	1.31%	2,454
	Standard Silver CDHP	\$7.89	\$1.96	\$2.32	\$0.29	\$0.00	\$0.21	\$12.68	1.0137	1.31%	610
	Standard Bronze	\$5.64	\$1.40	\$2.32	\$0.29	\$0.00	\$0.21	\$9.87	1.0154	1.47%	1,439
	Standard Bronze CDHP	\$5.90	\$1.47	\$2.32	\$0.29	\$0.00	\$0.21	\$10.19	1.0151	1.44%	1,015
	Standard Bronze Integrated	\$5.85	\$1.46	\$2.32	\$0.29	\$0.00	\$0.21	\$10.14	1.0152	1.45%	886
	Catastrophic	\$2.77	\$0.69	\$2.32	\$0.29	\$0.00	\$0.21	\$6.29	1.0223	2.11%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$6.47	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.90	1.0146	1.39%	307
	Vermont Select Silver CDHP - Reflective	\$6.42	\$1.60	\$2.32	\$0.29	\$0.00	\$0.21	\$10.84	1.0147	1.40%	329
	Standard Silver - Reflective	\$6.57	\$1.63	\$2.32	\$0.29	\$0.00	\$0.21	\$11.03	1.0145	1.39%	812
	Standard Silver CDHP - Reflective	\$6.82	\$1.70	\$2.32	\$0.29	\$0.00	\$0.21	\$11.34	1.0144	1.37%	190
Total	\$7.17	\$1.78	\$2.32	\$0.29	\$0.00	\$0.21	\$11.78	1.0141	1.35%	20,126	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 8-IND

FEDERAL MINIMUM LOSS RATIO - PROJECTION
INDIVIDUAL MARKET

	Plan	Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$930.40	-\$84.69	\$1.65	\$847.36	\$951.59	-\$4.76	\$946.83	89.5%	1,560
	Vermont Select Gold CDHP	\$935.24	-\$84.69	\$1.65	\$852.20	\$956.61	-\$4.77	\$951.84	89.5%	2,026
	Vermont Preferred Silver	\$918.71	-\$84.69	\$1.65	\$835.68	\$939.46	-\$4.73	\$934.73	89.4%	1,620
	Vermont Select Silver CDHP	\$917.37	-\$84.69	\$1.65	\$834.34	\$938.07	-\$4.73	\$933.34	89.4%	696
	Vermont Preferred Bronze	\$682.00	-\$84.69	\$1.65	\$598.97	\$693.81	-\$4.27	\$689.54	86.9%	797
	Vermont Select Bronze CDHP	\$671.44	-\$84.69	\$1.65	\$588.40	\$682.85	-\$4.25	\$678.60	86.7%	1,820
STANDARD PLANS	Standard Platinum	\$1,167.52	-\$84.69	\$1.65	\$1,084.48	\$1,197.66	-\$5.23	\$1,192.44	90.9%	1,465
	Standard Gold	\$964.29	-\$84.69	\$1.65	\$881.26	\$986.76	-\$4.82	\$981.94	89.7%	1,843
	Standard Silver	\$934.17	-\$84.69	\$1.65	\$851.13	\$955.50	-\$4.76	\$950.73	89.5%	2,454
	Standard Silver CDHP	\$945.84	-\$84.69	\$1.65	\$862.81	\$967.62	-\$4.79	\$962.83	89.6%	610
	Standard Bronze	\$662.64	-\$84.69	\$1.65	\$579.61	\$673.72	-\$4.23	\$669.49	86.6%	1,439
	Standard Bronze CDHP	\$694.97	-\$84.69	\$1.65	\$611.94	\$707.27	-\$4.29	\$702.98	87.0%	1,015
	Standard Bronze Integrated	\$689.23	-\$84.69	\$1.65	\$606.20	\$701.31	-\$4.28	\$697.03	87.0%	886
	Catastrophic	\$300.89	-\$84.69	\$1.65	\$217.85	\$298.29	-\$3.51	\$294.78	73.9%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$766.38	-\$84.69	\$1.65	\$683.34	\$781.37	-\$4.43	\$776.94	88.0%	307
	Vermont Select Silver CDHP - Reflective	\$760.04	-\$84.69	\$1.65	\$677.01	\$774.80	-\$4.42	\$770.38	87.9%	329
	Standard Silver - Reflective	\$779.09	-\$84.69	\$1.65	\$696.06	\$794.57	-\$4.46	\$790.11	88.1%	812
	Standard Silver CDHP - Reflective	\$810.59	-\$84.69	\$1.65	\$727.55	\$827.26	-\$4.52	\$822.74	88.4%	190
Total		\$855.34	-\$84.69	\$1.65	\$772.30	\$873.69	-\$4.61	\$869.08	88.9%	20,126

*Approximately 2.8% of current BCBSVT Administrative Charges are for health care quality plus

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 9A-IND

CONTRACT CONVERSION FACTOR
INDIVIDUAL MARKET

	Plan	Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Preliminary Rates				Projected Contracts			
							Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	1,560	\$951.59	1.4801	1.3770	1.0749	\$1,022.86	\$2,045.72	\$1,974.12	\$2,874.24	712	205	29	96
	Vermont Select Gold CDHP	2,026	\$956.61	1.4801	1.3770	1.0749	\$1,028.26	\$2,056.52	\$1,984.54	\$2,889.41	646	299	42	174
	Vermont Preferred Silver	1,620	\$939.46	1.4801	1.3770	1.0749	\$1,009.83	\$2,019.66	\$1,948.97	\$2,837.62	1,062	202	17	33
	Vermont Select Silver CDHP	696	\$938.07	1.4801	1.3770	1.0749	\$1,008.33	\$2,016.66	\$1,946.08	\$2,833.41	425	99	6	17
	Vermont Preferred Bronze	797	\$693.81	1.4801	1.3770	1.0749	\$745.78	\$1,491.56	\$1,439.36	\$2,095.64	427	94	16	41
	Vermont Select Bronze CDHP	1,820	\$682.85	1.4801	1.3770	1.0749	\$733.99	\$1,467.98	\$1,416.60	\$2,062.51	765	236	29	136
STANDARD PLANS	Standard Platinum	1,465	\$1,197.66	1.4801	1.3770	1.0749	\$1,287.37	\$2,574.74	\$2,484.62	\$3,617.51	597	188	45	93
	Standard Gold	1,843	\$986.76	1.4801	1.3770	1.0749	\$1,060.67	\$2,121.34	\$2,047.09	\$2,980.48	680	239	36	149
	Standard Silver	2,454	\$955.50	1.4801	1.3770	1.0749	\$1,027.06	\$2,054.12	\$1,982.23	\$2,886.04	1,375	397	42	57
	Standard Silver CDHP	610	\$967.62	1.4801	1.3770	1.0749	\$1,040.09	\$2,080.18	\$2,007.37	\$2,922.65	335	96	5	22
	Standard Bronze	1,439	\$673.72	1.4801	1.3770	1.0749	\$724.18	\$1,448.36	\$1,397.67	\$2,034.95	730	175	26	80
	Standard Bronze CDHP	1,015	\$707.27	1.4801	1.3770	1.0749	\$760.25	\$1,520.50	\$1,467.28	\$2,136.30	461	98	23	80
	Standard Bronze Integrated	886	\$701.31	1.4801	1.3770	1.0749	\$753.84	\$1,507.68	\$1,454.91	\$2,118.29	492	87	14	48
	Catastrophic	257	\$298.29	1.0198	1.0193	1.0005	\$298.44	\$596.88	\$575.99	\$838.62	247	3	2	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	307	\$781.37	1.4801	1.3770	1.0749	\$839.89	\$1,679.78	\$1,620.99	\$2,360.09	129	30	6	27
	Vermont Select Silver CDHP - Reflective	329	\$774.80	1.4801	1.3770	1.0749	\$832.83	\$1,665.66	\$1,607.36	\$2,340.25	112	25	6	38
	Standard Silver - Reflective	812	\$794.57	1.4801	1.3770	1.0749	\$854.08	\$1,708.16	\$1,648.37	\$2,399.96	283	64	28	85
	Standard Silver CDHP - Reflective	190	\$827.26	1.4801	1.3770	1.0749	\$889.22	\$1,778.44	\$1,716.19	\$2,498.71	73	17	5	18
Total		20,126	\$873.69											

Additional Factor for Contract Conversion Factor	99.99%
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CONSUMER ADJUSTED PREMIUM RATES
INDIVIDUAL MARKET

	Plan	Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2024 Proposed Rates				2023 Approved Rates				2024 Proposed Rate Increases			
				Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	\$951.59	1.0748	\$1,022.77	\$2,045.54	\$1,973.95	\$2,873.98	\$894.00	\$1,788.00	\$1,725.42	\$2,512.14	14.4%	14.4%	14.4%	14.4%
	Vermont Select Gold CDHP	\$956.61	1.0748	\$1,028.17	\$2,056.34	\$1,984.37	\$2,889.16	\$913.28	\$1,826.56	\$1,762.63	\$2,566.32	12.6%	12.6%	12.6%	12.6%
	Vermont Preferred Silver	\$939.46	1.0748	\$1,009.73	\$2,019.46	\$1,948.78	\$2,837.34	\$841.08	\$1,682.16	\$1,623.28	\$2,363.43	20.1%	20.1%	20.1%	20.1%
	Vermont Select Silver CDHP	\$938.07	1.0748	\$1,008.24	\$2,016.48	\$1,945.90	\$2,833.15	\$837.38	\$1,674.76	\$1,616.14	\$2,353.04	20.4%	20.4%	20.4%	20.4%
	Vermont Preferred Bronze	\$693.81	1.0748	\$745.71	\$1,491.42	\$1,439.22	\$2,095.45	\$653.11	\$1,306.22	\$1,260.50	\$1,835.24	14.2%	14.2%	14.2%	14.2%
	Vermont Select Bronze CDHP	\$682.85	1.0748	\$733.93	\$1,467.86	\$1,416.48	\$2,062.34	\$645.48	\$1,290.96	\$1,245.78	\$1,813.80	13.7%	13.7%	13.7%	13.7%
STANDARD PLANS	Standard Platinum	\$1,197.66	1.0748	\$1,287.25	\$2,574.50	\$2,484.39	\$3,617.17	\$1,134.56	\$2,269.12	\$2,189.70	\$3,188.11	13.5%	13.5%	13.5%	13.5%
	Standard Gold	\$986.76	1.0748	\$1,060.57	\$2,121.14	\$2,046.90	\$2,980.20	\$941.63	\$1,883.26	\$1,817.35	\$2,645.98	12.6%	12.6%	12.6%	12.6%
	Standard Silver	\$955.50	1.0748	\$1,026.97	\$2,053.94	\$1,982.05	\$2,885.79	\$848.31	\$1,696.62	\$1,637.24	\$2,383.75	21.1%	21.1%	21.1%	21.1%
	Standard Silver CDHP	\$967.62	1.0748	\$1,040.00	\$2,080.00	\$2,007.20	\$2,922.40	\$875.58	\$1,751.16	\$1,689.87	\$2,460.38	18.8%	18.8%	18.8%	18.8%
	Standard Bronze	\$673.72	1.0748	\$724.11	\$1,448.22	\$1,397.53	\$2,034.75	\$640.78	\$1,281.56	\$1,236.71	\$1,800.59	13.0%	13.0%	13.0%	13.0%
	Standard Bronze CDHP	\$707.27	1.0748	\$760.18	\$1,520.36	\$1,467.15	\$2,136.11	\$663.06	\$1,326.12	\$1,279.71	\$1,863.20	14.6%	14.6%	14.6%	14.6%
	Standard Bronze Integrated	\$701.31	1.0748	\$753.77	\$1,507.54	\$1,454.78	\$2,118.09	\$660.98	\$1,321.96	\$1,275.69	\$1,857.35	14.0%	14.0%	14.0%	14.0%
	Catastrophic	\$298.29	1.0004	\$298.41	\$596.82	\$575.93	\$838.53	\$259.13	\$518.26	\$500.12	\$728.16	15.2%	15.2%	15.2%	15.2%
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$781.37	1.0748	\$839.81	\$1,679.62	\$1,620.83	\$2,359.87	\$735.30	\$1,470.60	\$1,419.13	\$2,066.19	14.2%	14.2%	14.2%	14.2%
	Vermont Select Silver CDHP - Reflective	\$774.80	1.0748	\$832.75	\$1,665.50	\$1,607.21	\$2,340.03	\$737.96	\$1,475.92	\$1,424.26	\$2,073.67	12.8%	12.8%	12.8%	12.8%
	Standard Silver - Reflective	\$794.57	1.0748	\$854.00	\$1,708.00	\$1,648.22	\$2,399.74	\$747.00	\$1,494.00	\$1,441.71	\$2,099.07	14.3%	14.3%	14.3%	14.3%
	Standard Silver CDHP - Reflective	\$827.26	1.0748	\$889.14	\$1,778.28	\$1,716.04	\$2,498.48	\$790.97	\$1,581.94	\$1,526.57	\$2,222.63	12.4%	12.4%	12.4%	12.4%
Total				\$211,000,243				\$182,656,400				15.518%			

CONSUMER ADJUSTED PREMIUM RATES
INDIVIDUAL MARKET

	Plan	Inforce Contracts				Projected Contracts			
		Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	586	169	24	79	712	205	29	96
	Vermont Select Gold CDHP	609	282	40	163	646	299	42	174
	Vermont Preferred Silver	988	209	21	42	1,062	202	17	33
	Vermont Select Silver CDHP	412	105	9	23	425	99	6	17
	Vermont Preferred Bronze	352	77	13	34	427	94	16	41
	Vermont Select Bronze CDHP	721	222	27	129	765	236	29	136
STANDARD PLANS	Standard Platinum	597	188	45	93	597	188	45	93
	Standard Gold	581	204	31	127	680	239	36	149
	Standard Silver	1,256	403	43	79	1,375	397	42	57
	Standard Silver CDHP	307	103	9	30	335	96	5	22
	Standard Bronze	624	149	22	69	730	175	26	80
	Standard Bronze CDHP	381	81	19	66	461	98	23	80
	Standard Bronze Integrated	421	74	12	41	492	87	14	48
	Catastrophic	247	3	2	0	247	3	2	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	106	25	5	22	129	30	6	27
	Vermont Select Silver CDHP - Reflective	106	24	6	35	112	25	6	38
	Standard Silver - Reflective	242	55	24	72	283	64	28	85
	Standard Silver CDHP - Reflective	60	14	4	15	73	17	5	18
Total		12,458				13,676			

RISK ADJUSTMENT CALCULATION
SMALL GROUP MARKET

Table 1		Average Premium	
Scenario	Small Group		
	BCBSVT	MVP	
2022 Adjusted Average Premium	\$561.89		
2023 Approved Average Increase	13.6%		
2024 Projected Market Mix	57.2%	42.8%	
2024 Projected Increase	14.5%		
2024 Projected Average Premium	\$731.23		

Table 2		Plan Liability Risk Score		
Scenario	Small Group			
	BCBSVT	MVP	Ratio	
Interim 2022	1.275	1.089	1.1701	
<i>Impact of Claims Runout & Supplemental Diagnosis</i>	1.084	1.054		
Estimated Final 2022	1.381	1.148	1.2035	
<i>Impact of Model Changes</i>	0.9709	0.9709		
<i>Impact of Member Movement</i>				
<i>Impact of New Members</i>				
<i>Impact of Plan mix</i>				
Projected Final 2024	1.334	1.100	1.2128	

Table 3		Other Risk Adjustment Factors					
Factor -->	AV	IDF		ARF			
		Small Group					
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP	
Estimated Final 2022	0.764	0.760	1.069	1.065	0.977	0.979	
Projected Final 2024	0.762	0.753	1.067	1.063	0.977	0.979	

Table 4		Risk Adjustment Transfer	
	Small Group	Total	
	Interim 2022	-\$9,579,344	-\$9,579,344
Estimated Final 2022	-\$11,339,783	-\$11,339,783	
Projected Final 2024	-\$14,667,461	-\$14,667,461	

Summary	
Projected Risk Adjustment Transfer - Before HCRP	-\$14,667,461
High Cost Risk Pool Recoveries	\$0
Total Risk Adjustment Transfer	-\$14,667,461
Member Months	283,848
Net Projected Risk Adjustment PMPM	-\$51.67
Estimated Cost of High Risk Pool program	\$5.60
Paid to Allowed Ratio (from Exh 6C)	75.29%

Market Wide Adjustment for the Risk Adjustment Program	-\$61.19
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6A-SMG

PLAN LEVEL ADJUSTMENTS - SUMMARY
SMALL GROUP MARKET

	Plan	Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$821.25	1.0051	86.91%	1.0001	1.0000	\$717.53	1.0677	1.0142	1.0309	\$801.02	805
	Vermont Select Gold CDHP	\$821.25	1.0067	87.26%	1.0001	1.0000	\$721.51	1.0676	1.0142	1.0309	\$805.40	5,924
	Vermont Preferred Silver	\$821.25	0.9557	74.20%	1.0002	1.0000	\$582.47	1.0831	1.0151	1.0309	\$660.24	0
	Vermont Select Silver CDHP	\$821.25	0.9543	73.75%	1.0002	1.0000	\$578.12	1.0843	1.0151	1.0309	\$656.03	0
	Vermont Preferred Bronze	\$821.25	0.9360	66.72%	1.0002	1.0000	\$512.99	1.0941	1.0158	1.0309	\$587.75	251
	Vermont Select Bronze CDHP	\$821.25	0.9340	65.73%	1.0002	1.0000	\$504.29	1.0960	1.0158	1.0309	\$578.82	986
STANDARD PLANS	Standard Platinum	\$821.25	1.0895	102.00%	1.0001	1.0000	\$912.78	1.0534	1.0134	1.0309	\$1,004.53	4,278
	Standard Gold	\$821.25	1.0165	89.28%	1.0001	1.0000	\$745.44	1.0651	1.0141	1.0309	\$830.05	2,582
	Standard Silver	\$821.25	0.9591	75.27%	1.0002	1.0000	\$592.94	1.0817	1.0150	1.0309	\$671.15	0
	Standard Silver CDHP	\$821.25	0.9678	77.85%	1.0002	1.0000	\$618.91	1.0783	1.0148	1.0309	\$698.23	0
	Standard Bronze	\$821.25	0.9323	64.90%	1.0002	1.0000	\$497.05	1.0974	1.0159	1.0309	\$571.30	896
	Standard Bronze CDHP	\$821.25	0.9387	67.92%	1.0002	1.0000	\$523.67	1.0924	1.0156	1.0309	\$598.96	734
	Standard Bronze Integrated	\$821.25	0.9375	67.39%	1.0002	1.0000	\$518.94	1.0930	1.0157	1.0309	\$593.94	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$821.25	0.9557	74.20%	1.0002	1.0000	\$582.47	1.0831	1.0151	1.0309	\$660.24	855
	Vermont Select Silver CDHP - Reflective	\$821.25	0.9541	73.66%	1.0002	1.0000	\$577.25	1.0844	1.0152	1.0309	\$655.13	1,919
	Standard Silver - Reflective	\$821.25	0.9591	75.27%	1.0002	1.0000	\$592.94	1.0817	1.0150	1.0309	\$671.15	2,915
	Standard Silver CDHP - Reflective	\$821.25	0.9678	77.85%	1.0002	1.0000	\$618.87	1.0783	1.0148	1.0309	\$698.19	1,294
	Total	\$821.25					\$692.64				\$775.16	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6B-SMG

PLAN LEVEL ADJUSTMENTS - BENEFIT RICHNESS ADJUSTMENT FACTOR
SMALL GROUP MARKET

	Plan	Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	77.76%	1.0671	1.0045	1.000	\$800.48	1.0045	-\$40.63	-\$46.07	\$717.42	1.0051	805
	Vermont Select Gold CDHP	78.03%	1.0686	1.0060	1.000	\$803.30	1.0060	-\$40.63	-\$46.07	\$721.41	1.0067	5,924
	Vermont Preferred Silver	67.62%	1.0210	0.9612	1.000	\$696.06	0.9612	-\$40.63	-\$46.07	\$582.36	0.9557	0
	Vermont Select Silver CDHP	67.26%	1.0198	0.9600	1.000	\$692.38	0.9600	-\$40.63	-\$46.07	\$578.01	0.9543	0
	Vermont Preferred Bronze	61.65%	1.0036	0.9448	1.000	\$634.64	0.9448	-\$40.63	-\$46.07	\$512.89	0.9360	251
	Vermont Select Bronze CDHP	60.86%	1.0018	0.9431	1.000	\$626.53	0.9431	-\$40.63	-\$46.07	\$504.19	0.9340	986
STANDARD PLANS	Standard Platinum	89.80%	1.1484	1.0811	1.000	\$924.40	1.0811	-\$40.63	-\$46.07	\$912.67	1.0895	4,278
	Standard Gold	79.65%	1.0779	1.0148	1.000	\$819.93	1.0148	-\$40.63	-\$46.07	\$745.33	1.0165	2,582
	Standard Silver	68.47%	1.0241	0.9641	1.000	\$704.83	0.9641	-\$40.63	-\$46.07	\$592.83	0.9591	0
	Standard Silver CDHP	70.53%	1.0322	0.9717	1.000	\$726.06	0.9717	-\$40.63	-\$46.07	\$618.80	0.9678	0
	Standard Bronze	60.20%	1.0004	0.9418	1.000	\$619.72	0.9418	-\$40.63	-\$46.07	\$496.95	0.9323	896
	Standard Bronze CDHP	62.60%	1.0059	0.9470	1.000	\$644.45	0.9470	-\$40.63	-\$46.07	\$523.57	0.9387	734
	Standard Bronze Integrated	62.18%	1.0048	0.9460	1.000	\$640.13	0.9460	-\$40.63	-\$46.07	\$518.84	0.9375	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	67.62%	1.0210	0.9612	1.000	\$696.06	0.9612	-\$40.63	-\$46.07	\$582.36	0.9557	855
	Vermont Select Silver CDHP - Reflective	67.19%	1.0195	0.9598	1.000	\$691.65	0.9598	-\$40.63	-\$46.07	\$577.15	0.9541	1,919
	Standard Silver - Reflective	68.47%	1.0241	0.9641	1.000	\$704.83	0.9641	-\$40.63	-\$46.07	\$592.83	0.9591	2,915
	Standard Silver CDHP - Reflective	70.53%	1.0321	0.9717	1.000	\$726.03	0.9717	-\$40.63	-\$46.07	\$618.77	0.9678	1,294
	Total		1.0622				1.0000				0.9992	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6C-SMG

PLAN LEVEL ADJUSTMENTS - SUMMARY
SMALL GROUP MARKET

	Plan	Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$923.07	77.76%	100.00%	111.52%	\$800.48	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$713.78	86.91%	805
	Vermont Select Gold CDHP	\$923.07	78.03%	100.00%	111.52%	\$803.30	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$716.60	87.26%	5,924
	Vermont Preferred Silver	\$923.07	67.62%	100.00%	111.52%	\$696.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$609.36	74.20%	0
	Vermont Select Silver CDHP	\$923.07	67.26%	100.00%	111.52%	\$692.38	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$605.68	73.75%	0
	Vermont Preferred Bronze	\$923.07	61.65%	100.00%	111.52%	\$634.64	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$547.93	66.72%	251
	Vermont Select Bronze CDHP	\$923.07	60.86%	100.00%	111.52%	\$626.53	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$539.83	65.73%	986
STANDARD PLANS	Standard Platinum	\$923.07	89.80%	100.00%	111.52%	\$924.40	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$837.70	102.00%	4,278
	Standard Gold	\$923.07	79.65%	100.00%	111.52%	\$819.93	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$733.23	89.28%	2,582
	Standard Silver	\$923.07	68.47%	100.00%	111.52%	\$704.83	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$618.13	75.27%	0
	Standard Silver CDHP	\$923.07	70.53%	100.00%	111.52%	\$726.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$639.36	77.85%	0
	Standard Bronze	\$923.07	60.20%	100.00%	111.52%	\$619.72	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$533.01	64.90%	896
	Standard Bronze CDHP	\$923.07	62.60%	100.00%	111.52%	\$644.45	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$557.75	67.92%	734
	Standard Bronze Integrated	\$923.07	62.18%	100.00%	111.52%	\$640.13	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$553.42	67.39%	215
Catastrophic	\$923.07	0.00%	100.00%	111.52%	\$0.00	-\$40.63	-\$46.07	-\$61.19	\$821.25	-\$86.70	-10.56%	0	
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$923.07	67.62%	100.00%	111.52%	\$696.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$609.36	74.20%	855
	Vermont Select Silver CDHP - Reflective	\$923.07	67.19%	100.00%	111.52%	\$691.65	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$604.94	73.66%	1,919
	Standard Silver - Reflective	\$923.07	68.47%	100.00%	111.52%	\$704.83	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$618.13	75.27%	2,915
	Standard Silver CDHP - Reflective	\$923.07	70.53%	100.00%	111.52%	\$726.03	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$639.33	77.85%	1,294
	Total	\$923.07	75.29%	100.00%	111.52%	\$775.10	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$688.40	83.82%	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6E-SMG

PLAN LEVEL ADJUSTMENTS - IMPACT OF SELECTION
SMALL GROUP MARKET

Plan	Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor					
	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership	
NON-STANDARD PLANS	Vermont Preferred Gold	\$923.07	1.0045	77.76%	1.0000	\$721.04	\$923.07	0.9726	87.14%	\$782.39	805
	Vermont Select Gold CDHP	\$923.07	1.0060	78.03%	1.0000	\$724.61	\$923.07	1.3318	87.85%	\$1,080.02	5,924
	Vermont Preferred Silver	\$923.07	0.9612	67.62%	1.0000	\$599.93	\$923.07	0.7168	78.69%	\$520.68	0
	Vermont Select Silver CDHP	\$923.07	0.9600	67.26%	1.0000	\$596.03	\$923.07	0.7168	76.21%	\$504.29	0
	Vermont Preferred Bronze	\$923.07	0.9448	61.65%	1.0000	\$537.64	\$923.07	0.7280	71.04%	\$477.38	251
	Vermont Select Bronze CDHP	\$923.07	0.9431	60.86%	1.0000	\$529.84	\$923.07	0.7280	69.56%	\$467.38	986
STANDARD PLANS	Standard Platinum	\$923.07	1.0811	89.80%	1.0000	\$896.12	\$923.07	1.2203	94.63%	\$1,065.92	4,278
	Standard Gold	\$923.07	1.0148	79.65%	1.0000	\$746.07	\$923.07	0.9726	85.27%	\$765.59	2,582
	Standard Silver	\$923.07	0.9641	68.47%	1.0000	\$609.32	\$923.07	0.7168	77.44%	\$512.42	0
	Standard Silver CDHP	\$923.07	0.9717	70.53%	1.0000	\$632.61	\$923.07	0.7168	78.72%	\$520.92	0
	Standard Bronze	\$923.07	0.9418	60.20%	1.0000	\$523.34	\$923.07	0.7280	69.35%	\$466.03	896
	Standard Bronze CDHP	\$923.07	0.9470	62.60%	1.0000	\$547.21	\$923.07	0.7280	70.89%	\$476.37	734
	Standard Bronze Integrated	\$923.07	0.9460	62.18%	1.0000	\$542.98	\$923.07	0.7280	71.57%	\$480.89	215
	Catastrophic	\$923.07	0.0000	0.00%	1.0000	\$0.00	\$923.07	0.0000	0.00%	\$0.00	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$923.07	0.9612	67.62%	1.0000	\$599.93	\$923.07	0.7168	74.94%	\$495.86	855
	Vermont Select Silver CDHP - Reflective	\$923.07	0.9598	67.19%	1.0000	\$595.26	\$923.07	0.7168	71.96%	\$476.16	1,919
	Standard Silver - Reflective	\$923.07	0.9641	68.47%	1.0000	\$609.32	\$923.07	0.7168	74.20%	\$490.96	2,915
	Standard Silver CDHP - Reflective	\$923.07	0.9717	70.53%	1.0000	\$632.58	\$923.07	0.7168	75.60%	\$500.27	1,294
Total					\$698.73				\$779.24	23,654	

Impact of Selection = \$779.24 / \$698.73 =

1.1152

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 7A-SMG

**DETAILS OF ADMINISTRATIVE CHARGES
SMALL GROUP MARKET**

	Plan	BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$47.29	\$0.48	\$0.00	\$0.80	\$48.58	1.0677	6.06%	805
	Vermont Select Gold CDHP	\$47.29	\$0.69	\$0.00	\$0.81	\$48.79	1.0676	6.06%	5,924
	Vermont Preferred Silver	\$47.29	\$0.47	\$0.00	\$0.66	\$48.43	1.0831	7.33%	0
	Vermont Select Silver CDHP	\$47.29	\$0.79	\$0.00	\$0.66	\$48.74	1.0843	7.43%	0
	Vermont Preferred Bronze	\$47.29	\$0.40	\$0.00	\$0.59	\$48.28	1.0941	8.21%	251
	Vermont Select Bronze CDHP	\$47.29	\$0.53	\$0.00	\$0.58	\$48.40	1.0960	8.36%	986
STANDARD PLANS	Standard Platinum	\$47.29	\$0.48	\$0.00	\$1.00	\$48.78	1.0534	4.86%	4,278
	Standard Gold	\$47.29	\$0.42	\$0.00	\$0.83	\$48.54	1.0651	5.85%	2,582
	Standard Silver	\$47.29	\$0.47	\$0.00	\$0.67	\$48.44	1.0817	7.22%	0
	Standard Silver CDHP	\$47.29	\$0.48	\$0.00	\$0.70	\$48.47	1.0783	6.94%	0
	Standard Bronze	\$47.29	\$0.56	\$0.00	\$0.57	\$48.42	1.0974	8.48%	896
	Standard Bronze CDHP	\$47.29	\$0.47	\$0.00	\$0.60	\$48.37	1.0924	8.08%	734
	Standard Bronze Integrated	\$47.29	\$0.39	\$0.00	\$0.59	\$48.28	1.0930	8.13%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$47.29	\$0.47	\$0.00	\$0.66	\$48.43	1.0831	7.33%	855
	Vermont Select Silver CDHP - Reflective	\$47.29	\$0.79	\$0.00	\$0.66	\$48.74	1.0844	7.44%	1,919
	Standard Silver - Reflective	\$47.29	\$0.47	\$0.00	\$0.67	\$48.44	1.0817	7.22%	2,915
	Standard Silver CDHP - Reflective	\$47.29	\$0.48	\$0.00	\$0.70	\$48.47	1.0783	6.94%	1,294
Total		\$47.29	\$0.55	\$0.00	\$0.78	\$48.62	1.0702	6.27%	23,654

DETAILS OF CONTRIBUTION TO RESERVE
SMALL GROUP MARKET

	Plan	Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$24.03	\$0.00	\$24.03	1.0309	3.00%	0.00%	805
	Vermont Select Gold CDHP	\$24.16	\$0.00	\$24.16	1.0309	3.00%	0.00%	5,924
	Vermont Preferred Silver	\$19.81	\$0.00	\$19.81	1.0309	3.00%	0.00%	0
	Vermont Select Silver CDHP	\$19.68	\$0.00	\$19.68	1.0309	3.00%	0.00%	0
	Vermont Preferred Bronze	\$17.63	\$0.00	\$17.63	1.0309	3.00%	0.00%	251
	Vermont Select Bronze CDHP	\$17.36	\$0.00	\$17.36	1.0309	3.00%	0.00%	986
STANDARD PLANS	Standard Platinum	\$30.14	\$0.00	\$30.14	1.0309	3.00%	0.00%	4,278
	Standard Gold	\$24.90	\$0.00	\$24.90	1.0309	3.00%	0.00%	2,582
	Standard Silver	\$20.13	\$0.00	\$20.13	1.0309	3.00%	0.00%	0
	Standard Silver CDHP	\$20.95	\$0.00	\$20.95	1.0309	3.00%	0.00%	0
	Standard Bronze	\$17.14	\$0.00	\$17.14	1.0309	3.00%	0.00%	896
	Standard Bronze CDHP	\$17.97	\$0.00	\$17.97	1.0309	3.00%	0.00%	734
	Standard Bronze Integrated	\$17.82	\$0.00	\$17.82	1.0309	3.00%	0.00%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$19.81	\$0.00	\$19.81	1.0309	3.00%	0.00%	855
	Vermont Select Silver CDHP - Reflective	\$19.65	\$0.00	\$19.65	1.0309	3.00%	0.00%	1,919
	Standard Silver - Reflective	\$20.13	\$0.00	\$20.13	1.0309	3.00%	0.00%	2,915
	Standard Silver CDHP - Reflective	\$20.95	\$0.00	\$20.95	1.0309	3.00%	0.00%	1,294
Total		\$23.25	\$0.00	\$23.25	1.0309	3.00%	0.00%	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 7C-SMG

DETAILS OF TAXES AND FEES
SMALL GROUP MARKET

Plan	0.800%		0.199%		Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership
	State Assessment - HCCA	State Tax - VITL	GMCB Billbacks								
NON-STANDARD PLANS	Vermont Preferred Gold	\$6.46	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.89	1.0142	1.36%	805
	Vermont Select Gold CDHP	\$6.49	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.93	1.0142	1.36%	5,924
	Vermont Preferred Silver	\$5.38	\$1.34	\$2.32	\$0.29	\$0.00	\$0.21	\$9.54	1.0151	1.44%	0
	Vermont Select Silver CDHP	\$5.34	\$1.33	\$2.32	\$0.29	\$0.00	\$0.21	\$9.50	1.0151	1.45%	0
	Vermont Preferred Bronze	\$4.82	\$1.20	\$2.32	\$0.29	\$0.00	\$0.21	\$8.84	1.0158	1.50%	251
	Vermont Select Bronze CDHP	\$4.75	\$1.18	\$2.32	\$0.29	\$0.00	\$0.21	\$8.76	1.0158	1.51%	986
STANDARD PLANS	Standard Platinum	\$8.02	\$1.99	\$2.32	\$0.29	\$0.00	\$0.21	\$12.84	1.0134	1.28%	4,278
	Standard Gold	\$6.68	\$1.66	\$2.32	\$0.29	\$0.00	\$0.21	\$11.17	1.0141	1.35%	2,582
	Standard Silver	\$5.46	\$1.36	\$2.32	\$0.29	\$0.00	\$0.21	\$9.64	1.0150	1.44%	0
	Standard Silver CDHP	\$5.67	\$1.41	\$2.32	\$0.29	\$0.00	\$0.21	\$9.90	1.0148	1.42%	0
	Standard Bronze	\$4.69	\$1.17	\$2.32	\$0.29	\$0.00	\$0.21	\$8.69	1.0159	1.52%	896
	Standard Bronze CDHP	\$4.91	\$1.22	\$2.32	\$0.29	\$0.00	\$0.21	\$8.95	1.0156	1.49%	734
REFLECTIVE PLANS	Standard Bronze Integrated	\$4.87	\$1.21	\$2.32	\$0.29	\$0.00	\$0.21	\$8.90	1.0157	1.50%	215
	Vermont Preferred Silver - Reflective	\$5.38	\$1.34	\$2.32	\$0.29	\$0.00	\$0.21	\$9.54	1.0151	1.44%	855
	Vermont Select Silver CDHP - Reflective	\$5.33	\$1.33	\$2.32	\$0.29	\$0.00	\$0.21	\$9.49	1.0152	1.45%	1,919
	Standard Silver - Reflective	\$5.46	\$1.36	\$2.32	\$0.29	\$0.00	\$0.21	\$9.64	1.0150	1.44%	2,915
	Standard Silver CDHP - Reflective	\$5.67	\$1.41	\$2.32	\$0.29	\$0.00	\$0.21	\$9.90	1.0148	1.42%	1,294
Total		\$6.26	\$1.56	\$2.32	\$0.29	\$0.00	\$0.21	\$10.64	1.0144	1.37%	23,654

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 8-SMG

**FEDERAL MINIMUM LOSS RATIO - PROJECTION
SMALL GROUP MARKET**

	Plan	Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$765.75	-\$46.07	\$1.69	\$721.36	\$801.02	-\$4.43	\$796.59	90.6%	805
	Vermont Select Gold CDHP	\$769.77	-\$46.07	\$1.70	\$725.39	\$805.40	-\$4.44	\$800.96	90.6%	5,924
	Vermont Preferred Silver	\$629.61	-\$46.07	\$1.69	\$585.22	\$660.24	-\$4.16	\$656.07	89.2%	0
	Vermont Select Silver CDHP	\$625.22	-\$46.07	\$1.70	\$580.85	\$656.03	-\$4.15	\$651.88	89.1%	0
	Vermont Preferred Bronze	\$559.58	-\$46.07	\$1.68	\$515.19	\$587.75	-\$4.02	\$583.73	88.3%	251
	Vermont Select Bronze CDHP	\$550.81	-\$46.07	\$1.69	\$506.42	\$578.82	-\$4.01	\$574.81	88.1%	986
STANDARD PLANS	Standard Platinum	\$962.56	-\$46.07	\$1.69	\$918.18	\$1,004.53	-\$4.82	\$999.71	91.8%	4,278
	Standard Gold	\$793.88	-\$46.07	\$1.69	\$749.49	\$830.05	-\$4.49	\$825.56	90.8%	2,582
	Standard Silver	\$640.16	-\$46.07	\$1.69	\$595.78	\$671.15	-\$4.18	\$666.97	89.3%	0
	Standard Silver CDHP	\$666.34	-\$46.07	\$1.69	\$621.95	\$698.23	-\$4.23	\$693.99	89.6%	0
	Standard Bronze	\$543.51	-\$46.07	\$1.69	\$499.12	\$571.30	-\$3.99	\$567.31	88.0%	896
	Standard Bronze CDHP	\$570.34	-\$46.07	\$1.69	\$525.96	\$598.96	-\$4.05	\$594.91	88.4%	734
	Standard Bronze Integrated	\$565.58	-\$46.07	\$1.68	\$521.19	\$593.94	-\$4.04	\$589.91	88.4%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$629.61	-\$46.07	\$1.69	\$585.22	\$660.24	-\$4.16	\$656.07	89.2%	855
	Vermont Select Silver CDHP - Reflective	\$624.35	-\$46.07	\$1.70	\$579.98	\$655.13	-\$4.15	\$650.98	89.1%	1,919
	Standard Silver - Reflective	\$640.16	-\$46.07	\$1.69	\$595.78	\$671.15	-\$4.18	\$666.97	89.3%	2,915
	Standard Silver CDHP - Reflective	\$666.30	-\$46.07	\$1.69	\$621.92	\$698.19	-\$4.23	\$693.96	89.6%	1,294
	Total	\$740.66	-\$46.07	\$1.69	\$696.28	\$775.16	-\$4.38	\$770.78	90.3%	23,654

*Approximately 3.53% of current BCBSVT Administrative Charges are for health care quality plus

CONTRACT CONVERSION FACTOR
SMALL GROUP MARKET

	Plan	Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Preliminary Rates				Projected Contracts			
							Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	805	\$801.02	1.7384	1.5219	1.1423	\$915.01	\$1,830.02	\$1,765.97	\$2,571.18	369	59	17	71
	Vermont Select Gold CDHP	5,924	\$805.40	1.7384	1.5219	1.1423	\$920.00	\$1,840.00	\$1,775.60	\$2,585.20	1,585	636	179	656
	Vermont Preferred Silver	0	\$660.24	1.7384	1.5219	1.1423	\$754.19	\$1,508.38	\$1,455.59	\$2,119.27	0	0	0	0
	Vermont Select Silver CDHP	0	\$656.03	1.7384	1.5219	1.1423	\$749.38	\$1,498.76	\$1,446.30	\$2,105.76	0	0	0	0
	Vermont Preferred Bronze	251	\$587.75	1.7384	1.5219	1.1423	\$671.39	\$1,342.78	\$1,295.78	\$1,886.61	146	17	0	19
	Vermont Select Bronze CDHP	986	\$578.82	1.7384	1.5219	1.1423	\$661.18	\$1,322.36	\$1,276.08	\$1,857.92	355	84	22	102
STANDARD PLANS	Standard Platinum	4,278	\$1,004.53	1.7384	1.5219	1.1423	\$1,147.47	\$2,294.94	\$2,214.62	\$3,224.39	1,345	444	140	434
	Standard Gold	2,582	\$830.05	1.7384	1.5219	1.1423	\$948.16	\$1,896.32	\$1,829.95	\$2,664.33	1,024	247	74	228
	Standard Silver	0	\$671.15	1.7384	1.5219	1.1423	\$766.66	\$1,533.32	\$1,479.65	\$2,154.31	0	0	0	0
	Standard Silver CDHP	0	\$698.23	1.7384	1.5219	1.1423	\$797.59	\$1,595.18	\$1,539.35	\$2,241.23	0	0	0	0
	Standard Bronze	896	\$571.30	1.7384	1.5219	1.1423	\$652.59	\$1,305.18	\$1,259.50	\$1,833.78	388	80	24	74
	Standard Bronze CDHP	734	\$598.96	1.7384	1.5219	1.1423	\$684.19	\$1,368.38	\$1,320.49	\$1,922.57	303	66	15	71
	Standard Bronze Integrated	215	\$593.94	1.7384	1.5219	1.1423	\$678.46	\$1,356.92	\$1,309.43	\$1,906.47	114	15	2	18
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	855	\$660.24	1.7384	1.5219	1.1423	\$754.19	\$1,508.38	\$1,455.59	\$2,119.27	383	62	26	77
	Vermont Select Silver CDHP - Reflective	1,919	\$655.13	1.7384	1.5219	1.1423	\$748.35	\$1,496.70	\$1,444.32	\$2,102.86	565	179	34	236
	Standard Silver - Reflective	2,915	\$671.15	1.7384	1.5219	1.1423	\$766.66	\$1,533.32	\$1,479.65	\$2,154.31	1,325	276	69	222
	Standard Silver CDHP - Reflective	1,294	\$698.19	1.7384	1.5219	1.1423	\$797.55	\$1,595.10	\$1,539.27	\$2,241.12	452	112	36	130
Total		23,654	\$775.16							\$774.13				
							Additional Factor for Contract Conversion Factor				100.13%			

CONSUMER ADJUSTED PREMIUM RATES
SMALL GROUP MARKET

	Plan	Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2024 Proposed Rates				2023 Approved Rates				2024 Proposed Rate Increases			
				Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	\$801.02	1.1438	\$916.21	\$1,832.42	\$1,768.29	\$2,574.55	\$791.42	\$1,582.84	\$1,527.44	\$2,223.89	15.8%	15.8%	15.8%	15.8%
	Vermont Select Gold CDHP	\$805.40	1.1438	\$921.21	\$1,842.42	\$1,777.94	\$2,588.60	\$807.84	\$1,615.68	\$1,559.13	\$2,270.03	14.0%	14.0%	14.0%	14.0%
	Vermont Preferred Silver	\$660.24	1.1438	\$755.18	\$1,510.36	\$1,457.50	\$2,122.06	\$657.25	\$1,314.50	\$1,268.49	\$1,846.87	14.9%	14.9%	14.9%	14.9%
	Vermont Select Silver CDHP	\$656.03	1.1438	\$750.37	\$1,500.74	\$1,448.21	\$2,108.54	\$660.73	\$1,321.46	\$1,275.21	\$1,856.65	13.6%	13.6%	13.6%	13.6%
	Vermont Preferred Bronze	\$587.75	1.1438	\$672.27	\$1,344.54	\$1,297.48	\$1,889.08	\$587.78	\$1,175.56	\$1,134.42	\$1,651.66	14.4%	14.4%	14.4%	14.4%
	Vermont Select Bronze CDHP	\$578.82	1.1438	\$662.05	\$1,324.10	\$1,277.76	\$1,860.36	\$581.44	\$1,162.88	\$1,122.18	\$1,633.85	13.9%	13.9%	13.9%	13.9%
STANDARD PLANS	Standard Platinum	\$1,004.53	1.1438	\$1,148.98	\$2,297.96	\$2,217.53	\$3,228.63	\$994.55	\$1,989.10	\$1,919.48	\$2,794.69	15.5%	15.5%	15.5%	15.5%
	Standard Gold	\$830.05	1.1438	\$949.41	\$1,898.82	\$1,832.36	\$2,667.84	\$831.51	\$1,663.02	\$1,604.81	\$2,336.54	14.2%	14.2%	14.2%	14.2%
	Standard Silver	\$671.15	1.1438	\$767.66	\$1,535.32	\$1,481.58	\$2,157.12	\$667.16	\$1,334.32	\$1,287.62	\$1,874.72	15.1%	15.1%	15.1%	15.1%
	Standard Silver CDHP	\$698.23	1.1438	\$798.63	\$1,597.26	\$1,541.36	\$2,244.15	\$704.29	\$1,408.58	\$1,359.28	\$1,979.05	13.4%	13.4%	13.4%	13.4%
	Standard Bronze	\$571.30	1.1438	\$653.45	\$1,306.90	\$1,261.16	\$1,836.19	\$577.51	\$1,155.02	\$1,114.59	\$1,622.80	13.1%	13.1%	13.2%	13.1%
	Standard Bronze CDHP	\$598.96	1.1438	\$685.09	\$1,370.18	\$1,322.22	\$1,925.10	\$596.43	\$1,192.86	\$1,151.11	\$1,675.97	14.9%	14.9%	14.9%	14.9%
	Standard Bronze Integrated	\$593.94	1.1438	\$679.35	\$1,358.70	\$1,311.15	\$1,908.97	\$594.37	\$1,188.74	\$1,147.13	\$1,670.18	14.3%	14.3%	14.3%	14.3%
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$660.24	1.1438	\$755.18	\$1,510.36	\$1,457.50	\$2,122.06	\$657.24	\$1,314.48	\$1,268.47	\$1,846.84	14.9%	14.9%	14.9%	14.9%
	Vermont Select Silver CDHP - Reflective	\$655.13	1.1438	\$749.34	\$1,498.68	\$1,446.23	\$2,105.65	\$659.82	\$1,319.64	\$1,273.45	\$1,854.09	13.6%	13.6%	13.6%	13.6%
	Standard Silver - Reflective	\$671.15	1.1438	\$767.66	\$1,535.32	\$1,481.58	\$2,157.12	\$667.15	\$1,334.30	\$1,287.60	\$1,874.69	15.1%	15.1%	15.1%	15.1%
	Standard Silver CDHP - Reflective	\$698.19	1.1438	\$798.59	\$1,597.18	\$1,541.28	\$2,244.04	\$704.25	\$1,408.50	\$1,359.20	\$1,978.94	13.4%	13.4%	13.4%	13.4%
Total				\$220,023,780				\$192,108,942				14.531%			

CONSUMER ADJUSTED PREMIUM RATES
SMALL GROUP MARKET

	Plan	Inforce Contracts				Projected Contracts			
		Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	349	53	15	65	369	59	17	71
	Vermont Select Gold CDHP	1,434	595	167	614	1,585	636	179	656
	Vermont Preferred Silver	0	0	0	0	0	0	0	0
	Vermont Select Silver CDHP	0	0	0	0	0	0	0	0
	Vermont Preferred Bronze	140	15	0	17	146	17	0	19
	Vermont Select Bronze CDHP	330	77	20	95	355	84	22	102
STANDARD PLANS	Standard Platinum	1,236	414	132	403	1,345	444	140	434
	Standard Gold	958	229	69	210	1,024	247	74	228
	Standard Silver	0	0	0	0	0	0	0	0
	Standard Silver CDHP	0	0	0	0	0	0	0	0
	Standard Bronze	365	74	22	68	388	80	24	74
	Standard Bronze CDHP	284	61	14	66	303	66	15	71
	Standard Bronze Integrated Catastrophic	108	13	2	16	114	15	2	18
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	361	56	24	71	383	62	26	77
	Vermont Select Silver CDHP - Reflective	516	166	30	222	565	179	34	236
	Standard Silver - Reflective	1,251	256	63	201	1,325	276	69	222
	Standard Silver CDHP - Reflective	419	103	33	121	452	112	36	130
Total		12,623				13,607			

State of Vermont

Actuarial Value Certification for 2024 Standard Plan Designs

March 30, 2023

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Table of Contents

Executive Summary	1
Regulatory Background.....	2
CSR Loading	3
Chiropractic and Physical Therapy Copays	4
Limiting Out-of-Pocket Expenses for Insulin	4
Addition of Hearing Aid Coverage to EHBs.....	5
Actuarial Value Considerations	5
Methodology	9
Vermont-Specific Adjustment Model	9
Adjusted AV Calculations	11
Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing.....	13
Insulin Out-of-Pocket Limit.....	14
Disclosures and Limitations.....	15
Appendix A: Actuarial Certification	18
Appendix B: Summary of Plan Design Changes from 2023 Designs.....	20
Appendix C: On and Off-Exchange Reflective Silver Standard Plan Designs.....	21
Appendix D: Comments Relative to Applicable ASOPs.....	22
Appendix E: Standard Plan Designs	26
Appendix F: Summary of Adjustments Considered and Final Adjusted AVs.....	30
Appendix G: Screen Shots and AV Development.....	31

Executive Summary

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 markets. In 2023, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs 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 2023 standard plan designs are all continuing in 2024.

For each of the Silver standard plan designs, the cost-sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels. There is uncertainty on whether the Vermont-specific CSR plans will be offered in 2024.

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2024 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 2024 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The 2024 Notice of Benefit and Payment Parameters (NBPP) and Federal Actuarial Value Calculator (AVC) Model are still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes. In addition, the IRS limits for HDHPs have not been released yet for 2024. Additional changes may be required to the Silver and Bronze HDHPs, should the plan designs presented here not comply with federal or state requirements.

A detailed list of the changes from the 2023 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – The medical deductible and medical Maximum Out of Pocket (MOOP) were increased.

- Gold – The pharmacy Maximum Out of Pocket (MOOP) was increased. The specialist, physical therapist/chiropractor, urgent care, ambulance, generic drug and preferred brand drug copays were all increased.
- Silver Deductible – The combined medical/pharmacy MOOP and pharmacy only MOOP were increased.
- Bronze Deductible with Pharmacy Limit – The combined medical/pharmacy MOOP and pharmacy only MOOP were increased.
- Bronze Deductible without Pharmacy Limit – The combined deductible and combined MOOP were increased.
- Silver HDHP – The embedded individual combined medical/pharmacy MOOP was increased. In addition, all medical coinsurances were increased 5%.
- Bronze HDHP – The combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, 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 de minimis range around the target AVs for each metal level. The 2024 draft NBPP proposed a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a Gold plan. Consistent with the final 2023 NBPP, the 2024 draft NBPP proposed a smaller range for On-Exchange Silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange Silver plans would continue to be subject to the -2% to +2% range. The plan designs presented here comply with the proposed AV ranges. 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%. Plans that meet these criteria include HDHPs and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) released the draft 2024 Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. The 2024 plan designs presented in this report are compliant with the draft 2024 AVC. However, should there be changes between the draft and final versions, changes may be required to be in compliance with the de minimis AV ranges. Changes to the plan designs will be dependent on the magnitude and direction of changes between the draft and final versions of the AVC.

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2024. The limitation will be \$9,450 for 2024, an increase of \$350 from the \$9,100 limit in 2023T

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 2024. The 2023 minimum deductible and MOOP were \$1,500 and \$7,500, respectively. The 2023 increases were significantly higher than the historical averages, where the deductible had increased \$50 every two to three years and the MOOP has increased around \$100 a year. We do not anticipate increases in the deductible for 2024 but should the minimum deductible differ when the limits are released, changes may be required to both HDHPs (and corresponding Silver CSR HDHPs). Since the HDHP MOOPs are below the 2023 maximum, it is not likely that any changes would be needed for any IRS changes to the 2024 MOOP limit.

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2024.

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

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

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

Chiropractic and Physical Therapy Copays

Act No. 7² requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). All of the Silver and Bronze Deductible plans are in compliance. HDHPs are exempt from the requirement since they are deductible and coinsurance based.

Limiting Out-of-Pocket Expenses for Insulin

Bill S.296³, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. This act limits a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost-sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. We have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range for 2024. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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

³ <https://legislature.vermont.gov/bill/status/2020/S.296>

Addition of Hearing Aid Coverage to EHBs

The Vermont EHBs were expanded for the 2024 year to include one set of prescription hearing aids every three years as well as annual hearing exams.⁴ The cost sharing for these benefits is to be standardized such that the hearing aids are covered with the same cost sharing as durable medical equipment (DME), and the annual exam is covered the same as a specialist office visit. This was determined to not impact actuarial values sufficiently to warrant an adjustment, but we recommend issuers add an explicit line for DME (which aligns with Outpatient Coinsurance) to assist in transparency.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five 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;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all 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, CCIO has stated and regulations dictate that modifications should be made only for substantial differences. The five potential substantial differences that Wakely considered include:

⁴<https://governor.vermont.gov/press-release/federal-government-approves-expanded-coverage-vermont%E2%80%99s-essential-health-benefits>

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate.⁵ 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 HDHPs 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 if the family MOOP is more than the 2024 single limit of \$9,450, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,450. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,500 and \$3,000 for individual and family coverage in 2023, 2024 amounts not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,500 and \$3,000 for individual and family coverage in 2023) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,500 for individual or \$3,000 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 \$1,500 or \$3,000, 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.

⁵ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

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.

- The 2024 plan designs for all plans except the HDHPs and the Bronze Deductible plan with Pharmacy Limit include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2024 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, as well as the CSR 87% and 95% plans, and therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, a specific adjustment has been made to the AVs for those plans.
- 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 and MOOP are met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on 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, we requested that they review the appropriateness of this adjustment for the 2024 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

- Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by

the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

Wakely did not make a specific adjustment for this requirement but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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, the three free PCP and MH/SA office visits, 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. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

Table 1: Adjusted Acceptable Federal Actuarial Values

	Plan	Acceptable Range ¹	Final Adjusted AV
Deductible Plans	Platinum	88.0%-92.0%	90.1%
	Gold	78.0%-82.0%	81.3%
	Silver	70.0%-72.0%	70.7%
	Bronze (with drug limit)	58.0%-64.9%	62.0%
	Bronze (without drug limit)	58.0%-64.9%	64.8%
HDHPs	Silver - Embedded OOPM	70.0%-71.5%	71.3%
	Bronze - Embedded OOPM	58.0%-64.4%	63.0%
	250-300% FPL (73% AV)	73.0%-74.0%	73.7%

Cost Sharing Reduction Plan Designs - Deductible Plans	200-250% FPL (77% AV)	77.0%-78.0%	77.3%
	150-200% FPL (87% AV)	87.0%-88.0%	88.0%
	133-150% FPL (94% AV)	94.0%-95.0%	94.9%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	73.0%-73.5%	73.5%
	200-250% FPL (77% AV)	77.0%-77.5%	77.5%
	150-200% FPL (87% AV)	87.0%-87.5%	87.5%
	133-150% FPL (94% AV)	94.0%-94.5%	94.3%

1 Based on revised de minimis ranges in the draft 2024 NBPP

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

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

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

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

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont’s unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2024 plan designs and includes Vermont-specific ACA data incurred in 2019. While 2020 data was available at the time of the update, given the COVID impact on claims for that year, it was decided that 2019 data would be a better dataset to use.

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 number of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2019
- Product types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

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.

Table 2: Model Structures

Options	Deductible	Costs that Accumulate		Deductible / MOOP Type
		Maximum Out-of-Pocket (MOOP) Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

Adjusted AV Calculations

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

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.
3. 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 and/or different coinsurance amounts, 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.
4. 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.

5. 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 \$9,450.
6. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit⁶ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

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

⁶ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing

The 2024 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2024 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. The table below reflects the adjustment made to each of the standard plan designs.

Table 3: Estimated Impact of 3 Free PCP and/or MH/SA Visits

Metal	Increase to AV
Silver Deductible	1.001
Bronze Deductible w/o Pharmacy Limit	1.001
Silver Deductible CSR – 73%	1.001
Silver Deductible CSR – 77%	1.001

The impact was also calculated for the Platinum, Gold, 87% Silver CSR, and 94% Silver CSR plans but given the lower copays, the impact determined to be negligible. The following methodology was used to develop the impacts.

1. Wakely developed a continuance table based on the number of office visits a member incurred in the year. Wakely utilized similar VHCURES data as described above, except the data reflects claims incurred in the 2018 calendar year. The same filters were applied as described above and the summary reflects the experience of almost 900,000 member months.
2. Wakely identified PCP and MH/SA office visits based primarily on a list of CPT codes. It was assumed that only the PCP and MH/SA office visit payments would be subject to the first 3 free visits. Specifically, we assumed that for any other services that may have the same cost sharing as PCP and MH/SA office visits, the reduced cost sharing would not apply (i.e., no changes for cost sharing for these services). Consistent with the AV Calculator, we also did not include other services that may happen in conjunction with an office visit (e.g. lab work) in our AV adjustment. It is our understanding that only the office visit copay would be waived and any copays for additional services incurred at the same time may still apply (e.g. copay stacking) based on the carrier’s adjudication practices.

3. Two separate continuance tables were developed. The first reflects only claims identified as a PCP office visit and is consistent with the methodology of the AVC. The second is a combination of both PCP and MH/SA visits.
4. Based on the continuance tables, the cost share and paid claim amounts were calculated, assuming no member cost sharing applies for the first 3 visits. The difference between the paid amounts calculated utilizing the PCP only continuance table and PCP and MH/SA combined tables reflects the adjustment made to the AVC outputs.
5. Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. The AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

Table 4: Estimated Impact of Insulin Out-of-Pocket Limit

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

1. Both carriers, BCBS VT and MVP, provided claim-level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing. Each carrier also provided high-level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.
2. Based on the claim-level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30-day supply. The difference between the cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range.

Disclosures and Limitations

Responsible Actuary. Julie Peper and Darren Johnson 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. Darren is a Members of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report. Alex Jarocki also contributed significantly to 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. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are 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.

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.

- The draft 2024 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.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report, other than those discussed in the report and below.

- The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024. The 2023 minimum deductible and MOOP are \$1,500 and \$7,500, respectively. The 2023 increases were significantly higher than the historical averages, where the deductible had increased \$50 every two to three years and the MOOP has increased around \$100 a year. We do not anticipate increases to the minimum deductible in 2024, but should the minimum deductible differ when the limits

are released, changes may be required to both HDHPs (and corresponding Silver CSR HDHPs).

- The 2024 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. The plan designs presented are compliant with the 2024 draft NBPP and may need to change if there are differences between the draft and final versions.
- The 2024 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2024 draft Federal AVC and may need to change if there are changes to the final model from the draft version.
- The Vermont Legislature is considering not offering the 77% AV CSR Variant plans in 2024.
- Other changes to regulations passed subsequent to this report.

Contents of Actuarial Report. This document and the supporting exhibits 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.

Appendix A: Actuarial Certification

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2024

I, Darren Johnson, am associated with the firm of Wakely Consulting Group, LLC (Wakely), an HMA company, 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, 2024 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:

- The 2024 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, 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, 2024 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.

Darren Johnson

Darren Johnson, FSA, MAAA
March 30, 2023

Appendix B: Summary of Plan Design Changes from 2023 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical deductible from \$425 to \$450	Increase pharmacy MOOP from \$1,400 to \$1,500
	Increase pharmacy OOPM from \$1,400 to \$1,500	Increase specialist office visit copay from \$50 to \$55
		Increase PT/chiro copays from \$30 to \$35
		Increase urgent care copay from \$60 to \$65
		Increase ambulance copay from \$70 to \$75
		Increase generic Rx copay from \$12 to \$15
		Increase preferred brand Rx copay from \$55 to \$60

Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase combined OOPM from \$9,100 to \$9,300	Increase medical OOPM from \$9,100 to \$9,450
		Increase pharmacy MOOP from \$1,400 to \$1,500
		Increase generic Rx copay from \$15 to \$20

Deductible Plans	
Plan	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$9,000 to \$9,400
	Increase combined OOPM from \$9,000 to \$9,400

HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase PCP and Specialist coinsurance rate from 10% to 15%	Increase combined OOPM from \$7,100 to \$7,200
	Increase all other non-preventive Medical coinsurance rates from 30% to 35%	Increase embedded single OOPM from \$9,100 to \$9,450
	Increase embedded single OOPM from \$9,100 to \$9,450	

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

Deductible/OOP Max	2024 Plan Designs - Silver Deductible Plans		2024 Plan Designs - Silver HDHP Plans	
	On-Exchange	Off-Exchange	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$4,000	\$4,000	\$2,100	\$2,100
Rx Ded	\$500	\$500	\$1,500	\$1,500
Integrated Ded	No	No	Yes	Yes
Medical MOOP	\$9,300	\$9,300	\$7,050	\$7,050
Rx MOOP	\$1,500	\$1,500	\$1,500	\$1,500
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	35%	35%
Outpatient	50%	50%	35%	35%
ER	\$500	\$500	35%	35%
Radiology (MRI, CT, PET)	50%	50%	35%	35%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
Specialist Office Visit	\$90	\$90	35%	35%
Chiropractic	\$50	\$50	35%	35%
Physical Therapy	\$50	\$50	35%	35%
Urgent Care	\$100	\$100	35%	35%
Ambulance	\$100	\$105	35%	40%
Rx Generic	\$20	\$20	\$10	\$10
Rx Preferred Brand	\$70	\$70	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2024 Federal AVC, Adjusted if Necessary	70.7%	70.7%	71.3%	71.3%

Appendix D: Comments Relative to Applicable ASOPs

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

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

ASOP 23: DATA QUALITY

3.1 Overview – VHCURES data was used as the basis for the HDHP model and Vermont-specific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.

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

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current.
 2. Data was reasonable and comprehensive of the necessary data elements.
 3. There were no known, material limitations of the data.
 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 5. Alternative data sets were not deemed necessary to complete the analysis.
 6. Sampling methods were not required.

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

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

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

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

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

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

ASOP 25: CREDIBILITY PROCEDURES

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

ASOP 41: ACTUARIAL COMMUNICATIONS

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

3.1 General Requirements for Actuarial Communications

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ASOP 50: DETERMINING MINIMUM VALUE AND ACTUARIAL VALUE UNDER THE AFFORDABLE CARE ACT

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

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

3.3 Exceptions to the MVC – Not applicable.

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

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

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

Appendix E: Standard Plan Designs

Deductible Plan Designs

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	\$450	\$1,400	\$4,000	\$6,450	\$9,400
Rx Ded	\$0	\$200	\$500	\$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical MOOP	\$1,500	\$5,600	\$9,300	\$9,450	\$9,400
Rx MOOP	\$1,500	\$1,500	\$1,500	\$1,500	N/A
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$500	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
MH/SA Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$40	\$55	\$90	\$90	\$100
Chiropractic	\$20	\$35	\$50	\$45	\$50
Physical Therapy	\$20	\$35	\$50	\$45	\$50
Urgent Care	\$50	\$65	\$100	\$100	0%
Ambulance	\$60	\$75	\$100	\$100	0%
Rx Generic	\$10	\$15	\$20	\$20	\$30
Rx Preferred Brand	\$50	\$60	\$70	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2024 Federal AVC, Adjusted if Necessary	90.1%	81.3%	70.7%	62.0%	64.8%

Deductible Plan Designs – Cost Sharing Reduction 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	\$4,000	\$3,000	\$2,900	\$1,250	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$9,300	\$6,700	\$6,300	\$2,450	\$1,000
Rx MOOP	\$1,500	\$1,300	\$1,200	\$450	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Chiropractic	\$50	\$50	\$35	\$12	\$6
Physical Therapy	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2024 Federal AVC, Adjusted if Necessary	70.7%	73.7%	77.3%	88.0%	94.9%

HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Rx Ded	\$1,500	\$1,500
Integrated Ded	Yes	Yes
Medical MOOP	\$7,050	\$7,200
Rx MOOP	\$1,500	\$1,500
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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	35%	50%
Outpatient	35%	50%
ER	35%	50%
Radiology (MRI, CT, PET)	35%	50%
Preventive	0%	0%
PCP Office Visit	15%	50%
MH/SA Office Visit	15%	50%
Specialist Office Visit	35%	50%
Chiropractic	35%	50%
Physical Therapy	35%	50%
Urgent Care	35%	50%
Ambulance	35%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2024 Federal AVC, Adjusted if Necessary	71.3%	63.0%

HDHP Plan Designs – Cost Sharing Reduction 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	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$2,000	\$1,750	\$1,550	\$550
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$7,050	\$5,800	\$4,650	\$1,550	\$550
Rx MOOP	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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	35%	30%	30%	0%	0%
Outpatient	35%	30%	30%	0%	0%
ER	35%	30%	30%	0%	0%
Radiology (MRI, CT, PET)	35%	30%	30%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	15%	10%	10%	0%	0%
MH/SA Office Visit	15%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Chiropractic	35%	30%	30%	0%	0%
Physical Therapy	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	0%	0%
Ambulance	35%	30%	30%	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					
2024 Federal AVC, Adjusted if Necessary	71.3%	73.5%	77.5%	87.5%	94.3%

Appendix F: Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,450	Stacked MOOP	Drug Regulation	Preventive Drugs	Insulin Cost Sharing Limit	\$0 Cost Share on PCP/MHSA Visits	AV from AVC	Final Adjusted AV
Bronze Deductible (without pharmacy limit)	No	No	No	No	No	Yes	Yes	64.8%	64.8%
Silver HDHP	Yes	Yes	No	Yes	Yes	No	No	73.6%	71.3%
Bronze HDHP	Yes	Yes	No	Yes	Yes	Yes	No	64.9%	63.0%
Silver Deductible	No	No	No	Yes	No	No	Yes	69.8%	70.7%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	No	61.3%	62.0%
Silver HDHP - CSR 73%	Yes	Yes	No	Yes	Yes	No	No	75.7%	73.5%
Silver HDHP - CSR 77%	Yes	No	No	Yes	Yes	No	No	79.6%	77.5%
Silver HDHP - CSR 87%	Yes	No	No	No	Yes	No	No	87.9%	87.5%
Silver HDHP - CSR 94%	Yes	No	No	No	Yes	No	No	94.6%	94.3%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	No	Yes	73.1%	73.7%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	No	Yes	76.8%	77.3%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	No	Yes	87.8%	88.0%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	No	Yes	94.8%	94.9%

Appendix G: Screen Shots and AV Development

1. Bronze Deductible Plan (without pharmacy limit)
2. Silver HDHP – Embedded MOOP
3. Bronze HDHP – Embedded MOOP
4. Silver Deductible Plan
5. Bronze Deductible Plan (with pharmacy limit)
6. Silver HDHP – Embedded MOOP CSR – 73%
7. Silver HDHP – Embedded MOOP CSR – 77%
8. Silver HDHP – Embedded MOOP CSR – 87%
9. Silver HDHP – Embedded MOOP CSR – 94%
10. Silver Deductible CSR – 73%
11. Silver Deductible CSR – 77%
12. Silver Deductible CSR – 87%
13. Silver Deductible CSR – 94%

BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 64.8%

Adjusted AV = 64.8% * 1.001(MH/SA Copay Adj) = 64.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$9,400.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$9,400.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	2024 Bronze No RX Limit Option 3
Specialty Rx Coinsurance Maximum:	\$0	Plan HIOS ID:	2024 Bronze No RX Limit Option 3
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:	2024
# Days (1-10):	0	AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>		
# Visits (1-10):	3		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):	0		

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.76%
 Metal Tier: Bronze
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.4453 seconds
 Draft 2024 AV Calculator

SILVER HDHP – EMBEDDED MOOP

AV from AVC = 73.6%

Adjusted AV = 71.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,100.00			\$6,500.00
		65.00%			60.00%
		\$7,050.00			\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver HDHP Option 1
 Plan HIOS ID: 2024 Silver HDHP Option 1
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 73.60%
 Metal Tier:
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1953 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx
Individual Deductible	2,100	2,100
Family Deductible	4,200	4,200
Individual Out-of-Pocket	7,050	7,050
Family Out-of-Pocket	14,100	14,100
Coinsurance (50% or Less)	32%	25%

Costs that Accumulate

Settings	OOP			Deductible / OOP Type
	Deductible	Medical	Rx	
Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.60%

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	2,100	1,500		
Family Deductible	4,200	3,000		
Individual Out-of-Pocket	7,050	1,500		
Family Out-of-Pocket	14,100	3,000		
Coinsurance (50% or Less)	32%	25%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			71.28%

BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 64.9%

Adjusted AV = 63.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,800.00			
		50.00%			
		\$7,200.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2024 Bronze HDHP Option 2
 Plan HIOS ID: 2024 Bronze HDHP Option 2
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 64.91%
 Metal Tier:

Additional Notes:

Calculation Time: 0.3203 seconds
 Draft 2024 AV Calculator

Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	5,800	5,800			
Family Deductible	11,600	11,600			
Individual Out-of-Pocket	7,200	7,200			
Family Out-of-Pocket	14,400	14,400			
Coinsurance (50% or Less)	48%	47%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			64.92%

Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,800	1,500		
Family Deductible		11,600	3,000		
Individual Out-of-Pocket		7,200	1,500		
Family Out-of-Pocket		14,400	3,000		
Coinsurance (50% or Less)		48%	47%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
Results					
		Medical	Rx	Total	
Allowed PMPM					
Plan PMPM					
Actuarial Value				62.96%	

SILVER DEDUCTIBLE

AV from AVC = 69.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.37%/65.58% = 1.012 x .698 = 70.6% *1.001 (MH/SA Copay Adj) = 70.7%

Adjusted AV = 70.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$500.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$9,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>	# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Option 2
 Plan HIOS ID: 2024 Silver Option 2
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 69.75%
 Metal Tier: Silver Off-Exchange and Small Group Market
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1953 seconds
 Draft 2024 AV Calculator

Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	4,000	500		
Family Deductible	8,000	1,000		
Individual Out-of-Pocket	9,300	9,300		
Family Out-of-Pocket	18,600	18,600		
Coinsurance (50% or Less)	43%	32%		

Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			65.58%

Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		4,000	500		
Family Deductible		8,000	1,000		
Individual Out-of-Pocket		9,300	1,500		
Family Out-of-Pocket		18,600	3,000		
Coinurance (50% or Less)		43%	32%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Results

		Medical	Rx	Total	Percentage to Normalize Too
Allowed PMPM					
Plan PMPM					
Actuarial Value				66.37%	

BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 61.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $62.34\%/61.56\% = 1.013 \times .613 = 62.0\%$

Adjusted AV = 62.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,450.00	\$1,100.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$9,450.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Bronze RX Limit Option 4
 Plan HIOS ID: 2024 Bronze RX Limit Option 4
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 61.26%
 Metal Tier: Bronze
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1406 seconds
 Draft 2024 AV Calculator

Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	6,450	1,100			
Family Deductible	12,900	2,200			
Individual Out-of-Pocket	9,450	9,450			
Family Out-of-Pocket	18,900	18,900			
Coinsurance (50% or Less)	46%	42%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			61.56%

Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	6,450	1,100		
Family Deductible	12,900	2,200		
Individual Out-of-Pocket	9,450	1,500		
Family Out-of-Pocket	18,900	3,000		
Coinsurance (50% or Less)	46%	42%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			62.35%

SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 76.7%

Adjusted AV = 73.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			
Coinsurance (% , Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,000.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver HDHP 73
 Plan HIOS ID: 2024 Silver HDHP 73
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
75.65%

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

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

0.3047 seconds

Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		2,000	2,000		
Family Deductible		4,000	4,000		
Individual Out-of-Pocket		5,800	5,800		
Family Out-of-Pocket		11,600	11,600		
Coinsurance (50% or Less)		27%	25%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			75.65%

Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	2,000	1,500		
Family Deductible	4,000	3,000		
Individual Out-of-Pocket	5,800	1,500		
Family Out-of-Pocket	11,600	3,000		
Coinsurance (50% or Less)	27%	25%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.49%

SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.6%

Adjusted AV = 77.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		70.00%			
		\$4,650.00			

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

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	2024 Silver HDHP 77
Specialty Rx Coinsurance Maximum:	\$0	Plan HIOS ID:	2024 Silver HDHP 77
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:	2024
# Days (1-10):	0	AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits (1-10):	0		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):	0		

Output

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

Actuarial Value: 79.55%

Metal Tier:

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

Calculation Time: 0.1914 seconds

Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,750	1,750		
Family Deductible	3,500	3,500		
Individual Out-of-Pocket	4,650	4,650		
Family Out-of-Pocket	9,300	9,300		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
	Calculate			

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			79.55%

Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,750	1,500		
Family Deductible	3,500	3,000		
Individual Out-of-Pocket	4,650	1,500		
Family Out-of-Pocket	9,300	3,000		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			77.49%

SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.9%

Adjusted AV = 87.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,550.00			
		100.00%			
		\$1,550.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2024 Silver HDHP 87
 Plan HIOS ID: 2024 Silver HDHP 87
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.94%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.293 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,550	1,550		
Family Deductible	3,100	3,100		
Individual Out-of-Pocket	1,550	1,550		
Family Out-of-Pocket	3,100	3,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked

Calculate

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.95%

Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,550	1,550		
Family Deductible	3,100	3,100		
Individual Out-of-Pocket	1,550	1,550		
Family Out-of-Pocket	3,100	3,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.49%

SILVER HDHP – EMBEDDED MOOP CSR – 94%

AV from AVC = 94.6%

Adjusted AV = 94.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$550.00			
		100.00%			
		\$550.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver HDHP 94
 Plan HIOS ID: 2024 Silver HDHP 94
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

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

Actuarial Value: 94.58%

Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.5 seconds

Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.28%

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.25%

SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 70.47%/70.94% = 1.007 x 73.1% = 73.7% * 1.001 (MH/SA Copay Adj) = 73.7%

Adjusted AV = 73.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$450.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,700.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 73
 Plan HIOS ID: 2024 Silver Deduct 73
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.12%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1562 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	3,000	450			
Family Deductible	6,000	900			
Individual Out-of-Pocket	6,700	6,700			
Family Out-of-Pocket	13,400	13,400			
Coinsurance (50% or Less)	43%	32%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			70.94%

Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		3,000	450		
Family Deductible		6,000	900		
Individual Out-of-Pocket		6,700	1,300		
Family Out-of-Pocket		13,400	2,600		
Coinsurance (50% or Less)		43%	32%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			71.47%

SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 76.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.49%/72.04% = 1.006 x 76.8% = 77.2% * 1.001 (MH/SA Copay Adj) = 77.3%

Adjusted AV = 77.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,900.00	\$350.00			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	2024 Silver Deduct 77
Specialty Rx Coinsurance Maximum:	\$0	Plan HIOS ID:	2024 Silver Deduct 77
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:	2024
# Days (1-10):	0	AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits (1-10):	0		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):	0		

Output

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
 Actuarial Value: 76.76%
 Metal Tier:
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.2344 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	2,900	350		
Family Deductible	5,800	700		
Individual Out-of-Pocket	6,300	6,300		
Family Out-of-Pocket	12,600	12,600		
Coinsurance (50% or Less)	41%	29%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked

Calculate

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			72.04%

Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		2,900	350		
Family Deductible		5,800	700		
Individual Out-of-Pocket		6,300	1,200		
Family Out-of-Pocket		12,600	2,400		
Coinsurance (50% or Less)		41%	29%		

Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Results

		Medical	Rx	Total	
Allowed PMPM					
Plan PMPM					
				72.50%	

SILVER DEDUCTIBLE CSR – 87%

AV from AVC = 87.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 84.66%/84.43% = 1.002 x 87.8%= 88.0%

Adjusted AV = 88.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$250.00			
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$2,450.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2					
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 87
 Plan HIOS ID: 2024 Silver Deduct 87
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.76%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		1,250	250		
Family Deductible		2,500	500		
Individual Out-of-Pocket		2,450	2,450		
Family Out-of-Pocket		4,900	4,900		
Coinsurance (50% or Less)		31%	26%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	Calculate				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			84.43%

Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,250	250		
Family Deductible	2,500	500		
Individual Out-of-Pocket	2,450	450		
Family Out-of-Pocket	4,900	900		
Coinsurance (50% or Less)	31%	26%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			84.66%

SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.82%/94.71% = 1.001 x 94.8% = 94.9%

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$1,000.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2					
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 94
 Plan HIOS ID: 2024 Silver Deduct 94
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.75%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		250	0		
Family Deductible		500	0		
Individual Out-of-Pocket		1,000	1,000		
Family Out-of-Pocket		2,000	2,000		
Coinsurance (50% or Less)		8%	14%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	<input type="button" value="Calculate"/>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.71%

Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	250	0		
Family Deductible	500	0		
Individual Out-of-Pocket	1,000	200		
Family Out-of-Pocket	2,000	400		
Coinsurance (50% or Less)	8%	14%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			94.82%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION

Introduction

On December 12, 2023, CMS released the draft methodology on the Actuarial Value and the draft Actuarial Value Calculator (AVC) for 2024. CMS CMS made no changes to the claims data and continuance tables and trended the data through 2024. In the event that there are changes in between the draft and final methodology and calculator for 2022, Blue Cross VT will revise this certification and benefit designs if necessary.

Limitations of the Federal Actuarial Calculator

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

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support the insulin cost sharing limit as dictated by Act 154.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a specific copayment on, Chiropractic Services, Physical Therapy, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.
- The AVC does not support the value-added benefits for members with diabetes or heart disease.
- The AVC does not support hearing aid benefits.

Method Used to Calculate Adjustments

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

Blue Cross VT AV Model Methodology

Blue Cross uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from the Blue Cross VT data warehouse. The starting point of the analysis is allowed charges as determined by the Blue Cross VT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The 2018 claims from Blue Cross Vermont ACA Individual and Small Group markets (ACA) members that maintain their

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

benefit and tier type throughout the year are included in the analysis. We compared the allowed claims per member per month (PMPM) and the modeled paid-to-allowed ratio for this population relative to the entire ACA population and found the differences to be immaterial. The model uses calendar year 2018 claims, trended to 2024 using the following trends¹:

Years	Medical Claims	Pharmacy Claims
2018 to 2021	5.4%	8.7%
2021 to 2022	3.2%	4.55%
2022 to 2023	5.8%	8.7%
2023 to 2024	5.4%	8.2%

The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

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

On April 18, 2017, CMS finalized the Market Stabilization rule (82 Fed. Reg. 18346). In this rule, CMS widen the Actuarial Value (AV) de minimis included in 45 CFR 156.140(c) from +/- 2 percent to -4/+2 percent. This rule also expanded the de minimis range to -4/+5 for bronze plans that either have at least one major service, other than preventive, before the deductible or meet the requirements to be a HDHP. For the two Non-Standard Bronze plans described below, we utilized the expanded bronze AV range because the Vermont Select plan meets the HDHP requirement and the Vermont Preferred plan has 4 primary care or mental health visits prior to the deductible.

On April 28, 2022, CMS finalized changes to the de minimis ranges in the 2023 Notice of Benefits and Payment Parameters (NBPP). Starting in 2023, the allowable ranges for AV are:

Metal Level	AV Range
Platinum	-2% to +2%
Silver Off-Exchange	-2% to +2%
Silver On-Exchange	0% to +2%
Silver cost-sharing reduction	0% to +1%
Bronze	-2% to +2%
Expanded Bronze	-4% to +5%

¹ Blue Cross VT used the same trends that CMS used in the 2024 final AV Calculator (see page 4 of <https://www.cms.gov/files/document/draft-2024-av-calculator-methodology.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

On December 12, 2022, CMS issued guidance finalizing the 2024 maximum annual limitation on cost sharing. For 2024, the annual out-of-pocket maximum is \$9,450².

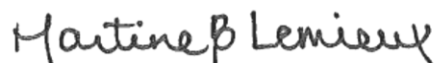
Under Act 171, the Rx OOPM limit cannot be higher than the federal HDHP minimum deductible. However, in order to maintain HSA compatibility, CDHP plans must have the Rx OOPM equal to the federal HDHP minimum. The limit for 2023 is \$1,500. In the event that the finalized limit for 2024 is different from \$1,500, Blue Cross VT will adjust its plans accordingly and update this certification.

Actuarial Opinion

I, Martine Lemieux, Actuarial Director of Financial Integrity, am an employee of Blue Cross and Blue Shield of Vermont, an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2024.

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



Martine Lemieux, F.S.A., M.A.A.A.
Actuarial Director, Financial Integrity
Blue Cross and Blue Shield of Vermont
March 10, 2023

² <https://www.cms.gov/files/document/2024-papi-parameters-guidance-2022-12-12.pdf>

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Disclosures

Information Date: The analysis provided in the report is based on information as known on March 8, 2023.

Scope: The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3) for the plans offered by Blue Cross VT in the Vermont ACA Individual and Small Group markets. The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. The Actuarial Values in this report are used to assign metal levels to each plan and do not reflect the pricing AV used to calculate rates. These calculations and results are not intended to be used for other purposes.

Intended Users: This material has been prepared for the for the Department of Financial Regulation. Blue Cross VT will also include a copy of this certification in the 2024 Vermont ACA Market - Individual and Small Group rate filings with the Green Mountain Care Board. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events may affect the results presented in the memorandum.

Reliance on Other Sources for Data and Other Information: Data used for the analysis were taken from the Blue Cross VT claims adjudication system and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed. This analysis also relies on the 2024 draft Actuarial Value Calculator published by CMS.

Subsequent Events: The AVC is still in draft form and the final version could differ from the draft version. The 2024 HSA deductible limit is also unknown and could differ from our current assumption.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix A – Results

Vermont Select Plans

Plan: Vermont Select Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,850	
	Coinsurance	0%	
	OOPM	\$2,850	
AVC Output for items supported by the AVC	(a)	81.52%	
Blue Cross Model Output for items supported by the AVC	(b)	84.59%	
Blue Cross Model Output for complete benefit design	(c)	85.03%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	81.95%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)		\$2,850.00				
Coinsurance (% Insurer's Cost Share)		100.00%				
MOOP (\$)		\$2,850.00				
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:
 Name: Non-Standard Gold CDHP
 Plan HIOS ID: 13627VT0390001 and 13627VT0370001
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.52%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
 Calculation Time: 0.1562 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan - Silver			
Items supported by the AV Calculator	Deductible	\$5,475	
	Coinsurance	0%	
	OOPM	\$5,475	
AVC Output for items supported by the AVC	(a)	70.82%	
Blue Cross Model Output for items supported by the AVC	(b)	76.66%	
Blue Cross Model Output for complete benefit design	(c)	77.91%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.97%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations and hearing aids coverage.

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,475.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,475.00
MOOP if Separate (\$)			

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard Silver CDPH
 Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.82%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1758 seconds

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**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 73% CSR			
Items supported by the AV Calculator	Deductible	\$4,750	
	Coinsurance	0%	
	OOPM	\$4,750	
AVC Output for items supported by the AVC	(a)	73.00%	
Blue Cross Model Output for items supported by the AVC	(b)	78.57%	
Blue Cross Model Output for complete benefit design	(c)	79.57%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	73.93%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$4,750.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,750.00
MOOP if Separate (\$)			

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 73%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
73.00%

Actuarial Value:

Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time:

0.1406 seconds

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**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$3,500	
	Coinsurance	0%	
	OOPM	\$3,500	
AVC Output for items supported by the AVC		(a)	77.35%
Blue Cross Model Output for items supported by the AVC		(b)	82.33%
Blue Cross Model Output for complete benefit design		(c)	82.92%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.91%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	All
Medical									<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$1.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 77%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
77.35%

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

Draft 2024 AV Calculator

0.1992 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 87% CSR		
Items supported by the AV Calculator	Deductible	\$1,575
	Coinsurance	0%
	OOPM	\$1,575
AVC Output for items supported by the AVC	(a)	87.80%
Blue Cross Model Output for items supported by the AVC	(b)	89.91%
Blue Cross Model Output for complete benefit design	(c)	90.03%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) 87.92%

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,575.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,575.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 87%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.80%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
 Calculation Time: 0.125 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 94% CSR		
Items supported by the AV Calculator	Deductible	\$550
	Coinsurance	0%
	OOPM	\$550
AVC Output for items supported by the AVC	(a)	94.58%
Blue Cross Model Output for items supported by the AVC	(b)	95.68%
Blue Cross Model Output for complete benefit design	(c)	95.70%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) 94.60%

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 94%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.58%
 Metal Tier: Platinum
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
 Calculation Time: 0.1094 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$7,500	
	Coinsurance	0%	
	OOPM	\$7,500	
AVC Output for items supported by the AVC		(a)	63.96%
Blue Cross Model Output for items supported by the AVC		(b)	72.08%
Blue Cross Model Output for complete benefit design		(c)	72.54%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	64.37%

Items not supported by the AV Calculator for this plan are the Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$7,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical									<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$1.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard Bronze CDHP
 Plan HIOS ID: 13627VT0390003 and 13627VT0370003
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.96%
Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1797 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver Reflective			
Items supported by the AV Calculator	Deductible	\$5,500	
	Coinsurance	0%	
	OOPM	\$5,500	
AVC Output for items supported by the AVC		(a)	70.75%
Blue Cross Model Output for items supported by the AVC		(b)	76.60%
Blue Cross Model Output for complete benefit design		(c)	77.85%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.91%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,500.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:
 Name: Non-Standard Silver CDHP
 Plan HIOS ID: 13627V/T0390004 and 13627V/T0370004
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.75%
 Metal Tier: Silver

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.1602 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Vermont Preferred Plans

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

- Four Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care
- Value-Added benefits for members with diabetes or heart disease, which include four additional visits per member at a qualifying specialist at no cost share and wellness (Safe Harbor) pharmacy drugs outside the deductible
- Insulin cost share limitations
- Hearing Aids coverage

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

- Specific Pharmacy out-of-pocket maximum

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

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Gold		
Items supported by the AV Calculator	Deductible	\$1,250
	Coinsurance	0%
	OOPM	\$5,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 80.35%
Blue Cross Model Output for items supported by the AVC		(b) 86.52%
Blue Cross Model Output for complete benefit design		(c) 87.60%
Estimated AVC value		(d)=(c)/(b)*(a) 81.36%

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,250.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,150.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Gold
 Plan HIOS ID: 13627VT0380005 and 13627VT0360005
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Calculation Successful.

80.35%
Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

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**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver		
Items supported by the AV Calculator	Deductible	\$3,250
	Coinsurance	0%
	OOPM	\$8,750
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 69.70%
Blue Cross Model Output for items supported by the AVC		(b) 77.49%
Blue Cross Model Output for complete benefit design		(c) 79.56%
Estimated AVC value		(d)=(c)/(b)*(a) 71.57%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver
 Plan HIOS ID: 13627V/T0380006 and 13627V/T0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.

69.70%

Silver Off-Exchange and Small Group Market

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0742 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,550
	Coinsurance	0%
	OOPM	\$7,550
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 72.40%
Blue Cross Model Output for items supported by the AVC		(b) 79.97%
Blue Cross Model Output for complete benefit design		(c) 81.69%
Estimated AVC value		(d)=(c)/(b)*(a) 73.96%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,550.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$7,550.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 73%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

72.40%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

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**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 77%		
Items supported by the AV Calculator	Deductible	\$1,300
	Coinsurance	0%
	OOPM	\$6,350
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 76.84%
Blue Cross Model Output for items supported by the AVC		(b) 84.17%
Blue Cross Model Output for complete benefit design		(c) 85.43%
Estimated AVC value		(d)=(c)/(b)*(a) 77.99%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,350.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 77%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

76.84%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 87%		
Items supported by the AV Calculator	Deductible	\$250
	Coinsurance	0%
	OOPM	\$2,850
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 87.50%
Blue Cross Model Output for items supported by the AVC		(b) 92.24%
Blue Cross Model Output for complete benefit design		(c) 92.64%
Estimated AVC value		(d)=(c)/(b)*(a) 87.89%

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$250.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$2,850.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	All
Medical									<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 87%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Actuarial Value: 87.50%
 Metal Tier: Gold

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

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

Draft 2024 AV Calculator

0.0781 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 94%		
Items supported by the AV Calculator	Deductible	\$0
	Coinsurance	0%
	OOPM	\$1,075
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 94.13%
Blue Cross Model Output for items supported by the AVC		(b) 96.71%
Blue Cross Model Output for complete benefit design		(c) 96.87%
Estimated AVC value		(d)=(c)/(b)*(a) 94.28%

User Inputs for Plan Parameters

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

Desired Metal Tier: **Platinum**

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$0.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,075.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 94%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.13%
Platinum

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

Additional Notes:

Calculation Time:

0.0742 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Bronze		
Items supported by the AV Calculator	Deductible	\$9,250
	Coinsurance	0%
	OOPM	\$9,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 63.31%
Blue Cross Model Output for items supported by the AVC		(b) 70.54%
Blue Cross Model Output for complete benefit design		(c) 72.02%
Estimated AVC value		(d)=(c)/(b)*(a) 64.63%

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$9,250.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$9,250.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Bronze
 Plan HIOS ID: 13627VT0380007 and 13627VT0360007
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Actuarial Value:
Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.
63.31%

Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

Draft 2024 AV Calculator

0.2383 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver Reflective		
Items supported by the AV Calculator	Deductible	\$3,250
	Coinsurance	0%
	OOPM	\$8,750
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 69.70%
Blue Cross Model Output for items supported by the AVC		(b) 77.49%
Blue Cross Model Output for complete benefit design		(c) 79.56%
Estimated AVC value		(d)=(c)/(b)*(a) 71.57%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical									<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Non-Standard Silver
 Plan HIOS ID: 13627VT0380008 and 13627VT0360008
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output'

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.

69.70%
 Silver Off-Exchange and Small Group Market

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

Draft 2024 AV Calculator

0.0781 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix B – Complete Benefit Designs

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	Vermont Preferred	Vermont Preferred	Vermont Preferred	Vermont Preferred
Medical Deductible	\$1,250	\$3,250	\$3,250	\$9,250
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$8,750	\$8,750	\$9,250
Rx OOPM	\$1,500	\$1,500	\$1,500	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$0 copay
MH/SA Office Visit				
Chiropractic Office Visit	\$30	\$40	\$40	\$0
Physical Therapy Visit	\$30	\$40	\$40	\$0
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$40 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$0 copay
Urgent Care	\$40	\$50	\$50	\$0
Ambulance	\$40	\$50	\$55	\$0
DME	\$40	\$50	\$50	\$0
ER	\$250	\$450	\$450	\$0
Radiology (MRI, CT, PET)	\$750	\$1,750	\$1,750	\$0
Inpatient / Outpatient	\$750	\$1,750	\$1,750	\$0
Wellness Rx - Generic	\$5	\$5	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Estimated 2023 AVC Value	81.36%	71.57%	71.57%	64.63%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Vermont Preferred	Vermont Preferred	Vermont Preferred	Vermont Preferred
Medical Deductible	\$2,550	\$1,300	\$250	\$0
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$7,550	\$6,350	\$2,850	\$1,075
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,075
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit				
Chiropractic Office Visit	\$40	\$40	\$40	\$20
Physical Therapy Visit	\$40	\$40	\$40	\$20
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$35 copay
Urgent Care	\$50	\$50	\$50	\$35
Ambulance	\$50	\$50	\$50	\$35
DME	\$50	\$50	\$50	\$35
ER	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$1,500	\$1,500	\$500	\$0
Inpatient / Outpatient	\$1,500	\$1,500	\$500	\$0
Wellness Rx - Generic	\$5	\$5	\$5	\$5
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2023 AVC Value	73.96%	77.99%	87.89%	94.28%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	Vermont Select	Vermont Select	Vermont Select	Vermont Select
Medical Deductible	\$2,850	\$5,475	\$5,550	\$7,500
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$2,850	\$5,475	\$5,550	\$7,500
Rx OOPM	\$1,500	\$1,500	\$1,500	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Wellness Rx Generic	\$5	\$15	\$15	\$25
Wellness Rx Preferred Brand	\$50	\$50	\$50	65%
Wellness Rx Non-Preferred Brand	60%	60%	60%	85%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	0%	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%	0%
Estimated 2023 AVC Value	81.95%	71.97%	71.91%	64.37%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Vermont Select	Vermont Select	Vermont Select	Vermont Select - Not HSAQ
Medical Deductible	\$4,750	\$3,500	\$1,575	\$550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$4,750	\$3,500	\$1,575	\$550
Rx OOPM	\$1,500	\$1,500	\$1,500	\$550
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Wellness Rx Generic	\$15	\$15	\$15	\$15
Wellness Rx Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	0%	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%	0%
Estimated 2023 AVC Value	73.93%	77.91%	87.92%	94.60%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – REPORT ON OUTREACH TO DIRECTLY ENROLLED INDIVIDUALS

In the GMCB’s Decision of August 4, 2022, at page 20, the Board stated: “...we feel compelled to express our opinion that BCBSVT can and should do more to encourage direct enrollees to purchase a plan through VHC so that they can take advantage of federal and state subsidies that may be available to them.” The GMCB required Blue Cross VT to: “include in next year’s individual rate filing detailed information on the efforts it has taken to encourage enrollment through VHC and the effectiveness of these efforts.” Below are the steps Blue Cross VT has taken to encourage direct enrollees to purchase a plan through VHC.

September 2022:

- Sent a letter to our direct-enrolled members which explained the positive impacts of the American Rescue Plan Act in 2022 and the new Inflation Reduction Act for 2023. The letter explained the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums without disrupting their coverage. Also gave the members steps on how to see if they qualified for financial help and if so, what action they needed to take.

October 2022:

- Open Enrollment materials contained an IRA notification re-enforcing the availability of subsidies.
- We enhanced our plan shopping tool to calculate estimated subsidies for users and updated the subsidy language on our website.

November 2022

- We posted information about the federal subsidies on Blue Cross VT Social Media Channels (LinkedIn, Twitter, Instagram, and Facebook)
- We posted a Financial Help Blog on our website(<https://www.bluecrossvt.org/health-community/blog/listing/more-financial-help-available-buying-health-insurance>)
- Added Premium Tax Credits button to learn more under our *Learn More About Our Plans* website (www.bluecrossvt.org/our-plans/individuals-and-families)
- Added a disclaimer before a customer would apply for coverage directly on our online applications. **“By clicking the enrollment options below, you are acknowledging you will not receive any premium assistance through Vermont Health Connect, and as a result may end up paying more for your health coverage. To verify your eligibility to qualify for premium assistance and help reduce your monthly premium, visit Vermont Health Connect.”**
- Launched a text message awareness campaign on federal subsidies that encouraged members to follow a link to learn more about federal subsidies.

December 2022

- We sent an Inflation Reduction Act Extended Open Enrollment letter and 1-page IRA notification to our direct-enrolled members which explained the availability of financial help through VHC through the extended Open Enrollment for 2023. It referenced the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums and be able to keep their Blue Cross VT QHP. Also gave the members steps on how to verify if they qualify for financial help and if so, what action they needed to take.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – REPORT ON OUTREACH TO DIRECTLY ENROLLED INDIVIDUALS

April 2023

- Sent a letter to our direct-enrolled members which explained the situation surrounding the positive impacts of the American Rescue Plan Act in 2022 and the new Inflation Reduction Act for 2023. As with the September 2022 letter, this letter explained the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums without disrupting their coverage. Also gave the members steps on how to see if they qualified for financial help and if so, what action they needed to take.

Still in Development

- Will send an IRA subsidy postcard and call to action to direct-enrolled members.
- Drafted a blog article (not yet published) that outlines the “Simple Steps to Subsidies,” which will also include income outlines to further explain who may be eligible for subsidies.

Ongoing

- We are also actively engaged with our advertising agency to create a full media plan and landing page enhancements to further support this effort.

MEMORANDUM

To: Martine Lemieux, Actuarial Director of Financial Integrity

From: Ruth Greene, VP, Treasurer and CFO

Date: May 9, 2023

Subject: Contribution to Member Reserves for 2024 ACA Market Individual and Small Group Filings

Upon consideration of the points documented in this memorandum, I am recommending that you file a contribution to member reserves (CTR) of 3 percent for 2024 ACA market individual and small group rate filings.

Overall CTR Philosophy

Because of continuing financial headwinds that include increased medical and pharmacy trends, economic uncertainty and continued inflationary pressures, volatility in claims utilization, and member reserves well below the range ordered by the Department of Financial Regulation (DFR), Blue Cross VT is changing its long-term target contribution to member reserves from 1.5 percent to 3.0 percent. This change is consistent with our philosophy of managing member reserves simultaneously to a long-term target and to a level of Risk Based Capital (RBC) that moves towards the range ordered by DFR to support our solvency.

Blue Cross VT has long held that a long-term CTR of 1.5 percent represents an adequate, yet not excessive, contribution to member reserves. CTR at this level within a typical (until recently) trend and growth environment has allowed us to navigate short-term fluctuations while maintaining reserve levels that are within our established, DFR-mandated target range. But a 1.5 percent CTR is no longer sufficient, because Blue Cross VT has experienced a significant period of much higher medical cost trends, unusual business volatility and the current economic and healthcare environment is anything but typical. Blue Cross VT must increase its long-term CTR by market segment because of increasing claims trends – driven by both unit costs and healthcare utilization – as well as market volatility and recent capital demands that have reduced our reserve levels¹. As particularly relevant here, the ACA individual and small group markets have not resulted in a contribution to member reserves to the minimum 1.5 percent level required in recent years.

While Blue Cross VT believes that CTR should be managed to an adequate long-term level rather than fluctuating significantly from year to year with changes in membership and health care cost trend, we do

¹ These include events such as, but not limited to, high claims levels, paying for pandemic related costs, equity market losses, pension losses net of litigation recoveries and growth including serving new markets.

need to reflect the inherent risk within each market segment and current economic and healthcare environments.

For these reasons, we are adjusting our long-term target CTR for ACA individual and small group markets to 3.0 percent.

Importance of Adequately Funded Premiums

Adequately funded premiums are the foundation of solvency, which is itself the most important element of consumer protection. An adequate contribution to member reserves should exceed the minimum required to keep pace with increases in total claims costs. While best-estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to threaten a company's solvency.

Apart from modest investment income, CTR is the only source of funding that sustains member reserves for Blue Cross VT. While any rate filing is by definition an estimate of future costs and is therefore subject to gains or losses, Blue Cross VT files no additional margin beyond the required CTR. Any rate shortfall will first be paid out of CTR, while any shortfall beyond the approved CTR for a particular filing will be funded from existing member reserves.

Maintaining an adequate level of member reserves is critical for any insurer. Consequences of inadequate member reserves include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, restrictions on investing in capabilities to meet customer expectations and/or enhance affordability, and a reduced ability to attract or retain business or to support membership growth. Stability is particularly important in times of change, including the continuing evolution at both the federal and Vermont levels of the individual and small group market, the health care reform environment in Vermont, and the changing economic cycles.

Blue Cross VT must be financially strong in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management. Realizing a sustainable CTR over time is key to achieving that goal.

Current Capital Environment and Market Considerations

Blue Cross VT's finances and member reserves have experienced extreme turbulence since 2020. Between the pandemic, pension losses and subsequent partial recoveries, legal and tax settlements, equity market fluctuations, and other positive and negative factors, this has been a period of unusual volatility. This cascade of extraordinary one-time situations illustrates exactly why Blue Cross VT must maintain adequate member reserves. This is also why Blue Cross VT's RBC target is expressed as a range rather than a point estimate—managing within an appropriate target range may be feasible in a volatile environment whereas managing to a specific point in the range is not.

Blue Cross VT experienced growth in individual and small group membership from 2021 to 2023. As we continue to strive to grow our market share within the ACA market, we cannot do so by intentionally underfunding premiums or by filing a CTR that does not adequately protect us from short-term fluctuations or unforeseen events, as membership growth puts downward pressure on RBC. Further, growth from our successful entry into the Medicare Advantage market is pressuring RBC in the near-term but is expected to provide significant benefits in the long-term by serving an increasing number of

Vermonters with locally based solutions that diversify Blue Cross VT's business mix. Finally, Blue Cross VT continues to face strong competitive pressure on its largest accounts, which will continue to challenge our ability to sustain the scale that serves all of our local market clients and customers.

For these reasons, our leadership and our regulators must see beyond the volatility, recognize the need to support Blue Cross VT's ability to provide Vermonters with a trusted local solution, and steer Blue Cross VT based on underlying trends in a way that allows us to maintain adequate member reserves that will see policyholders through tough times.

Risk Based Capital Outlook

On February 7, 2019, the Commissioner of the Vermont Department of Financial Regulation (DFR) issued an order approving a target Risk Based Capital (RBC) range of 590 percent to 745 percent. The order states, in part:

“If BCBSVT's RBC ratio falls below or increases above the approved range, BCBSVT shall promptly develop a plan to move within the range within a reasonable time and shall submit such plan to the Commissioner.”

As of December 31, 2022, Blue Cross VT's RBC was well below the targeted range, at 434 percent. As noted above, uncertainties with regard to future growth of insured membership, continued economic and market volatility, uncertainties surrounding hospital budgets, as well as a very challenging competitive environment make it difficult to predict where Blue Cross VT will be relative to the range by the end of 2024. Even with all the uncertainties, it appears to be unlikely that Blue Cross VT's RBC position will even *reach* the required range at the end of 2024.

Recently Announced Proposed Affiliation

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The 2024 rate filing is unaffected by this proposed affiliation. The affiliation is subject to regulatory approval. The regulatory approval process will begin once both entities file with their respective state regulators and does not have a specific timeline.

If the affiliation is approved, each organization will continue to operate financially as a single state plan. There is no financial exchange of member reserves between the two organizations. The premiums from Vermonters will wholly be used to pay Vermont member claims, fund Vermont member reserves and plan administration as is the case today. Adequately funded premiums to provide Vermonters with access to quality healthcare will remain a critical part of each rate filing. Further, the two companies' member reserves will remain separate and distinct. As a regulated insurer, Blue Cross VT must maintain financial member reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis.

Conclusion

In consideration of all the above, I recommend that you file a 3.0 percent CTR for the 2024 ACA market individual and small group filings.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT D – HEARING AIDS COST DEVELOPMENT

Purpose:

This document is intended to give a detailed explanation of how Blue Cross and Blue Shield of Vermont (Blue Cross VT) calculates the estimated cost of hearing aids in 2024 for individual and small group plans. The analysis and results herein should not be used for any other purpose.

Methodology:

Blue Cross VT does not currently offer coverage for hearing aids to any group. Due to the lack of institutional data, Blue Cross VT instead chose to rely on external data such as surveys and census results to determine the incidence of hearing aid use and the average cost of a hearing aid. Based on this data, Blue Cross VT estimated the number of individual and small group members who would utilize a hearing aid benefit.

Data:

This estimate relies on several sources of information. To develop incidence estimates of hearing loss, we use the US Census American Community Survey¹ from 2021. We use data from the National Institutes of Health (NIH) to estimate the percentage of individuals with hearing loss who use a hearing aid². We use data from MarkeTrak³, which is a national survey of the hearing aid market conducted by the Better Hearing Institute, the educational arm of the Hearing Industries Association. The latest version of the survey, MarkeTrak 2022, was published in May 2022 and the previous version, MarkeTrak X, was published in July 2019. Some of the MarkeTrak results pertaining to pricing information for hearing aids comes from a 2019 survey⁴ by hearingtracker.com, an independent shopping resource for hearing aid consumers.

The analysis used individual and small group membership as of February 28, 2023. We modeled the following benefit option:

Hearing aid for each ear, every three years, or sooner if medically necessary. The coverage shall include hearing aid batteries when prescribed by a hearing care professional. There is no cap in the cost of the hearing aids or on age. The DME supply benefit would apply.

Although the actual reimbursement terms for hearing aid coverage is not final, we consider the above benefit to be reasonable to use in approximating the cost of hearing aid coverage.

Analysis:

As of February 28, 2023, individual and small group plans had 40,460 members. We split these members into the age and gender categories used by the US Census American Community Survey to provide Vermont-specific and gender-adjusted rates. Based on the adjusted incidence rates, individual and small group membership would be expected to have an estimated 753 members on with hearing loss.

The NIH estimates 30 percent of adults aged 70 and older with hearing loss have used a hearing aid, and 16 percent of adults under age 70 have used a hearing aid. Of the estimated members with hearing loss who do not currently use a hearing aid, the MarkeTrak survey estimates 48 percent⁵ would purchase a hearing aid if their health insurance plan would cover some or most of the cost. The hearingtracker.com pricing survey estimates that 84 percent⁶ of hearing aid users employ bilateral hearing aids (one hearing aid in each ear).

¹ https://data.census.gov/cedsci/table?q=hearing&g=0100000US_0400000US50&tid=ACSDT1Y2021.B18102

² <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>

³ <https://betterhearing.org/policy-research/marketrak/>

⁴ <https://www.hearingtracker.com/how-much-do-hearing-aids-cost>

⁵ <https://www.audiologyonline.com/articles/20q-understanding-today-s-consumers-26648> See Figure 6

⁶ See footnote 5, “Hearing Aid Purchase Trends” section

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – HEARING AIDS COST DEVELOPMENT**

Based on the above figures, we estimate the proportion of members by benefit plans with expected hearing loss, hearing aid use, and hearing aid units.

Incidence Rate	ACA Market Membership
Hearing Loss	1 in 53.7
Use of Hearing Aid	1 in 93.4
Hearing Aid Units Per Member	0.020

A recent pricing survey⁷ estimated the average cost of a hearing aid unit as \$2,372, which we use as the estimated cost. Hearing aids are typically replaced every three to seven years⁸. We assumed that members would replace their devices on a three-year cycle.

The table below shows the estimated number of units per plan and the associated plan payments over the benefit years period (three or five years) on a per-member-per-month (PMPM) basis.

Estimated Units	Allowed PMPM
799	\$1.30

In August 2022, the U.S. Food and Drug Administration issued a final rule establishing a new category of over-the-counter (OTC) hearing aids. This rule will allow consumers to purchase hearing aids directly from stores or online retailers without the need for medical exams, fitting adjustments or prescriptions. The OTC rule was discussed internally on January 23, 2023. Based on this discussion, we determined we could not offer OTC in 2024 as we are unable to support the mandate requirements with this option. Therefore, we expect members will obtain hearing aids via network providers in order to have their benefits apply.

Conclusions:

Based on this analysis, we estimate the allowed cost of the proposed hearing aid coverage as \$1.30 PMPM. Note that due to pent-up demand, it is possible that a majority of hearing aid claims may be made in the first year coverage is offered. The above estimated amounts are not period-specific. They reflect the cost of all estimated members who currently use hearing aids and 48 percent of estimated members with hearing loss but without hearing aids purchasing one set of hearing aids. The estimated total will change if there are more actual members with hearing loss than estimated, if the assumption about the percentage of people with hearing loss expected to purchase hearing aids for the first-time changes, or if members purchase more or less expensive hearing aids than assumed. Additionally, the estimates are based on the membership and cost-sharing parameters provided in the *Data* section and will vary if the cost sharing parameters, benefit distribution, or covered population changes. Members replacing their hearing aids more frequently will increase the PMPM cost and would represent costs in excess of the above figures.

⁷ <https://www.hearingtracker.com/how-much-do-hearing-aids-cost>

⁸ <https://www.healthyhearing.com/report/30926-Long-do-hearing-aids>

SERFF Tracking #:

BCVT-133654592

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	REDACTED_Blue_Cross_VT_2024_Vermont_ACA_Market_Filings_Actuarial_Memorandum.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Blue Cross VT 2024 Vermont ACA Market Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Small_Group_Cover_Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Small_Group_Plain_Language_Summary.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

BCVT-133654592

State Tracking #:**Company Tracking #:**

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing
Project Name/Number: /

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	REDACTED_Blue_Cross_VT_2024_Vermont_ACA_Market_Filings_Exhibits.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Attachments
Comments:	
Attachment(s):	Attachment_A_Blue_Cross_VT_2024_ACA_Market_Standard_Plans_AV_Certification.pdf Attachment_B_Blue_Cross_VT_2024_ACA_Market_Non_Standard_Plans_AV_Certification.pdf Attachment_C_Blue_Cross_VT_2024_Vermont_ACA_Market_Filing_Contribution_to_Member_Reserves.pdf Attachment_D_Blue_Cross_VT_2024_ACA_Market_Hearing_Aid_Cost_Development.pdf Attachment_E_Blue_Cross_VT_2024_ACA_Market_Report_Outreach_Directly_Enrolled_Individuals.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Templates
Comments:	
Attachment(s):	Actuarial Memo Dataset 2024 - Blue Cross VT 2024 ACA Market - Small Group.pdf Actuarial Memo Dataset 2024 - Blue Cross VT 2024 ACA Market - Small Group.xlsx Rates Template - Blue Cross VT 2024 ACA Market - Small Group.pdf Rates Template - Blue Cross VT 2024 ACA Market - SmallGroup.xls VT Rx Data Template - Blue Cross VT 2024 ACA Market - Small Group.xlsx URR Template - Blue Cross VT 2024 ACA Market - Small Group.pdf URR Template - Blue Cross VT 2024 ACA Market - Small Group.xlsm VT Rx Data Template - Blue Cross VT 2024 ACA Market - Small Group.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

BCVT-133654592

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

BCBSVT

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

Blue Cross VT 2024 Vermont ACA Market - Small Group Rate Filing

Project Name/Number:

/

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Attachment Rates Template - Blue Cross VT 2024 ACA Market - SmallGroup.xls is not a PDF document and cannot be reproduced here.

Attachment VT Rx Data Template - Blue Cross VT 2024 ACA Market - Small Group.xlsx is not a PDF document and cannot be reproduced here.

Attachment URR Template - Blue Cross VT 2024 ACA Market - Small Group.xlsm is not a PDF document and cannot be reproduced here.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Table of Contents

1. GENERAL INFORMATION	3
1.1. Company Identifying Information	3
1.2. Company Contact Information	3
1.3. Scope and Purpose	3
1.4. Proposed Rate Change(s)	4
1.4.1. Individual Market	4
1.4.2. Small Group Market	4
1.5. Reason for Rate Change(s)	4
1.6. Historical Financial Performance	6
1.7. Environmental Factors	7
1.8. Vermont Statutory Rate Review Criteria	8
2. PROPOSED BENEFITS	10
2.1. Description of Benefits	10
2.2. AV Metal Values	11
3. EXPERIENCE RATING	11
3.1. Experience Period Premium and Claims	11
3.2. Benefit Categories	13
3.3. Index Rate	13
3.4. Projection Factors	15
3.4.1. Membership Projections	15
3.4.2. Changes in the Morbidity of the Population Insured	17
3.4.3. Changes in Benefits	18
3.4.4. Changes in Demographics	18
3.4.5. Other Adjustments	19
3.4.6. Non-System Claims	20
3.4.7. Trend Factors (cost/utilization)	23
3.4.7.1. Data and Population	23

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.2.	Medical Trend Development	24
3.4.7.3.	Pharmacy Trend Development	33
3.4.7.4.	Vision and Dental Trend Development.....	36
3.4.7.5.	Overall Total Trend	37
3.5.	Credibility of Experience	37
3.6.	Credibility manual rate development.....	37
3.7.	Market Adjusted Index Rate.....	37
3.7.1.	Projected Risk Adjustment Transfer PMPM:.....	37
3.7.2.	Exchange User Fees	41
3.8.	Plan Adjusted Index Rates.....	41
3.8.1.	Plan Adjustment – Actuarial Value and Cost Sharing adjustment.....	41
3.8.2.	Silver Loading	43
3.8.3.	Provider Network, Delivery System and Utilization Management adjustment	43
3.8.4.	Adjustment for benefits in addition to the EHBs	43
3.8.5.	Impact of specific eligibility categories for the catastrophic plan	43
3.8.6.	Impact of Selection	44
3.8.6.	Adjustment for distribution of the administrative costs	44
3.8.7.	Calibration	49
3.8.8.	Projected Loss Ratio	49
3.9.	Consumer Adjusted Premium Rate Development	50
3.10.	Small Group Plan Premium Rates	50
4.	ADDITIONAL INFORMATION	50
4.1.	Terminated Products.....	50
4.2.	Plan Type	50
4.3.	Act 193 Information	50
4.4.	Report on Outreach to Directly Enrolled Individuals	51
5.	RELIANCE AND ACTUARIAL CERTIFICATION	51
5.1.	Reliance	51
5.2.	Actuarial Certification	52
5.3.	Disclosures	53

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1. GENERAL INFORMATION

1.1. Company Identifying Information

Company Legal Name: Blue Cross and Blue Shield of Vermont
State: Vermont
HIOS Issuer ID: 13627
Markets: Individual and Small Group markets
Effective Date: January 1, 2024

1.2. Company Contact Information

Primary Contact Name: Martine B. Lemieux, FSA, MAAA
Primary Contact Telephone Number: 1-(802)-371-3285
Primary Contact Email Address: brissonlm@bcbsvt.com

1.3. Scope and Purpose

The purpose of this rate filing is to provide the rates and a description of the rate development for the ACA-compliant plans for the Vermont individual and small group markets that Blue Cross and Blue Shield of Vermont (Blue Cross VT) proposes to offer for the 2024 benefit year. This rate filing applies to plans both On-Exchange and Off-Exchange.

This filing is intended to comply with the following laws, regulations, orders, and guidance:

- Vermont State Law 8 V.S.A. § 4062
- Vermont State Law 8 V.S.A. § 4512
- Vermont State Law 33 V.S.A. § 1806
- Vermont State Law 33 V.S.A § 1811
- Vermont State Law 33 V.S.A. § 1812
- Vermont State Law 18 V.S.A. § 9375(b)(6)
- DFR Order establishing tier rate structure and multipliers (Docket No. 13-002-I)
- Vermont Agency of Human Services Health Benefits Eligibility and Enrollment Rule, Parts 1 and 2
- Green Mountain Care Board, Rule 2.000
- Green Mountain Care Board Guidance on Silver Loading (effective March 15, 2023)
- Federal Regulation 45 C.F.R. Part 147
- Federal Regulation 45 C.F.R. Part 153
- Federal Regulation 45 C.F.R. Part 154
- Federal Regulation 45 C.F.R. Part 155
- Federal Regulation 45 C.F.R. Part 156
- Federal Regulation 45 C.F.R. Part 158
- Federal Regulation 26 IRC § 223

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.4. Proposed Rate Change(s)

1.4.1. Individual Market

The average rate change is 15.5 percent. Changes for specific plans range from 12.4 percent to 15.2 percent for non-loaded silver plans and from 18.8 percent to 21.1 percent for loaded silver plans. The range of changes is due to changes to the actuarial values, plan designs, and the new guidance on silver loading.

1.4.2. Small Group Market

The average rate change is 14.5 percent. Changes for specific plans range from 13.2 percent to 15.8 percent. The range of changes is due to changes to the actuarial values and plan designs.

1.5. Reason for Rate Change(s)

The starting point of any renewal rate analysis is an assessment of actual to expected experience results. The basis for this rate filing is calendar year 2022 experience. The claims experience for 2022 was slightly under the expectation embedded within the 2023 filing for small groups and individuals. This was offset by unfavorable population changes during 2023 open enrollment. With the addition of an expected favorable risk adjustment transfer, the overall change to 2023 rates due to experience and population changes is negative 0.3 percent for individual and 0.1 percent for small groups.

Similar to last year, trend is the most significant driver of the change in rates (see section 3.4.7). The 2023 approved rates included assumptions for projecting 2022 to 2023 which must be re-examined because the 2024 filing is based on updated actuarial assumptions that reflect current data. Also, an additional year of projected trend applies from 2023 to 2024. The overall anticipated increase in rates due to trend is 9.0 percent for individual and 8.6 percent for small groups:

2024 Rate Impacts of Trend		
Trend Component	Individual	Small Group
Restatement of 2022 to 2023 Trend	-0.7%	-0.6%
Additional Year of Medical Utilization Trend	0.7%	0.7%
Additional Year of Medical Unit Cost Trend	5.0%	4.8%
Additional Year of Retail Pharmacy Trend	3.5%	3.3%
Additional Year of Dental Trend	0.0%	0.0%
Additional Year of Vision Trend	0.0%	0.0%
Leap Year	0.3%	0.3%
Total	9.0%	8.6%

As noted in Attachments A and B, the claims underlying the federal Actuarial Value Calculator (AVC) were trended forward to 2024 and the underlying claims distributions were updated. This caused some plans to fall outside of the de minimis metal ranges. For both the standard plans and non-standard plans, deductibles and out-of-pocket limits were changed to comply with the AVC ranges. This means that benefit changes made by the Department of Vermont Health Access for standard plans and by Blue Cross VT for non-standard plans partly offset the impact of benefit leverage. Altogether, factors related

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

to plan design, actuarial value, silver loading and induced utilization increases rates by 0.4 percent for individuals and increased rates by 0.1 percent for small groups.

In previous filings, Blue Cross VT did not include the expected cost of covering COVID-19 testing, treatment, and vaccines in premiums. With the end of the federal Public Health Emergency (PHE), Blue Cross VT will treat COVID-19 the same as any other respiratory virus and include the projected costs in premiums, resulting in an increase of 1.0 percent for individuals and 1.3 percent for small groups.

The 340B Drug Pricing Program sets a ceiling price for manufacturers on drug sales to certain healthcare facilities, and participation in the program is required in order for drugs to be covered by Medicaid and Medicare Part B. Manufacturers often do not consider the drugs purchased through this program to be rebate-eligible, since they were purchased at a cost well below the average sales price. As certain hospitals, especially academic medical centers with specialty pharmacies, have expanded efforts to provide drugs purchased under the 340B program to their patients, the number of rebate-eligible drug claims have been correspondingly lower for payers. This has resulted in pharmacy rebates being less than expected, since drugs that were previously rebate-eligible transitioned to a 340B setting, increasing individual rates by 1.5 percent and small group rates by 1.2 percent.

Blue Cross VT base administrative charges are increasing as compared to the 2023 approved rates, mostly due to inflationary pressures (see section 3.8.7), increasing premiums by 0.1 percent for individuals and 0.3 percent for small groups.

Blue Cross VT must comply with all regulatory requirements from both state and federal agencies. The Department of Financial Regulation (DFR) has ordered Blue Cross VT to be within a specific Risk-Based Capital (RBC) range.¹ Blue Cross VT's RBC at year-end 2022 was well below the mandated range. Therefore, Blue Cross VT is increasing its contribution to member reserve (CTR) from 1.5 percent to 3.0 percent as part of the plan to move towards its RBC range. Due to the effective CTR of -0.3 percent approved in the 2023 rates, the total increase to premiums is 3.3 percent. Other federal and state taxes and fees will remain stable from 2023 to 2024.

Blue Cross VT continues to find innovative ways to mitigate premium increases. Blue Cross VT members continue to see premium reductions due to the ongoing work of Vermont Blue Rx and a new partnership with CivicaRx (see sections 3.4.7.1 and 3.4.6). Through these programs, Blue Cross VT has achieved rate relief of 0.4 percent in the individual market and 0.5 percent in the small group market.

¹ See Vermont DFR, BCBSVT Risk-Based Capital Order (Feb. 7, 2019), available at <https://dfr.vermont.gov/reg-bul-ord/bcbsvt-risk-based-capital-order>.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.6. Historical Financial Performance

Blue Cross VT has offered ACA products since the start of the program in 2014. Prior to offering ACA plans, Blue Cross VT offered individual and small group products. All Vermonters who previously purchased individual and small group products were required to move to an ACA product in 2014. The State allowed individuals and small groups to remain in their 2013 products through the first quarter of 2014. All financial information below includes only the ACA experience in 2014.

Statutory financial reporting is not the best tool for assessment of pricing assumption performance. The pricing in this and prior filings for these markets reflect claims, premium, and expenses based on the date of service. Financial reporting, on the other hand, is based on the date that payments are made to providers along with a change in estimated unpaid liabilities. Statutory financials also include events that are unrelated to the reasonableness of pricing assumptions, such as payments from the federal risk corridor program. To assess the performance of pricing assumptions most accurately, we restated financial results to include the impacts of transitional reinsurance, risk adjustment, and other prior year events in the year in which they were incurred, rather than the year in which they were booked into financials.

The tables below show actual contribution to reserve and operating results with and without the impact of the risk corridor payments. Risk corridor payments impact the true financial performance, so they are included in the column labeled “Actual Contribution to Reserve (Financial).” However, these payments exist to mitigate pricing inaccuracies; therefore, it is best to exclude them when assessing pricing performance, which is the purpose of the column labeled “Actual Contribution to Reserve (Pricing).”

Year	Member Months	Filed Contribution to Reserve	Approved Contribution to Reserve ²	Actual Contribution to Reserve (Financial)	Actual Contribution to Reserve (Pricing)
2014	638,492	1.0%	-0.1%	1.0%	1.0%
2015	768,293	1.0%	1.0%	-1.1%	-2.5%
2016	835,541	2.0%	0.8%	-2.3%	-3.8%
2017	820,156	2.0%	1.0%	1.0%	1.0%
2018	630,163	2.0%	-3.8%	-1.8%	-1.8%
2019	520,854	1.5%	0.0%	-0.7%	-0.7%
2020	453,744	1.5%	1.5%	5.5%	5.5%
2021	411,961	1.5%	0.5%	0.4%	0.4%
2022	430,399	1.5%	1.0%	-4.5%	-4.5%
Cumulative	5,079,204	1.6%	0.5%	-0.3%	-0.7%

The cumulative operating margin on ACA business since inception is a loss of \$9.4 million, including federal risk corridor recoveries of \$10.0 million. Overall, the performance of actual results to expected indicate a consistent absence of conservatism in the factors underlying the filing.

² Includes explicit cuts to CTR as well as reductions to actuarial factors that were beyond those recommended by the Board's contracted actuary.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

1.7. Environmental Factors

Affiliation with Blue Cross Blue Shield of Michigan

Blue Cross VT intends to affiliate with Blue Cross Blue Shield of Michigan (BCBSM) so we can best meet the needs of the people we serve.

The 2024 premiums are unaffected by this proposed affiliation. Here in Vermont, the Department of Financial Regulation must review and approve the proposed affiliation. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. Moreover, after this transaction is approved, it will take some time for the two companies to align their operations.

This is a strategic partnership that will allow us to work together to access new technology, expertise, and operational resources – while minimizing the future administrative cost impact. BCBSM is an industry leader in developing new technology and innovative products, and like us is a mission-driven nonprofit Blue Plan.

With these new resources, we will be positioned to streamline our interactions with providers, facilitate the exchange of information to drive health care reform, and improve our members’ experience as they navigate the system of care.

Blue Cross VT will continue to be a Vermont organization with policy, governance, and operational decisions made locally, focused on the best interest of members and the community, all while keeping member reserves and health care decisions in our state. Our members and customers will continue to experience the same excellent health coverage, benefits, extensive network of providers, and award-winning local customer service.

OneCare Vermont

It was a difficult decision for Blue Cross VT to pause its contract with OneCare Vermont (OCV) for 2023, and we stayed at the negotiating table until it was clear that we would not be able to come to an agreement that would measurably improve health quality outcomes, lower the total cost of care for Vermonters, and ensure the protection of our members’ health care data. Since the announcement, we have worked to support primary care providers by continuing care management payments and through our efforts in the Vermont Blue Integrated Care pilot. It remains to be seen whether OCV will bring a proposal to the negotiating table that will bring clear value to our members for 2024.

Unmerging the Market

Blue Cross VT led advocacy efforts to unmerge the individual and small group market through 2025. Unmerging the markets allows those holding small group plans to benefit tangentially from the expanded Advanced Premium Tax Credit, by shifting the subsidy of the individual market from Vermont’s smallest employers to the federal government.

BLUE CROSS BLUE SHIELD OF VERMONT 2024 VERMONT ACA MARKET RATE FILINGS ACTUARIAL MEMORANDUM

Vermont Legislature

The Vermont Legislature is currently in session, and it remains to be seen how the bills being considered will impact 2024 rates. Blue Cross VT advocates in the State House with the single-minded intention of improving the health and wellbeing of our members, our neighbors, and our community. Our advocacy decisions are based on three factors: measurably improving quality and access to care, impact on premiums, and impacts on the security of our members' health care data and privacy.

COVID-19 and the end of the Public Health Emergency

COVID-19 continues to have a significant impact to the health system in our state. As we near the end of the federal Public Health Emergency on May 11, 2023, we will shift toward covering all covid testing, treatment, and vaccinations as we do all other respiratory viruses. As it was intended, our reserves covered these costs as our members endured three long years of the pandemic but starting in 2024, we must include these costs in our premiums.

1.8. Vermont Statutory Rate Review Criteria

When reviewing a proposed rate, the GMCB must consider:

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

8 V.S.A. § 4062(a)(3). The GMCB expressly incorporated actuarial review standards into the process, tasking itself with "determin[ing] whether the requested rate is...not excessive, inadequate, or unfairly discriminatory." GMCB Rule 2.000 §2.401. The Board must also consider the Vermont Department of Financial Regulation's ("DFR") "analysis and opinion on the impact of the proposed rate on the insurer's solvency and reserves." *Id.* § 4062(a)(2)(B). The purpose of this memorandum is to provide the actuarial basis for the proposed rate. Although a number of the rate review criteria are not technically actuarial in nature, this section briefly explains how the Blue Cross VT actuarial calculations relate to the criteria, with the understanding that (consistent with Board practice) these issues will be more fully developed during the rate review process.

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

Unlike quality care and access to care, "protection of insurer solvency" is demonstrably *not* in tension with affordability. DFR considers insurer solvency to be the most fundamental aspect of consumer protection.³ Insurer solvency is a necessary pre-condition for affordability, because reducing rates to levels that result in insurer insolvency would place the entire burden of the cost of care on consumers.

³ See, for instance, DFR solvency opinion in filing BCVT-132829562.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

Because members likely cannot afford the full cost of their care without insurance, this result would restrict patient access and impede providers' ability to provide high-quality care. Furthermore, reductions producing rates that are inadequate to any extent do not promote long-term affordability, as it simply shifts costs from current policyholders to future policyholders. The full funding of adequate rates is thereby critical to both insurer solvency and affordability.

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

Increases in prices for services at hospitals and other providers result in 4.9 percentage points of the overall 15.5 percent premium increase for individuals and 4.6 percentage points of the overall 14.5 percent premium increase for small groups. Approved rates must incorporate information about the upcoming GMCB hospital budget review process to ensure rate adequacy while maximizing affordability and access to care.

Spending on specialty pharmaceuticals, through both the retail pharmacy and medical benefits, along with the shift to hospital dispensed specialty pharmacies, is driving 4.3 percentage points of the total individual rate increase and 3.8 percentage points of the total small group rate increase. Blue Cross VT supports and protects our members by ensuring access to medications that significantly improve quality of life, and in many cases save lives. The cost of these drugs is an appropriate topic for public policy discussion, particularly given their impact on rates. However, given the clinical need to provide access to this care and in the absence of mitigating federal or state legislation, Blue Cross VT must include the very high cost of these drugs in this year's rate development. The additional cost of providing these life-altering therapies is expected to lead to greater affordability and/or quality of life in the long term.

Blue Cross VT has invested in CivicaRx, a non-profit enterprise that will bring to market lower cost options for prescription drugs. While its impact on pharmacy spend is not expected to be significant in 2024, the investment in CivicaRx demonstrates Blue Cross VT's commitment to taking action to make medications more affordable for Vermonters.

In summary, these rates strike the best balance available among affordability, access to care, and quality of care by providing coverage for necessary medical services that improve Vermonters' quality of life at a cost of insurance that is far lower than that allowed by federal and State medical loss ratio requirements (see section 3.8.9). Blue Cross VT is increasing base administrative costs (see section 3.8.7), which has the effect of increasing the premiums by 0.1 percent for individuals and 0.3 percent for small groups. This modest increase reflects current and expected inflationary levels. Since 2019, Blue Cross VT has implemented a variety of programs and services that have the cumulative impact of mitigating 2024 premiums by 13.9 percent, or approximately \$61 million based on projected membership.

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

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

2. PROPOSED BENEFITS

2.1. Description of Benefits

Blue Cross VT will offer two types (Standard and Non-Standard) of plans to the individual and small group markets in 2024. These plans include coverage for all Essential Health Benefits (EHBs). All plans are on the Exclusive Provider Organization (EPO) network and offer members access to a nationwide network of providers, including over 97 percent of the providers in Vermont. The majority of providers not in the EPO network are dentists, ambulance services, and mental health providers.

Blue Cross VT Standard Plans: Blue Cross VT is providing rates for the Standard plans with benefits as approved by the Green Mountain Care Board, which are outlined in Exhibit 1A – “State of Vermont Standard Plan Designs.” The form filing for these products can be found under BCVT-133595113 for deductible plans and BCVT-133595280 for Consumer Driven Health plans (CDHP). Blue Cross VT is also providing rates for the catastrophic plan, also outlined in Exhibit 1A. The form filing for this plan can be found under BCVT-133595253.

Blue Cross VT Non-Standard Plans: Blue Cross VT is providing rates for two non-standard products. The first product, Vermont Select, offers HSA compatible plans with the deductible at the same level as the out-of-pocket. The second product, Vermont Preferred, offers plans with zero cost share for some primary care or mental health visits and some specialist visits to manage diabetes and heart disease. Both products waive deductibles for wellness drugs. Please see Exhibit 1B – “Non-Standard Plan Designs” for details on the benefit structure. The form filing for these products can be found under BCVT-133595201 for Vermont Preferred and BCVT-133595237 for Vermont Select.

Reflective Silver Plans

Pursuant to Act 88, Blue Cross VT will offer certain silver plans only off-exchange for the 2024 plan year. These plans are “reflective” of the Exchange plans, with only a \$5 copayment, 5 percent coinsurance or \$25 deductible difference from the Exchange plan.

Uniform Compliance

Benefits of all Standard, Vermont Preferred, and Vermont Select plans are in compliance with 45 CFR §147.106. Specifically, the benefits continue to be offered on the Blue Cross VT Exclusive Provider Organization (EPO) network and continue to cover the same service area. Some cost sharing levels were modified to maintain the same metal tier levels. Each product covers the same benefits as covered for plan year 2023.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

2.2. AV Metal Values

Standard plans are designed by the State of Vermont and offered by all issuers in the individual and small group markets. Please see *Attachment A – Standard Plans AV Certification - 2024* for the certification provided by the State.

Non-Standard plans are designed by Blue Cross VT. The metal values included in the Unified Rate Review Template (URRT) were calculated using an alternate methodology, as allowed by 45 CFR §156.135. Multiple benefit designs offered in the Blue Cross VT Non-Standard plans are not supported by the AV Calculator. Please see *Attachment B – Non-Standard Plans AV Certification - 2024*⁵, for the actuarial certification, which includes the process used to develop the AV Metal Values.

3. EXPERIENCE RATING

3.1. Experience Period Premium and Claims

Our analysis begins with the 2022 experience of Blue Cross VT individual and small group markets. Starting in 2021, Vermont unmerged the individual and small group markets.

We analyzed claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023. We completed both the paid claims and the allowed charges using the Blue Cross VT monthly reserving models that underpin the financial statement reserves (best estimates before margin) for claims incurred but not reported (IBNR). These methods are subject to review by independent auditors and examination by Vermont Department of Financial Regulation (DFR). For the purpose of calculating completion factors, the reserving method categorizes claims by reporting/payment process (Local, BlueCard, Retail Pharmacy, Medicare Supplement, etc.). We calculate completion factors separately for each category. We also included an estimate of outstanding pharmacy rebates.

The paid claims and allowed charges are sourced directly from claim records in the Blue Cross VT data warehouse. For fee-for-service claims, we combined plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combined capitation paid to the provider with the member cost sharing to generate allowed charges.

The table below shows details underlying the incurred claims and allowed claims (from URRT, Section I of Worksheet 1) for the experience period.

⁵ While the Final Actuarial Calculator was released on April 17, 2023, the IRS has yet to release the HSA deductible limits for 2024. Once those are available, we will update Attachment B to reflect all final values for both AV and Rx out-of-pocket maximum.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of Experience Period Claims Per Member Per Month (PMPM) – Individual Market		
	Incurred Claims	Allowed Claims
Claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023	\$140,728,886	\$165,971,729
Estimate of IBNR for claims incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	\$913,512	\$774,522
Estimate of IBNR pharmacy rebates incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	(\$4,264,605)	(\$4,264,605)
Total completed experience period claims	\$137,377,793	\$162,481,646
Member months	194,869	194,869
Total claims per member per month (PMPM)	\$704.98	\$833.80

Calculation of Experience Period Claims Per Member Per Month (PMPM) – Small Group Market		
	Incurred Claims	Allowed Claims
Claims incurred January 1, 2022 through December 31, 2022 and paid through February 28, 2023	\$142,897,165	\$169,904,621
Estimate of IBNR for claims incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	\$830,163	\$982,642
Estimate of IBNR pharmacy rebates incurred January 1, 2022 through December 31, 2022 as of February 28, 2023	(\$5,105,580)	(\$5,105,580)
Total completed experience period claims	\$138,621,747	\$165,781,682
Member months	235,406	235,406
Total claims per member per month (PMPM)	\$588.86	\$704.24

In the experience period, the earned premium was \$133,369,892 for the individual market and \$143,656,384 for the small group market. Blue Cross VT will not be required to pay minimum loss ratio (MLR) rebates for the 2022 calendar year. Vermont does not currently have a 1332 waiver for a Reinsurance program. The estimated 2022 risk adjustment receivable, according to the information from the Interim Report, is \$13,309,300 for the individual market (including Catastrophic) and \$9,579,344 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.2. Benefit Categories

Medical claims are initially categorized into two categories based on the type of claim form the provider submitted: UB-04/CMS 1450 (Facility Inpatient/Outpatient) or HCFA/CMS 1500 (Professional/Other). We then separate facility claims into the Inpatient and Outpatient categories in Worksheet 1, Section II of the URRT by the place of service listed on the UB-04 claim form. Professional and Other medical claims are subdivided based on whether the provider is a medical professional or medical supplier as submitted on the HCFA 1500 claim form. We populate the prescription drug benefit category for claims processed through our pharmacy benefit manager. We populate the capitation benefit category with claims that run through our internal capitation system. The capitation category uses “Benefit Period” as a utilization description and the units represent the number of capitations in a given year.

3.3. Index Rate

The Index Rate is equal to the experience period allowed charges for Essential Health Benefits (EHB). In 2017, Blue Cross VT removed an exclusion for routine circumcision (see section 3.8.3 for details). Those services are not considered EHB and must be removed from the experience to calculate the Index Rate.

Calculation of the Experience Index Rate PMPM – Individual market	
Allowed Claims in section 1 of worksheet 1 of URRT	\$851.71
Allowed Claims for Non-EHB	\$0.04
Experience Index Rate in section 2 of worksheet 1 of URRT	\$851.67

The experience index rate for 2022 for the individual market is \$851.67.

Calculation of the Experience Index Rate PMPM – Small Group market	
Allowed Claims in section 1 of worksheet 1 of URRT	\$721.75
Allowed Claims for Non-EHB	\$0.09
Experience Index Rate in section 2 of worksheet 1 of URRT	\$721.66

The experience index rate for 2022 for the small group market is \$721.66.

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

Blue Cross VT has access to the detailed claims information underlying capitated claims. We use the fee-for-service (FFS) equivalent rather than the capitation.

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

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation of Allowed Claims from section 1 of URRT to Line A1 of Exhibit 5 – Individual Market		
	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$165,971,729	\$851.71
Remove BlueCard Fees	(\$423,824)	(\$2.17)
Remove Pharmacy Rebates	\$8,353,380	\$42.87
Remove Payments to Blueprint Program	(\$572,179)	(\$2.94)
Replace Capitation with FFS equivalent	\$14,889	\$0.08
Line a1 of Exhibit 5 - IND	\$173,343,994.41	\$889.54

Reconciliation of Allowed Claims from section 1 of URRT to Line A1 of Exhibit 5 – Small Group Market		
	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$169,904,621	\$721.75
Remove BlueCard Fees	(\$695,303)	(\$2.95)
Remove Pharmacy Rebates	\$10,061,816	\$42.74
Remove Payments to Blueprint Program	(\$939,071)	(\$3.99)
Replace Capitation with FFS equivalent	(\$48,735)	(\$0.21)
Line a1 of Exhibit 5 - SMG	\$178,283,328	\$757.34

3.3.1. Pooling experience claims

Starting in 2020, Blue Cross VT purchased reinsurance coverage for the ACA market that covers the portion of claims above one million dollars that is not reimbursed by the High Cost Risk Pool (HCRP). To project the claims above the pooling point, we cap the claims and include the full cost of reinsurance and HCRP. To cap the projected claims, we calculate the de-trended pooling level by removing the total trend (see section 3.4.7 for details) from the attachment point of one million dollars. We then exclude the claims above the resulting de-trended limit. In 2022, Blue Cross VT had a member in the individual market with almost \$2 million in claims, with the majority of claims paying for a drug that treats a rare disease. This type of drug is excluded from the Blue Cross VT reinsurance agreement. We excluded the total allowed charges from the experience period, as none of the projection factors described below apply to this specific member. The net expected allowed charges after recoveries from the HCRP are included in the reinsurance component (see item e₅ on Exhibits 5).

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of the Impact of Capping Claims – Individual Market		
CY 2022 total allowed claims	A1	\$173,343,994
Allowed charges for drugs not included in the Blue Cross VT reinsurance agreement	A2	\$1,759,400
Net allowed charges	A = A1 – A2	\$171,584,594
Claims above \$825,942	B	\$812,087
Capped Claims	C = A - B	\$170,772,508
Impact of capping claims (a ₅ on Exhibit 5 - IND)	D = C / A	0.9953

Calculation of the Impact of Capping Claims – Small Group Market		
CY 2022 total allowed claims	A1	\$178,283,307
Allowed charges for drugs not included in the BCBSVT reinsurance agreement	A2	\$0
Net allowed charges	A = A1 – A2	\$178,283,307
Claims above \$826,871	B	\$710,532
Capped Claims	C = A - B	\$178,283,307
Impact of capping claims (a ₅ on Exhibit 5 - SMG)	D = C / A	0.9959

3.4. Projection Factors

3.4.1. Membership Projections

As of February 2023, Blue Cross VT had 40,460 members enrolled in the Vermont ACA markets, with 18,517 enrolled individually through Vermont Health Connect or directly through Blue Cross VT and 21,943 small group employees and their dependents.

We used this information as the starting point to project the 2024 enrollment and the distribution by plan.

Starting in April 2023, Medicaid started their “unwind” plan⁶ to redetermine eligibility for all Vermonters on Medicaid. Since March 2020, states were not allowed to disenroll members from Medicaid. Through this redetermination process, we expect a portion of members previously in Medicaid will become ineligible and will need to select a new insurance plan or choose to become uninsured. To estimate the number of members expected to enroll in an ACA market plan, we relied on a study from NORC at the University of Chicago⁷. This study projected the number of members expected to become ineligible for Medicaid and their new source of coverage.

⁶ <https://dvha.vermont.gov/unwinding>

⁷ <https://www.ahip.org/resources/medicaid-redetermination-coverage-transitions>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Using these data points, our current ACA market share of 60 percent, and an estimate that small groups cover approximately 16.4 percent⁸ of members with employer sponsored coverage, we project that Blue Cross VT enrollment will increase by 1,609 individual members and 1,711 small group members by the beginning of 2024.

For the individual market, we assume that members previously on Medicaid will enroll in On-Exchange Silver plans, with the same proportion by plan as current enrollment, after CSR membership movement (described below). In the small group market, we assume that members previously on Medicaid will enroll in all plans with the same proportion by plans as current enrollment.

With the new guidance from the GMCB on Silver Loading⁹, On-Exchange Silver plans have higher increases than all other plans. With this shift, we expect that a portion of the members currently enrolled in an On-Exchange Silver will select a different benefit for 2024.

The table below shows the February 2023 enrollment in On-Exchange Silver plans by CSR level, the assumed percentage of member moving to another metal and the remaining CSR membership.

On-Exchange Silver Plans Membership				
Plan	February 2023 Membership	Percentage of Members Moving to Another Metal	Total Members Moving to Another Metal	Total Members Remaining in On-Exchange Silver
70% plan	1,415	75%	1,061	354
73% plan	631	50%	315	316
77% plan	1,085	25%	271	814
87% plan	1,693	0%	0	1,693
94% plan	594	0%	0	594

We assume that members moving to another metal would be distributed in proportion with current enrollment in the Gold, Silver-Reflective, and Bronze plans.

Exhibits 2A shows the 2024 Blue Cross VT individual and small group projected population by plan and market.

Blue Cross VT expects to cover 513,718 member months in the Vermont ACA combined market in 2024, with 229,870 member months in the individual market and 283,848 in the small group market.

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

⁸ Based on the proportion of total Blue Cross VT employer membership comprised by members in the small group market.

⁹ See section 3.8.2 for details

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.2. Changes in the Morbidity of the Population Insured

Changes in pool morbidity due to voluntary cancelations ($1+b_9$)

This factor measures morbidity differences between the experience period population and projection period population due to choices made by small groups and individuals to voluntarily disenroll from Blue Cross VT ACA market coverage. The impact is measured by observing experience period claims costs for groups and members known to be no longer enrolled as of February 2023.

The base for our experience period is calendar year 2022. Using February 2023 enrollment, we group members into broad categories of active and canceled. We can further divide canceled members into two categories: voluntary cancelation and cancelation due to death. We can further break down voluntary cancelations by aging out, cancellations from normal group turnover, and individual cancellations. We capture individuals aging out in our demographic adjustment (see section 3.4.5).

We adjust for small group members leaving the Blue Cross VT ACA market. If all members in a group are no longer enrolled in Blue Cross VT ACA market, we exclude them under the assumption that the entire group moved to a different carrier or different product. If members that canceled were part of a group that is still in the Blue Cross VT ACA market and the disenrollment reason was not death or retirement (defined as leaving after age 64), we assume that the members voluntarily left the Blue Cross VT ACA market. As part of last year's filing, we completed an experience study comparing claim costs for retiring members to claim costs for members of the same age who continue to be actively employed. The study showed that the retiring cohort had significantly higher claim costs, leading us to conclude that retirement can be driven by deteriorating health. It is therefore appropriate to include an experience adjustment reflecting the expectation that some members of retirement age will experience increased morbidity that will lead to a decision to retire. This is analogous to the adjustment we make for death. Functionally, we achieved the adjustment by excluding member months and claims for members who retired, but only up to the average claim cost of members of the same age bracket who remained enrolled.

We split the experience claims costs based on these categories in order to compare the different populations. We adjust the allowed charges from the experience period to reflect the average claims cost of members who did not voluntarily terminate from the individual market prior to February 2023, and to reflect the average claims cost of small group members as described above.

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

As shown on Exhibits 2C, the factor ($1+b_9$ on Exhibits 5) to adjust for the change in pool morbidity is 1.0159 for the individual market and 1.0156 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.3. Changes in Benefits

Impact of changes in benefits (1+c₁)

The impact of benefit changes (1+c₁ line on Exhibits 5) represents the anticipated change in the average utilization of services due to the change in average cost sharing in the projection period compared to the experience period. Based upon ACA rating rules, it is appropriate to use the HHS induced utilization factors by metal to limit the quantification to only the impact of varying cost shares between the experience plan distribution and the projected plan distribution. Using the experience member months for members included in the “remaining members” category of the morbidity factor described above and the projected membership by metal, we calculate an average induced utilization factor for each and compare the two averages to generate the impact of changes in benefits.

As shown on Exhibits 2D, the impact of the movement among benefit plans (1+c₁ on Exhibits 5) is 0.9960 for the individual market and 0.9976 for the small group market.

Impact of the addition on Hearing Aids to the EHB benchmark (1+c₆)

Since we do not have credible experience for hearing aid costs, we develop an estimated allowed charge from demographic data and average market costs. We add the estimated allowed PMPM of \$1.30 to the trended professional PMPM to calculate the overall projected professional PMPM.

Calculation of impact of addition of Hearing Aids			
		Individual	Small Group
Trended Professional PMPM, excluding hearing aids	A	\$209.80	\$181.19
Projected Hearing Aids PMPM	B	\$1.30	\$1.30
Trended Professional PMPM, including Hearing Aids	C = A + B	\$211.11	\$182.49
Factor 1+c ₆ on Exhibits 5 for Professional Claims	D = C / A	1.0062	1.0072

Details of the assumptions and calculations supporting the \$1.30 PMPM are in Attachment D.

3.4.4. Changes in Demographics

Impact of changes in demographics (1+c₃)

We calculate separate factors for small groups and for individuals.

For both market segments, we use the age-gender factors from the SOA’s report Health Care Cost – From Birth to Death¹⁰ to calculate the age-gender factors for the experience membership and compare to those of the projected 2024 membership.

For small groups, we first observe the actual change in average age-gender factors from the experience period to February 2023. We observed a consistent seasonal pattern in the age-gender factors for small groups. We therefore adjust the year-to-date February observation to reflect a full calendar year age-gender factor. We divide the full year 2023 age-gender factor by the experience age-gender factor to

¹⁰ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

calculate a projection factor from 2022 to 2023. We then use a three-year average impact of the demographic changes for renewing groups to project from 2023 to 2024..

For individuals, we first split the population into VHC-enrolled and direct-enrolled members. We then categorize each member into the following sub-categories: continuing, retired, newborn, moved to other Blue Cross VT line of business, and voluntarily canceled. For continuing members, we age all members by one year starting with their February 2023 age and calculate the average duration by age. We assign the age one duration to members age zero in 2023. We assessed historical persistency by age for members who are eligible for Medicare. Based on historical patterns, we assume that 27 percent of members age 64 in 2023 will remain enrolled through 2024, and that 58 percent of members age 65 and over in 2023 will remained enrolled through 2024. Finally, in order to complete the age distribution, we add new members age zero in 2024. Again, we examined historical patterns to develop newborn assumptions. For the VHC enrolled population, we expect newborns to comprise 0.64 percent of the total population with an average duration of 3.97 months. For direct enrolled members, we expect the newborns to comprise 0.56 percent with an average duration of 4.51 months. We apply these percentages to the in-force 2023 enrollment to estimate the newborns in 2024. We then compare the experience period average age-gender factor to the projected period average age-gender factor.

As shown on Exhibits 2E, the demographic adjustment ($1+c_3$ on Exhibits 5) is 0.9956 for the individual market and 0.9998 for the small group market.

3.4.5. Other Adjustments

Changes in Provider Network and Reimbursements ($1+c_2$)

Since the experience period claims and the projection period claims are both on the EPO network, the factor for the change in provider networks for medical claims is 1.000.

In early 2020, Blue Cross VT announced¹¹ a partnership with CivicaRx on an initiative to reduce the cost of prescription drugs in Vermont by introducing new generics at a much lower cost than currently available generic drugs. The first generics available through CivicaScript are Abiratone and Imatinib. To estimate the impact of moving individual and small group members from the current generic available to the CivicaScript version, we worked with CivicaRx to understand the expected number of prescriptions that would switch and the cost of the new drugs. We calculate the impact on specialty drugs to be 0.9982 for the individual market and 0.9962 for the small group market.

In the spring of 2023, many insulin manufacturers announced reductions in the ingredient cost of some of their products. Working closely with the pharmacy team, we estimate the change in ingredient cost for the Blue Cross VT ACA market and apply to the experience period claims for each impacted insulin drug. We adjust the pharmacy non-specialty allowed charges to reflect these lower costs. We calculate the impact on non-specialty drugs to be 0.9525 for the individual market and 0.9474 for the small group market.

¹¹ <https://www.bluecrossvt.org/news/blue-cross-blue-shield-vermont-partners-with-civica-rx>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Impact of the ACO program (1+b₄)

In 2022, Blue Cross VT and OCV had a shared-risk/shared-savings agreement covering on average 19,150 lives within the ACA market. The agreement provides for 50/50 sharing of savings or risk up to six percent above or below the expected medical spend, which is derived from the final 2022 GMCB rate order for the ACA market. Due to the COVID-19 pandemic, the contract between OCV and Blue Cross VT limited the shared savings and risk to \$50,000. Our current best estimate of the 2022 transfer is \$50,000 from OCV to Blue Cross VT. As per the contract with OCV, this payment is to be invested in population health programs. Therefore, the factor for this program (1+b₄ on Exhibit 5) is 1.000.

3.4.6. Non-System Claims

We add other costs to the buildup of the Projected Index Rate to account for non-system claims (Items e₁-e₈ on Exhibits 5). As previous explained in section 3.3, these non-system claims are claims that are independent from the benefits but considered claims from an MLR standpoint.

- Pharmacy Rebates (e₁):
To estimate the 2024 rebates, we start with actual calendar year 2022 rebates (including IBNR for the quarters where actuals are not yet available). We trend the rebates using the total trend for brand eligible rebates (see table below).

Calculation of the trend for Rebates		
Claim Type	Experience Period Allowed Charges (Gross of Rebates)	Projected Allowed Charges (Gross of Rebates) after Contract Changes
Brand Going Generic		
Brand		
Specialty		
Total		
Total Trend for Drugs Eligible for rebates		

The emergence of biosimilar for specialty drugs with high utilization is expected to yield additional rebates as manufacturers compete to maintain their market share. We adjusted the rebates for the inflammatory conditions drug class to reflect this. As mentioned above, many insulin manufacturers announced a reduction in the ingredients cost of their products. We expect that they will not continue to pay rebates for these lower costs insulins and reflected this in the projected rebate PMPM.

The projected pharmacy rebates PMPM are \$56.55 for the individual market and \$56.96 for the small group market.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

- **Blueprint Payments (e₂):**
Blue Cross VT participates in the Vermont Blueprint for Health¹² program. The Vermont Blueprint for Health Manual, effective July 1, 2022, details the funding for both portions of the program: Community Health Teams (CHT) and Patient Centered Medical Homes (PCMH). The experience PMPM for Blueprint payments has been stable from year to year. We therefore do not expect the funding for either CHT or PCMH to change in 2024. and instead assume that the experience period PMPM would continue to 2024.

Calculation of projected Blueprint payments PMPM		
	Individual	Small Group
Experience Member Months	194,869	235,406
Experience Blueprint Payments	\$572,179	\$939,071
Blueprint Payments PMPM	\$2.94	\$3.99

- **Interplan Teleprocessing System (ITS) (e₃):**
The BlueCard® Program gives Blue Cross VT members healthcare coverage wherever they go across the country and around the world. The fees associated with this program are independent of the dollar amount of the claims and therefore solely dependent on utilization of BlueCard participating providers. These fees are assumed to increase at the annual medical utilization trend, before the impact of the fraud, waste, and abuse program (see section 3.4.7.2).

Calculation of projected ITS fees PMPM		
	Individual	Small Group
Experience Member Months	194,869	235,406
Experience ITS fees	\$423,428	\$694,698
ITS fees PMPM	\$2.17	\$2.95
Trend (for 2 years)	1.008	1.008
Projected ITS fees PMPM	\$2.21	\$3.00

- **Vermont Vaccine Purchasing Program Payments (e₄):**
The Vermont Vaccine Purchasing Program¹³ (VVPP) offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers and other payers. This assessment is a PMPM charge applied to members residing in Vermont who are under age 65. On May 2, 2023, the Vermont Vaccine Purchasing Program met and approved the rates for SFY2024¹⁴. We used these rates for CY2024, as we do not have information about the SFY2025 rates.

¹² <http://blueprintforhealth.vermont.gov/>

¹³ <http://www.vtvaccine.org/>

¹⁴ https://www.vtvaccine.org/data/get_doc/1448a692c8852f8c112b673a6371a1ed

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Calculation of the VVPP PMPM - Individual			
Market	Age Category	Weighted Rate for CY 2024¹⁵	Projected Membership
Individual	Child	\$13.54	1,520
Individual	Adult	\$2.74	18,359
Individual	Over 65	\$0.00	247
Total		\$3.52	20,126

Calculation of the VVPP PMPM – Small Group			
Market	Age Category	Weighted Rate for CY 2024	Projected Membership
Small Group	Child	\$13.54	3,449
Small Group	Adult	\$2.74	19,394
Small Group	Over 65	\$0.00	811
Total		\$4.22	23,654

- **Cost of Reinsurance (e₅):**
Blue Cross VT uses reinsurance to protect itself against very high claims. Starting in 2020, Blue Cross VT purchased reinsurance for 40 percent of claims above \$1 million. When combined with the High Cost Risk Pool (HCRP) program, Blue Cross VT is fully reinsured at an attachment point of \$1 million. Since we capped claims in the projected period allowed claims for EHB (line D of Exhibits 5) at \$1 million, we include the full cost of reinsurance. The projected rate for this coverage in 2024 is \$ [REDACTED] PMPM, which is the 2023 cost of coverage with expected increases due to trend leveraging. As mentioned in section 3.3.1., Blue Cross VT has a member in the individual market with ongoing high-cost pharmacy claims that are not covered by Blue Cross VT reinsurance. We include these claims, net of HCRP recoveries, in this component.
- **Payment Reform Initiatives (e₆):**
Blue Cross VT is committed to continuing its effort in payment reform. In late 2022, Blue Cross VT developed an innovative care model for primary care practices. The model, Vermont Blue Integrated Care (VBIC), is intended to improve value and outcomes for members. The program includes participation payments which support enhanced care coordination, population health management, an electronic medical record overlay that offers a more comprehensive look at the members' care across providers, and other resources. While Blue Cross VT paused its relationship with OCV for 2023, we will continue to support primary care providers in 2024 either with a renewed relationship or expansion of our own programs. We estimate the monthly PMPM needed for our payment reform efforts as \$2.25 PMPM.

¹⁵ Using the SFY2024 rates for Q1 2024 and the SFY2025 for Q2 2024 through Q4 2025.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

- Retail Pharmacy Clinical Management Fees (e₇):
Vermont Blue Rx provides clinical management services to reduce waste and improve the quality of the prescription drug benefit. These programs, which are subject to fees per use, include prior authorizations, step therapy, quantity reviews, copay reviews, and pharmacy vaccination programs, as well as a safety management program, which protects patients against potentially harmful drug interactions. The total PMPM in the experience period under Vermont Blue Rx was \$ [REDACTED] PMPM for individuals and \$ [REDACTED] PMPM for small groups. We project this cost to be the same in 2024.
- Accordant Health Services Fees (e₈):
Blue Cross VT partners with Accordant Health Services to provide members support with managing their rare diseases. The program targets patients with complex, chronic diseases in neurology, rheumatology, hematology and pulmonology. Accordant provides early intervention and patient compliance services to support the Blue Cross VT care management strategies, improve patient health and strengthen physician-patient relationships. The total PMPM in the experience period was \$ [REDACTED] PMPM for these services. We project the PMPM to be the same in 2024.

3.4.7. Trend Factors (cost/utilization)

3.4.7.1. Data and Population

The source of the data is the Blue Cross VT data warehouse, except where noted below. To ensure accuracy of claims information, we reconciled the data against internal reserving, enrollment, and other financial reports. The analysis examines claims incurred between January 1, 2019 and December 31, 2022, paid through February 28, 2023. We apply completion factors, based on best estimates from financial reporting before margin for conservatism, to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from the ACA small group and individual markets and Pathway 2 Association Health Plans (AHPs). Over the past few years, we have experienced membership retroactivity, primarily associated with members enrolled through VHC. This retroactivity causes some claims to no longer be associated with active membership. The data excludes claims that are no longer associated with active enrollment.

Blue Cross VT experienced large membership movement out of the ACA small group and individual markets in 2019, 2020 and 2021. To ensure that the trend factors do not implicitly reflect changes in the Blue Cross VT population, we create a matched population specific to each benefit year. This methodology ensures that the mix of age, gender, metal level, market, duration, and health conditions is the same over the four years of data.

To match the population, we first summarize the enrollment data by member and by year to calculate the number of months with active enrollment for each member in each year. We then assign the age category (0, 1, 2 to 4, five-year bands until 64, 65 and over), gender, metal level, and market (individual subsidized, individual unsubsidized, and small group) associated with the last month of enrollment for that member in that year.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Using pharmacy claims, we then assign condition categories based on drug utilization. We assign each category a 1 or 0 value. Members can have multiple condition categories. Using medical claims, we assign pregnancy indicators, and newborn condition indicators following the categories used in the HHS-HCC risk adjustment model. Finally, we assign a high claimant indicator for members with annual claims above \$500,000. We excluded high claimants from the matching process.¹⁶

Starting with calendar year 2022, we match backward to the 2021, 2020 and 2019 populations. Page 1 of Exhibit 3B shows the summary statistics of the full Blue Cross VT ACA small group and individual markets and AHP population, as well as the matched population.

We use the full population for the medical cost trend calculation and the matched population for all other trend estimates.¹⁷

3.4.7.2. Medical Trend Development

Medical trend is composed of three pieces: cost, utilization, and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. We normalize historical experience for contract changes so that we can derive a utilization trend in the absence of unit cost changes. We develop future unit cost trends on a discrete basis, using the most recent round of contract negotiations as a starting point. The overall trend is the product of these two components.

Unit Cost

Observations of recent contracting and provider budgetary changes are the main source of unit cost trend. We use calendar year 2022, excluding direct COVID costs, as the base for mix of site of care and project costs two years to 2024.

During calendar year 2022, about 52 percent of total medical claims dollars occurred at Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of the GMCB, we start with the assumption that the GMCB will approve hospital budgets for the 2023 cycle that are equal to the commercial increases approved in the 2021 cycle.¹⁸

Based upon the above assumptions concerning hospital budget and fee schedule changes, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the network used for the ACA markets.

We assumed for other providers within the Blue Cross VT service area that overall 2023 and 2024 budget increases would be the average of the increases implemented during the 2021 cycle and the 2022 cycle, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers.

¹⁶ The utilization component includes intensity, so an increase in high-cost claimants can disproportionately impact the year-over-over and regression calculations.

¹⁷ Using the full population for the cost trend base ensures that the weights among facilities and other providers reflect the most accurate weights for the ACA population.

¹⁸ We expect to update the unit cost trend assumptions upon review of the June 30, 2023 hospital budget submissions.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

For drugs dispensed in a facility or office, we use the outpatient or professional increase for each facility or provider group to calculate an estimated unit cost trend. As described below, we apply an overall allowed trend for these drugs but, per the URRT instructions, we must separate cost and utilization. This estimated unit cost trend is used for URRT purposes as actual unit cost increases by type of service are not readily available.

Finally, we derive unit cost increases for providers outside the Blue Cross and Blue Shield of Vermont service area from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

The chart below summarizes the results of the analysis:

Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims in 2022	Cost Trend from 2022 to 2023	Cost Trend from 2023 to 2024	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	52.2%	13.5%	5.3%	9.3%
Other facilities and providers ¹⁹	47.8%	5.9%	6.6%	6.2%
Total	100.0%	9.8%	5.9%	7.9%

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

Utilization & Intensity

To examine historical utilization trend patterns, we first normalize for unit cost increases for each of the facilities and provider groups included in Exhibit 3A. The historical cost increases reflect the approved or negotiated commercial increases for each group.

We derive contracting changes for out-of-area services from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

We normalize claims to the December 2022 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through December 2022. We assume the derived trend for other claims is continuous.

Blue Cross VT continues to implement many payment integrity programs to combat fraud, waste and abuse (FWA). To control for the changes in payment integrity recoveries, we normalize claims to the recovery levels achieved in 2022.²⁰ in accordance with the following chart:

¹⁹ Vermont facilities with professional reimbursement on the Blue Cross VT Community fee schedule are included in this category.

²⁰ The impact of projected changes to the FWA programs is described in the projected payment integrity impacts section on page 32.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Incurred Period	Percent of claims recovered as part of FWA programs ²¹
CY 2019	0.34%
Q1-Q3 2020	0.62%
Q4 2020	1.27%
CY 2021	2.59%
CY2022	2.45%

We further normalize the claim costs such that each month reflects the average number of working days per month in 2022, as defined by our reserving models.

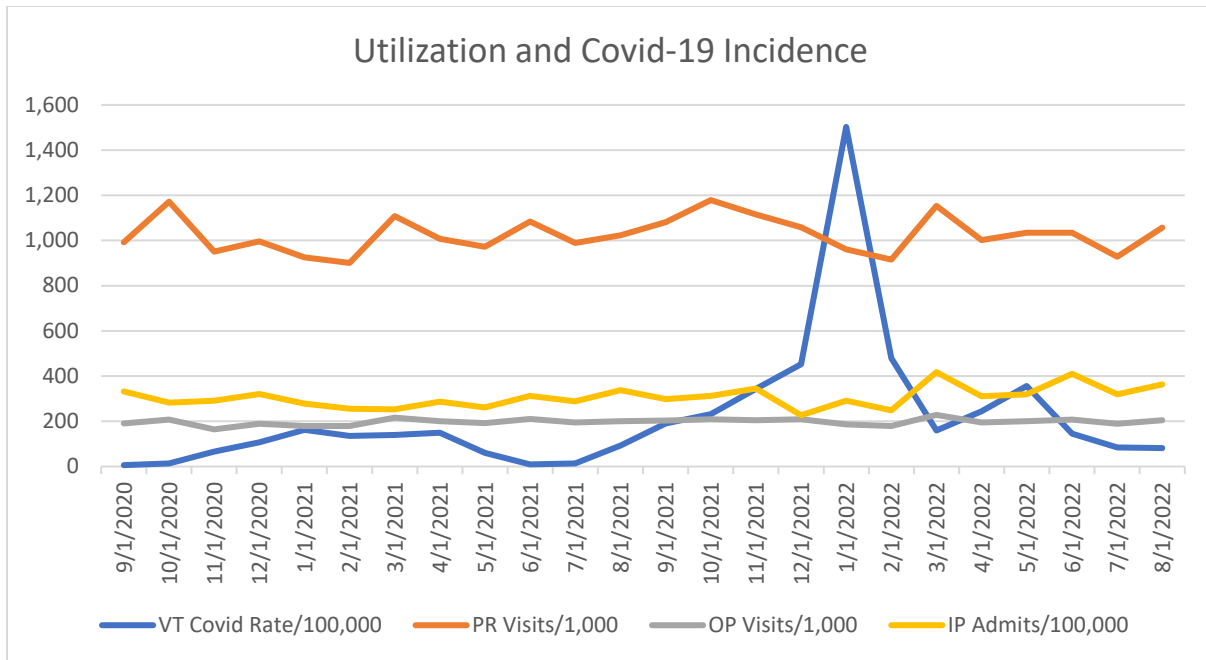
Page 2 of Exhibit 3B shows the calculation and resulting factors for these adjustments for the matched population.

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

The COVID-19 pandemic greatly impacted medical claims, with a slowdown in services in the spring of 2020 and a return of care into 2021. In the fall of 2020, the cyberattack on the University of Vermont Health Network (UVMHN) also impacted medical claims as some services needed to be rescheduled in the first quarter of 2021, further dampening 2020 and amplifying 2021 claims. While COVID-19 is still in our communities, its impact on the utilization of medical care was limited, if non-existent in 2022, as shown in the graph below.

²¹ Programming slowed in 2019 due to Blue Cross VT’s migration to a new operating platform. The Vermont Department of Financial Regulations (DFR) ordered the suspension of all routine provider audits from March 18, 2020 through August 3, 2020. In the fourth quarter of 2020, Blue Cross VT did not engage in routine audits of the University of Vermont Health Network providers as they dealt with a cyberattack. In 2021, Blue Cross VT was able to return its internal payment integrity efforts to pre-migration and pre-pandemic levels while working with new vendors to increase the recoveries beyond historical levels.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**



Facility Claims

For facility claims, we select a 0.5 percent utilization trend.

The table below shows the PMPM claims costs, adjusted for cost increases, FWA programs, and number of working days for the matched population for facility claims.

Facility Claims		
Year	PMPM	Trend
2019	\$309.04	
2020	\$276.12	-10.7%
2021	\$326.65	+18.3%
2022	\$324.55	-0.6%

Comparing 2022 to 2019, the last calendar year prior to the COVID-19 pandemic, we observe a 1.6 percent annualized trend.

As mentioned above, calendar year 2021 was elevated due to deferred care from 2020, which dampens some 24-month measures such as the year-over-year trend. The Holt-Winters time series model forecasts both the trend and seasonality aspects of the underlying data and aligns with the year-over-year trend. The regressions on the other hand clearly suggest an emerging positive trend.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Summary of Statistics for Periods Ended December 2022 for Facility Claims		
Method	Trend	RMSE²²
Year-over-year trend	-0.6%	
24-Month Logistic Regression	2.4%	26.46
24-Month Linear Regression	2.6%	26.44
24-Month Holt-Winters' Multiplicative	0.6%	22.34
24-Month Holt-Winters' Additive	-0.4%	16.23

The average of these measure is 0.9 percent.

While the year-over-year trend is negative, there are external forces that may impact facility utilization between 2022 and 2024. Notably, hospital budget submissions assumed an increase in utilization during the 2023 cycle, which supports a selection modestly higher than the year-over-year trend²³. We consider a 0.5 percent trend rate to be a reasonable selection through 2024 for facility claims. The Green Mountain Surgery Center (GMSC) opened in July 2019 and the experience used in this filing reflects the lower cost for the surgeries performed at GMSC. We did not adjust the experience to reflect this change; such an adjustment would have increased each statistic in the table above by 0.2 percent. By not adjusting for this change, we are implicitly expecting that trend will continue to be dampened as more services shift from more expensive settings to the GMSC.

Details on facility trends are shown on Exhibit 3C.

Professional and Ancillary

We select a 1.0 percent utilization trend for non-mental health and substance use disorder (MHSUD) professional claims and for MHSUD services.

In prior filings, we selected utilization trend specifically for the change in number of services and mix of services between the different types of professional services. This was done to address one-time events that impacted professional claims in 2019. Professional claims were also impacted by the COVID-19 pandemic reducing the number of visits in 2020 and increased visits in 2021 due to care returning.

For this filing, we opted to use the same methodology as for facility claims and use the array of PMPM claims costs, net of high claimants, and adjusted for number of working days and FWA to perform regressions and time series calculations.

²² Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

²³ UVMHC's hospital budget submission notes that "(w)orkforce challenges continue to create access issues across multiple service lines" (p. 13), but they "assume a stabilization of the long-term care and skilled nursing facility system," which is needed to address "significant backlog of patients" seeking care (p.39). UVMHC also notes that, "Pandemic impacts on [UVMHN] during the Omicron wave" included decreased volumes "for higher margin services ... due to inpatient capacity and outpatient surgery constraints" (p.41).

https://gmcboard.vermont.gov/sites/gmcb/files/documents/UVMHN_FY_2023_UVMHN_Budget_Narrative_07-01-2022_-_Final.pdf

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Due to the large change in MHSUD utilization patterns in 2020 and 2021, as compared to non-MHSUD services, we separate utilization trends for MHSUD from non-MHSUD professional services. The table below shows the annual PMPMs and trends for both categories of professional claims.

Professional Claims PMPM				
	Non-MHSUD		MHSUD	
	PMPM	Trend	PMPM	Trend
2019	\$128.10		\$15.32	
2020	\$109.42	-14.6%	\$16.73	9.2%
2021	\$136.78	25.0%	\$18.13	8.3%
2022	\$136.40	-0.3%	\$18.56	2.4%

For non-MHSUD services, services deferred in 2020 continue to return in 2021. As with facility claims, 2021 was elevated compared to 2022 due to these returning services.

Summary of Statistics for Periods Ended December 2022 for Non-MHSUD Professional Claims		
Method	Trend	RMSE²⁴
Year-over-year trend	-0.3%	
24-Month Logistic Regression	2.8%	8.15
24-Month Linear Regression	2.7%	8.15
24-Month Holt-Winters' Multiplicative	-0.3%	5.37
24-Month Holt-Winters' Additive	-0.3%	4.10

The average of these measures is 0.9 percent.

As with facility trend, the negative year-over-year trend is partly due to the elevated 2021 experience, and the regressions clearly suggest a positive emerging trend.

Blue Cross VT, through programs like VBIC, continues to work with providers to increase the access to primary care and ensure that members get the appropriate screenings and follow up care for their conditions. By increasing primary care services in the short-term, we can expect long-term returns on the overall health of Vermonters.

We therefore believe that a 1.0 percent trend for non-MHSUD providers, which is slightly above the average of the metrics shown above, reflects both the recent experience and expectation of increased utilization in the short-term.

Based on the historical patterns and the work in Vermont to expand access to mental health services, especially during and after the pandemic, MHSUD services trended at a higher rate than other professional services through 2021. In prior filing, we based the overall utilization trend for MHSUD services on only the changes in number of services. That methodology does not account for the increase

²⁴ Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

in the intensity and mix of services in this category. To account for this, we used the same methodology as for non-MHSUD claims and use the array of PMPM claims costs, net of high claimants, and adjusted for number of working days and FWA to perform regressions and time series calculations.

Summary of Statistics for Periods Ended December 2022 for MHSUD Professional Claims		
Method	Trend	RMSE²⁵
Year-over-year trend	2.4%	
24-Month Logistic Regression	0.4%	8.15
24-Month Linear Regression	0.3%	8.15
24-Month Holt-Winters' Multiplicative	2.3%	5.37
24-Month Holt-Winters' Additive	0.7%	4.10

The average of these measure is 1.2 percent.

After the large increases observed in 2020 and 2021, the utilization of MHSUD services has leveled off and is now trending at a similar rate as non-MHSUD services. We therefore select the same trend, 1.0 percent, for MHSUD services.

Exhibit 3D shows the normalized professional PMPM, for MHSUD and non-MHSUD, along with the regressions and time series.

Pharmaceuticals

We select a 2.0 percent utilization trend for pharmaceuticals processed through the medical benefit.

The recent acceleration in cost for pharmaceuticals processed through the medical benefit warrants a separate analysis for these claims. Pharmaceuticals processed through the medical benefits include a wide variety of drugs. In prior filings, we included all types of pharmaceuticals in this separate analysis, but ultimately trended non-injections at the selected facility trend. To simplify the analysis, we only included injections in this analysis and retained non-injections in the facility trend analysis.

We split the injection experience into four categories: Injections with a biosimilar option, biosimilars, other injections costing at least \$1,000, and all other injections. The introduction of biosimilars considerably changes the cost per service for injections. To reflect this change in mix, we project the overall number of services for injections and their biosimilar options and project the growth in the share of services that will be with a biosimilar. We apply the overall outpatient cost trend to each category to project the cost per service. By using varying trends for services per member for each category, the average projected cost per service for all pharmaceuticals processed through the medical benefit reflects a projected change in mix. This change in mix is included in the total utilization trend below.

²⁵ Root Mean Square Error (RMSE) is the standard deviation of the prediction errors. It measured the delta between the residuals and line of best fit.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Exhibit 3E, pages 1 to 2 show the experience services per 1,000 members for each of the four injection categories, total allowed charges, and the 24 and 36-month regressions. Exhibit 3E, page 3, shows the result of this calculation.

Injections have been increasing steadily, with the expected slowdown and return due to the COVID-19 pandemic (while less pronounced than for other types of claims) and we expect it to continue to grow at a 2.4 percent rate through calendar year 2024.

Trend for Injections	
Most Recent Year over Year	-3.3%
Three-Year	2.6%
24-month regression on Monthly data	3.6%
24-month regression on rolling 12 data	6.7%

The biosimilar utilization as a percentage of total services for injections that have a biosimilar option has been increasing logarithmically over the past few years but slowed down in the past year:

Percentage of Biosimilar Services	
CY 2019	6.2%
CY 2020	28.9%
CY 2021	41.2%
CY 2022	39.3%

We do not expect the percentage to remain at this rate through calendar year 2024. We expect that the percentage of biosimilars will grow by about 5 percent per year. At this rate, we calculate that the percentage of biosimilars will be about 50 percent for calendar year 2024.

Combining all the categories yields a 2.0 percent utilization trend for pharmaceuticals, including the impact of change in mix, which is lower than the assumption in the prior filing (3.6 percent).

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Overall Medical Utilization Trend

Using the 2022 allowed charges PMPM, adjusted for the index rate projection factors described earlier in this section, we calculate the following overall medical utilization trend:

Calculation of the overall medical utilization trend - Individual		
Category	Uncapped Allowed Charge PMPM, adjusted for projection factors (Line D of Exhibit 3J-IND)	Selected Utilization Trend
Inpatient	\$129.07	0.5%
Outpatient	\$292.97	0.5%
Pharmaceuticals	\$80.87	2.0%
Professional	\$184.80	1.0%
COVID-19	\$7.74	0.0%
Total	\$695.45	0.8%

Calculation of the overall medical utilization trend – Small Group		
Category	Uncapped Allowed Charge PMPM, adjusted for projection factors (Line D of Exhibit 3J-SMG)	Selected Utilization Trend
Inpatient	\$116.86	0.5%
Outpatient	\$239.86	0.5%
Pharmaceuticals	\$77.05	2.0%
Professional	\$159.48	1.0%
COVID-19	\$9.71	0.0%
Total	\$602.97	0.8%

Projected Payment Integrity Impacts

As described above, the FWA programs yielded savings and recoveries of about 2.5 percent of total allowed charges in 2022. We do not expect this percentage to change in 2024.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.3. Pharmacy Trend Development

With the ongoing introduction of new and expensive specialty drugs, as well as the increasing shift to generics as more brand drugs come off patent, we analyze the components of trend (cost and utilization) separately for brands, generics, and specialty drugs. Specialty drugs are very high-cost drugs with low utilization. Because of their relative infrequency, it is more appropriate to look at the overall PMPM trends for these drugs rather than separate cost and utilization components. We calculate the overall pharmacy trend by combining the separate projections.

Non-Specialty Drug Utilization

As described above, we use a matched population as the basis for our trend analysis and adjust for pharmacy working days, which are different from medical working days. Using the array of monthly PMPM claims after adjustments, we performed 24-month and 36-month regressions as well as time series.

Exhibit 3F provides the monthly, quarterly, and the 12-month rolling data, along with the corresponding year-over-year and exponential regression trends and time series for non-specialty drug utilization. We use the number of days supply, rather than the number of scripts, to normalize for changes in the days supply per script (e.g. increased use of 90-day fills). Because there are several popular brand drugs that have become generic during the experience period, or will become generic during the projection period, we combine the data for generic and brand drugs for the purpose of analyzing utilization patterns. Vaccines and devices have been moving from the medical benefit to the pharmacy benefits. These two categories are excluded from the non-specialty trend calculations as they would skew the results. COVID-19 vaccines are completely excluded from this analysis, as their inclusion would skew the results.

Due to the relaxation of clinical edits in response to COVID-19, many members refilled their prescription early in March 2020. This changed the pattern of monthly days supply per member. To adjust for this one-time event, we smooth monthly days supply per member for the periods from March 2020 to May 2020 and June 2020 to August 2020 by using the monthly spread from the same months in 2019. Blue Cross VT introduced Vermont Blue Rx in July 2021, which included a change in pharmacy benefit manager. Prior to the transition, members were offered the option to refill their prescriptions early to avoid potential disruptions. We smooth the monthly days supply for the period from June 2021 to August 2021 by using the monthly spread from the same months in 2019.

Similar to the prior filing, we performed regressions and time series on quarterly data, which decreases the variance of the statistics. As shown in the table below, the regressions, year-over-year, and the two-year trend converge around 2.0 percent. Accordingly, we select a 2.0 percent non-specialty trend.

Trend for Non-Specialty Drug Utilization	
8 Quarter Regression	2.7%
12 Quarter Regression	2.0%
16 Quarter Regression	2.9%
Year Over Year	1.3%
Two-Year	1.4%

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Instead of projecting a generic dispensing rate, we separate the drugs into nine categories:

- Generics: Drugs that have been generic since at least January 2020
- New Generics: Generic drugs that have been in the market for less than 36 months (introduced January 2020 to December 2022)
- Brands going Generic: brands that are expected to become available in generic form in the projection period, based on a list from our pharmacy benefit manager
- Vaccines
- Over the Counter (OTC) drugs
- Compounds
- Devices, such as continuous glucose monitoring and insulin pens
- All other Brands
- COVID Vaccines

As shown on Exhibit 3I, all days supply are trended forward at the same rate of 2.0 percent.

Generic Cost Trend

Exhibit 3H, page 1, shows monthly Average Wholesale Price (AWP) cost per days supply and the 24-month regressions. We select 3.8 percent for the generic cost trend, which is the roughly the average of the 24-month regressions and the year over year result. The rolling annual trends have been between 3.6 and 4.0 percent for the last eleven 12-month periods. We consider 3.8 percent to be a reasonable long-term outlook for generic cost trend. This is consistent with our prior filing.

Brands that are going generic will become subject to generic discounts. We do not expect that the AWP for these drugs will significantly change from the experience period due to the lack of generic competition for the main drugs in this category. We adjust the price to reflect the different experienced effective discounts between brands and generics. We also adjust the price of the new generics to reflect the difference in effective discounts as compared to the generics that have been in the market for at least three years.

Brand Cost Trend

To ensure that the brand cost trend is not skewed by brands going generic, vaccines, over the counter drugs, devices, and compounds, we performed a 24-month regression on monthly AWP cost per days supply on the “brands with at least four years of claims” category only. The monthly AWP cost per day supply for brand drugs is impacted by the mix of new and older brands. Brands that have been in the market for one to two years have been, on average, less expensive than older brands. To account for this change in mix, we perform a 24-month regression on monthly AWP cost per day supply for brand drugs that have been in the experience for at least four years and have had no drastic change in their market share.

Exhibit 3H, page 2, shows monthly cost per days supply and the 24-month regression. We select 10.5 percent for the brand cost trend, which is the average of the 24-month regression on monthly data and the most recent year over year result. This selection is consistent with recent filings, and we consider it to be a reasonable outlook of future trend. We apply the selected trend to all brand drugs, including devices and vaccines.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

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

We also do not expect over-the-counter drugs and COVID-19 drugs to follow the overall brand cost trend, and we select a 0.0 percent cost trend for these drugs.

Specialty Drugs

In July 2021, we introduced Vermont Blue Rx, which improved our discount off AWP for specialty drugs. We adjust months prior to July 2021 to reflect the current contract.

We did not adjust the experience to reflect aging or benefits because we used the matched population. We did not adjust for working days, as nearly all retail specialty medications are provided through mail service and the vast majority of prescriptions are refills.

As described above, Blue Cross VT introduced Vermont Blue Rx in July 2021, which included a change in pharmacy benefit manager (PBM). Prior to the transition, members were offered the option to refill their prescriptions early to avoid potential disruptions. We smooth the monthly days supply for the period from April 2021 to August 2021 by using the monthly spread from the same months in 2019 and 2022. This smoothing period for specialty drugs is longer than for non-specialty drugs due to the nature of the prescriptions and observed refill patterns.

Exhibit 3G contains the monthly and the 12-month rolling data, the smoothing adjustment, and the results of the regressions. We select 19.5 percent as the contracted adjusted trend²⁶. This is informed by the average trend produced by a 24-month regression on monthly cost, a 24-month regression on rolling 12-month cost, the most recent year over year increase, and an expected reduction in costs due to the introduction of biosimilars. For our regressions, we chose 24 points of monthly data to best capture the most recent history of drug costs.

Changes in Pharmacy Contracts

Vermont Blue Rx has established contracted rates with its new PBM that continue to provide substantial savings to consumers. Furthermore, the contract includes annual discount improvements that will impact the projected pharmacy allowed charges. To calculate a contract improvement factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2022 claims for contract provisions applicable to both the experience period and the projection period. We apply the contract improvement factor to the projected pharmacy claims for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract (see Exhibit 3I for details).

²⁶

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Overall Pharmacy Trend

Exhibit 3I summarizes the trends and calculates our total allowed pharmacy trend as 14.9 percent. Note that changes in pharmacy contracts are included in the cost trend component on Exhibits 3J.

3.4.7.4. Vision and Dental Trend Development

Dental Trend

The pediatric dental benefit is available to all members age 21 and under. Dental services were greatly impacted by the COVID-19 pandemic, with some dentist offices closing during the spring of 2020. In prior filings, we expected dental services to return to 2019 levels. The 2022 experience is still slightly below the 2019 experience and we believe that dental services have reached their new steady state levels. We therefore apply no trend for dental services. The table below shows the historical dental allowed charges per child member per month (PCMPM) and PMPM.

Historical for Dental Claims – Using matched population		
Calendar Year	PCMPM	PMPM
2019	\$11.68	\$1.76
2020	\$9.16	\$1.38
2021	\$10.86	\$1.62
2022	\$10.81	\$1.60

Vision Trend

While the slowdown in the spring of 2020 due to the COVID-19 pandemic impacted vision services, the deferred care returned in the second half of the year and the annual PCMPM and PMPM are aligned with the other years in the experience. The table below shows the historical vision allowed charges PCMPM and PMPM.

Historical for Dental Claims – Using matched population		
Calendar Year	PCMPM	PMPM
2019	\$0.52	\$0.08
2020	\$0.56	\$0.08
2021	\$0.48	\$0.07
2022	\$0.52	\$0.08

We expect 2023 and 2024 to remain at the level experienced in 2022; we therefore select a 0.0 percent overall vision trend.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.4.7.5. Overall Total Trend

To calculate the overall trend, we apply the trend factors described above to the adjusted experience period allowed claims for EHB (Exhibits 5, line C), but exclude the adjustment for claims above \$1 million. Exhibit 3J shows the calculation of the resulting factors $1+d_1$ and $1+d_2$ in Exhibits 5.

	Row on Exhibits 5	Individual Factor	Small Group Factor
Cost Trend Factor	$1+d_1$	1.1507	1.1504
Utilization Trend Factor	$1+d_2$	1.0522	1.0513

3.5. Credibility of Experience

In the experience period, Blue Cross VT had 194,869 member months in the individual market and 235,406 in the small group market for a total for 430,275 member months in the combined market. The experience is fully credible in all markets.

3.6. Credibility manual rate development

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

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

3.6.2. Adjustments Made to the Data: Not Applicable

3.6.3. Inclusion of Capitation Payments: Not Applicable

3.7. Market Adjusted Index Rate

The Market Adjusted Index Rate (line H of Exhibits 5) is \$911.24 for the individual market and \$821.25 for the small group market. We calculate these quantities by adjusting the Projected Index Rate (line F of Exhibits 5) for allowable market-wide modifiers described below.

3.7.1. Projected Risk Adjustment Transfer PMPM:

On March 17, 2023, CMS published an Interim Summary Report on Risk Adjustment for the 2022 benefit year.²⁷ The Blue Cross VT data included in the report represents claims incurred in 2022 and paid through December 31, 2022. We assume that MVP’s 2022 interim submission includes the same incurred and paid data as Blue Cross VT, consistent with previous years’ interim submissions. The final 2022 report will include the impact of supplemental diagnosis files and claims runout. We estimate the impact of claims runout and supplemental diagnoses for Blue Cross VT and MVP by considering

²⁷ <https://www.cms.gov/ccio/programs-and-initiatives/premium-stabilization-programs/downloads/interim-ra-report-by2022.pdf>

BLUE CROSS BLUE SHIELD OF VERMONT

2024 VERMONT ACA MARKET RATE FILINGS

ACTUARIAL MEMORANDUM

historical relationships of the plan liability risk score (PLRS) in the 2018 to 2021 Final Summary Reports relative to the 2018 to 2021 Interim Summary Reports.

The 2024 risk adjustment calculation starts with the estimated final 2022 risk adjustment and projects to 2024 based on projected membership changes, market-wide premium increases, PLRS adjustments due to model changes, and other factors impacting the transfer.

Market-Wide Premium Increases

We calculate the 2024 market-wide premium by applying statewide increases from the 2022 Interim Summary Report to 2023 and from 2023 to 2024. The statewide premium in 2023 represents the weighted average increase between Blue Cross VT and MVP. The weights and increase for Blue Cross VT are observed from our data by comparing actual February 2023 premium PMPM compared to calendar year 2022 premium PMPM. MVP's weight was pulled from the January 2023 DVHA enrollment report.²⁸ and their rate increase was pulled from their approved 2023 ACA rate filing adjusted for the observed 2023 plan mix change in each market. We project the 2024 market-wide premium by applying Blue Cross VT rate increases by market as an approximation for the statewide increase.

The calculation of 2024 average premium by market is shown in Exhibit 4, Table 1.

Model Adjustments

On April 17, 2023, HHS released the final notice of benefit and payment parameters (NBPP).²⁹ which included finalized 2024 risk adjustment model coefficients.

Blue Cross VT performed an analysis using production Edge Server data for benefit year 2021, the most recent fully complete experience year. The analysis consisted of mapping each 2021 unique member, metal level and market combination to the 2022 model and the 2024 model. This mapping allowed us to observe the impact of model changes between 2022 and 2024 using the same base experience. We observed that the model changes impacted various member groupings in different ways. Most notably, metal levels are impacted by varying degrees and members that had a claims-based HCC component had a smaller relative model change compared to a member whose risk score consisted only of a demographic component.

The Blue Cross VT impact was summarized from the analysis by metal level and market. The overall impact represents the weighted average by metal and market using the projected 2024 plan mix as the weights. The MVP impact was measured by taking a subset of the Blue Cross VT data such that the average risk score for each metal and carrier category matched with MVP's 2021 experience risk score by metal and carrier. MVP's 2021 risk scores were imputed from the experience section of their URRT within each respective 2023 ACA rate filing. The overall MVP impact used their metal distribution from the DVHA enrollment report as the weight applied to the MVP estimated model impact by metal and market. The result of this analysis was that relative risk scores between the carriers changed by a factor of 1.0014 and 0.9998 for the individual and small group markets, respectively. Since the modeled relative results were so close to 1.00, we concluded that MVP's model impact was not materially

²⁸ Report provided by DVHA to carriers on February 27, 2023.

²⁹ <https://www.cms.gov/files/document/cms-9899-f-patient-protection-final.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

different than Blue Cross VT’s and thus assumed the same model impact factor for both carriers. The table below summarizes the model impact analysis.

Market	Model Impact CY 2024 compared to CY2022		Selected model impact for both carriers
	Blue Cross VT	MVP	
Individual	0.9620	0.9603	0.9620
Small Group	0.9709	0.9711	0.9709

Population Adjustments

We adjust the PLRS for both Blue Cross VT and MVP for the impact of members migrating between carriers, the impact of new members, members leaving the ACA market altogether, and the impact of members changing their metallic plan design.

Comparing membership as of February 2023 to experience membership, we categorize members into “renew”, “cancel” or “new” buckets. We adjust the Blue Cross VT projected 2024 risk score by removing members who canceled for reasons other than retirement, death, expiration of 90-day newborn coverage, or transition to another Blue Cross VT line of business. [REDACTED]

We estimate the impact of new members to Blue Cross VT by first imputing a demographic risk score from in force enrollment data using observed age, gender and plan selection. We calculate the remaining risk score components—medical diagnosis, severity, duration, prescription drug, medical-pharmacy interaction and cost-share reduction (silver only)— based on historical relationships between new members and renewing members. [REDACTED]

We estimate the impact of plan changes within the renewing population by mapping each member and their experience risk score to a hypothetical 2022 risk score in their new metal level. The individual and small group markets both saw a benefit buy-down on average. [REDACTED]

As described in section 3.4.1, we project that the Medicaid redetermination will add new members in both the individual and small group ACA markets. Our assumption is that the new members formerly in Medicaid will select a Blue Cross VT plan comparable to the current market share, about 60 percent, resulting in the Blue Cross VT individual market growing by 1,609 members and the Blue Cross VT small group market growing by 1,711 members. We further project that the new Medicaid members will have the same risk score relationship between the carriers as the existing market; therefore, the risk score impact is 1.000 for both carriers. However, increasing the size of the markets has an impact on the

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

projected transfer even if the risk scores are not impacted. Adding new Medicaid members to the individual market increases the billable member months by 8.8 percent, increasing the projected transfer increases by \$1.8 million. The small group market is projected to grow by 7.8 percent, increasing the transfer by \$1.1 million.

MVP's risk scores are impacted by members leaving and joining as well as observed changes in plan design. A member that is considered "new" to Blue Cross VT is assumed to be a member who left MVP, while Blue Cross VT members who left voluntarily are assumed to have the same risk profile as those who joined MVP. [REDACTED]

MVP, like Blue Cross VT, observed a benefit buy-down from its 2022 experience plan designs. Using data from the DVHA January 2023 statewide enrollment by plan report we can estimate the change in plan mix for MVP. [REDACTED]

See Exhibits 4, table 2 for a summary of all population and model adjustments.

Other Factors

Adjustments were made to the 2022 Interim Summary Report for the Catastrophic plan to reflect the projected 2024 catastrophic statewide premium. Blue Cross VT had approximately 98 percent of the catastrophic market in 2022, and we project a similar market share in 2024. Since Blue Cross VT has an identical market share in both the experience and projection periods, we did not make any population adjustments to the 2022 experience. The 2024 projected statewide premium was calculated by applying a weighted average 2023 increase based on approved rate increases and the Blue Cross VT projected 2024 increase as an approximation for the statewide increase to the 2022 interim statewide premium.

Other factors impacting the risk adjustment transfer include the actuarial value (AV), induced demand factor (IDF) and allowed rating factor (ARF). The AV and IDF factors change from the estimated final 2022 calculation as a result of the metallic distribution changing in 2024. We assume the ARF is unchanged from 2022 within the individual and small group markets. These results are shown in Exhibit 4, Table 3.

The 2022 Interim Summary Report has a total transfer amount \$22,888,645. Due to claims runout and the expected impact of the supplemental diagnosis file, we estimate the final 2022 transfer will be \$26,092,375 for the individual, small group, and catastrophic markets combined. Adjusting the final 2022 transfer for model, population, and plan changes, we estimate the final 2024 transfer will be \$19,940,915 for the individual market, \$14,667,461 for the small group market, and (\$13,786) for the catastrophic plan. Each of these transfer amounts is prior to the charges for the HCRP program.

The 2024 transfer amount PMPM is partially offset by the projected charges and payments for the HCRP program. The plan year 2021 HCRP charge for the individual market was 0.31 percent of premium³⁰. The plan year 2021 HCRP charge for the small group market was 0.49 percent of premium. Due to trend leverage for a constant attachment point, the charge will increase over time as a percentage of total

³⁰ <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RA-Report-BY2021.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

premium. To estimate the 2024 charge, we trend the charge using a 28.0 percent trend for three years for claims above \$1 million.³¹ We then divide by an estimated average nationwide premium increase of 10 percent annually for three years. This calculation yields the following estimates of the 2024 charge:

Market	Percent of Premium	PMPM
Individual	0.459%	\$4.01
Small Group	0.723%	\$5.60

In the buildup of the projected index rate, we exclude all claims above the detrended pooling point of \$1 million. By including the total cost of reinsurance and the total HCRP charge, we effectively assume that claims above the pooling point would be offset by reinsurance and HCRP recoveries of an equal amount. The exception is for the high claimant discussed in section 3.4.6, whose claims net of HCRP recoveries we include separately, as described in that section.

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

Details of the risk adjustment transfer calculation are on Exhibits 4.

The overall market-wide adjustment (line g₁ of Exhibits 5) for the risk adjustment program is (\$120.19) PMPM for the individual market and (\$61.19) PMPM for the small group market.

3.7.2. Exchange User Fees

Blue Cross VT does not expect Vermont Health Connect to charge a user fee for 2024.

3.8. Plan Adjusted Index Rates

3.8.1. Plan Adjustment – Actuarial Value and Cost Sharing adjustment

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

- Benefit Richness Adjustment
- Paid-to-Allowed Ratio

The paid-to-allowed ratio comes from the federal actuarial value calculator (AVC) and is adjusted for benefit items that are not supported by the calculator as well the impact of aggregate and stacked deductibles. The adjustments to the federal AVC come from the Blue Cross VT internal re-adjudication model. The experience used to calculate the adjustments to the-paid-to allowed ratio is our calendar year 2018 data trended to calendar year 2024 using the trend factors described in section 3.4.7. The model re-adjudicates claims by starting with the allowed charges and applying appropriate cost sharing for each service. The model generates the projected average paid claims for each benefit based on what the AVC can support as well as what the model cannot support. The relationship between these outputs

³¹ This leveraged trend is based on factors in the Milliman Reinsurance Guidelines.

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM

from the Blue Cross VT based model is applied to the federal AVC paid-to-allowed ratio. The Blue Cross VT re-adjudication model is calibrated to 2018 experience and reproduces the experience paid-to-allowed ratio to within 0.1 percent.

The benefit richness adjustment reflects the expected changes in utilization due to different levels of cost sharing. This adjustment is based on the 2020 adjusted federal AVC. The 2024 federal AVC was not used as the basis because the updates made to the AVC in 2021 and carried forward to 2024 produced counterintuitive results across metal levels. The AVC, while not developed as a pricing tool, is used here to set the relativities between the plans because it represents the best approximation of a total market distribution free from selection bias. The adjustment described in section 3.8.6 ensures that the total premium collected is appropriately based on the Blue Cross VT re-adjudication model and experience, and not the federal AV calculator.

3.8.1.1. Benefit Richness Adjustment

The Benefit Richness Adjustment is the counterpart of the Change in Benefit projection factor ($1+c_1$ line on Exhibit 5) described in Section 3.4.3. This factor represents the different projected utilization for each plan based solely on benefit design. We apply the HHS Induced Utilization formula ($IU=AV^2-AV+1.24$) to each plan's paid-to-allowed ratio described in the section above.

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

3.8.1.2. Paid-to-Allowed Ratio

The paid-to-allowed ratio as seen in Exhibit 6C reflects the expected portion of total claims Blue Cross VT will pay. To calculate these ratios, we utilize the standard population within the federal AVC. Two adjustments are made to the federal AVC: 1) impact of benefit items not supported by the AVC, and 2) the impact of family deductible and family out of pocket on the paid-to-allowed ratio. The result is a paid-to-allowed ratio based on a standard population that reflects the Blue Cross VT plan designs, including the family deductible and out of pocket maximum arrangements.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.8.2. Silver Loading

On March 15, 2023 the Green Mountain Care Board provided prescriptive guidance on Silver Loading to ensure compliance with 45 CFR 156.80(d)(2) as follows;

- Based on the combined experience of all the issuer's individual market plans, consistent with the other metal tiers, and
- calculated using weighted average benefit richness of Silver members, inclusive of the issuer's CSR-adjusted benefits.

Blue Cross VT developed the 2024 Silver Load by first calculating a paid-to-allowed ratio similar to all other plans as described in section 3.8.1.2 for each federal CSR variant, 73%, 87%, 94% and 100%, on each of the four silver plan designs. Then, an average paid-to-allowed ratio was calculated for the on-exchange silver plans using the projected 2024 membership which accounts for the mix of federal CSR variants within each silver plan. The Silver Load shown in Exhibit 6C represents the ratio of the weighted average paid-to-allowed ratio described above relative to paid-to-allowed ratio of the base silver plan.

This factor does not apply to the small group market.

3.8.3. Provider Network, Delivery System and Utilization Management adjustment

Not applicable.

3.8.4. Adjustment for benefits in addition to the EHBs

We trend our 2022 experience period non-EHB claims using the medical trends described in section 3.4.7, which produces an average allowed charge of \$0.05 PMPM for the individual market and \$0.11 PMPM for the small group market. Applying the same paid-to-allowed ratio to this benefit as to the EHB benefit, we calculate plan level factor adjustments that range from 1.0000 to 1.0002 for the individual market and 1.0001 to 1.0002 for the small group market, as shown on Exhibits 6A.

3.8.5. Impact of specific eligibility categories for the catastrophic plan

This plan adjustment includes two components of the impact of the specific eligibility categories for the catastrophic plan. Both adjustments are based on the eligible population. Since the expanded subsidies are continuing through 2025, we continue to project that 100 percent of the population eligible for this product in 2024 will be under age 30.

To adjust for the eligible population, we first calculate the adjustment for the impact on the pricing actuarial value of the expected lower allowed charges of the group eligible to enroll in the catastrophic plan. We calculate that the overall expected allowed charges are 0.4706 of the total allowed charges. We then adjust the paid-to-allowed ratio based on the average total allowed charges. This factor is 0.9673.

These factors are applied to the EHB portion of the Projected Period Index Rate. Because this adjustment has no impact on the Non-System claims and Market Wide Adjustment, we calculate the expected claims cost and back into the plan level adjustment for the impact of eligibility.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

The total adjustment for the specific eligibility categories for the catastrophic plan is 0.3649 for the individual market. This factor does not apply to the small group market. See Exhibits 6D for details.

3.8.6. Impact of Selection

Subscribers will make financial decisions that are right for them. Typically, this manifests itself in healthier subscribers selecting low-cost plans while less healthy subscribers select richer benefits. While we do not reflect selection in the plan-level adjustments, as per the URR instructions, it can be demonstrated that total premium will be understated without adjusting the index rate to spread the impact of selection across all plans (see Exhibits 6E). This is due to the plan share of allowed costs being greater for richer plan designs, which demonstrably experience antiselection in excess of benefit richness adjustments. The left section of Exhibits 6E shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this memorandum. The right section of the same exhibit demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual Vermont ACA markets experience. The ratio of weighted average projected paid claims calculated via each of these two approaches produces a factor that must be included in the index rate so that application of the various plan-level adjustments results in the correct total paid claims across all plans.

The total impact of selection is 1.1355 for the individual market and 1.1152 for the small group market.

3.8.6. Adjustment for distribution of the administrative costs

3.8.6.1. Administrative Expense Load:

The table below shows the total of all administrative charges outlined in this section as a percent of premium. The details of the administrative charges are on Exhibits 7A.

Total Administrative Charges as a Percent of Premium	
Individual Market	7.0%
Small Group Market	6.3%

Blue Cross VT did not initially calculate the administrative expense load as a percent of premium adjustment. This adjustment is the sum of the following fees divided by the average premium PMPM from Exhibits 6A.

Blue Cross VT Base Administrative Charges

We use calendar year 2022 data for both individual and small group members to develop the base administrative expenses PMPM.

The table below shows the reconciliation from GAAP accounting data to base administrative charges, including the removal of federal fees, GMCB billback, debit and credit card fees, and fees paid to vendors for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products. Each of these items that have been removed are added to premiums elsewhere. We also remove any expenses incurred due to one-time, non-recurring events, as these costs are not expected to continue to occur in the projection period.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation of Experience Base Administrative Expense to Reported GAAP Expenses				
	Individual Market		Small Group Market	
	Total Dollars	PMPM	Total Dollars	PMPM
Reported Expenses (GAAP)	\$12,245,531	\$62.84	\$11,758,858	\$49.95
Federal and State fees	(\$857,219)	(\$4.40)	(\$874,211)	(\$3.71)
Fees for outside vendors	(\$47,889)	(\$0.25)	(\$111,267)	(\$0.47)
Exclusions	(\$912,032)	(\$4.68)	(\$720,735)	(\$3.06)
Base Administrative Expenses	\$10,428,391	\$53.51	\$10,052,644	\$42.70

The base administrative charges are projected to 2024 using a 4.0 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. In light of continued inflationary pressures, Blue Cross VT believes that an overall administrative expenses annual trend of 4.0 percent better reflects the expected growth in costs.

We calculate PMPM admin charges with experience period enrollment and projected enterprise-wide 2024 enrollment. When projecting the 2024 enrollment, we include the observed membership changes, and expected growth due to the anticipated Medicaid redetermination initiative and its expected impact on ACA membership (see section 3.4.1 for details). Blue Cross VT variable costs represent approximately 30 percent of total administrative expenses. Blue Cross VT is committed to providing insurance coverage for our members at the most affordable rates possible; as a result, even though it is impractical to react to enrollment shifts by immediately right-sizing staff, we nonetheless remove from our projection the entirety of variable costs associated with the changes in enrollment. We therefore apply a net decrease of 3.4 percent to the base PMPM charges to account for the growth in membership on core operating platform. The table below shows the calculation.

Development of Enterprise Membership Adjustment	
	Members Months
Experience Period	1,965,527
Projected 2024 Enrollment	2,065,332
Adjustment for Enterprise Membership	$= 1 + 0.7 \times (1,965,527 / 2,065,332 - 1) = -3.4\%$

To calculate the projected base administrative charges, we increase the base experience PMPM by 4.0 percent for two years of trend and by negative 3.4 percent for the impact of membership.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Projected Administrative Charges Calculation			
		Individual Market	Small Group Market
Experience Base Administrative Charges PMPM	A	\$56.38	\$45.26
Trend Projection	B	1.0816	1.0816
Impact of Membership changes	C	0.9662	0.9662
Projected Base Administrative Charges (Exhibits 7A)	D = A x B x C	\$58.92	\$47.29
Projected Base Administrative Charges as a percent of premium		6.7%	6.1%

Debit and Credit Card Fees

Starting in plan year 2021, Blue Cross VT offers members the opportunity to pay their premiums via debit and credit cards. Debit and credit card fees are a percentage of the amount paid. We therefore excluded the fees in the experience administrative charges and applied the percentage of premium to the 2024 projected premiums.

To project the average fee, we use premium payment and fee data from calendar year 2022. The average fees as a percentage of premium were 0.1 percent for the small group market and 0.25 percent for the individual market. The table below shows the calculation of the percentage.

Calculation of Debit and Credit Card Fees as a Percent of Premium		
	Individual Market	Small Group Market
Billed Premium PMPM – CY 2022	\$684.41	\$610.25
Card Fees PMPM	\$1.69	\$0.40
Card Fees as a percent of Billed Premium	0.25%	0.1%

Charges for Outside Vendors

- Dental and Vision**

Dental and vision benefits are administered by third parties. The administrative fees are charged for eligible members only. We assume that these fees will not increase from those in the experience period, and therefore add a charge equal to the experience period PMPM.

- HRA/HSA Integration Services**

All Vermont ACA market members are eligible for HRA and/or HSA integration services. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into and paying claims out of Health Savings Accounts (HSAs). All plans are also eligible for this service in connection with Health Reimbursement Accounts (HRAs). To calculate these fees, we use the experience of members that are already enrolled in this program and compare it to all members enrolled in the Vermont ACA market in the first two months of 2023.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Reconciliation to the Supplemental Health Care Exhibit

The Supplemental Health Care Exhibit (SHCE) is on a statutory accounting basis (as promulgated by the NAIC), while the administrative charges in this filing were developed based on GAAP accounting.

In the SHCE, administrative expenses are included in lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4. Line 1.5 also includes an allocation of federal income taxes that are not part of administrative expenses. Those must be excluded to reconcile to statutory basis administrative expenses. Statutory and GAAP accounting treat some expenses differently, mainly related to certain network fees and pension costs. The following chart demonstrates a reconciliation of the SCHE to GAAP base period administrative charges:

Reconciliation of SCHE and GAAP accounting		
		Individual and Small Group
SCHE lines 1.5 to 1.7, 6.1 to 6.5, 8.1, 8.2 and 10.4.	A	\$23,890,405
Less taxes in SCHE 1.5 that are not admin	B	(\$1,695,934)
Total administrative charges - STAT basis	C = A – B	\$25,586,339
Differences in STAT and GAAP treatment	D	(\$1,581,950)
Total administrative charges - GAAP basis	E = C + D	\$24,004,389

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

Contribution to Member Reserves

As directed by Blue Cross VT management, the filed rates include a nominal 3.0 percent contribution to reserves (CTR). A contribution to member reserves is required in order to maintain an adequate level of surplus. Surplus, or member reserves, is a critical consumer protection that is required by the Vermont Department of Financial Regulation. In the event of unforeseen adverse events that may otherwise impact Blue Cross VT's ability to pay claims, surplus allows subscribers to receive needed care and providers to continue to receive payments.

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

The recommendations provided in Attachment C have been reviewed and were found to yield a reasonable contingency margin.

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

Other Risk Margin

Under the ACA, enrollees who are receiving Advance Premium Tax Credits (APTC) have a three-month grace period to pay premiums, while enrollees who are not receiving APTC have a one-month grace period. For both these populations, the State requires the insurer to pay for claims incurred in the first month of the grace period even if premium is never collected. This uncollected premium is considered bad debt. To ensure that Blue Cross VT collects enough premium from the total pool to cover the grace periods, it is necessary to include a risk margin for bad debt. This only applies to the individual market.

For the individual market, we have added a margin of 0.20 percent, which equals the observed amount of uncollected premium due to the grace periods in each of the previous four years.

Calculation of the Unpaid 30-day Grace Period as a Percent of Premium - Individual			
	Unpaid 30-day Grace Period Premium	Total Billed Premium	Percent of Billed Premium
2019	\$232,289	\$131,158,860	0.2%
2020	\$269,037	\$129,532,299	0.2%
2021	\$231,511	\$123,499,348	0.2%
2022	\$109,955	\$133,369,892	0.1%
Total	\$842,792	\$517,576,640	0.2%

This provision is not applicable to the Small Group market.

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

3.8.6.3. Taxes and Fees:

The table below shows the total of all taxes and fees outlined in this section as a percent of premium. The details of the taxes and fees are on Exhibits 7C.

Total Taxes and Fee as a Percent of Premium	
Individual Market	1.3%
Small Group Market	1.4%

These taxes and fees are imposed by both the state and federal government.

Green Mountain Care Board Billbacks

Blue Cross VT is assessed a billback from the Green Mountain Care Board. We include the experience period PMPM of \$2.32 PMPM in the rates.

BLUE CROSS BLUE SHIELD OF VERMONT 2024 VERMONT ACA MARKET RATE FILINGS ACTUARIAL MEMORANDUM

Health Care Claims Tax

The Health Care Claims Tax (HCCT) levied by the State of Vermont totals 0.999 percent of claims. This consists of 0.8 percent of claims for the HCCA tax and 0.199 percent of claims for the VITL assessment. Act 73 of 2021 sunset the 0.199 percent assessment for the Health IT-Fund on July 1, 2023. Given that this fee has routinely been extended close to its sunset date, we continue to include it in the calculation for the full calendar year.

Patient-Centered Outcomes Research Institute Fee

This fee is part of the Affordable Care Act and applies to all plan years through October 1, 2029. We estimate that the fee will be \$0.29 PMPM for the plan year ending December 2024.

Federal Insurer Fee

The Federal Insurer Fee (also known as the Health Insurer Tax, or HIT) funded some provisions of the Affordable Care Act. H.R.1865 ended this fee after 2020.

Risk Adjustment User Fees

Per the 2024 Final Notice of Benefits and Payment Parameters³², the risk adjustment user fee is \$0.21 per member per month.

3.8.7. Calibration

Age, tobacco, and geographic factors are not allowed in Vermont. Therefore, no calibration is required.

3.8.8. Projected Loss Ratio

The Medical Loss Ratio (MLR) calculation at individual market and small group market levels has a minimum requirement of 80 percent. We project that the overall loss ratio, using the federally prescribed MLR methodology, will be as follows:

Projected overall Medical Loss Ratio Using Federally Prescribed Methodology	
Individual Market	88.9%
Small Group Market	90.3%

The details of the MLR calculation are on Exhibits 8.

³² <https://www.cms.gov/files/document/cms-9899-f-patient-protection-final.pdf>

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

3.9. Consumer Adjusted Premium Rate Development

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

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

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

Please see Exhibits 9A for details calculations of the contract conversion factor.

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

3.10. Small Group Plan Premium Rates

All Small Groups must renew on January 1, 2024 according to market rules. Blue Cross VT will not file small group rates for Q2-Q4 2024.

4. ADDITIONAL INFORMATION

4.1. Terminated Products

Blue Cross VT will not be terminating any products prior to January 1, 2024.

4.2. Plan Type

The plan type is EPO.

4.3. Act 193 Information

This information is included templates filed in SERFF with this filing:

- *VT Rx Data Template – Blue Cross VT 2024 ACA Market – Individual.xlsx*
- *VT Rx Data Template – Blue Cross VT 2024 ACA Market – Small Group.xlsx*

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

4.4. Report on Outreach to Directly Enrolled Individuals

In the GMCB’s Decision³³ of August 4, 2022 at page 20, the Board stated: “...we feel compelled to express our opinion that BCBSVT can and should do more to encourage direct enrollees to purchase a plan through VHC so that they can take advantage of federal and state subsidies that may be available to them.” The GMCB required Blue Cross to: “include in next year’s individual rate filing detailed information on the efforts it has taken to encourage enrollment through VHC and the effectiveness of these efforts.” Please see attachment E for the report.

5. RELIANCE AND ACTUARIAL CERTIFICATION

5.1. Reliance

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

³³ https://ratereview.vermont.gov/sites/dfr/files/PDF/08.04.2022%20%20REDACTED%20Decision%20and%20Order%20GMCB-003-22rr%20%20GMCB-004-22rr_redacted_.pdf

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

5.2. Actuarial Certification

The purpose of this rate filing is to provide the rates and a description of the rate development for the plans that Blue Cross and Blue Shield of Vermont (Blue Cross VT) is proposing to offer to the Vermont individual and small group markets in 2024. These calculations are not intended to be used for any other purpose. This memorandum documents the methodology used to calculate the AV Metal Value for each Qualified Health Plan and reflective plan offered by Blue Cross VT in 2024, the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, that the Index Rate is developed in accordance with federal regulations, and that the Index Rate along with allowable modifiers are used in the development of plan specific premium rates.

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

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

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with federal regulation, is used consistently, and is only adjusted by the allowable modifiers.



Martine B. Lemieux, F.S.A., M.A.A.A.
Actuarial Director, Financial Integrity
Blue Cross and Blue Shield of Vermont
May 9, 2023

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ACTUARIAL MEMORANDUM**

5.3. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 3, 2023.

Scope: The purpose of this filing is to establish the premium rates for products offered by Blue Cross and Blue Shield of Vermont in the ACA market for the 2024 plan year. This filing is not intended to be used for other purposes.

Intended Users: This material has been prepared for the GMCB. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in the memorandum.

Per GMCB guidance published on March 29, 2023,³⁴ Vermont hospital budgets submissions are due June 30, 2023. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed herein.

Reliance on Other Sources for Data and Other Information: This analysis relies upon data from the Blue Cross VT data warehouse. I have reviewed the data for reasonableness, but no audit was performed. This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources we have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

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

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. The effect of this proposed affiliation on the projections included in the filing is currently expected to be immaterial.

As of May 3, 2023, the Internal Revenue Service (IRS) has not released the 2024 limits on deductibles for high deductible health plans. This limit is the threshold used in Vermont for the maximum pharmacy out-of-pocket. In the event that the 2024 limit is higher than the limits included in Attachments A and B, the plan designs would need to be updated following this filing to reflect the changes in pharmacy out-of-pocket maximum. This plan design change should have a minimal impact on premiums.

³⁴ <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Guidance%20FINAL.pdf>

BLUE CROSS BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET – SMALL GROUP MARKET RATE FILING
PLAIN LANGUAGE SUMMARY

Our commitment. For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

Rate request summary. This filing includes our 2024 proposed rates and supporting calculations for small group plans. Overall we are requesting rates that are higher than last year by 14.5 percent.

- There are 21,943 members currently enrolled in the small group plans affected by this rate request.
- The increases for specific plans range from 13.2 percent to 15.8 percent, for an average of 14.5 percent.

Reasons for rate changes in the small group market. Our premiums must be adequately funded to ensure stability and to maintain access to quality care, while protecting Vermonters' ability to pay. The factors that drive this rate increase are primarily the cost and utilization of care in hospitals and life-saving drugs.

- **Medical care and retail pharmacy costs continue to rise.** Hospital costs and prescription drugs are the two greatest pressures on the cost of health care in Vermont. This alone resulted in a 10.1 percent increase in our members' premiums.
- **Impact of required benefit changes.** We changed the cost sharing aspect of our plans as required by the ACA to meet metal levels. Because of the relationship between cost sharing and premiums, those changes decreased rates by 1.4 percent.

Regulatory requirements. The proposed rates reflect the federal and state requirements that Blue Cross VT must implement:

- **Solvency.** As a regulated insurer, Blue Cross VT must maintain financial reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis. These reserves have been crucial during these past two years, and must be sufficient at any given time to cover the health needs of our members and maintain programs that reduce costs and promote quality care. Our 2024 rate request includes a 3.0 percent contribution to policyholder reserves.
- **Ongoing costs.** The rate request includes other ongoing regulatory costs, such as regulatory billbacks and federal and state taxes and fees.

Our experience in this market. Blue Cross VT began selling Qualified Health Plans on the Vermont Exchange in January 2014. Blue Cross VT has cumulative losses of \$9.4 million since inception for these plans for the combined Individual and Small Group ACA markets.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request from May 9, 2023 through July 24, 2023. For more information, please visit the Board's Public Comment page: https://ratereview.vermont.gov/public_comment

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

TABLE OF CONTENTS

Exhibit 1	Benefits
1A	State of Vermont Standard Plan Designs
1B	Non-Standard Plan Designs
Exhibit 2	Population Adjustments
2A	Membership by Plan
2B	<i>NOT NEEDED</i>
2C	Impact of Changes in Morbidity - CONFIDENTIAL
2D	Impact of Benefit Changes
2E	Demographic Adjustment - CONFIDENTIAL
Exhibit 3	Trend
3A	Medical Cost Trend Calculation - CONFIDENTIAL
3B	Medical Trend Development - Population Adjustments
3C	Medical Utilization Trend Calculation - Facility
3D	Medical Utilization Trend Calculation - Professional
3E	Medical Utilization Trend Calculation - Pharmaceuticals
3F	Pharmacy Trend Development - Non-Specialty Utilization
3G	Pharmacy Trend Development - Specialty - CONFIDENTIAL
3H	Pharmacy Trend Development - Non-Specialty Cost
3I	Pharmacy Trend Development - Summary - CONFIDENTIAL
3J	Overall Trend Development - Projection Factor for Index Rate Calculation
Exhibit 4	Risk Adjustment Transfer - CONFIDENTIAL
Exhibit 5	Index Rate Calculation
Exhibit 6	Plan Level Adjustments - Claims Items
6A	Plan Level Adjustment - Summary
6B	Plan Level Adjustment - Benefit Richness Adjustment Factor
6C	Plan Level Adjustment - Paid to Allowed Ratios
6D	Plan Level Adjustment - Impact of Specific Eligibility Categories for the Catastrophic Plan
6E	Plan Level Adjustment - Impact of Selection
Exhibit 7	Plan Level Adjustments - Non-Claims Items
7A	Details of Administrative Charges
7B	Details of Contribution to Reserve
7C	Details of Taxes and Fees
Exhibit 8	Federal Minimum Loss Ratio
Exhibit 9	Premium Rates
9A	Contract Conversion Factor
9B	Consumer Adjusted Premium Rates

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 1A

State of Vermont Standard Plan Designs

	PLATINUM	GOLD	SILVER	SILVER	BRONZE	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE	CATASTROPHIC
	Standard	Standard	Standard	Standard CDHP	Standard	Standard CDHP	Standard	Standard	Standard CDHP	Standard
Medical Ded	\$450	\$1,400	\$4,000	\$2,100	\$6,450	\$5,800	\$9,400	\$4,000	\$2,100	\$9,450
Rx Ded	\$0	\$200	\$500	Combined	\$1,100	Combined	Combined	\$500	Combined	Combined
Integrated Ded	No	No	No	Yes	No	Yes	Yes	No	Yes	Yes
Medical OOPM	\$1,500	\$5,600	\$9,300	\$7,050	\$9,450	\$7,200	\$9,400	\$9,300	\$7,050	\$9,450
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	Combined	\$1,400	\$1,500	\$1,500
Integrated OOPM	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, Office Visits, Pediatric Dental Class I, Pediatric Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Pediatric Vision	Preventive Care	Preventive Care, 3 PCP/MH Office Visits
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Wellness Scripts	Generic Scripts	Generic Scripts	Wellness Scripts	N/A
Service Category										
Preventive	\$0	\$0	\$0	0%	\$0	0%	0%	\$0	0%	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share then \$15 copay	3 visits per member combined PCP/MH at no cost share then \$20 copay	3 visits per member combined PCP/MH at no cost share then \$40 copay	15%	\$35	50%	3 visits per member combined PCP/MH at no cost share then \$40 copay	3 visits per member combined PCP/MH at no cost share then \$40 copay	15%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance
MH/SA Office Visit				15%	\$35	50%			15%	
Chiropractic and Physical Therapy Office Visit	\$20	\$35	\$50	35%	\$45	50%	\$50	\$50	35%	0%
Specialist Office Visit	\$40	\$55	\$90	35%	\$90	50%	\$100	\$90	35%	0%
Urgent Care	\$50	\$65	\$100	35%	\$100	50%	0%	\$100	35%	0%
Ambulance	\$60	\$75	\$100	35%	\$100	50%	0%	\$105	35%	0%
DME	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
ER	\$100	\$150	\$500	35%	50%	50%	0%	\$500	35%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Outpatient	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Inpatient	10%	30%	50%	35%	50%	50%	0%	50%	35%	0%
Wellness Rx - Generic	\$10	\$15	\$20	\$10	\$20	\$12	\$30	\$20	\$10	0%
Wellness Rx - Preferred Brand	\$50	\$60	\$70	\$40	\$85	40%	0%	\$70	\$40	0%
Wellness Rx - Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Rx Generic	\$10	\$15	\$20	\$10	\$20	\$12	\$30	\$20	\$10	0%
Rx Preferred Brand	\$50	\$60	\$70	\$40	\$85	40%	0%	\$70	\$40	0%
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%	50%	50%	0%
Pediatric Vision (Exam and Materials)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%	0%	30%	30%	0%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%	0%	50%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 1B

Non-Standard Plan Designs

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	SILVER REFLECTIVE	SILVER REFLECTIVE
	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP	Vermont Preferred	Vermont Select CDHP
Medical Ded	\$1,250	\$2,850	\$3,250	\$5,475	\$9,250	\$7,500	\$3,250	\$5,500
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$2,850	\$8,750	\$5,475	\$9,250	\$7,500	\$8,750	\$5,500
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500	Combined	Combined	\$1,500	\$1,500
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,100	Aggregate, 2x Family, Embedded Individual OOPM of \$9,100
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified Specialist Visits, Pediatric Vision	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category								
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$0 copay	0%	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%
MH/SA Office Visit		0%		0%		0%		0%
Chiropractic and Physical Therapy Office Visit	\$30	0%	\$40	0%	\$0	0%	\$40	0%
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$40 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$0 copay	0%	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	0%
Urgent Care	\$40	0%	\$50	0%	\$0	0%	\$50	0%
Ambulance	\$40	0%	\$50	0%	\$0	0%	\$55	0%
DME	\$40	0%	\$50	0%	\$0	0%	\$50	0%
ER	\$250	0%	\$450	0%	\$0	0%	\$450	0%
Radiology (MRI, CT, PET)	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Outpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Inpatient	\$750	0%	\$1,750	0%	\$0	0%	\$1,750	0%
Wellness Rx - Generic	\$5	\$5	\$5	\$15	\$15	\$25	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50	\$50	65%	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%	60%	85%	60%	60%
Rx Generic	\$5	\$5	\$5	0%	\$0	\$0	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%	0%	0%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%	0%	0%	60%	0%
Pediatric Vision (Exam and Materials)	\$20	0%	\$20	0%	\$20	0%	\$20	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	0%	0%	30%	0%
Pediatric Dental Class III	50%	0%	50%	0%	0%	0%	50%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2A-IND

MEMBERSHIP BY PLAN - INDIVIDUAL MARKET

Plan Design	Inforce Membership	CSR Movement	Medicaid Redetermined	Projected Membership
Vermont Preferred Gold	1,284	276	0	1,560
Vermont Preferred Silver - Reflective	253	54	0	307
Vermont Preferred Bronze	656	141	0	797
Vermont Select Gold CDHP	1,909	117	0	2,026
Vermont Select Silver CDHP - Reflective	310	19	0	329
Vermont Select Bronze CDHP	1,715	105	0	1,820
Standard Platinum	1,465	0	0	1,465
Standard Gold	1,574	269	0	1,843
Standard Silver - Reflective	694	118	0	812
Standard Bronze	1,223	209	0	1,432
Standard Silver CDHP - Reflective	157	33	0	190
Standard Bronze CDHP	838	177	0	1,015
Standard Bronze Integrated	757	129	0	886
Catastrophic	257	0	0	257
Vermont Preferred Silver	376	-282	40	134
Vermont Preferred Silver - CSR 73%	196	-98	42	140
Vermont Preferred Silver - CSR 77%	364	-91	116	389
Vermont Preferred Silver - CSR 87%	499	0	213	712
Vermont Preferred Silver - CSR 94%	172	0	73	245
Vermont Select Silver CDHP	217	-163	23	77
Vermont Select Silver CDHP - CSR 73%	84	-42	18	60
Vermont Select Silver CDHP - CSR 77%	144	-36	46	154
Vermont Select Silver CDHP - CSR 87%	205	0	87	292
Vermont Select Silver CDHP - CSR 94%	79	0	34	113
Standard Silver	616	-462	66	220
Standard Silver - CSR 73%	290	-145	62	207
Standard Silver - CSR 77%	472	-118	151	505
Standard Silver - CSR 87%	789	0	338	1,127
Standard Silver - CSR 94%	277	0	118	395
Standard Silver CDHP	206	-154	22	74
Standard Silver CDHP - CSR 73%	61	-30	13	44
Standard Silver CDHP - CSR 77%	105	-26	34	113
Standard Silver CDHP - CSR 87%	200	0	85	285
Standard Silver CDHP - CSR 94%	66	0	28	94
All CSR 100%	7	0	0	7
Total	18,517	0	1,609	20,126

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

Exhibit 2A-SMG

MEMBERSHIP BY PLAN - SMALL GROUP MARKET

Plan Design	Inforce Membership	Medicaid Redetermined	Projected Membership
Vermont Preferred Gold	747	58	805
Vermont Select Gold CDHP	5,496	428	5,924
Vermont Preferred Silver	0	0	0
Vermont Select Silver CDHP	0	0	0
Vermont Preferred Bronze	233	18	251
Vermont Select Bronze CDHP	915	71	986
Standard Platinum	3,969	309	4,278
Standard Gold	2,395	187	2,582
Standard Silver	0	0	0
Standard Silver CDHP	0	0	0
Standard Bronze	831	65	896
Standard Bronze CDHP	681	53	734
Standard Bronze Integrated	199	16	215
Catastrophic	0	0	0
Vermont Preferred Silver - Reflective	793	62	855
Vermont Select Silver CDHP - Reflective	1,780	139	1,919
Standard Silver - Reflective	2,704	211	2,915
Standard Silver CDHP - Reflective	1,200	94	1,294
Total	21,943	1,711	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2C-IND

IMPACT OF CHANGES IN MORBIDITY - INDIVIDUAL MARKET

	Voluntary Cancellation in the Individual Market	Remaining Members in the Individual Market	Total Individual Market - Excluding High Claimant and Direct COVID
Experience Period Allowed			\$164,075,039
Member Months	22,976	171,893	194,869
PMPM			\$841.98
Experience Period Average Induced Utilization			1.0000
PMPM after normalization for induced utilization		\$855.36	\$841.98

Impact of Canceled Members (Line 1+b₉ on Exhibit 5-IND) 1.0159

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

Exhibit 2C-SMG

IMPACT OF CHANGES IN MORBIDITY - SMALL GROUP MARKET

	Voluntary Cancellation in the Small Group Market	Remaining Members in the Small Group Market	Total Small Group Market - Excluding High Claimant and Direct COVID
Experience Period Allowed			\$172,127,797
Member Months	36,700	198,706	235,406
PMPM			\$731.20
Experience Period Average Induced Utilization			1.0000
PMPM after normalization for induced utilization		\$742.62	\$731.20
Impact of Canceled Members (Line 1+b ₉ on Exhibit 5-SMG)			1.0156

IMPACT OF BENEFIT CHANGES - INDIVIDUAL MARKET

Metal	HHS Allowed Relativities	Remaining Members in the Individual Market - Experience Member Months	Projected Membership
Platinum	1.150	17,414	1,465
Gold	1.080	43,208	5,429
Silver	1.030	67,762	7,025
Bronze	1.000	41,476	5,950
Catastrophic	1.000	2,033	257
Total		171,893	20,126

Weighted Average Allowed Charge Relativity 1.0471 1.0430

Benefit Adjustment (1+c1 on Exhibit 5-IND) = 1.0471/1.043 = 0.9960

BLUE CROSS AND BLUE SHIELD OF VERMONT
 2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2D-SMG

IMPACT OF BENEFIT CHANGES - SMALL GROUP MARKET

Metal	HHS Allowed Relativities	Experience Member Months for Members Remaining in the Small Group Market	Projected Membership
Platinum	1.150	42,521	4,278
Gold	1.080	71,917	9,311
Silver	1.030	59,357	6,983
Bronze	1.000	24,911	3,082
Catastrophic	1.000	0	0
Total		198,706	23,654
Weighted Average Allowed Charge Relativity		1.0700	1.0675
		Benefit Adjustment (1+c1 on Exhibit 5-SMG) = 1.07/1.0675 =	0.9976

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

Exhibit 2E-IND

IMPACT OF DEMOGRAPHIC CHANGES - INDIVIDUAL MARKET

Method of enrollment	Category	Experience Period			Inforce	Projection Period			
		Member Months	Average Age	Average Age-Gender factor	Membership Count	Average Age	Average Age-Gender factor	Average Duration	Membership Count
Directly enrolled with Blue Cross	Continuous Enrollment - Age 0								
	Continuous Enrollment - Age 1								
	Continuous Enrollment - Age 2 to 26								
	Continuous Enrollment - Age 27								
	Continuous Enrollment - Age 28 to 63								
	Continuous Enrollment - Age 64								
	Continuous Enrollment - Age 65 +								
	Moved from Small Group to Individual								
	Canceled								
	New in 2020 - Age 0								
	New in 2020 - Age 1								
	New in 2020 - Age 2 to 26								
	New in 2020 - Age 27								
	New in 2020 - Age 28 to 63								
	New in 2020 - Age 64								
	New in 2020 - Age 65 +								
	New in 2021 - Age 0								
Enrolled through Vermont Health Connect	Continuous Enrollment - Age 0								
	Continuous Enrollment - Age 1								
	Continuous Enrollment - Age 2 to 26								
	Continuous Enrollment - Age 27								
	Continuous Enrollment - Age 28 to 63								
	Continuous Enrollment - Age 64								
	Continuous Enrollment - Age 65 +								
	Moved from Small Group to Individual								
	Canceled								
	New in 2020 - Age 0								
	New in 2020 - Age 1								
	New in 2020 - Age 2 to 26								
	New in 2020 - Age 27								
	New in 2020 - Age 28 to 63								
	New in 2020 - Age 64								
	New in 2020 - Age 65 +								
	New in 2021 - Age 0								
Annual Average Age-Gender factor									

1.4076

1.4013

Benefit Adjustment (1+c3 on Exhibit 5-IND) = 1.4076/1.4013 = 0.9956

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

IMPACT OF DEMOGRAPHIC CHANGES - SMALL GROUP MARKET

Impact of Demographic Changes from Experience to Inforce Membership

Experience Age-Gender Factor for Experience Groups	1.2187
February Age-Gender Factor for Inforce Groups	█
Year 1 impact of Demographics	

Impact of Demographic changes from Inforce Membership to Projected Period

Historical Impact of Continuing Membership	█
2020 to 2021	
2021 to 2022	█
2022 to 2023	
3-years Average	

Overall Demographic Adjustment

Experience Average Age-Gender factor	1.2187
Year 1 Adjustment	█
Year 2 Adjustment	
Projected Average Age-Gender factor	1.2184

Demographic Adjustment (1+c3 on Exhibit 5-SMG) = 1.2184/1.2187 = 0.9998

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 1**

MEDICAL COST TREND - INPATIENT

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 2**

MEDICAL COST TREND - OUTPATIENT

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 3**

MEDICAL COST TREND - PROFESSIONAL

EXHIBIT REDACTED

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

**EXHIBIT 3A
PAGE 4**

MEDICAL COST TREND - PHARMACEUTICALS

EXHIBIT REDACTED

MEDICAL COST TREND DEVELOPMENT - TOTAL TREND

Inpatient	GMCB	Other	Total
Year 0	23,671,081	21,690,677	45,361,758
Year 1	27,089,953	23,216,846	50,306,799
Year 2	28,585,368	25,034,781	53,620,149
Trend Y1/Y0	14.4%	7.0%	10.9%
Trend Y2/Y1	5.5%	7.8%	6.6%
Annual Cost Trend	9.9%	7.4%	8.7%

Outpatient	GMCB	Other	Total
Year 0	78,831,771	31,364,973	110,196,744
Year 1	88,884,205	33,643,541	122,527,746
Year 2	93,448,742	36,321,091	129,769,832
Trend Y1/Y0	12.8%	7.3%	11.2%
Trend Y2/Y1	5.1%	8.0%	5.9%
Annual Cost Trend	8.9%	7.6%	8.5%

Pharmaceuticals	GMCB	Other	Total
Year 0	16,683,368	9,300,644	25,984,011
Year 1	19,015,911	10,042,577	29,058,487
Year 2	20,065,289	10,962,206	31,027,495
Trend Y1/Y0	14.0%	8.0%	11.8%
Trend Y2/Y1	5.5%	9.2%	6.8%
Annual Cost Trend	9.7%	8.6%	9.3%

Professional	GMCB	Other	Total
Year 0	12,821,485	58,635,123	71,456,608
Year 1	14,784,018	61,226,769	76,010,787
Year 2	15,669,297	64,233,803	79,903,100
Trend Y1/Y0	15.3%	4.4%	6.4%
Trend Y2/Y1	6.0%	4.9%	5.1%
Annual Cost Trend	10.5%	4.7%	5.7%

Total	GMCB	Other	Total
Year 0	132,007,705	120,991,417	252,999,122
Year 1	149,774,087	128,129,733	277,903,820
Year 2	157,768,697	136,551,881	294,320,577
Trend Y1/Y0	13.5%	5.9%	9.8%
Trend Y2/Y1	5.3%	6.6%	5.9%
Annual Cost Trend	9.3%	6.2%	7.9%

MEDICAL COST TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Characteristic	Population Characteristics : Total Population			
	2019	2020	2021	2022
Member Months	588,014	452,571	412,207	430,275
Average Age	42.0	42.5	42.6	42.3
Percent of Male Members	49.4%	49.1%	49.3%	49.5%
Percent of Female Members	50.6%	50.9%	50.6%	50.4%
Percent of Non-Binary Members	0.03%	0.04%	0.07%	0.12%
Percent of Members in Small Group	61.6%	55.1%	54.3%	54.7%
Percent of Members with a Catastrophic Plan	0.6%	0.9%	0.9%	0.7%
Percent of Members with a Bronze Plan	12.9%	16.8%	18.6%	18.3%
Percent of Members with a Silver Plan	34.5%	34.5%	35.2%	34.4%
Percent of Members with a Gold Plan	33.3%	28.7%	28.2%	30.9%
Percent of Members with a Platinum Plan	18.7%	19.0%	17.2%	15.8%

Characteristic	Population Characteristics : Matched Population			
	2019	2020	2021	2022
Member Months	335,671	335,671	335,671	335,671
Average Age:	42.9	42.9	43.0	43.0
Percent of Male Members	49.7%	49.7%	49.7%	49.7%
Percent of Female Members	50.3%	50.3%	50.3%	50.3%
Percent of Non-Binary Members	0.01%	0.01%	0.01%	0.01%
Percent of Members in Small Group	57.1%	57.3%	57.3%	57.2%
Percent of Members with a Catastrophic Plan	0.7%	0.7%	0.7%	0.7%
Percent of Members with a Bronze Plan	16.6%	16.6%	16.8%	16.6%
Percent of Members with a Silver Plan	36.7%	36.6%	36.5%	36.6%
Percent of Members with a Gold Plan	29.4%	29.4%	29.4%	29.4%
Percent of Members with a Platinum Plan	16.6%	16.7%	16.6%	16.6%
Percent of Members with no conditions	94.07%	94.07%	94.07%	94.07%
Percent of Members with one conditions	5.81%	5.81%	5.81%	5.81%
Percent of Members with many conditions	0.12%	0.12%	0.12%	0.12%

MEDICAL COST TREND DEVELOPMENT - POPULATION ADJUSTMENTS

Month	Membership	Adjustments for Fraud Waste and Abuse Programs and Working Days				
		FWA Recoveries and Savings	Normalized FWA Factor	Working Days	Normalized Working Days	Total Normalized Factor
Jan-19	28,550	0.3%	0.979	22	1.043	0.939
Feb-19	28,349	0.3%	0.979	20	0.949	1.032
Mar-19	28,247	0.3%	0.979	21	0.996	0.983
Apr-19	28,086	0.3%	0.979	22	1.043	0.939
May-19	27,962	0.3%	0.979	22	1.043	0.939
Jun-19	27,903	0.3%	0.979	20	0.949	1.032
Jul-19	27,898	0.3%	0.979	21	0.996	0.983
Aug-19	27,789	0.3%	0.979	22	1.043	0.939
Sep-19	27,774	0.3%	0.979	21	0.996	0.983
Oct-19	27,734	0.3%	0.979	22	1.043	0.939
Nov-19	27,727	0.3%	0.979	19	0.901	1.087
Dec-19	27,652	0.3%	0.979	21	0.996	0.983
Jan-20	28,759	0.6%	0.982	22	1.043	0.941
Feb-20	28,585	0.6%	0.982	20	0.949	1.035
Mar-20	28,386	0.6%	0.982	22	1.043	0.941
Apr-20	28,150	0.6%	0.982	22	1.043	0.941
May-20	27,990	0.6%	0.982	20	0.949	1.035
Jun-20	27,871	0.6%	0.982	22	1.043	0.941
Jul-20	27,809	0.6%	0.982	22	1.043	0.941
Aug-20	27,742	0.6%	0.982	21	0.996	0.986
Sep-20	27,706	0.6%	0.982	21	0.996	0.986
Oct-20	27,667	1.3%	0.989	22	1.043	0.947
Nov-20	27,549	1.3%	0.989	19	0.901	1.097
Dec-20	27,457	1.3%	0.989	21	0.996	0.992
Jan-21	28,381	2.6%	1.001	19	0.901	1.111
Feb-21	28,203	2.6%	1.001	20	0.949	1.056
Mar-21	28,086	2.6%	1.001	23	1.091	0.918
Apr-21	27,981	2.6%	1.001	22	1.043	0.960
May-21	27,919	2.6%	1.001	20	0.949	1.056
Jun-21	27,919	2.6%	1.001	22	1.043	0.960
Jul-21	27,852	2.6%	1.001	21	0.996	1.005
Aug-21	27,860	2.6%	1.001	22	1.043	0.960
Sep-21	27,892	2.6%	1.001	21	0.996	1.005
Oct-21	27,901	2.6%	1.001	21	0.996	1.005
Nov-21	27,843	2.6%	1.001	20	0.949	1.056
Dec-21	27,834	2.6%	1.001	22	1.043	0.960
Jan-22	28,263	2.5%	1.000	21	0.996	1.004
Feb-22	28,154	2.5%	1.000	20	0.949	1.054
Mar-22	28,078	2.5%	1.000	23	1.091	0.917
Apr-22	27,981	2.5%	1.000	21	0.996	1.004
May-22	27,891	2.5%	1.000	21	0.996	1.004
Jun-22	27,864	2.5%	1.000	22	1.043	0.958
Jul-22	27,929	2.5%	1.000	19	0.901	1.110
Aug-22	27,903	2.5%	1.000	23	1.091	0.917
Sep-22	27,905	2.5%	1.000	21	0.996	1.004
Oct-22	27,921	2.5%	1.000	21	0.996	1.004
Nov-22	27,906	2.5%	1.000	20	0.949	1.054
Dec-22	27,876	2.5%	1.000	21	0.996	1.004

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		Facility	Facility PMPM	Facility	Facility PMPM	Total Normalized Factor	Facility PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$8,059,176	\$282.28	\$9,989,326	\$349.89	0.939	\$328.41		
Feb-19	28,349	\$6,960,180	\$245.52	\$8,599,107	\$303.33	1.032	\$313.18		
Mar-19	28,247	\$7,111,175	\$251.75	\$8,823,300	\$312.36	0.983	\$307.15		
Apr-19	28,086	\$7,444,639	\$265.07	\$9,203,965	\$327.71	0.939	\$307.59		
May-19	27,962	\$7,590,335	\$271.45	\$9,383,282	\$335.57	0.939	\$314.98		
Jun-19	27,903	\$6,446,828	\$231.04	\$7,979,180	\$285.96	1.032	\$295.25		
Jul-19	27,898	\$6,951,025	\$249.16	\$8,528,872	\$305.72	0.983	\$300.62		
Aug-19	27,789	\$6,828,013	\$245.71	\$8,394,641	\$302.09	0.939	\$283.54		
Sep-19	27,774	\$6,526,912	\$235.00	\$8,050,452	\$289.86	0.983	\$285.02		
Oct-19	27,734	\$8,141,831	\$293.57	\$9,828,518	\$354.39	0.939	\$332.63		
Nov-19	27,727	\$7,221,876	\$260.46	\$8,739,437	\$315.20	1.087	\$342.56		
Dec-19	27,652	\$6,898,348	\$249.47	\$8,338,146	\$301.54	0.983	\$296.51	\$308.99	
Jan-20	28,759	\$6,990,674	\$243.08	\$8,316,078	\$289.16	0.941	\$272.18	\$304.19	
Feb-20	28,585	\$6,785,105	\$237.37	\$8,077,733	\$282.59	1.035	\$292.58	\$302.44	
Mar-20	28,386	\$6,167,435	\$217.27	\$7,347,782	\$258.85	0.941	\$243.65	\$297.09	
Apr-20	28,150	\$3,249,016	\$115.42	\$3,840,467	\$136.43	0.941	\$128.41	\$282.09	
May-20	27,990	\$4,986,796	\$178.16	\$5,901,305	\$210.84	1.035	\$218.30	\$274.05	
Jun-20	27,871	\$6,967,288	\$249.98	\$8,224,919	\$295.11	0.941	\$277.77	\$272.60	
Jul-20	27,809	\$7,283,607	\$261.92	\$8,566,176	\$308.04	0.941	\$289.94	\$271.71	
Aug-20	27,742	\$7,509,653	\$270.70	\$8,794,792	\$317.02	0.986	\$312.61	\$274.10	
Sep-20	27,706	\$7,561,778	\$272.93	\$8,846,791	\$319.31	0.986	\$314.86	\$276.56	
Oct-20	27,667	\$7,818,329	\$282.59	\$8,971,675	\$324.27	0.947	\$307.19	\$274.46	
Nov-20	27,549	\$7,308,457	\$265.29	\$8,387,518	\$304.46	1.097	\$333.96	\$273.71	
Dec-20	27,457	\$7,869,406	\$286.61	\$9,021,092	\$328.55	0.992	\$326.06	\$276.12	\$292.56
Jan-21	28,381	\$7,429,520	\$261.78	\$8,324,544	\$293.31	1.111	\$325.93	\$280.67	\$292.44
Feb-21	28,203	\$7,598,669	\$269.43	\$8,508,313	\$301.68	1.056	\$318.47	\$282.84	\$292.66
Mar-21	28,086	\$8,642,984	\$307.73	\$9,660,809	\$343.97	0.918	\$315.75	\$288.93	\$293.02
Apr-21	27,981	\$8,060,850	\$288.08	\$9,003,537	\$321.77	0.960	\$308.80	\$304.10	\$293.06
May-21	27,919	\$7,980,060	\$285.83	\$8,895,819	\$318.63	1.056	\$336.36	\$313.97	\$293.95
Jun-21	27,919	\$8,151,067	\$291.95	\$9,081,730	\$325.29	0.960	\$312.17	\$316.84	\$294.66
Jul-21	27,852	\$8,116,603	\$291.42	\$9,001,261	\$323.18	1.005	\$324.92	\$319.75	\$295.67
Aug-21	27,860	\$8,072,102	\$289.74	\$8,940,107	\$320.89	0.960	\$307.95	\$319.36	\$296.68
Sep-21	27,892	\$7,409,040	\$265.63	\$8,236,921	\$295.31	1.005	\$296.90	\$317.86	\$297.17
Oct-21	27,901	\$8,926,920	\$319.95	\$9,777,325	\$350.43	1.005	\$352.31	\$321.61	\$298.00
Nov-21	27,843	\$8,972,130	\$322.24	\$9,793,630	\$351.74	1.056	\$371.31	\$324.72	\$299.20
Dec-21	27,834	\$9,226,801	\$331.49	\$10,131,979	\$364.01	0.960	\$349.33	\$326.65	\$301.39
Jan-22	28,263	\$7,793,366	\$275.74	\$8,345,427	\$295.28	1.004	\$296.45	\$324.17	\$302.43
Feb-22	28,154	\$6,816,027	\$242.10	\$7,294,897	\$259.11	1.054	\$273.14	\$320.37	\$301.62
Mar-22	28,078	\$9,726,827	\$346.42	\$10,374,571	\$369.49	0.917	\$338.70	\$322.29	\$305.63
Apr-22	27,981	\$9,341,750	\$333.86	\$9,987,517	\$356.94	1.004	\$358.36	\$326.42	\$315.28
May-22	27,891	\$8,615,907	\$308.91	\$9,238,806	\$331.25	1.004	\$332.56	\$326.11	\$320.05
Jun-22	27,864	\$8,410,156	\$301.83	\$8,844,784	\$317.43	0.958	\$304.20	\$325.45	\$321.15
Jul-22	27,929	\$8,276,295	\$296.33	\$8,613,417	\$308.40	1.110	\$342.22	\$326.89	\$323.32
Aug-22	27,903	\$9,043,565	\$324.11	\$9,408,236	\$337.18	0.917	\$309.08	\$326.98	\$323.17
Sep-22	27,905	\$7,969,018	\$285.58	\$8,266,987	\$296.25	1.004	\$297.43	\$327.02	\$322.45
Oct-22	27,921	\$8,464,486	\$303.16	\$8,480,384	\$303.73	1.004	\$304.93	\$323.08	\$322.35
Nov-22	27,906	\$9,102,672	\$326.19	\$9,107,281	\$326.36	1.054	\$344.03	\$320.82	\$322.77
Dec-22	27,876	\$10,944,977	\$392.63	\$10,944,977	\$392.63	1.004	\$394.19	\$324.55	\$325.60
CY 2019	335,671	\$86,180,337	\$256.74	\$105,858,226	\$315.36				
CY 2020	335,671	\$80,497,543	\$239.81	\$94,296,329	\$280.92				
CY 2021	335,671	\$98,586,745	\$293.70	\$109,355,975	\$325.78				
CY 2022	335,671	\$104,505,046	\$311.33	\$108,907,284	\$324.45				

CY 2020 / CY 2019 Annual Increase	-6.6%	-10.9%	-10.6%
CY 2021 / CY 2020 Annual Increase	22.5%	16.0%	18.3%
CY 2022 / CY 2021 Annual Increase	6.0%	-0.4%	-0.6%

MEDICAL UTILIZATION TREND DEVELOPMENT - FACILITY

24-month regression on Facility PMPM - Period Ended Dec. 2022		
Month	Logistic Regression	Linear Regression
Jan-19	\$302.30	\$299.53
Feb-19	\$302.91	\$300.28
Mar-19	\$303.47	\$300.96
Apr-19	\$304.09	\$301.71
May-19	\$304.69	\$302.43
Jun-19	\$305.32	\$303.18
Jul-19	\$305.92	\$303.91
Aug-19	\$306.54	\$304.66
Sep-19	\$307.17	\$305.41
Oct-19	\$307.78	\$306.13
Nov-19	\$308.40	\$306.88
Dec-19	\$309.01	\$307.61
Jan-20	\$309.64	\$308.36
Feb-20	\$310.28	\$309.11
Mar-20	\$310.87	\$309.81
Apr-20	\$311.50	\$310.56
May-20	\$312.12	\$311.28
Jun-20	\$312.76	\$312.03
Jul-20	\$313.37	\$312.76
Aug-20	\$314.01	\$313.51
Sep-20	\$314.65	\$314.26
Oct-20	\$315.28	\$314.98
Nov-20	\$315.92	\$315.73
Dec-20	\$316.54	\$316.46
Jan-21	\$317.19	\$317.21
Feb-21	\$317.84	\$317.96
Mar-21	\$318.42	\$318.63
Apr-21	\$319.07	\$319.38
May-21	\$319.70	\$320.11
Jun-21	\$320.36	\$320.86
Jul-21	\$320.99	\$321.58
Aug-21	\$321.64	\$322.33
Sep-21	\$322.30	\$323.08
Oct-21	\$322.94	\$323.81
Nov-21	\$323.60	\$324.56
Dec-21	\$324.24	\$325.28
Jan-22	\$324.90	\$326.03
Feb-22	\$325.56	\$326.78
Mar-22	\$326.16	\$327.46
Apr-22	\$326.83	\$328.21
May-22	\$327.47	\$328.93
Jun-22	\$328.14	\$329.68
Jul-22	\$328.79	\$330.41
Aug-22	\$329.46	\$331.16
Sep-22	\$330.13	\$331.91
Oct-22	\$330.78	\$332.63
Nov-22	\$331.46	\$333.38
Dec-22	\$332.11	\$334.11

Annual Trend 2.4% 2.7%

24-month regression on Facility PMPM - Period Ended Dec. 2022-Logistic Regression		24-month regression on Facility PMPM - Period Ended Dec. 2022-Linear Regression	
1.000	17	0.024	-751.545
0.000	3.625	0.027	1192.437
0.029	0.084	0.036	27.612
0.653	22.000	0.816	22.000

			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022			
			Holt-Winters' Multiplicative		Holt-Winters' Additive	
Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	28,550	\$328.41				
Feb-19	28,349	\$313.18				
Mar-19	28,247	\$307.15				
Apr-19	28,086	\$307.59				
May-19	27,962	\$314.98				
Jun-19	27,903	\$295.25				
Jul-19	27,898	\$300.62				
Aug-19	27,789	\$283.54				
Sep-19	27,774	\$285.02				
Oct-19	27,734	\$332.63				
Nov-19	27,727	\$342.56				
Dec-19	27,652	\$296.51				
Jan-20	28,759	\$272.18				
Feb-20	28,585	\$292.58				
Mar-20	28,386	\$243.65				
Apr-20	28,150	\$128.41				
May-20	27,990	\$218.30				
Jun-20	27,871	\$277.77				
Jul-20	27,809	\$289.94				
Aug-20	27,742	\$312.61				
Sep-20	27,706	\$314.86				
Oct-20	27,667	\$307.19				
Nov-20	27,549	\$333.96				
Dec-20	27,457	\$326.06				
Jan-21	28,381	\$325.93	\$321.02		\$316.59	
Feb-21	28,203	\$318.47	\$310.19		\$302.30	
Mar-21	28,086	\$315.75	\$321.79		\$335.57	
Apr-21	27,981	\$308.80	\$317.33		\$339.80	
May-21	27,919	\$336.36	\$332.31		\$337.32	
Jun-21	27,919	\$312.17	\$306.77		\$310.99	
Jul-21	27,852	\$324.92	\$322.61		\$336.57	
Aug-21	27,860	\$307.95	\$302.58		\$310.28	
Sep-21	27,892	\$296.90	\$291.19		\$298.73	
Oct-21	27,901	\$352.31	\$339.72		\$330.04	
Nov-21	27,843	\$371.31	\$361.65		\$361.60	
Dec-21	27,834	\$349.33	\$346.86		\$376.82	
Jan-22	28,263	\$296.45	\$324.25		\$311.26	
Feb-22	28,154	\$273.14	\$312.94		\$294.31	
Mar-22	28,078	\$338.70	\$310.49		\$323.41	
Apr-22	27,981	\$358.36	\$307.53		\$331.50	
May-22	27,891	\$332.56	\$336.99		\$335.43	
Jun-22	27,864	\$304.20	\$312.41		\$330.90	
Jul-22	27,929	\$342.22	\$325.87		\$333.81	
Aug-22	27,903	\$309.08	\$309.80		\$309.75	
Sep-22	27,905	\$297.43	\$298.76		\$298.38	
Oct-22	27,921	\$304.93	\$352.35		\$329.81	
Nov-22	27,906	\$344.03	\$366.62		\$356.16	
Dec-22	27,876	\$394.19	\$343.65	\$325.12	\$368.92	\$325.10
Jan-23	27,876	\$306.13	\$323.61		\$309.20	\$324.94
Feb-23	27,876	\$289.79	\$321.70		\$293.87	\$324.93
Mar-23	27,876	\$335.76	\$323.81		\$325.35	\$325.09
Apr-23	27,876	\$344.98	\$326.93		\$331.76	\$325.11
May-23	27,876	\$334.78	\$326.75		\$332.70	\$324.89
Jun-23	27,876	\$307.92	\$326.37		\$306.48	\$324.68
Jul-23	27,876	\$337.61	\$327.35		\$331.92	\$324.53
Aug-23	27,876	\$308.98	\$327.28		\$306.92	\$324.29
Sep-23	27,876	\$297.30	\$327.16		\$295.63	\$324.06
Oct-23	27,876	\$321.26	\$324.57		\$327.14	\$323.84
Nov-23	27,876	\$356.22	\$323.70		\$356.24	\$323.85
Dec-23	27,876	\$382.40	\$326.93		\$370.38	\$323.97
Jan-24	27,876	\$308.09	\$327.09		\$307.85	\$323.85
Feb-24	27,876	\$291.64	\$327.24		\$292.52	\$323.74
Mar-24	27,876	\$337.91	\$327.42		\$324.00	\$323.63
Apr-24	27,876	\$347.18	\$327.61		\$330.41	\$323.52
May-24	27,876	\$336.92	\$327.78		\$331.35	\$323.40
Jun-24	27,876	\$309.88	\$327.95		\$305.13	\$323.29
Jul-24	27,876	\$339.75	\$328.13		\$330.57	\$323.18
Aug-24	27,876	\$310.94	\$328.29		\$305.57	\$323.07
Sep-24	27,876	\$299.19	\$328.45		\$294.28	\$322.96
Oct-24	27,876	\$323.31	\$328.62		\$325.79	\$322.84
Nov-24	27,876	\$358.48	\$328.81		\$354.89	\$322.73
Dec-24	27,876	\$384.83	\$329.01		\$369.03	\$322.62

Annual Trend RMSE 0.6% 22.34 -0.4% 16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		Non-MHSUD Professional	PMPM	Non-MHSUD Professional	PMPM	Total Normalized Factor	PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$3,587,783	\$125.67	\$3,996,536	\$139.98	0.939	\$131.39		
Feb-19	28,349	\$3,198,278	\$112.82	\$3,563,427	\$125.70	1.032	\$129.78		
Mar-19	28,247	\$3,296,366	\$116.70	\$3,669,812	\$129.92	0.983	\$127.75		
Apr-19	28,086	\$3,425,839	\$121.98	\$3,820,985	\$136.05	0.939	\$127.70		
May-19	27,962	\$3,412,820	\$122.05	\$3,797,905	\$135.82	0.939	\$127.49		
Jun-19	27,903	\$3,093,539	\$110.87	\$3,435,788	\$123.13	1.032	\$127.13		
Jul-19	27,898	\$3,076,894	\$110.29	\$3,408,594	\$122.18	0.983	\$120.14		
Aug-19	27,789	\$3,142,191	\$113.07	\$3,477,876	\$125.15	0.939	\$117.47		
Sep-19	27,774	\$3,177,538	\$114.41	\$3,517,908	\$126.66	0.983	\$124.55		
Oct-19	27,734	\$3,708,205	\$133.71	\$4,107,981	\$148.12	0.939	\$139.03		
Nov-19	27,727	\$3,161,814	\$114.03	\$3,486,236	\$125.73	1.087	\$136.65		
Dec-19	27,652	\$3,260,294	\$117.90	\$3,602,578	\$130.28	0.983	\$128.11	\$128.10	
Jan-20	28,759	\$3,474,239	\$120.81	\$3,831,777	\$133.24	0.941	\$125.41	\$127.59	
Feb-20	28,585	\$2,950,635	\$103.22	\$3,253,132	\$113.81	1.035	\$117.83	\$126.58	
Mar-20	28,386	\$2,475,160	\$87.20	\$2,737,388	\$96.43	0.941	\$90.77	\$123.46	
Apr-20	28,150	\$1,352,201	\$48.04	\$1,486,332	\$52.80	0.941	\$49.70	\$116.93	
May-20	27,990	\$1,994,539	\$71.26	\$2,206,278	\$78.82	1.035	\$81.61	\$113.11	
Jun-20	27,871	\$2,969,877	\$106.56	\$3,277,965	\$117.61	0.941	\$110.70	\$111.75	
Jul-20	27,809	\$2,918,629	\$104.95	\$3,202,168	\$115.15	0.941	\$108.38	\$110.77	
Aug-20	27,742	\$2,985,945	\$107.63	\$3,278,989	\$118.20	0.986	\$116.55	\$110.70	
Sep-20	27,706	\$3,291,370	\$118.80	\$3,610,889	\$130.33	0.986	\$128.51	\$111.02	
Oct-20	27,667	\$3,442,665	\$124.43	\$3,749,471	\$135.52	0.947	\$128.38	\$110.14	
Nov-20	27,549	\$2,999,528	\$108.88	\$3,259,044	\$118.30	1.097	\$129.76	\$109.56	
Dec-20	27,457	\$3,221,846	\$117.34	\$3,502,282	\$127.56	0.992	\$126.59	\$109.42	\$118.76
Jan-21	28,381	\$3,189,484	\$112.38	\$3,438,194	\$121.14	1.111	\$134.62	\$110.19	\$118.90
Feb-21	28,203	\$3,133,275	\$111.10	\$3,373,104	\$119.60	1.056	\$126.26	\$110.89	\$118.75
Mar-21	28,086	\$3,811,801	\$135.72	\$4,108,075	\$146.27	0.918	\$134.27	\$114.56	\$119.02
Apr-21	27,981	\$3,479,365	\$124.35	\$3,749,942	\$134.02	0.960	\$128.61	\$121.19	\$119.05
May-21	27,919	\$3,482,342	\$124.73	\$3,695,323	\$132.36	1.056	\$139.72	\$126.05	\$119.56
Jun-21	27,919	\$3,730,152	\$133.61	\$3,951,890	\$141.55	0.960	\$135.84	\$128.15	\$119.92
Jul-21	27,852	\$3,404,742	\$122.24	\$3,591,057	\$128.93	1.005	\$129.63	\$129.91	\$120.32
Aug-21	27,860	\$3,620,084	\$129.94	\$3,800,514	\$136.41	0.960	\$130.91	\$131.10	\$120.88
Sep-21	27,892	\$3,630,988	\$130.18	\$3,814,560	\$136.76	1.005	\$137.50	\$131.85	\$121.42
Oct-21	27,901	\$3,977,521	\$142.56	\$4,174,559	\$149.62	1.005	\$150.42	\$133.69	\$121.89
Nov-21	27,843	\$4,019,770	\$144.37	\$4,222,672	\$151.66	1.056	\$160.10	\$136.20	\$122.87
Dec-21	27,834	\$3,702,492	\$133.02	\$3,879,157	\$139.37	0.960	\$133.75	\$136.78	\$123.10
Jan-22	28,263	\$3,474,703	\$122.94	\$3,609,272	\$127.70	1.004	\$128.21	\$136.24	\$123.22
Feb-22	28,154	\$3,204,936	\$113.84	\$3,315,736	\$117.77	1.054	\$124.15	\$136.07	\$123.49
Mar-22	28,078	\$4,163,853	\$148.30	\$4,318,232	\$153.79	0.917	\$140.98	\$136.63	\$125.61
Apr-22	27,981	\$3,700,988	\$132.27	\$3,832,964	\$136.98	1.004	\$137.53	\$137.38	\$129.30
May-22	27,891	\$3,746,155	\$134.31	\$3,883,666	\$139.24	1.004	\$139.80	\$137.38	\$131.73
Jun-22	27,864	\$3,778,271	\$135.60	\$3,886,562	\$139.48	0.958	\$133.67	\$137.20	\$132.68
Jul-22	27,929	\$3,388,065	\$121.31	\$3,438,975	\$123.13	1.110	\$136.63	\$137.78	\$133.85
Aug-22	27,903	\$3,747,699	\$134.31	\$3,804,143	\$136.33	0.917	\$124.97	\$137.29	\$134.20
Sep-22	27,905	\$3,659,240	\$131.13	\$3,714,726	\$133.12	1.004	\$133.65	\$136.97	\$134.41
Oct-22	27,921	\$3,938,803	\$141.07	\$3,944,724	\$141.28	1.004	\$141.84	\$136.25	\$134.97
Nov-22	27,906	\$3,891,584	\$139.45	\$3,897,095	\$139.65	1.054	\$147.22	\$135.19	\$135.69
Dec-22	27,876	\$4,113,454	\$147.56	\$4,120,118	\$147.80	1.004	\$148.39	\$136.40	\$136.59
CY 2019	335,671	\$39,541,561	\$117.80	\$43,885,625	\$130.74				
CY 2020	335,671	\$34,076,633	\$101.52	\$37,395,714	\$111.41				
CY 2021	335,671	\$43,182,017	\$128.64	\$45,799,048	\$136.44				
CY 2022	335,671	\$44,807,753	\$133.49	\$45,766,213	\$136.34				

CY 2020 / CY 2019 Annual Increase -13.8% -14.8% -14.6%
 CY 2021 / CY 2020 Annual Increase 26.7% 22.5% 25.0%
 CY 2022 / CY 2021 Annual Increase 3.8% -0.1% -0.3%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022	
	Logistic Regression	Linear Regression
Jan-19	\$125.53	\$125.21
Feb-19	\$125.83	\$125.53
Mar-19	\$126.10	\$125.83
Apr-19	\$126.40	\$126.16
May-19	\$126.69	\$126.47
Jun-19	\$126.99	\$126.80
Jul-19	\$127.29	\$127.12
Aug-19	\$127.59	\$127.44
Sep-19	\$127.89	\$127.77
Oct-19	\$128.19	\$128.09
Nov-19	\$128.49	\$128.42
Dec-19	\$128.79	\$128.73
Jan-20	\$129.09	\$129.06
Feb-20	\$129.40	\$129.39
Mar-20	\$129.69	\$129.69
Apr-20	\$129.99	\$130.02
May-20	\$130.29	\$130.34
Jun-20	\$130.60	\$130.66
Jul-20	\$130.90	\$130.98
Aug-20	\$131.21	\$131.31
Sep-20	\$131.53	\$131.64
Oct-20	\$131.83	\$131.95
Nov-20	\$132.14	\$132.28
Dec-20	\$132.45	\$132.60
Jan-21	\$132.76	\$132.92
Feb-21	\$133.08	\$133.25
Mar-21	\$133.36	\$133.55
Apr-21	\$133.68	\$133.88
May-21	\$133.99	\$134.19
Jun-21	\$134.31	\$134.52
Jul-21	\$134.61	\$134.84
Aug-21	\$134.93	\$135.16
Sep-21	\$135.25	\$135.49
Oct-21	\$135.57	\$135.81
Nov-21	\$135.89	\$136.14
Dec-21	\$136.20	\$136.45
Jan-22	\$136.52	\$136.78
Feb-22	\$136.85	\$137.11
Mar-22	\$137.14	\$137.40
Apr-22	\$137.47	\$137.73
May-22	\$137.78	\$138.05
Jun-22	\$138.11	\$138.37
Jul-22	\$138.43	\$138.69
Aug-22	\$138.76	\$139.02
Sep-22	\$139.09	\$139.35
Oct-22	\$139.41	\$139.66
Nov-22	\$139.74	\$139.99
Dec-22	\$140.06	\$140.31

Annual Trend 2.8% 2.8%

24-month regression on PMPM - Period Ended Dec. 2022-Logistic Regression	Non-MHSUD	24-month regression on PMPM - Period Ended Dec. 2022-Linear Regression	Non-MHSUD
1.000	4	0.011	-333.814
0.000	2.629	0.008	367.398
0.071	0.061	0.069	8.507
1.683	22.000	1.640	22.000

			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022			
			Holt-Winters' Multiplicative		Holt-Winters' Additive	
Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	28,550	\$131.39				
Feb-19	28,349	\$129.78				
Mar-19	28,247	\$127.75				
Apr-19	28,086	\$127.70				
May-19	27,962	\$127.49				
Jun-19	27,903	\$127.13				
Jul-19	27,898	\$120.14				
Aug-19	27,789	\$117.47				
Sep-19	27,774	\$124.55				
Oct-19	27,734	\$139.03				
Nov-19	27,727	\$136.65				
Dec-19	27,652	\$128.11				
Jan-20	28,759	\$125.41				
Feb-20	28,585	\$117.83				
Mar-20	28,386	\$90.77				
Apr-20	28,150	\$49.70				
May-20	27,990	\$81.61				
Jun-20	27,871	\$110.70				
Jul-20	27,809	\$108.38				
Aug-20	27,742	\$116.55				
Sep-20	27,706	\$128.51				
Oct-20	27,667	\$128.38				
Nov-20	27,549	\$129.76				
Dec-20	27,457	\$126.59				
Jan-21	28,381	\$134.62	\$134.34		\$132.50	
Feb-21	28,203	\$126.26	\$126.82		\$126.51	
Mar-21	28,086	\$134.27	\$136.59		\$138.91	
Apr-21	27,981	\$128.61	\$131.23		\$133.91	
May-21	27,919	\$139.72	\$140.79		\$140.09	
Jun-21	27,919	\$135.84	\$136.49		\$135.06	
Jul-21	27,852	\$129.63	\$131.72		\$133.52	
Aug-21	27,860	\$130.91	\$130.97		\$127.96	
Sep-21	27,892	\$137.50	\$137.94		\$135.89	
Oct-21	27,901	\$150.42	\$150.33		\$146.62	
Nov-21	27,843	\$160.10	\$159.57		\$154.52	
Dec-21	27,834	\$133.75	\$136.49		\$142.49	
Jan-22	28,263	\$128.21	\$134.18		\$131.62	
Feb-22	28,154	\$124.15	\$126.08		\$125.08	
Mar-22	28,078	\$140.98	\$134.58		\$137.41	
Apr-22	27,981	\$137.53	\$129.04		\$133.22	
May-22	27,891	\$139.80	\$139.68		\$140.35	
Jun-22	27,864	\$133.67	\$135.68		\$135.30	
Jul-22	27,929	\$136.63	\$129.90		\$133.52	
Aug-22	27,903	\$124.97	\$130.60		\$128.66	
Sep-22	27,905	\$133.65	\$137.28		\$135.93	
Oct-22	27,921	\$141.84	\$150.01		\$146.28	
Nov-22	27,906	\$147.22	\$159.53		\$153.38	
Dec-22	27,876	\$148.39	\$134.19	\$136.72	\$140.18	\$136.73
Jan-23	27,876		\$129.62	\$136.34	\$130.97	\$136.68
Feb-23	27,876		\$124.40	\$136.21	\$124.77	\$136.67
Mar-23	27,876		\$138.76	\$136.56	\$137.20	\$136.65
Apr-23	27,876		\$134.70	\$137.03	\$132.66	\$136.60
May-23	27,876		\$139.40	\$137.01	\$139.36	\$136.52
Jun-23	27,876		\$133.91	\$136.86	\$134.37	\$136.44
Jul-23	27,876		\$134.32	\$137.23	\$132.75	\$136.38
Aug-23	27,876		\$126.28	\$136.87	\$127.57	\$136.29
Sep-23	27,876		\$134.36	\$136.63	\$135.21	\$136.23
Oct-23	27,876		\$143.86	\$136.11	\$145.78	\$136.18
Nov-23	27,876		\$150.43	\$135.35	\$153.31	\$136.18
Dec-23	27,876		\$143.88	\$136.16	\$140.73	\$136.22
Jan-24	27,876		\$129.29	\$136.13	\$130.71	\$136.20
Feb-24	27,876		\$124.08	\$136.11	\$124.51	\$136.18
Mar-24	27,876		\$138.41	\$136.08	\$136.94	\$136.16
Apr-24	27,876		\$134.36	\$136.05	\$132.40	\$136.14
May-24	27,876		\$139.04	\$136.02	\$139.10	\$136.12
Jun-24	27,876		\$133.57	\$135.99	\$134.10	\$136.09
Jul-24	27,876		\$133.97	\$135.96	\$132.49	\$136.07
Aug-24	27,876		\$125.96	\$135.93	\$127.31	\$136.05
Sep-24	27,876		\$134.01	\$135.90	\$134.95	\$136.03
Oct-24	27,876		\$143.49	\$135.87	\$145.52	\$136.01
Nov-24	27,876		\$150.04	\$135.84	\$153.05	\$135.99
Dec-24	27,876		\$143.51	\$135.81	\$140.47	\$135.96

Annual Trend
RMSE

-0.3%
22.34

-0.3%
16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

Month	Membership	Original Claims		Adjusted Claims - Normalized for Contract Changes		Adjusted Claims - Normalized for FWA and Working Days			
		MHSUD Professional	PMPM	MHSUD Professional	PMPM	Total Normalized Factor	PMPM	Rolling 12 months PMPM	Rolling 24 Months
Jan-19	28,550	\$412,721	\$14.46	\$453,934	\$15.90	0.939	\$14.92		
Feb-19	28,349	\$362,833	\$12.80	\$398,870	\$14.07	1.032	\$14.53		
Mar-19	28,247	\$397,282	\$14.06	\$436,698	\$15.46	0.983	\$15.20		
Apr-19	28,086	\$414,652	\$14.76	\$455,684	\$16.22	0.939	\$15.23		
May-19	27,962	\$434,076	\$15.52	\$476,860	\$17.05	0.939	\$16.01		
Jun-19	27,903	\$375,342	\$13.45	\$412,385	\$14.78	1.032	\$15.26		
Jul-19	27,898	\$390,148	\$13.98	\$428,401	\$15.36	0.983	\$15.10		
Aug-19	27,789	\$384,686	\$13.84	\$422,156	\$15.19	0.939	\$14.26		
Sep-19	27,774	\$401,867	\$14.47	\$440,807	\$15.87	0.983	\$15.61		
Oct-19	27,734	\$454,000	\$16.37	\$497,907	\$17.95	0.939	\$16.85		
Nov-19	27,727	\$373,403	\$13.47	\$408,957	\$14.75	1.087	\$16.03		
Dec-19	27,652	\$380,897	\$13.77	\$416,997	\$15.08	0.983	\$14.83	\$15.32	
Jan-20	28,759	\$474,152	\$16.49	\$519,127	\$18.05	0.941	\$16.99	\$15.49	
Feb-20	28,585	\$404,495	\$14.15	\$442,774	\$15.49	1.035	\$16.04	\$15.62	
Mar-20	28,386	\$427,636	\$15.07	\$468,249	\$16.50	0.941	\$15.53	\$15.65	
Apr-20	28,150	\$455,567	\$16.18	\$498,908	\$17.72	0.941	\$16.68	\$15.77	
May-20	27,990	\$420,290	\$15.02	\$460,246	\$16.44	1.035	\$17.02	\$15.85	
Jun-20	27,871	\$443,713	\$15.92	\$485,949	\$17.44	0.941	\$16.41	\$15.95	
Jul-20	27,809	\$439,963	\$15.82	\$482,010	\$17.33	0.941	\$16.31	\$16.05	
Aug-20	27,742	\$401,664	\$14.48	\$439,795	\$15.85	0.986	\$15.63	\$16.16	
Sep-20	27,706	\$442,242	\$15.96	\$484,473	\$17.49	0.986	\$17.24	\$16.30	
Oct-20	27,667	\$463,883	\$16.77	\$501,699	\$18.13	0.947	\$17.18	\$16.33	
Nov-20	27,549	\$419,105	\$15.21	\$453,153	\$16.45	1.097	\$18.04	\$16.49	
Dec-20	27,457	\$454,275	\$16.54	\$491,439	\$17.90	0.992	\$17.76	\$16.73	\$16.02
Jan-21	28,381	\$466,578	\$16.44	\$504,063	\$17.76	1.111	\$19.74	\$16.96	\$16.23
Feb-21	28,203	\$468,898	\$16.63	\$506,517	\$17.96	1.056	\$18.96	\$17.21	\$16.41
Mar-21	28,086	\$541,797	\$19.29	\$584,859	\$20.82	0.918	\$19.12	\$17.51	\$16.58
Apr-21	27,981	\$486,146	\$17.37	\$524,359	\$18.74	0.960	\$17.98	\$17.62	\$16.69
May-21	27,919	\$466,640	\$16.71	\$489,609	\$17.54	1.056	\$18.51	\$17.75	\$16.80
Jun-21	27,919	\$483,993	\$17.34	\$507,555	\$18.18	0.960	\$17.45	\$17.83	\$16.89
Jul-21	27,852	\$437,610	\$15.71	\$458,601	\$16.47	1.005	\$16.55	\$17.85	\$16.95
Aug-21	27,860	\$436,724	\$15.68	\$457,587	\$16.42	0.960	\$15.76	\$17.86	\$17.01
Sep-21	27,892	\$491,595	\$17.62	\$514,523	\$18.45	1.005	\$18.55	\$17.97	\$17.13
Oct-21	27,901	\$482,077	\$17.28	\$504,339	\$18.08	1.005	\$18.17	\$18.05	\$17.19
Nov-21	27,843	\$492,679	\$17.69	\$515,262	\$18.51	1.056	\$19.54	\$18.18	\$17.33
Dec-21	27,834	\$475,962	\$17.10	\$497,435	\$17.87	0.960	\$17.15	\$18.13	\$17.43
Jan-22	28,263	\$516,072	\$18.26	\$538,772	\$19.06	1.004	\$19.14	\$18.08	\$17.52
Feb-22	28,154	\$472,800	\$16.79	\$493,210	\$17.52	1.054	\$18.47	\$18.03	\$17.62
Mar-22	28,078	\$568,316	\$20.24	\$592,924	\$21.12	0.917	\$19.36	\$18.05	\$17.78
Apr-22	27,981	\$481,857	\$17.22	\$502,520	\$17.96	1.004	\$18.03	\$18.06	\$17.84
May-22	27,891	\$513,094	\$18.40	\$535,236	\$19.19	1.004	\$19.27	\$18.12	\$17.93
Jun-22	27,864	\$514,128	\$18.45	\$535,328	\$19.21	0.958	\$18.41	\$18.20	\$18.02
Jul-22	27,929	\$433,135	\$15.51	\$451,002	\$16.15	1.110	\$17.92	\$18.31	\$18.08
Aug-22	27,903	\$504,807	\$18.09	\$525,525	\$18.83	0.917	\$17.26	\$18.44	\$18.15
Sep-22	27,905	\$511,450	\$18.33	\$532,235	\$19.07	1.004	\$19.15	\$18.49	\$18.23
Oct-22	27,921	\$521,754	\$18.69	\$521,981	\$18.69	1.004	\$18.77	\$18.54	\$18.30
Nov-22	27,906	\$518,457	\$18.58	\$518,575	\$18.58	1.054	\$19.59	\$18.54	\$18.36
Dec-22	27,876	\$480,072	\$17.22	\$480,180	\$17.23	1.004	\$17.29	\$18.56	\$18.34
CY 2019	335,671	\$4,781,907	\$14.25	\$5,249,658	\$15.64				
CY 2020	335,671	\$5,246,986	\$15.63	\$5,727,824	\$17.06				
CY 2021	335,671	\$5,730,700	\$17.07	\$6,064,708	\$18.07				
CY 2022	335,671	\$6,035,942	\$17.98	\$6,227,489	\$18.55				

CY 2020 / CY 2019 Annual Increase	9.7%	9.1%	9.2%
CY 2021 / CY 2020 Annual Increase	9.2%	5.9%	8.3%
CY 2022 / CY 2021 Annual Increase	5.3%	2.7%	2.4%

MEDICAL UTILIZATION TREND DEVELOPMENT - PROFESSIONAL

24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022			24 Month Time Series - Facility PMPM - Period Ended Dec. 2022						
			Holt-Winters' Multiplicative			Holt-Winters' Additive			
Month	Logistic Regression	Linear Regression	Month	Membership	Adjusted PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Jan-19	\$18.11	\$18.17	Jan-19	28,550	\$14.92				
Feb-19	\$18.11	\$18.17	Feb-19	28,349	\$14.53				
Mar-19	\$18.12	\$18.18	Mar-19	28,247	\$15.20				
Apr-19	\$18.12	\$18.18	Apr-19	28,086	\$15.23				
May-19	\$18.13	\$18.19	May-19	27,962	\$16.01				
Jun-19	\$18.14	\$18.19	Jun-19	27,903	\$15.26				
Jul-19	\$18.14	\$18.20	Jul-19	27,898	\$15.10				
Aug-19	\$18.15	\$18.20	Aug-19	27,789	\$14.26				
Sep-19	\$18.15	\$18.21	Sep-19	27,774	\$15.61				
Oct-19	\$18.16	\$18.21	Oct-19	27,734	\$16.85				
Nov-19	\$18.16	\$18.22	Nov-19	27,727	\$16.03				
Dec-19	\$18.17	\$18.22	Dec-19	27,652	\$14.83				
Jan-20	\$18.18	\$18.23	Jan-20	28,759	\$16.99				
Feb-20	\$18.18	\$18.23	Feb-20	28,585	\$16.04				
Mar-20	\$18.19	\$18.24	Mar-20	28,386	\$15.53				
Apr-20	\$18.19	\$18.24	Apr-20	28,150	\$16.68				
May-20	\$18.20	\$18.24	May-20	27,990	\$17.02				
Jun-20	\$18.20	\$18.25	Jun-20	27,871	\$16.41				
Jul-20	\$18.21	\$18.25	Jul-20	27,809	\$16.31				
Aug-20	\$18.22	\$18.26	Aug-20	27,742	\$15.63				
Sep-20	\$18.22	\$18.26	Sep-20	27,706	\$17.24				
Oct-20	\$18.23	\$18.27	Oct-20	27,667	\$17.18				
Nov-20	\$18.23	\$18.27	Nov-20	27,549	\$18.04				
Dec-20	\$18.24	\$18.28	Dec-20	27,457	\$17.76				
Jan-21	\$18.24	\$18.28	Jan-21	28,381	\$19.74	\$19.35		\$19.74	
Feb-21	\$18.25	\$18.29	Feb-21	28,203	\$18.96	\$18.66		\$19.00	
Mar-21	\$18.26	\$18.29	Mar-21	28,086	\$19.12	\$19.12		\$19.01	
Apr-21	\$18.26	\$18.30	Apr-21	27,981	\$17.98	\$17.87		\$17.90	
May-21	\$18.27	\$18.30	May-21	27,919	\$18.51	\$18.55		\$18.84	
Jun-21	\$18.27	\$18.31	Jun-21	27,919	\$17.45	\$17.53		\$17.56	
Jul-21	\$18.28	\$18.31	Jul-21	27,852	\$16.55	\$16.70		\$16.74	
Aug-21	\$18.28	\$18.32	Aug-21	27,860	\$15.76	\$15.93		\$15.82	
Sep-21	\$18.29	\$18.32	Sep-21	27,892	\$18.55	\$18.62		\$18.08	
Oct-21	\$18.30	\$18.33	Oct-21	27,901	\$18.17	\$18.25		\$18.12	
Nov-21	\$18.30	\$18.33	Nov-21	27,843	\$19.54	\$19.59		\$19.26	
Dec-21	\$18.31	\$18.34	Dec-21	27,834	\$17.15	\$17.22		\$17.28	
Jan-22	\$18.31	\$18.34	Jan-22	28,263	\$19.14	\$19.98		\$19.65	
Feb-22	\$18.32	\$18.35	Feb-22	28,154	\$18.47	\$19.18		\$18.43	
Mar-22	\$18.32	\$18.35	Mar-22	28,078	\$19.36	\$19.39		\$18.94	
Apr-22	\$18.33	\$18.36	Apr-22	27,981	\$18.03	\$18.23		\$18.12	
May-22	\$18.34	\$18.36	May-22	27,891	\$19.27	\$18.83		\$18.87	
Jun-22	\$18.34	\$18.37	Jun-22	27,864	\$18.41	\$17.78		\$18.28	
Jul-22	\$18.35	\$18.37	Jul-22	27,929	\$17.92	\$16.93		\$17.69	
Aug-22	\$18.35	\$18.37	Aug-22	27,903	\$17.26	\$16.18		\$17.17	
Sep-22	\$18.36	\$18.38	Sep-22	27,905	\$19.15	\$19.03		\$19.62	
Oct-22	\$18.37	\$18.38	Oct-22	27,921	\$18.77	\$18.66		\$18.76	
Nov-22	\$18.37	\$18.39	Nov-22	27,906	\$19.59	\$20.06		\$19.88	
Dec-22	\$18.38	\$18.39	Dec-22	27,876	\$17.29	\$17.60	\$18.49	\$17.35	\$18.56
Jan-23			Jan-23	27,876		\$20.01	\$18.49	\$19.76	\$18.57
Feb-23			Feb-23	27,876		\$19.29	\$18.50	\$19.06	\$18.62
Mar-23			Mar-23	27,876		\$19.90	\$18.54	\$19.56	\$18.67
Apr-23			Apr-23	27,876		\$18.62	\$18.57	\$18.31	\$18.69
May-23			May-23	27,876		\$19.57	\$18.64	\$19.18	\$18.72
Jun-23			Jun-23	27,876		\$18.58	\$18.70	\$18.20	\$18.71
Jul-23			Jul-23	27,876		\$17.87	\$18.78	\$17.49	\$18.69
Aug-23			Aug-23	27,876		\$17.11	\$18.86	\$16.74	\$18.66
Sep-23			Sep-23	27,876		\$19.47	\$18.89	\$19.06	\$18.61
Oct-23			Oct-23	27,876		\$19.08	\$18.93	\$18.67	\$18.60
Nov-23			Nov-23	27,876		\$20.20	\$18.94	\$19.75	\$18.59
Dec-23			Dec-23	27,876		\$17.80	\$18.96	\$17.51	\$18.61
Jan-24			Jan-24	27,876		\$20.43	\$18.99	\$19.97	\$18.63
Feb-24			Feb-24	27,876		\$19.70	\$19.03	\$19.27	\$18.64
Mar-24			Mar-24	27,876		\$20.31	\$19.06	\$19.77	\$18.66
Apr-24			Apr-24	27,876		\$19.00	\$19.09	\$18.53	\$18.68
May-24			May-24	27,876		\$19.98	\$19.13	\$19.39	\$18.70
Jun-24			Jun-24	27,876		\$18.96	\$19.16	\$18.41	\$18.71
Jul-24			Jul-24	27,876		\$18.24	\$19.19	\$17.70	\$18.73
Aug-24			Aug-24	27,876		\$17.46	\$19.22	\$16.96	\$18.75
Sep-24			Sep-24	27,876		\$19.87	\$19.25	\$19.27	\$18.77
Oct-24			Oct-24	27,876		\$19.48	\$19.29	\$18.88	\$18.78
Nov-24			Nov-24	27,876		\$20.62	\$19.32	\$19.97	\$18.80
Dec-24			Dec-24	27,876		\$18.16	\$19.35	\$17.72	\$18.82

24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Logistic Regression	24-month regression on Non-MHSUD PMPM - Period Ended Dec. 2022-Linear Regression
1.000	11.291
0.000	45.186
0.002	1.046
0.033	22.000

Annual Trend	0.4%	0.3%
Annual Trend	0.4%	0.3%
RMSE	2.3%	0.7%
	22.34	16.23

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Pharmaceuticals Processed through the Medical Benefit														
Month	MONTHLY DATA - NUMBER OF SERVICES					MONTHLY DATA Allowed Charges	ROLLING 12 - NUMBER OF SERVICES					ROLLIN 12 Allowed Charges		
	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections		Total Services	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections		All Other Injections	Total Services
Jan-19	28,550	0.00	62.00	97.00	1,901.00	2,060.00	1,203,962							
Feb-19	28,349	0.00	50.00	72.00	1,591.00	1,713.00	855,532							
Mar-19	28,247	0.00	45.00	91.00	1,683.00	1,819.00	1,008,517							
Apr-19	28,086	4.00	46.00	105.00	1,697.00	1,852.00	972,333							
May-19	27,962	0.00	72.00	101.00	1,689.00	1,862.00	1,046,938							
Jun-19	27,903	5.00	66.00	97.00	1,676.00	1,844.00	1,050,967							
Jul-19	27,898	8.00	72.00	107.00	1,728.00	1,915.00	1,088,300							
Aug-19	27,789	6.00	51.00	89.00	1,568.00	1,714.00	994,084							
Sep-19	27,774	4.00	40.00	106.00	1,624.00	1,774.00	1,026,276							
Oct-19	27,734	9.00	60.00	112.00	1,873.00	2,054.00	1,100,252							
Nov-19	27,727	6.00	50.00	103.00	1,829.00	1,988.00	1,151,190							
Dec-19	27,652	2.00	51.00	117.00	1,794.00	1,964.00	1,145,075	335,671	44.00	665.00	1,197.00	20,653.00	22,559.00	12,643,424.63
Jan-20	28,759	18.00	57.00	103.00	1,904.00	2,082.00	989,044	335,880	62.00	660.00	1,203.00	20,656.00	22,581.00	12,428,506.27
Feb-20	28,585	10.00	34.00	82.00	1,524.00	1,650.00	824,613	336,116	72.00	644.00	1,213.00	20,589.00	22,518.00	12,397,587.62
Mar-20	28,386	10.00	40.00	97.00	1,375.00	1,522.00	1,079,780	336,255	82.00	639.00	1,219.00	20,281.00	22,221.00	12,468,850.72
Apr-20	28,150	12.00	50.00	72.00	841.00	975.00	1,117,822	336,319	90.00	643.00	1,186.00	19,425.00	21,344.00	12,614,339.72
May-20	27,990	8.00	50.00	104.00	1,211.00	1,373.00	1,264,029	336,347	98.00	621.00	1,189.00	18,947.00	20,855.00	12,831,431.30
Jun-20	27,871	15.00	53.00	123.00	1,728.00	1,919.00	1,488,927	336,315	108.00	608.00	1,215.00	18,999.00	20,930.00	13,269,390.58
Jul-20	27,809	25.00	48.00	113.00	1,742.00	1,928.00	1,304,009	336,226	125.00	584.00	1,221.00	19,013.00	20,943.00	13,485,099.92
Aug-20	27,742	16.00	57.00	107.00	1,547.07	1,727.08	1,405,746	336,179	135.00	590.00	1,239.01	18,992.07	20,956.08	13,896,762.46
Sep-20	27,706	30.00	45.00	118.01	1,684.09	1,877.10	1,316,609	336,111	161.00	595.01	1,251.01	19,052.16	21,059.18	14,187,095.41
Oct-20	27,667	22.00	53.00	115.01	1,998.09	2,188.10	1,329,723	336,044	174.00	588.01	1,254.02	19,177.25	21,193.28	14,416,566.26
Nov-20	27,549	42.00	49.00	91.01	1,584.10	1,766.11	1,284,231	335,866	210.01	587.01	1,242.02	18,932.35	20,971.39	14,549,607.00
Dec-20	27,457	34.00	58.00	129.01	1,779.08	2,000.08	1,604,114	335,671	242.01	594.01	1,254.03	18,917.43	21,007.47	15,008,646.07
Jan-21	28,381	21.00	51.00	110.00	1,641.07	1,823.08	1,092,564	335,293	245.01	588.02	1,261.03	18,654.50	20,748.56	15,112,166.31
Feb-21	28,203	18.02	50.05	121.12	1,731.89	1,921.09	1,274,864	334,911	253.03	604.07	1,300.15	18,862.39	21,019.65	15,562,417.70
Mar-21	28,086	22.03	39.05	145.17	2,001.37	2,207.61	1,203,524	334,611	265.06	603.11	1,348.33	19,488.76	21,705.26	15,686,162.02
Apr-21	27,981	19.03	44.05	114.13	1,935.17	2,112.37	1,187,445	334,442	272.09	597.17	1,390.46	20,582.92	22,842.63	15,755,784.98
May-21	27,919	29.03	39.04	108.11	1,793.99	1,970.17	1,117,991	334,371	293.12	586.20	1,394.57	21,165.92	23,439.80	15,609,746.75
Jun-21	27,919	29.04	46.05	136.15	1,847.15	2,058.39	1,389,217	334,419	307.15	579.26	1,407.72	21,285.07	23,579.20	15,510,037.65
Jul-21	27,852	42.05	28.04	118.15	1,798.13	1,986.37	1,322,277	334,462	324.21	559.29	1,412.87	21,341.20	23,637.56	15,528,305.47
Aug-21	27,860	28.04	37.04	122.13	1,787.02	1,974.23	1,152,804	334,580	336.24	539.33	1,427.99	21,581.15	23,884.72	15,275,363.28
Sep-21	27,892	35.05	51.07	130.17	2,004.68	2,220.96	1,395,208	334,766	341.29	545.39	1,440.15	21,901.74	24,228.58	15,353,962.17
Oct-21	27,901	32.05	36.04	102.11	2,078.58	2,248.78	1,216,914	335,000	351.34	528.43	1,427.26	21,982.23	24,289.27	15,241,153.19
Nov-21	27,843	36.05	48.06	136.15	2,094.57	2,314.84	1,518,439	335,294	345.39	527.50	1,472.41	22,492.71	24,838.00	15,475,361.77
Dec-21	27,834	49.08	45.07	138.20	2,131.20	2,363.55	1,511,206	335,671	360.46	514.56	1,481.60	22,844.83	25,201.46	15,382,453.96
Jan-22	28,263	26.05	28.05	102.18	1,529.75	1,686.04	1,269,353	335,553	365.51	491.61	1,473.78	22,733.51	25,064.41	15,559,243.11
Feb-22	28,154	25.05	35.07	104.21	1,410.81	1,575.14	1,101,729	335,504	372.53	476.63	1,456.87	22,412.43	24,718.46	15,386,107.78
Mar-22	28,078	31.06	37.07	113.22	2,027.85	2,209.20	1,307,295	335,496	381.56	474.65	1,424.91	22,438.92	24,720.05	15,489,878.61
Apr-22	27,981	29.06	56.11	97.20	1,882.83	2,065.20	1,072,682	335,496	391.60	486.72	1,407.98	22,386.59	24,672.87	15,375,115.67
May-22	27,891	15.03	56.13	116.26	1,951.63	2,139.06	1,269,375	335,468	377.59	503.81	1,416.13	22,544.22	24,841.76	15,526,499.72
Jun-22	27,864	24.06	65.16	133.34	1,722.31	1,944.87	1,343,074	335,413	372.62	522.92	1,413.31	22,419.38	24,728.23	15,480,355.82
Jul-22	27,929	20.07	46.16	104.36	1,645.70	1,816.29	1,092,951	335,490	350.63	541.04	1,399.53	22,266.95	24,558.15	15,251,030.38
Aug-22	27,903	40.12	49.15	128.39	1,844.62	2,062.27	1,422,772	335,533	362.71	553.15	1,405.79	22,324.55	24,646.20	15,520,997.80
Sep-22	27,905	38.14	45.17	138.51	1,912.05	2,133.86	1,504,283	335,546	365.81	547.25	1,414.13	22,231.91	24,559.09	15,630,073.10
Oct-22	27,921	43.28	48.31	121.80	1,989.98	2,203.37	1,388,602	335,566	377.04	559.52	1,433.81	22,143.31	24,513.68	15,801,761.25
Nov-22	27,906	30.38	41.53	134.71	1,998.94	2,205.56	1,752,822	335,629	371.37	552.99	1,432.37	22,047.68	24,404.40	16,036,144.21
Dec-22	27,876	34.11	43.42	139.61	2,121.17	2,338.30	1,640,924	335,671	356.40	551.33	1,433.78	22,037.64	24,379.16	16,165,862.29
CY 2019	335,671	44.00	665.00	1,197.00	20,653.00	22,559.00	12,643,425							
CY 2020	335,671	242.01	594.01	1,254.03	18,917.43	21,007.47	15,008,646							
CY 2021	335,671	360.46	514.56	1,481.60	22,844.83	25,201.46	15,382,454							
CY 2022	335,671	356.40	551.33	1,433.78	22,037.64	24,379.16	16,165,862							

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Services Trend - Pharmaceuticals Processed through the Medical Benefit										
Month	MONTHLY DATA - SERVICES PER 1,000 MEMBERS					ROLLING 12 DATA - SERVICES PER 1,000 MEMBERS				
	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services	Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services
Jan-19	0.00	2.17	3.40	66.58	72.15					
Feb-19	0.00	1.76	2.54	56.12	60.43					
Mar-19	0.00	1.59	3.22	59.58	64.40					
Apr-19	0.14	1.64	3.74	60.42	65.94					
May-19	0.00	2.57	3.61	60.40	66.59					
Jun-19	0.18	2.37	3.48	60.07	66.09					
Jul-19	0.29	2.58	3.84	61.94	68.64					
Aug-19	0.22	1.84	3.20	56.43	61.68					
Sep-19	0.14	1.44	3.82	58.47	63.87					
Oct-19	0.32	2.16	4.04	67.53	74.06					
Nov-19	0.22	1.80	3.71	65.96	71.70					
Dec-19	0.07	1.84	4.23	64.88	71.03	0.13	1.98	3.57	61.53	67.21
Jan-20	0.63	1.98	3.58	66.21	72.39	0.18	1.96	3.58	61.50	67.23
Feb-20	0.35	1.19	2.87	53.31	57.72	0.21	1.92	3.61	61.26	66.99
Mar-20	0.35	1.41	3.42	48.44	53.62	0.24	1.90	3.63	60.31	66.08
Apr-20	0.43	1.78	2.56	29.88	34.64	0.27	1.91	3.53	57.76	63.46
May-20	0.29	1.79	3.72	43.27	49.05	0.29	1.85	3.54	56.33	62.00
Jun-20	0.54	1.90	4.41	62.00	68.85	0.32	1.81	3.61	56.49	62.23
Jul-20	0.90	1.73	4.06	62.64	69.33	0.37	1.74	3.63	56.55	62.29
Aug-20	0.58	2.05	3.86	55.77	62.25	0.40	1.76	3.69	56.49	62.34
Sep-20	1.08	1.62	4.26	60.78	67.75	0.48	1.77	3.72	56.68	62.66
Oct-20	0.80	1.92	4.16	72.22	79.09	0.52	1.75	3.73	57.07	63.07
Nov-20	1.52	1.78	3.30	57.50	64.11	0.63	1.75	3.70	56.37	62.44
Dec-20	1.24	2.11	4.70	64.79	72.84	0.72	1.77	3.74	56.36	62.58
Jan-21	0.74	1.80	3.88	57.82	64.24	0.73	1.75	3.76	55.64	61.88
Feb-21	0.64	1.77	4.29	61.41	68.12	0.76	1.80	3.88	56.32	62.76
Mar-21	0.78	1.39	5.17	71.26	78.60	0.79	1.80	4.03	58.24	64.87
Apr-21	0.68	1.57	4.08	69.16	75.49	0.81	1.79	4.16	61.54	68.30
May-21	1.04	1.40	3.87	64.26	70.57	0.88	1.75	4.17	63.30	70.10
Jun-21	1.04	1.65	4.88	66.16	73.73	0.92	1.73	4.21	63.65	70.51
Jul-21	1.51	1.01	4.24	64.56	71.32	0.97	1.67	4.22	63.81	70.67
Aug-21	1.01	1.33	4.38	64.14	70.86	1.00	1.61	4.27	64.50	71.39
Sep-21	1.26	1.83	4.67	71.87	79.63	1.02	1.63	4.30	65.42	72.37
Oct-21	1.15	1.29	3.66	74.50	80.60	1.05	1.58	4.26	65.62	72.51
Nov-21	1.29	1.73	4.89	75.23	83.14	1.03	1.57	4.39	67.08	74.08
Dec-21	1.76	1.62	4.97	76.57	84.92	1.07	1.53	4.41	68.06	75.08
Jan-22	0.92	0.99	3.62	54.13	59.66	1.09	1.47	4.39	67.75	74.70
Feb-22	0.89	1.25	3.70	50.11	55.95	1.11	1.42	4.34	66.80	73.68
Mar-22	1.11	1.32	4.03	72.22	78.68	1.14	1.41	4.25	66.88	73.68
Apr-22	1.04	2.01	3.47	67.29	73.81	1.17	1.45	4.20	66.73	73.54
May-22	0.54	2.01	4.17	69.97	76.69	1.13	1.50	4.22	67.20	74.05
Jun-22	0.86	2.34	4.79	61.81	69.80	1.11	1.56	4.21	66.84	73.72
Jul-22	0.72	1.65	3.74	58.92	65.03	1.05	1.61	4.17	66.37	73.20
Aug-22	1.44	1.76	4.60	66.11	73.91	1.08	1.65	4.19	66.53	73.45
Sep-22	1.37	1.62	4.96	68.52	76.47	1.09	1.63	4.21	66.26	73.19
Oct-22	1.55	1.73	4.36	71.27	78.91	1.12	1.67	4.27	65.99	73.05
Nov-22	1.09	1.49	4.83	71.63	79.04	1.11	1.65	4.27	65.69	72.71
Dec-22	1.22	1.56	5.01	76.09	83.88	1.06	1.64	4.27	65.65	72.63

Annual Trend	-1.1%	7.1%	-3.2%	-3.5%	-3.3%
Two-Year Trend	21.4%	-3.7%	6.9%	7.9%	7.7%

Month	All Injections		Logistic Regression - Period Ended Dec. 2021		
	Monthly Data	Rolling Data	24 Months on Monthly	36 Months on Monthly	24 Months on Rolling
Jan-19	72.15		66.11	53.69	59.01
Feb-19	60.43		66.31	54.16	59.34
Mar-19	64.40		66.49	54.59	59.63
Apr-19	65.94		66.70	55.07	59.96
May-19	66.59		66.89	55.54	60.28
Jun-19	66.09		67.10	56.03	60.61
Jul-19	68.64		67.29	56.51	60.93
Aug-19	61.68		67.50	57.00	61.27
Sep-19	63.87		67.70	57.51	61.60
Oct-19	74.06		67.90	58.00	61.93
Nov-19	71.70		68.11	58.51	62.27
Dec-19	71.03	67.21	68.31	59.00	62.60
Jan-20	72.39	67.23	68.52	59.52	62.94
Feb-20	57.72	66.99	68.73	60.05	63.29
Mar-20	53.62	66.08	68.92	60.54	63.61
Apr-20	34.64	63.46	69.13	61.08	63.96
May-20	49.05	62.00	69.34	61.60	64.30
Jun-20	68.85	62.23	69.55	62.14	64.66
Jul-20	69.33	62.29	69.75	62.67	65.00
Aug-20	62.25	62.34	69.97	63.22	65.36
Sep-20	67.75	62.66	70.18	63.77	65.71
Oct-20	79.09	63.07	70.39	64.32	66.06
Nov-20	64.11	62.44	70.60	64.88	66.43
Dec-20	72.84	62.58	70.81	65.44	66.78
Jan-21	64.24	61.88	71.02	66.01	67.15
Feb-21	68.12	62.76	71.24	66.59	67.51
Mar-21	78.60	64.87	71.44	67.12	67.85
Apr-21	75.49	68.30	71.65	67.71	68.22
May-21	70.57	70.10	71.86	68.29	68.58
Jun-21	73.73	70.51	72.08	68.89	68.96
Jul-21	71.32	70.67	72.30	69.48	69.33
Aug-21	70.86	71.39	72.52	70.09	69.71
Sep-21	79.63	72.37	72.74	70.71	70.09
Oct-21	80.60	72.51	72.95	71.31	70.46
Nov-21	83.14	74.08	73.17	71.94	70.85
Dec-21	84.92	75.08	73.39	72.55	71.22
Jan-22	59.66	74.70	73.61	73.19	71.62
Feb-22	55.95	73.68	73.84	73.83	72.01
Mar-22	78.68	73.68	74.04	74.42	72.37
Apr-22	73.81	73.54	74.26	75.07	72.76
May-22	76.69	74.05	74.48	75.71	73.15
Jun-22	69.80	73.72	74.71	76.38	73.55
Jul-22	65.03	73.20	74.93	77.03	73.94
Aug-22	73.91	73.45	75.16	77.71	74.35
Sep-22	76.47	73.19	75.39	78.39	74.76
Oct-22	78.91	73.05	75.61	79.06	75.15
Nov-22	79.04	72.71	75.84	79.76	75.56
Dec-22	83.88	72.63	76.06	80.44	75.97

Annual Trend		-3.3%	3.6%	10.9%	6.7%
Two-Year Trend		7.7%			
Three-Year Trend		2.6%			

Logistic Regression - Period Ended Dec. 2021-24 Months on Monthly		Logistic Regression - Period Ended Dec. 2021-36 Months on Monthly		Logistic Regression - Period Ended Dec. 2021-24 Months on Rolling	
1.000	0.931	1.000	0.000	1.000	0.027
0.000	4.560	0.000	3.567	0.000	1.606
0.040	0.106	0.267	0.152	0.522	0.037
0.918	22.000	12.360	34.000	23.990	22.000

MEDICAL UTILIZATION TREND DEVELOPMENT - PHARMACEUTICALS

Biosimilars and Injections with Biosimilars Equivalent - Mix of Services				
Services Per 1,000 Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Total	Percentage of Biosimilars
CY 2019	0.13	1.98	2.11	6.2%
CY 2020	0.72	1.77	2.49	28.9%
CY 2021	1.07	1.53	2.61	41.2%
CY 2022	1.06	1.64	2.70	39.3%
CY 2023	1.23	1.54	2.77	44.3%
CY 2024	1.40	1.44	2.84	49.3%
Selected Service per 1,000 Trend			2%	
Expected Growth in Biosimilar Percentage			5%	

Overall Trend - Pharmaceuticals Processed through the Medical Benefit						
		Biosimilar Equivalent	Injections with Biosimilar Equivalent	High Cost Injections	All Other Injections	Total Services
CY 2022	PMPM	\$6.22	\$11.91	\$27.87	\$2.16	\$48.16
	Services per 1,000	1.06	1.64	4.27	65.65	72.63
	Cost Per Service	\$5,855.30	\$7,249.14	\$6,525.86	\$32.93	\$663.10
From CY 2022 to CY 2023	Cost per Service Trend	11.8%	11.8%	11.8%	11.8%	11.4%
	Number of Services Trend	15.5%	-6.0%	2.4%	2.4%	2.4%
	CY 2023 Cost Per Service	\$6,548.11	\$8,106.87	\$7,298.01	\$36.83	\$738.66
	CY 2023 Services per 1,000	1.23	1.54	4.37	67.24	74.38
	CY 2023 PMPM	\$8.03	\$12.51	\$31.93	\$2.48	\$54.94
From CY 2023 to CY 2024	Cost per Service Trend	6.8%	6.8%	6.8%	6.8%	6.4%
	Number of Services Trend	14.0%	-6.8%	2.4%	2.4%	2.4%
	CY 2024 Cost Per Service	\$6,991.81	\$8,656.19	\$7,792.52	\$39.32	\$785.61
	CY 2024 Services per 1,000	1.40	1.44	4.48	68.86	76.18
	CY 2024 PMPM	\$9.77	\$12.46	\$34.91	\$2.71	\$59.85
		Components		Year 1	Year 2	Trend
		Pure Cost		11.8%	6.8%	9.3%
		Utilization and Mix		2.0%	2.0%	2.0%
		Total		14.1%	8.9%	11.5%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Month	Membership	Days Supply Without Vaccines & Devices			Smoothed for Working Days Supply			Smoothed Days Supply		Rolling Days Supply per Member
		Total Non-Specialty Days Supply	Monthly Days Supply per Member	Rolling Days Supply per Member	Pharmacy Working Days	Normalized Working Days	Smoothed Monthly Supply	Smoothing Factor	Smoothed Monthly Supply	
Jan-19	28,550	803,510	28.14		30.5	1.003			28.05	
Feb-19	28,349	720,041	25.40		27.9	0.919			27.65	
Mar-19	28,247	790,857	28.00		30.5	1.005		0.3203	27.86	
Apr-19	28,086	798,022	28.41		31.0	1.022		0.3197	27.81	
May-19	27,962	797,521	28.52		31.2	1.028		0.3190	27.76	
Jun-19	27,903	759,300	27.21		29.5	0.970		0.3238	28.06	
Jul-19	27,898	810,902	29.07		31.4	1.034		0.3245	28.12	
Aug-19	27,789	809,746	29.14		31.1	1.024		0.3285	28.47	
Sep-19	27,774	771,939	27.79		29.9	0.983			28.26	
Oct-19	27,734	845,806	30.50		31.4	1.033			29.51	
Nov-19	27,727	782,776	28.23		28.8	0.947			29.82	
Dec-19	27,652	877,411	31.73	28.50	30.8	1.012			31.36	28.55
Jan-20	28,759	854,768	29.72	28.64	30.4	1.000			29.71	28.70
Feb-20	28,585	768,153	26.87	28.76	28.5	0.937			28.67	28.78
Mar-20	28,386	972,166	34.25	29.29	31.6	1.039		1.0019	30.63	29.01
Apr-20	28,150	757,914	26.92	29.16	30.6	1.008		1.0001	29.65	29.17
May-20	27,990	756,929	27.04	29.04	30.1	0.990		0.9980	29.07	29.28
Jun-20	27,871	835,268	29.97	29.27	31.0	1.022		0.9944	30.03	29.44
Jul-20	27,809	823,512	29.61	29.31	31.4	1.032		0.9966	30.40	29.63
Aug-20	27,742	807,575	29.11	29.31	30.9	1.017		1.0090	30.34	29.78
Sep-20	27,706	840,505	30.34	29.52	30.8	1.012			29.98	29.93
Oct-20	27,667	832,507	30.09	29.49	30.7	1.009			29.83	29.95
Nov-20	27,549	817,886	29.69	29.61	29.4	0.967			30.70	30.02
Dec-20	27,457	916,962	33.40	29.74	31.1	1.024			32.61	30.13
Jan-21	28,381	828,153	29.18	29.70	29.3	0.966			30.22	30.17
Feb-21	28,203	761,837	27.01	29.71	27.9	0.919			29.41	30.23
Mar-21	28,086	920,177	32.76	29.58	32.2	1.059			30.93	30.26
Apr-21	27,981	839,832	30.01	29.84	30.5	1.005			29.87	30.28
May-21	27,919	835,900	29.94	30.09	30.5	1.002			29.87	30.35
Jun-21	27,919	894,797	32.05	30.26	30.8	1.012		0.9944	30.38	30.37
Jul-21	27,852	790,278	28.37	30.16	30.4	1.002		0.9966	30.14	30.35
Aug-21	27,860	839,190	30.12	30.24	31.6	1.039		1.0090	31.64	30.46
Sep-21	27,892	852,492	30.56	30.26	30.6	1.008			30.33	30.49
Oct-21	27,901	855,886	30.68	30.31	30.1	0.990			30.99	30.59
Nov-21	27,843	861,874	30.95	30.41	30.1	0.992			31.21	30.63
Dec-21	27,834	914,455	32.85	30.37	31.3	1.029			31.92	30.57
Jan-22	28,263	846,968	29.97	30.44	30.2	0.994			30.15	30.57
Feb-22	28,154	767,273	27.25	30.46	27.9	0.919			29.67	30.59
Mar-22	28,078	897,456	31.96	30.39	31.9	1.048			30.49	30.55
Apr-22	27,981	832,105	29.74	30.37	30.0	0.987			30.12	30.57
May-22	27,891	871,718	31.25	30.48	31.1	1.024			30.52	30.63
Jun-22	27,864	874,736	31.39	30.42	30.6	1.007			31.16	30.69
Jul-22	27,929	834,405	29.88	30.55	29.4	0.968			30.86	30.75
Aug-22	27,903	915,171	32.80	30.77	32.2	1.059			30.96	30.70
Sep-22	27,905	867,405	31.08	30.81	30.5	1.005			30.94	30.75
Oct-22	27,921	881,059	31.56	30.89	30.5	1.002			31.49	30.79
Nov-22	27,906	871,132	31.22	30.91	29.9	0.984			31.73	30.83
Dec-22	27,876	937,459	33.63	30.97	30.4	1.002			33.57	30.97

CY2021 / CY 2020 Annual Increase
CY2022 / CY 2021 Annual Increase

2.1%
2.0%

1.5%
1.3%

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Quarter	Membership	Smoothed Days Supply Without Vaccines & Devices	
		Total Non-Specialty Smoothed Days Supply	Quarterly Days Supply per Member
Q1 2019	85,146	2,371,752	27.86
Q2 2019	83,951	2,340,187	27.88
Q3 2019	83,461	2,360,541	28.28
Q4 2019	83,113	2,512,355	30.23
Q1 2020	85,730	2,543,218	29.67
Q2 2020	84,011	2,485,270	29.58
Q3 2020	83,257	2,517,687	30.24
Q4 2020	82,673	2,566,301	31.04
Q1 2021	84,670	2,555,636	30.18
Q2 2021	83,819	2,518,013	30.04
Q3 2021	83,604	2,566,954	30.70
Q4 2021	83,578	2,622,126	31.37
Q1 2022	84,495	2,543,385	30.10
Q2 2022	83,736	2,562,320	30.60
Q3 2022	83,737	2,588,996	30.92
Q4 2022	83,703	2,700,286	32.26

Period	Quarter	Regression on Adjusted Days Supply		
		8-Quarter on Quarterly	12-Quarter on Quarterly	16-Quarter on Quarterly
1	Q1 2019	28.50	29.18	28.45
2	Q2 2019	28.69	29.32	28.66
3	Q3 2019	28.88	29.46	28.87
4	Q4 2019	29.08	29.60	29.08
5	Q1 2020	29.27	29.75	29.29
6	Q2 2020	29.46	29.89	29.50
7	Q3 2020	29.66	30.04	29.71
8	Q4 2020	29.86	30.18	29.93
9	Q1 2021	30.06	30.33	30.14
10	Q2 2021	30.26	30.48	30.36
11	Q3 2021	30.46	30.62	30.58
12	Q4 2021	30.66	30.77	30.80
13	Q1 2022	30.87	30.92	31.03
14	Q2 2022	31.07	31.07	31.25
15	Q3 2022	31.28	31.22	31.48
16	Q4 2022	31.49	31.38	31.71

2.7% 2.0% 2.9%

8-Quarter on Quarterly		12-Quarter on Quarterly		16-Quarter on Quarterly	
1.007	28.313	1.005	29.034	1.007	28.249
0.003	0.038	0.002	0.017	0.001	0.012
0.452	0.019	0.498	0.018	0.705	0.023
4.952	6.000	9.918	10.000	33.417	14.000

PHARMACY TREND DEVELOPMENT - NON-SPECIALTY UTILIZATION

Quarter	Membership	Adjusted Days Supply	48 Month Time Series - Days Supply				36 Month Time Series - Days Supply				24 Month Time Series - Days Supply			
			Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Additive		Double Exponential Smoothing		Holt-Winters' Additive		Double Exponential Smoothing	
			Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM	Monthly PMPM	Rolling 12 PMPM
Q1 2019	85,146	27.86	\$27.85		\$28.93									
Q2 2019	83,951	27.88	\$27.93		\$28.45									
Q3 2019	83,461	28.28	\$28.39		\$28.20									
Q4 2019	83,113	30.23	\$29.49		\$28.39									
Q1 2020	85,730	29.67	\$29.14		\$30.06		\$29.63		\$30.48					
Q2 2020	84,011	29.58	\$29.68		\$30.19		\$29.73		\$30.16					
Q3 2020	83,257	30.24	\$30.11		\$30.07		\$30.24		\$29.90					
Q4 2020	82,673	31.04	\$31.42		\$30.50		\$31.18		\$30.15					
Q1 2021	84,670	30.18	\$30.08		\$31.26		\$30.00		\$30.76		\$30.04		\$30.76	
Q2 2021	83,819	30.04	\$30.25		\$30.77		\$30.13		\$30.57		\$30.26		\$30.52	
Q3 2021	83,604	30.70	\$30.58		\$30.38		\$30.66		\$30.35		\$30.69		\$30.27	
Q4 2021	83,578	31.37	\$31.88		\$30.74		\$31.61		\$30.62		\$31.70		\$30.64	
Q1 2022	84,495	30.10	\$30.42	\$30.78	\$31.42	\$30.83	\$30.40	\$30.70	\$31.16	\$30.68	\$30.32	\$30.74	\$31.30	\$30.68
Q2 2022	83,736	30.60	\$30.21	\$30.77	\$30.58	\$30.78	\$30.43	\$30.77	\$30.68	\$30.70	\$30.44	\$30.78	\$30.61	\$30.71
Q3 2022	83,737	30.92	\$31.07	\$30.89	\$30.63	\$30.84	\$31.01	\$30.86	\$30.69	\$30.79	\$30.98	\$30.86	\$30.64	\$30.80
Q4 2022	83,703	32.26	\$32.13	\$30.96	\$30.90	\$30.88	\$31.93	\$30.94	\$30.88	\$30.85	\$31.96	\$30.92	\$30.89	\$30.86
Q1 2023	83,703		\$31.24	\$31.16	\$32.12	\$31.06	\$30.85	\$31.05	\$31.79	\$31.01	\$30.77	\$31.04	\$32.00	\$31.03
Q2 2023	83,703		\$31.31	\$31.44	\$32.44	\$31.52	\$30.94	\$31.18	\$31.98	\$31.33	\$30.95	\$31.17	\$32.27	\$31.45
Q3 2023	83,703		\$31.83	\$31.63	\$32.76	\$32.05	\$31.48	\$31.30	\$32.18	\$31.71	\$31.44	\$31.28	\$32.55	\$31.93
Q4 2023	83,703		\$33.02	\$31.85	\$33.08	\$32.60	\$32.42	\$31.42	\$32.38	\$32.08	\$32.45	\$31.41	\$32.82	\$32.41
Q1 2024	83,703		\$32.01	\$32.04	\$33.40	\$32.92	\$31.27	\$31.53	\$32.58	\$32.28	\$31.17	\$31.51	\$33.09	\$32.68
Q2 2024	83,703		\$32.09	\$32.24	\$33.72	\$33.24	\$31.36	\$31.63	\$32.78	\$32.48	\$31.35	\$31.60	\$33.37	\$32.96
Q3 2024	83,703		\$32.60	\$32.43	\$34.04	\$33.56	\$31.91	\$31.74	\$32.98	\$32.68	\$31.84	\$31.70	\$33.64	\$33.23
Q4 2024	83,703		\$33.79	\$32.62	\$34.36	\$33.88	\$32.85	\$31.85	\$33.18	\$32.88	\$32.85	\$31.80	\$33.91	\$33.50

Annual Trend

2.7%

4.7%

1.4%

3.2%

1.4%

4.2%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

PHARMACY TREND DEVELOPMENT - SPECIALTY

Month	Membership	Specialty Drug - Adjustment for Contract				Smoothed Allowed PMPM			
		Total Allowed Charges	Adjustment for Contract	Allowed Charges Adjusted for Contract	PMPM Adjusted for Contract	Rolling 12 PMPM Adjusted for Contract	Percentage of Allowed	Adjustment to Allowed for Transition	Smoothed Monthly PMPM
Jan-19	28,550			\$644,436	\$22.57			\$22.57	
Feb-19	28,349			\$711,177	\$25.09			\$25.09	
Mar-19	28,247			\$723,255	\$25.60			\$25.60	
Apr-19	28,086			\$843,083	\$30.02	21.8%		\$30.02	
May-19	27,962			\$704,276	\$25.19	18.3%		\$25.19	
Jun-19	27,903			\$718,899	\$25.76	18.7%		\$25.76	
Jul-19	27,898			\$755,868	\$27.09	19.6%		\$27.09	
Aug-19	27,789			\$828,910	\$29.83	21.6%		\$29.83	
Sep-19	27,774			\$752,636	\$27.10			\$27.10	
Oct-19	27,734			\$806,424	\$29.08			\$29.08	
Nov-19	27,727			\$736,717	\$26.57			\$26.57	
Dec-19	27,652			\$919,882	\$33.27			\$33.27	\$27.25
Jan-20	28,759			\$872,037	\$30.32			\$30.32	\$27.91
Feb-20	28,585			\$817,576	\$28.60			\$28.60	\$28.20
Mar-20	28,386			\$928,748	\$32.72			\$32.72	\$28.80
Apr-20	28,150			\$859,594	\$30.54	19.4%		\$30.54	\$28.85
May-20	27,990			\$914,455	\$32.67	20.7%		\$32.67	\$29.47
Jun-20	27,871			\$925,962	\$33.22	21.1%		\$33.22	\$30.09
Jul-20	27,809			\$875,435	\$31.48	20.0%		\$31.48	\$30.45
Aug-20	27,742			\$824,471	\$29.72	18.9%		\$29.72	\$30.44
Sep-20	27,706			\$1,002,543	\$36.19			\$36.19	\$31.19
Oct-20	27,667			\$983,010	\$35.53			\$35.53	\$31.72
Nov-20	27,549			\$885,885	\$32.16			\$32.16	\$32.18
Dec-20	27,457			\$957,605	\$34.88			\$34.88	\$32.32
Jan-21	28,381			\$791,606	\$27.89			\$27.89	\$32.11
Feb-21	28,203			\$895,660	\$31.76			\$31.76	\$32.38
Mar-21	28,086			\$953,280	\$33.94			\$33.94	\$32.48
Apr-21	27,981			\$1,034,072	\$36.96	22.5%	-\$3.13	\$33.82	\$32.76
May-21	27,919			\$936,551	\$33.55	20.4%	-\$1.49	\$32.06	\$32.71
Jun-21	27,919			\$932,816	\$33.41	20.3%	-\$0.72	\$32.69	\$32.66
Jul-21	27,852			\$764,080	\$27.43	16.7%	\$5.14	\$32.57	\$32.75
Aug-21	27,860			\$921,547	\$33.08	20.1%	\$0.21	\$33.28	\$33.05
Sep-21	27,892			\$948,223	\$34.00			\$34.00	\$32.87
Oct-21	27,901			\$910,537	\$32.63			\$32.63	\$32.63
Nov-21	27,843			\$1,086,337	\$39.02			\$39.02	\$33.20
Dec-21	27,834			\$1,021,146	\$36.69			\$36.69	\$33.35
Jan-22	28,263			\$1,038,304	\$36.74			\$36.74	\$34.10
Feb-22	28,154			\$1,026,617	\$36.46			\$36.46	\$34.49
Mar-22	28,078			\$1,290,094	\$45.95			\$45.95	\$35.50
Apr-22	27,981			\$1,037,991	\$37.10	17.9%		\$37.10	\$35.77
May-22	27,891			\$1,216,712	\$43.62	21.0%		\$43.62	\$36.35
Jun-22	27,864			\$1,136,187	\$40.78	19.7%		\$40.78	\$37.41
Jul-22	27,929			\$1,034,949	\$37.06	17.9%		\$37.06	\$37.78
Aug-22	27,903			\$1,364,849	\$48.91	23.6%		\$48.91	\$39.08
Sep-22	27,905			\$1,115,864	\$39.99			\$39.99	\$39.58
Oct-22	27,921			\$1,280,613	\$45.87			\$45.87	\$40.68
Nov-22	27,906			\$1,020,372	\$36.56			\$36.56	\$40.47
Dec-22	27,876			\$1,207,257	\$43.31			\$43.31	\$41.02

CY2020 / CY 2019 Annual Increase 18.6%
CY2021 / CY 2020 Annual Increase 3.2%
CY2022 / CY 2021 Annual Increase 23.0%

Month	Regression on Adjusted PMPM	
	24 Months on Monthly	24 Months on Rolling
Jan-19	\$20.94	\$23.53
Feb-19	\$21.28	\$23.80
Mar-19	\$21.60	\$24.05
Apr-19	\$21.95	\$24.33
May-19	\$22.30	\$24.60
Jun-19	\$22.66	\$24.88
Jul-19	\$23.02	\$25.16
Aug-19	\$23.40	\$25.45
Sep-19	\$23.78	\$25.75
Oct-19	\$24.15	\$26.04
Nov-19	\$24.55	\$26.34
Dec-19	\$24.94	\$26.63
Jan-20	\$25.35	\$26.94
Feb-20	\$25.76	\$27.25
Mar-20	\$26.15	\$27.54
Apr-20	\$26.58	\$27.86
May-20	\$27.00	\$28.17
Jun-20	\$27.44	\$28.50
Jul-20	\$27.88	\$28.82
Aug-20	\$28.33	\$29.15
Sep-20	\$28.80	\$29.49
Oct-20	\$29.25	\$29.82
Nov-20	\$29.73	\$30.16
Dec-20	\$30.20	\$30.50
Jan-21	\$30.70	\$30.85
Feb-21	\$31.20	\$31.21
Mar-21	\$31.66	\$31.53
Apr-21	\$32.18	\$31.90
May-21	\$32.69	\$32.25
Jun-21	\$33.22	\$32.63
Jul-21	\$33.75	\$32.99
Aug-21	\$34.30	\$33.37
Sep-21	\$34.86	\$33.76
Oct-21	\$35.41	\$34.13
Nov-21	\$35.99	\$34.53
Dec-21	\$36.56	\$34.92
Jan-22	\$37.16	\$35.32
Feb-22	\$37.76	\$35.73
Mar-22	\$38.32	\$36.10
Apr-22	\$38.95	\$36.52
May-22	\$39.56	\$36.92
Jun-22	\$40.21	\$37.35
Jul-22	\$40.85	\$37.77
Aug-22	\$41.52	\$38.20
Sep-22	\$42.20	\$38.65
Oct-22	\$42.86	\$39.08
Nov-22	\$43.56	\$39.53
Dec-22	\$44.25	\$39.97

Trend 21.0% 14.5%

Regression on Adjusted PMPM-24 Months on Monthly		Regression on Adjusted PMPM-24 Months on Rolling	
1.001	0.000	1.000	0.000
0.000	3.623	0.000	1.249
0.653	0.084	0.888	0.029
41.402	22.000	174.656	22.000

PHARMACY TREND DEVELOPMENT - GENERIC COST TREND

Month	All Generics			
	Days Supply	Average Wholesale Price	Monthly Cost per Days Supply	Rolling Cost per Days Supply
Jan-19	733,944	2,727,332	\$3.72	
Feb-19	654,361	2,485,854	\$3.80	
Mar-19	722,490	2,768,716	\$3.83	
Apr-19	728,828	2,753,410	\$3.78	
May-19	724,012	2,775,287	\$3.83	
Jun-19	695,631	2,645,013	\$3.80	
Jul-19	738,933	2,814,072	\$3.81	
Aug-19	742,395	2,876,926	\$3.88	
Sep-19	701,509	2,746,907	\$3.92	
Oct-19	769,630	3,018,567	\$3.92	
Nov-19	712,570	2,805,235	\$3.94	
Dec-19	793,754	3,137,301	\$3.95	\$3.85
Jan-20	790,168	3,036,109	\$3.84	\$3.86
Feb-20	707,983	2,803,844	\$3.96	\$3.87
Mar-20	893,395	3,475,254	\$3.89	\$3.88
Apr-20	701,608	2,698,050	\$3.85	\$3.88
May-20	701,339	2,756,565	\$3.93	\$3.89
Jun-20	775,730	2,992,383	\$3.86	\$3.89
Jul-20	764,758	3,060,781	\$4.00	\$3.91
Aug-20	747,222	2,972,703	\$3.98	\$3.92
Sep-20	780,533	3,085,279	\$3.95	\$3.92
Oct-20	767,795	3,042,138	\$3.96	\$3.93
Nov-20	755,063	3,024,232	\$4.01	\$3.93
Dec-20	847,489	3,422,162	\$4.04	\$3.94
Jan-21	771,118	3,070,454	\$3.98	\$3.95
Feb-21	712,031	2,850,557	\$4.00	\$3.95
Mar-21	851,991	3,420,825	\$4.02	\$3.97
Apr-21	778,008	3,146,978	\$4.04	\$3.98
May-21	777,257	3,187,571	\$4.10	\$4.00
Jun-21	827,900	3,338,525	\$4.03	\$4.01
Jul-21	742,555	2,979,388	\$4.01	\$4.01
Aug-21	784,629	3,256,243	\$4.15	\$4.03
Sep-21	796,079	3,246,756	\$4.08	\$4.04
Oct-21	800,956	3,260,905	\$4.07	\$4.04
Nov-21	802,284	3,366,385	\$4.20	\$4.06
Dec-21	851,644	3,519,765	\$4.13	\$4.07
Jan-22	793,257	3,280,314	\$4.14	\$4.08
Feb-22	717,989	3,042,299	\$4.24	\$4.10
Mar-22	838,707	3,505,123	\$4.18	\$4.11
Apr-22	773,958	3,271,426	\$4.23	\$4.13
May-22	812,795	3,426,903	\$4.22	\$4.14
Jun-22	814,633	3,426,825	\$4.21	\$4.15
Jul-22	775,554	3,291,219	\$4.24	\$4.17
Aug-22	850,962	3,609,711	\$4.24	\$4.18
Sep-22	805,630	3,381,007	\$4.20	\$4.19
Oct-22	816,405	3,505,895	\$4.29	\$4.21
Nov-22	806,990	3,451,513	\$4.28	\$4.22
Dec-22	867,673	3,713,170	\$4.28	\$4.23

CY2020 / CY 2019 Annual Increase 2.3%
 CY2021 / CY 2020 Annual Increase 3.3%
 CY2022 / CY 2021 Annual Increase 3.9%

Month	Regression on Cost per Days Supply on All Generics	
	24 Months on Monthly	24 months on Rolling
Jan-19	\$3.71	\$3.67
Feb-19	\$3.72	\$3.68
Mar-19	\$3.73	\$3.69
Apr-19	\$3.75	\$3.70
May-19	\$3.76	\$3.71
Jun-19	\$3.77	\$3.72
Jul-19	\$3.78	\$3.73
Aug-19	\$3.79	\$3.74
Sep-19	\$3.80	\$3.76
Oct-19	\$3.82	\$3.77
Nov-19	\$3.83	\$3.78
Dec-19	\$3.84	\$3.79
Jan-20	\$3.85	\$3.80
Feb-20	\$3.87	\$3.81
Mar-20	\$3.88	\$3.82
Apr-20	\$3.89	\$3.84
May-20	\$3.90	\$3.85
Jun-20	\$3.91	\$3.86
Jul-20	\$3.93	\$3.87
Aug-20	\$3.94	\$3.88
Sep-20	\$3.95	\$3.90
Oct-20	\$3.96	\$3.91
Nov-20	\$3.98	\$3.92
Dec-20	\$3.99	\$3.93
Jan-21	\$4.00	\$3.94
Feb-21	\$4.01	\$3.96
Mar-21	\$4.03	\$3.97
Apr-21	\$4.04	\$3.98
May-21	\$4.05	\$3.99
Jun-21	\$4.06	\$4.00
Jul-21	\$4.08	\$4.02
Aug-21	\$4.09	\$4.03
Sep-21	\$4.10	\$4.04
Oct-21	\$4.11	\$4.05
Nov-21	\$4.13	\$4.06
Dec-21	\$4.14	\$4.08
Jan-22	\$4.15	\$4.09
Feb-22	\$4.17	\$4.10
Mar-22	\$4.18	\$4.11
Apr-22	\$4.19	\$4.13
May-22	\$4.21	\$4.14
Jun-22	\$4.22	\$4.15
Jul-22	\$4.23	\$4.16
Aug-22	\$4.25	\$4.18
Sep-22	\$4.26	\$4.19
Oct-22	\$4.27	\$4.20
Nov-22	\$4.29	\$4.22
Dec-22	\$4.30	\$4.23

3.8% 3.7%

Regression on Cost per Days Supply on All Generics-24 Months on Monthly		Regression on Cost per Days Supply on All Generics	
1.000	0.043	1.000	0.048
0.000	0.390	0.000	0.050
0.863	0.009	0.997	0.001
138.062	22.000	7883.659	22.000

PHARMACY TREND DEVELOPMENT - BRAND COST TREND

Month	All Other Brands			Brands with at least four years of claims			
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Monthly Cost per Days Supply	Rolling Cost per Days Supply
Jan-19	16,921	\$185,524	\$10.96	36,162	\$554,596	\$15.34	
Feb-19	16,106	\$171,353	\$10.64	32,262	\$491,677	\$15.24	
Mar-19	14,837	\$181,197	\$12.21	35,261	\$588,035	\$16.68	
Apr-19	14,498	\$176,597	\$12.18	35,051	\$565,884	\$16.14	
May-19	15,391	\$185,467	\$12.05	37,571	\$597,569	\$15.91	
Jun-19	12,715	\$156,102	\$12.28	32,935	\$584,163	\$17.74	
Jul-19	13,457	\$201,216	\$14.95	39,501	\$639,606	\$16.19	
Aug-19	13,462	\$160,188	\$11.90	34,672	\$565,110	\$16.30	
Sep-19	14,684	\$170,547	\$11.61	37,888	\$662,302	\$17.48	
Oct-19	16,539	\$194,106	\$11.74	40,774	\$654,631	\$16.06	
Nov-19	16,058	\$187,938	\$11.70	35,999	\$586,953	\$16.30	
Dec-19	19,208	\$218,885	\$11.40	43,872	\$755,047	\$17.21	\$16.39
Jan-20	13,505	\$157,570	\$11.67	36,252	\$626,566	\$17.28	\$16.55
Feb-20	14,299	\$183,031	\$12.80	32,255	\$557,823	\$17.29	\$16.70
Mar-20	17,339	\$236,169	\$13.62	45,916	\$797,614	\$17.37	\$16.77
Apr-20	9,555	\$140,537	\$14.71	34,718	\$593,467	\$17.09	\$16.85
May-20	7,755	\$143,701	\$18.53	33,080	\$583,187	\$17.63	\$16.98
Jun-20	8,647	\$153,744	\$17.78	36,063	\$659,667	\$18.29	\$17.03
Jul-20	9,189	\$168,410	\$18.33	34,860	\$663,118	\$19.02	\$17.26
Aug-20	7,857	\$156,317	\$19.90	37,916	\$631,876	\$16.67	\$17.29
Sep-20	8,614	\$165,542	\$19.22	35,978	\$620,888	\$17.26	\$17.27
Oct-20	9,622	\$180,984	\$18.81	41,127	\$772,555	\$18.78	\$17.52
Nov-20	8,180	\$170,936	\$20.90	38,030	\$677,678	\$17.82	\$17.64
Dec-20	9,945	\$186,044	\$18.71	43,115	\$755,710	\$17.53	\$17.67
Jan-21	6,139	\$133,112	\$21.68	35,459	\$660,097	\$18.62	\$17.78
Feb-21	6,203	\$150,648	\$24.29	31,478	\$581,433	\$18.47	\$17.86
Mar-21	8,354	\$196,994	\$23.58	42,204	\$819,627	\$19.42	\$18.06
Apr-21	7,236	\$168,715	\$23.32	37,825	\$726,886	\$19.22	\$18.23
May-21	6,513	\$154,999	\$23.80	36,633	\$709,130	\$19.36	\$18.37
Jun-21	8,781	\$197,623	\$22.51	41,920	\$826,009	\$19.70	\$18.50
Jul-21	6,235	\$109,384	\$17.54	30,815	\$652,332	\$21.17	\$18.64
Aug-21	7,663	\$122,345	\$15.97	35,857	\$753,778	\$21.02	\$18.99
Sep-21	7,994	\$138,317	\$17.30	35,313	\$686,359	\$19.44	\$19.17
Oct-21	7,692	\$134,418	\$17.48	35,834	\$739,003	\$20.62	\$19.32
Nov-21	8,586	\$159,972	\$18.63	39,399	\$826,362	\$20.97	\$19.60
Dec-21	9,274	\$208,093	\$22.44	40,539	\$827,781	\$20.42	\$19.87
Jan-22	10,329	\$193,787	\$18.76	33,620	\$702,663	\$20.90	\$20.05
Feb-22	10,229	\$183,601	\$17.95	31,086	\$643,827	\$20.71	\$20.21
Mar-22	13,774	\$275,550	\$20.01	35,564	\$789,372	\$22.20	\$20.45
Apr-22	11,725	\$217,865	\$18.58	36,871	\$793,718	\$21.53	\$20.65
May-22	13,896	\$249,033	\$17.92	36,145	\$759,323	\$21.01	\$20.79
Jun-22	13,683	\$242,130	\$17.70	37,470	\$870,593	\$23.23	\$21.11
Jul-22	11,409	\$200,369	\$17.56	37,618	\$793,544	\$21.09	\$21.10
Aug-22	13,143	\$270,571	\$20.59	41,166	\$886,304	\$21.53	\$21.15
Sep-22	14,463	\$310,846	\$21.49	37,815	\$891,116	\$23.57	\$21.49
Oct-22	13,069	\$272,550	\$20.85	41,362	\$877,435	\$21.21	\$21.54
Nov-22	15,879	\$339,112	\$21.36	38,784	\$843,320	\$21.74	\$21.60
Dec-22	16,538	\$350,732	\$21.21	42,104	\$1,019,378	\$24.21	\$21.95

CY2020 / CY 2019 Annual Increase 37.8% 7.8%
 CY2021 / CY 2020 Annual Increase 26.0% 12.5%
 CY2022 / CY 2021 Annual Increase -5.0% 10.5%

Month	Regression on Cost per Days Supply on Brands with at least four years of claims	
	24 months on Monthly	24 months on Rolling
Jan-19	\$15.50	\$14.13
Feb-19	\$15.63	\$14.27
Mar-19	\$15.75	\$14.39
Apr-19	\$15.89	\$14.53
May-19	\$16.02	\$14.67
Jun-19	\$16.16	\$14.81
Jul-19	\$16.29	\$14.95
Aug-19	\$16.43	\$15.10
Sep-19	\$16.57	\$15.24
Oct-19	\$16.71	\$15.39
Nov-19	\$16.85	\$15.54
Dec-19	\$16.99	\$15.68
Jan-20	\$17.13	\$15.84
Feb-20	\$17.28	\$15.99
Mar-20	\$17.42	\$16.14
Apr-20	\$17.57	\$16.30
May-20	\$17.71	\$16.45
Jun-20	\$17.86	\$16.61
Jul-20	\$18.01	\$16.77
Aug-20	\$18.16	\$16.93
Sep-20	\$18.32	\$17.09
Oct-20	\$18.47	\$17.26
Nov-20	\$18.63	\$17.42
Dec-20	\$18.78	\$17.59
Jan-21	\$18.94	\$17.76
Feb-21	\$19.10	\$17.93
Mar-21	\$19.25	\$18.09
Apr-21	\$19.41	\$18.27
May-21	\$19.57	\$18.44
Jun-21	\$19.74	\$18.62
Jul-21	\$19.90	\$18.80
Aug-21	\$20.07	\$18.98
Sep-21	\$20.24	\$19.16
Oct-21	\$20.41	\$19.34
Nov-21	\$20.59	\$19.53
Dec-21	\$20.76	\$19.72
Jan-22	\$20.93	\$19.91
Feb-22	\$21.11	\$20.10
Mar-22	\$21.27	\$20.28
Apr-22	\$21.46	\$20.48
May-22	\$21.63	\$20.67
Jun-22	\$21.82	\$20.87
Jul-22	\$22.00	\$21.07
Aug-22	\$22.19	\$21.28
Sep-22	\$22.37	\$21.48
Oct-22	\$22.56	\$21.69
Nov-22	\$22.75	\$21.90
Dec-22	\$22.94	\$22.10

10.5% 12.1%

Regression on Cost per Days Supply on Brands with at least four years of claims-24 months on Monthly		Regression on Cost per Days Supply on Brands with at least four years of claims-24 months on Rolling	
1.000	0.000	1.000	0.000
0.000	1.625	0.000	0.278
0.720	0.038	0.991	0.006
56.472	22.000	2511.437	22.000

PHARMACY TREND DEVELOPMENT - BRAND COST TREND

Month	Vaccines			Over the Counter			All Brands - Excluding Compounds		
	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply	Days Supply	Average Wholesale Price	Cost per Days Supply
Jan-19	528	23,597	\$44.69	12,366	17,425	\$1.41	65,977	\$781,142	\$11.84
Feb-19	323	21,269	\$65.85	13,765	17,481	\$1.27	62,456	701,780	\$11.24
Mar-19	260	18,304	\$70.40	14,264	24,061	\$1.69	64,622	811,597	\$12.56
Apr-19	175	16,787	\$95.93	14,860	21,421	\$1.44	64,584	780,689	\$12.09
May-19	262	19,942	\$76.11	16,273	22,334	\$1.37	69,497	825,312	\$11.88
Jun-19	285	20,339	\$71.36	14,407	20,540	\$1.43	60,342	781,144	\$12.95
Jul-19	310	16,228	\$52.35	14,989	21,650	\$1.44	68,257	878,699	\$12.87
Aug-19	464	21,794	\$46.97	14,938	22,659	\$1.52	63,536	769,751	\$12.12
Sep-19	918	36,979	\$40.28	13,420	21,614	\$1.61	66,910	891,442	\$13.32
Oct-19	3,132	81,766	\$26.11	14,327	20,098	\$1.40	74,772	950,602	\$12.71
Nov-19	1,493	48,133	\$32.24	14,204	19,440	\$1.37	67,754	842,465	\$12.43
Dec-19	958	38,260	\$39.94	15,632	28,634	\$1.83	79,670	1,040,826	\$13.06
Jan-20	827	35,373	\$42.77	9,815	15,705	\$1.60	60,399	835,214	\$13.83
Feb-20	558	25,937	\$46.48	9,545	16,895	\$1.77	56,657	783,686	\$13.83
Mar-20	223	19,552	\$87.68	10,466	16,195	\$1.55	73,944	1,069,529	\$14.46
Apr-20	15	2,443	\$162.85	7,183	12,933	\$1.80	51,471	749,379	\$14.56
May-20	68	4,065	\$59.78	10,336	17,715	\$1.71	51,239	748,668	\$14.61
Jun-20	126	11,373	\$90.26	10,784	17,808	\$1.65	55,620	842,592	\$15.15
Jul-20	121	16,349	\$135.12	9,526	14,478	\$1.52	53,696	862,355	\$16.06
Aug-20	484	23,126	\$47.78	10,358	16,214	\$1.57	56,615	827,532	\$14.62
Sep-20	2,281	69,532	\$30.48	10,347	15,834	\$1.53	57,220	871,796	\$15.24
Oct-20	3,793	106,870	\$28.18	9,679	18,816	\$1.94	64,221	1,079,225	\$16.80
Nov-20	1,530	60,988	\$39.86	11,733	20,062	\$1.71	59,473	929,664	\$15.63
Dec-20	595	41,457	\$69.68	10,719	18,930	\$1.77	64,374	1,002,141	\$15.57
Jan-21	292	31,314	\$107.24	10,659	13,616	\$1.28	52,549	838,139	\$15.95
Feb-21	228	20,094	\$88.13	8,471	14,554	\$1.72	46,380	766,730	\$16.53
Mar-21	94	11,931	\$126.92	10,712	14,020	\$1.31	61,364	1,042,571	\$16.99
Apr-21	49	4,525	\$92.34	11,435	17,109	\$1.50	56,545	917,236	\$16.22
May-21	58	9,958	\$171.69	10,669	15,443	\$1.45	53,873	889,530	\$16.51
Jun-21	93	10,475	\$112.63	9,922	15,959	\$1.61	60,716	1,050,065	\$17.29
Jul-21	88	11,626	\$132.12	5,914	11,036	\$1.87	43,052	784,378	\$18.22
Aug-21	139	14,114	\$101.54	6,129	14,247	\$2.32	49,788	904,484	\$18.17
Sep-21	812	32,783	\$40.37	7,089	15,859	\$2.24	51,208	873,317	\$17.05
Oct-21	2,285	84,314	\$36.90	6,134	9,092	\$1.48	51,945	966,827	\$18.61
Nov-21	1,400	56,696	\$40.50	6,778	15,300	\$2.26	56,163	1,058,329	\$18.84
Dec-21	904	39,336	\$43.51	6,648	13,807	\$2.08	57,365	1,089,017	\$18.98
Jan-22	321	27,859	\$86.79	5,914	12,788	\$2.16	50,184	937,097	\$18.67
Feb-22	97	15,801	\$162.90	4,587	7,398	\$1.61	45,999	850,628	\$18.49
Mar-22	160	23,841	\$149.01	5,086	9,030	\$1.78	54,584	1,097,793	\$20.11
Apr-22	89	16,526	\$185.68	4,999	8,721	\$1.74	53,684	1,036,830	\$19.31
May-22	96	17,805	\$185.47	5,386	8,296	\$1.54	55,523	1,034,457	\$18.63
Jun-22	101	19,617	\$194.23	5,583	12,372	\$2.22	56,837	1,144,713	\$20.14
Jul-22	110	16,907	\$153.70	5,606	9,579	\$1.71	54,743	1,020,398	\$18.64
Aug-22	197	19,019	\$96.54	6,004	11,789	\$1.96	60,510	1,187,683	\$19.63
Sep-22	1,119	49,218	\$43.98	5,396	7,532	\$1.40	58,793	1,258,713	\$21.41
Oct-22	1,996	78,134	\$39.15	6,303	12,168	\$1.93	62,730	1,240,286	\$19.77
Nov-22	1,525	67,092	\$43.99	5,310	9,307	\$1.75	61,498	1,258,830	\$20.47
Dec-22	795	38,960	\$48.98	6,582	9,961	\$1.51	66,019	1,419,031	\$21.49

CY2020 / CY 2019 Annual Increase	-1.6%	12.8%	20.9%
CY2021 / CY 2020 Annual Increase	29.3%	1.1%	16.0%
CY2022 / CY 2021 Annual Increase	16.5%	5.4%	13.5%

PHARMACY TREND DEVELOPMENT - SUMMARY

		Generic	New Generics	Brands Going Generic	Brand	Vaccines	Over the Counter	Devices	Compounds	COVID Vaccines	Non-Specialty Total	Specialty	Total Pharmacy
Experience Period Member Months	m												430,275
Experience Period Days Supply	a	12,937,913	315,088	101,443	1,165,987	8,367	108,714	212,801	4,141	100,909	14,955,361	206,007	15,161,369
Experience Period Allowed Charge per Supply	b	█	█	█	█	█	█	█	█	█		\$225.97	
Experience Period Total Allowed Charges	c = a x b	█	█	█	█	█	█	█	█	█	\$30,421,795	46,552,330	\$76,974,125
Experience Period PMPM	n = c / m	█	█	█	█	█	█	█	█	█	\$70.70	\$108.19	\$178.90
Utilization Trend	e	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		
Projected Period Days Supply	f=a x (1+e) ²	13,460,605	327,818	105,541	1,213,093	8,705	113,106	221,398	4,308	104,985	15,559,558		
Calculated Annual Trend	g	3.8%	3.8%	0.0%	10.5%	10.5%	0.0%	10.5%	0.0%	0.0%		█	
Impact on Cost of going Generic or mult source	h	█	█	█	█	█	█	█	█	█			
Projected Allowed Charge per Supply	i=b x (1+g) ² x h	█	█	█	█	█	█	█	█	█			
Projected Total Allowed Charges before Contract Changes	j = f x i	█	█	█	█	█	█	█	█	█	█	█	█
Projection Period PMPM	k = j / m	█	█	█	█	█	█	█	█	█	█	█	█
Annual Trend before Contract Changes	l = (k/n)^{1/2} - 1	█	█	█	█	█	█	█	█	█	█	█	█
Reduction of Projected Claims due to Contract Changes	o	█	█	█	█	█	█	█	█	█		█	
Projected Total Allowed Charges after Contract Changes	p = j x o	█	█	█	█	█	█	█	█	█	█	█	█
Projected PMPM after Contract Changes	q = p / m	█	█	█	█	█	█	█	█	█	█	█	█
Impact of Contract Changes on Projected Pharmacy PMPM		█	█	█	█	█	█	█	█	█	█	█	█
Annual Trend after Contract Changes		█	█	█	█	█	█	█	█	█	7.5%	19.5%	14.9%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 3J-IND

OVERALL TREND DEVELOPMENT - PROJECTION FACTOR FOR INDEX RATE CALCULATION
INDIVIDUAL MARKET

		Medical Inpatient	Medical Outpatient	Medical Pharmaceuticals	Medical Professional	Medical COVID	Pharmacy Non- Specialty	Pharmacy Specialty	Pharmacy COVID	Vision	Dental	Total	
From Exhibit 5	Total Experience Allowed Claims	a1	\$127.77	\$290.07	\$80.06	\$182.95	\$7.67	\$73.91	\$123.66	\$1.84	\$0.06	\$1.56	\$889.54
	Exclusions (Non-EHB, High Claimant, Direct COVID)	a2-a4	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$9.03	\$0.00	\$0.00	\$0.00	\$9.07
	Experience Period Allowed Claims for EHB	A	\$127.77	\$290.03	\$80.06	\$182.95	\$7.67	\$73.91	\$114.63	\$1.84	\$0.06	\$1.56	\$880.47
	Index Rate Projection Factors - Morbidity and Others	b and c	1.010	1.010	1.010	1.010	1.010	0.962	1.008	1.010	1.010	1.010	
	Uncapped Adjusted Experience Period Allowed Claims for EHB	D	\$129.07	\$292.97	\$80.87	\$184.80	\$7.74	\$71.11	\$115.58	\$1.86	\$0.06	\$1.57	\$885.62
	Selected Utilization Trend for Year 1		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Selected Utilization Trend for Year 2		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Projected Period Allowed Claims - Utilization Only		\$130.36	\$295.90	\$84.16	\$188.52	\$7.74	\$73.98	\$147.58	\$1.93	\$0.06	\$1.57	\$931.80
	Cost Trend for Year 1 - Including Rx Contract Change		1.1090	1.1119	1.1183	1.0637	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Cost Trend for Year 2 - Including Rx Contract Change		1.0659	1.0591	1.0678	1.0512	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Projected Period Allowed Claims		\$154.09	\$348.46	\$100.49	\$210.80	\$7.74	\$82.12	\$164.98	\$1.93	\$0.06	\$1.57	\$1,072.25
	Impact of Payment integrity Program		1.0000	1.0000	1.0000	1.0000	1.0000						
	Projected Period Allowed Claims		\$154.09	\$348.46	\$100.49	\$210.80	\$7.74	\$82.12	\$164.98	\$1.93	\$0.06	\$1.57	\$1,072.25
	Index Rate - d2 - Utilization Trend (Including Payment Integrity)		1.0100	1.0100	1.0407	1.0201	1.0000	1.0404	1.2769	1.0404	1.0000	1.0000	1.0522
	Index Rate - d1 - Cost Trend (including Rx Contract)		1.1821	1.1776	1.1941	1.1182	1.0000	1.1100	1.1179	1.0000	1.0000	1.0000	1.1507
	Total Trend		1.0927	1.0906	1.1147	1.0680	1.0000	1.0746	1.1948	1.0200	1.0000	1.0000	1.1003

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 3J-SMG

OVERALL TREND DEVELOPMENT - PROJECTION FACTOR FOR INDEX RATE CALCULATION
SMALL GROUP MARKET

		Medical Inpatient	Medical Outpatient	Medical Pharmaceuticals	Medical Professional	Medical COVID	Pharmacy Non- Specialty	Pharmacy Specialty	Pharmacy COVID	Vision	Dental	Total	
From Exhibit 5	Total Experience Allowed Claims	a1	\$115.05	\$236.23	\$75.86	\$157.01	\$9.56	\$65.06	\$95.39	\$1.46	\$0.09	\$1.63	\$757.34
	Exclusions (Non-EHB, High Claimant, Direct COVID)	a2-a4	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.09
	Experience Period Allowed Claims for EHB	A	\$115.05	\$236.14	\$75.86	\$157.01	\$9.56	\$65.06	\$95.39	\$1.46	\$0.09	\$1.63	\$757.26
	Index Rate Projection Factors - Morbidity and Others	b and c	1.016	1.016	1.016	1.016	0.962	1.012	1.016	1.016	1.016	1.016	
	Uncapped Adjusted Experience Period Allowed Claims for EHB	D	\$116.86	\$239.86	\$77.05	\$159.48	\$9.71	\$62.61	\$96.52	\$1.49	\$0.09	\$1.66	\$765.33
	Selected Utilization Trend for Year 1		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Selected Utilization Trend for Year 2		1.0050	1.0050	1.0201	1.0100	1.0000	1.020	1.1300	1.0200	1.0000	1.0000	
	Projected Period Allowed Claims - Utilization Only		\$118.03	\$242.26	\$80.19	\$162.68	\$9.71	\$65.14	\$123.25	\$1.55	\$0.09	\$1.66	\$804.56
	Cost Trend for Year 1 - Including Rx Contract Change		1.1090	1.1119	1.1183	1.0637	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Cost Trend for Year 2 - Including Rx Contract Change		1.0659	1.0591	1.0678	1.0512	1.0000	1.054	1.057	1.0000	1.0000	1.0000	
	Projected Period Allowed Claims		\$139.52	\$285.29	\$95.75	\$181.91	\$9.71	\$72.30	\$137.78	\$1.55	\$0.09	\$1.66	\$925.57
	Impact of Payment integrity Program		1.0000	1.0000	1.0000	1.0000							
	Projected Period Allowed Claims		\$139.52	\$285.29	\$95.75	\$181.91	\$9.71	\$72.30	\$137.78	\$1.55	\$0.09	\$1.66	\$925.57
	Index Rate - d2 - Utilization Trend (Including Payment Integrity)		1.0100	1.0100	1.0407	1.0201	1.0000	1.0404	1.2769	1.0404	1.0000	1.0000	1.0513
	Index Rate - d1 - Cost Trend (including Rx Contract)		1.1821	1.1776	1.1941	1.1182	1.0000	1.1100	1.1179	1.0000	1.0000	1.0000	1.1504
	Total Trend		1.0927	1.0906	1.1147	1.0680	1.0000	1.0746	1.1948	1.0200	1.0000	1.0000	1.0997

RISK ADJUSTMENT CALCULATION
INDIVIDUAL MARKET

Table 1	Average Premium			
	Individual		Catastrophic	
	BCBSVT	MVP	BCBSVT	MVP
2022 Adjusted Average Premium	\$615.01		\$202.57	
2023 Approved Average Increase	13.5%		10.8%	6.3%
2024 Projected Market Mix	60.8%	39.2%	98.1%	1.9%
2024 Projected Increase	15.5%		15.2%	
2024 Projected Average Premium	\$806.14		\$258.36	

Table 2	Plan Liability Risk Score					
	Individual			Catastrophic		
	BCBSVT	MVP	Ratio	BCBSVT	MVP	Ratio
Interim 2022	1.369	1.051	1.3017	0.228	0.438	0.5201
<i>Impact of Claims Runout & Supplemental Diagnosis</i>	1.084	1.054		1.054	1.054	
Estimated Final 2022	1.484	1.108	1.3393	0.240	0.462	0.5201
<i>Impact of Model Changes</i>	0.9620	0.9620		1.000	1.000	
<i>Impact of Member Movement</i>				1.000	1.000	
<i>Impact of New Members</i>				1.000	1.000	
<i>Impact of Plan mix</i>				1.000	1.000	
Projected Final 2024	1.418	1.039	1.3652	0.240	0.462	0.5201

Table 3	Other Risk Adjustment Factors*					
	Factor -->	AV		IDF		ARF
		Individual		Individual		
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP
Estimated Final 2022	0.719	0.706	1.046	1.039	0.986	0.991
Projected Final 2024	0.713	0.700	1.043	1.037	0.986	0.991

*Catastrophic AV, IDF and ARF equals 0.57, 1.00 and 1.00 for both carriers in all scenarios

Table 4	Risk Adjustment Transfer		
	Individual	Catastrophic	Total
	Interim 2022	-\$13,317,732	\$8,432
Estimated Final 2022	-\$14,761,023	\$8,432	-\$14,752,592
Projected Final 2024	-\$19,940,915	\$13,786	-\$19,927,130

Summary	
Projected Risk Adjustment Transfer - Before HCRP	-\$19,927,130
High Cost Risk Pool Recoveries	-\$462,282
Total Risk Adjustment Transfer	-\$20,389,412
Member Months	229,870
Net Projected Risk Adjustment PMPM	-\$88.70
Estimated Cost of High Risk Pool program	\$4.01
Paid to Allowed Ratio (from Exh 6C)	70.47%

Market Wide Adjustment for the Risk Adjustment Program	-\$120.19
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6A-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
INDIVIDUAL MARKET

	Plan	Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$911.24	1.0308	90.18%	1.0001	1.0000	\$847.10	1.0726	1.0138	1.0331	\$951.59	1,560
	Vermont Select Gold CDHP	\$911.24	1.0325	90.54%	1.0001	1.0000	\$851.90	1.0722	1.0138	1.0331	\$956.61	2,026
	Vermont Preferred Silver	\$911.24	0.9801	93.55%	1.0001	1.0000	\$835.51	1.0736	1.0138	1.0331	\$939.46	1,620
	Vermont Select Silver CDHP	\$911.24	0.9787	93.53%	1.0001	1.0000	\$834.18	1.0737	1.0138	1.0331	\$938.07	696
	Vermont Preferred Bronze	\$911.24	0.9591	68.72%	1.0001	1.0000	\$600.68	1.1013	1.0152	1.0331	\$693.81	797
	Vermont Select Bronze CDHP	\$911.24	0.9570	67.68%	1.0001	1.0000	\$590.20	1.1031	1.0153	1.0331	\$682.85	1,820
STANDARD PLANS	Standard Platinum	\$911.24	1.1183	106.20%	1.0000	1.0000	\$1,082.34	1.0574	1.0130	1.0331	\$1,197.66	1,465
	Standard Gold	\$911.24	1.0427	92.69%	1.0001	1.0000	\$880.72	1.0699	1.0136	1.0331	\$986.76	1,843
	Standard Silver	\$911.24	0.9835	94.93%	1.0001	1.0000	\$850.84	1.0723	1.0138	1.0331	\$955.50	2,454
	Standard Silver CDHP	\$911.24	0.9923	95.37%	1.0001	1.0000	\$862.42	1.0714	1.0137	1.0331	\$967.62	610
	Standard Bronze	\$911.24	0.9553	66.79%	1.0001	1.0000	\$581.47	1.1046	1.0154	1.0331	\$673.72	1,439
	Standard Bronze CDHP	\$911.24	0.9619	69.99%	1.0001	1.0000	\$613.54	1.0993	1.0151	1.0331	\$707.27	1,015
	Standard Bronze Integrated	\$911.24	0.9606	69.43%	1.0001	1.0000	\$607.85	1.1002	1.0152	1.0331	\$701.31	886
	Catastrophic	\$911.24	0.9611	69.64%	1.0002	0.3649	\$222.58	1.2690	1.0223	1.0331	\$298.29	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$911.24	0.9795	76.67%	1.0001	1.0000	\$684.38	1.0893	1.0146	1.0331	\$781.37	307
	Vermont Select Silver CDHP - Reflective	\$911.24	0.9778	76.10%	1.0001	1.0000	\$678.10	1.0901	1.0147	1.0331	\$774.80	329
	Standard Silver - Reflective	\$911.24	0.9830	77.80%	1.0001	1.0000	\$697.00	1.0877	1.0145	1.0331	\$794.57	812
	Standard Silver CDHP - Reflective	\$911.24	0.9921	80.55%	1.0001	1.0000	\$728.24	1.0841	1.0144	1.0331	\$827.26	190
	Total	\$911.24					\$772.63				\$873.69	20,126

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 6B-IND

**PLAN LEVEL ADJUSTMENTS - BENEFIT RICHNESS ADJUSTMENT FACTOR
INDIVIDUAL MARKET**

	Plan	Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	77.76%	1.0671	1.0269	1.000	\$943.46	1.0269	-\$37.06	-\$84.69	\$847.05	1.0308	1,560
	Vermont Select Gold CDHP	78.03%	1.0686	1.0283	1.000	\$946.78	1.0283	-\$37.06	-\$84.69	\$851.85	1.0325	2,026
	Vermont Preferred Silver	67.62%	1.0210	0.9826	1.000	\$974.20	0.9826	-\$37.06	-\$84.69	\$835.46	0.9801	1,620
	Vermont Select Silver CDHP	67.26%	1.0198	0.9814	1.000	\$974.03	0.9814	-\$37.06	-\$84.69	\$834.13	0.9787	696
	Vermont Preferred Bronze	61.65%	1.0036	0.9658	1.000	\$747.99	0.9658	-\$37.06	-\$84.69	\$600.63	0.9591	797
	Vermont Select Bronze CDHP	60.86%	1.0018	0.9641	1.000	\$738.44	0.9641	-\$37.06	-\$84.69	\$590.15	0.9570	1,820
STANDARD PLANS	Standard Platinum	89.80%	1.1484	1.1051	1.000	\$1,089.51	1.1051	-\$37.06	-\$84.69	\$1,082.29	1.1183	1,465
	Standard Gold	79.65%	1.0779	1.0373	1.000	\$966.38	1.0373	-\$37.06	-\$84.69	\$880.68	1.0427	1,843
	Standard Silver	68.47%	1.0241	0.9855	1.000	\$986.83	0.9855	-\$37.06	-\$84.69	\$850.79	0.9835	2,454
	Standard Silver CDHP	70.53%	1.0322	0.9933	1.000	\$990.80	0.9933	-\$37.06	-\$84.69	\$862.37	0.9923	610
	Standard Bronze	60.20%	1.0004	0.9627	1.000	\$730.41	0.9627	-\$37.06	-\$84.69	\$581.42	0.9553	1,439
	Standard Bronze CDHP	62.60%	1.0059	0.9680	1.000	\$759.56	0.9680	-\$37.06	-\$84.69	\$613.49	0.9619	1,015
	Standard Bronze Integrated	62.18%	1.0048	0.9670	1.000	\$754.46	0.9670	-\$37.06	-\$84.69	\$607.80	0.9606	886
	Catastrophic	62.33%	1.0052	0.9673	0.365	\$756.30	0.9673	-\$37.06	-\$84.69	\$609.84	0.9611	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	67.62%	1.0210	0.9826	1.000	\$820.38	0.9826	-\$37.06	-\$84.69	\$684.33	0.9795	307
	Vermont Select Silver CDHP - Reflective	67.19%	1.0195	0.9811	1.000	\$815.18	0.9811	-\$37.06	-\$84.69	\$678.05	0.9778	329
	Standard Silver - Reflective	68.47%	1.0241	0.9855	1.000	\$830.72	0.9855	-\$37.06	-\$84.69	\$696.95	0.9830	812
	Standard Silver CDHP - Reflective	70.53%	1.0321	0.9932	1.000	\$855.72	0.9932	-\$37.06	-\$84.69	\$728.19	0.9921	190
	Total		1.0392				1.0000				0.9993	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6C-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
INDIVIDUAL MARKET

	Plan	Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$1,068.48	77.76%	100.00%	113.55%	\$943.46	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$821.71	90.18%	1,560
	Vermont Select Gold CDHP	\$1,068.48	78.03%	100.00%	113.55%	\$946.78	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$825.03	90.54%	2,026
	Vermont Preferred Silver	\$1,068.48	67.62%	118.75%	113.55%	\$974.20	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$852.45	93.55%	1,620
	Vermont Select Silver CDHP	\$1,068.48	67.26%	119.36%	113.55%	\$974.03	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$852.28	93.53%	696
	Vermont Preferred Bronze	\$1,068.48	61.65%	100.00%	113.55%	\$747.99	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$626.24	68.72%	797
	Vermont Select Bronze CDHP	\$1,068.48	60.86%	100.00%	113.55%	\$738.44	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$616.69	67.68%	1,820
STANDARD PLANS	Standard Platinum	\$1,068.48	89.80%	100.00%	113.55%	\$1,089.51	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$967.77	106.20%	1,465
	Standard Gold	\$1,068.48	79.65%	100.00%	113.55%	\$966.38	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$844.64	92.69%	1,843
	Standard Silver	\$1,068.48	68.47%	118.79%	113.55%	\$986.83	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$865.08	94.93%	2,454
	Standard Silver CDHP	\$1,068.48	70.53%	115.78%	113.55%	\$990.80	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$869.05	95.37%	610
	Standard Bronze	\$1,068.48	60.20%	100.00%	113.55%	\$730.41	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$608.66	66.79%	1,439
	Standard Bronze CDHP	\$1,068.48	62.60%	100.00%	113.55%	\$759.56	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$637.81	69.99%	1,015
	Standard Bronze Integrated Catastrophic	\$1,068.48	62.18% 62.33%	100.00% 100.00%	113.55% 113.55%	\$754.46 \$756.30	-\$37.06 -\$37.06	-\$84.69 -\$84.69	-\$120.19 -\$120.19	\$911.24 \$911.24	\$632.71 \$634.55	69.43% 69.64%	886 257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$1,068.48	67.62%	100.00%	113.55%	\$820.38	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$698.64	76.67%	307
	Vermont Select Silver CDHP - Reflective	\$1,068.48	67.19%	100.00%	113.55%	\$815.18	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$693.44	76.10%	329
	Standard Silver - Reflective	\$1,068.48	68.47%	100.00%	113.55%	\$830.72	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$708.98	77.80%	812
	Standard Silver CDHP - Reflective	\$1,068.48	70.53%	100.00%	113.55%	\$855.72	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$733.97	80.55%	190
	Total	\$1,068.48	70.47%	104.95%	113.55%	\$895.93	-\$37.06	-\$84.69	-\$120.19	\$911.24	\$774.18	84.96%	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6D-IND

PLAN LEVEL ADJUSTMENTS - SUMMARY
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN
INDIVIDUAL MARKET

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	Projected Paid Claims for EHB Claims
Average Population		\$1,068.48	62.3%	\$666.02
Individual Ages 30 or Less	100.0%	\$543.84	57.6%	\$313.43
<i>Allowed Charges Adjustment</i>		<i>0.5090</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.9246</i>	

Plan Level Adjustment Calculation	
Projected Period Allowed Claims for Experience EHB	\$1,068.48
Paid to Allowed Ratio for EHB Portion	70.8%
Benefit Richness Adjustment for EHB	0.9673
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>	<i>0.4706</i>
Projected Period Paid Claims for Experience EHB	\$344.28
Non-System Claims	-\$37.06
Market Wide Adjustments	-\$84.69
Plans Benefits in addition to EHB	\$0.05
Expected Claims Cost	\$222.58
Market Adjusted Index Rate	\$911.24
Paid to Allowed Ratio	69.6%
Benefit Richness Adjustment	0.9611
Plan Benefits in addition to EHB	1.0002
For Catastrophic Only - Impact of Eligibility	0.3649
Expected Claims Cost	\$222.58
Total Adjustment for Catastrophic Plan	0.3649

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6E-IND

PLAN LEVEL ADJUSTMENTS - IMPACT OF SELECTION
INDIVIDUAL MARKET

Plan	Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor				
	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership
Vermont Preferred Gold	\$1,068.48	1.0269	77.76%	1.0000	\$853.16	\$1,068.48	1.1201	87.14%	\$1,042.95	1,560
Vermont Select Gold CDHP	\$1,068.48	1.0283	78.03%	1.0000	\$857.39	\$1,068.48	1.7624	87.85%	\$1,654.27	2,026
Vermont Preferred Bronze	\$1,068.48	0.9658	61.65%	1.0000	\$636.15	\$1,068.48	0.5264	71.04%	\$399.58	797
Vermont Select Bronze CDHP	\$1,068.48	0.9641	60.86%	1.0000	\$626.92	\$1,068.48	0.5264	69.56%	\$391.22	1,820
Standard Platinum	\$1,068.48	1.1051	89.80%	1.0000	\$1,060.32	\$1,068.48	1.8573	94.63%	\$1,877.90	1,465
Standard Gold	\$1,068.48	1.0373	79.65%	1.0000	\$882.77	\$1,068.48	1.1201	85.27%	\$1,020.55	1,843
Standard Bronze	\$1,068.48	0.9627	60.20%	1.0000	\$619.24	\$1,068.48	0.5264	69.35%	\$390.08	1,432
Standard Bronze CDHP	\$1,068.48	0.9680	62.60%	1.0000	\$647.48	\$1,068.48	0.5264	70.89%	\$398.74	1,015
Standard Bronze Integrated	\$1,068.48	0.9670	62.18%	1.0000	\$642.47	\$1,068.48	0.5264	71.57%	\$402.52	886
Catastrophic	\$1,068.48	0.9673	62.33%	0.4706	\$303.19	\$1,068.48	0.2944	55.61%	\$174.96	257
Vermont Preferred Silver - Reflective	\$1,068.48	0.9826	67.62%	1.0000	\$709.86	\$1,068.48	0.7798	74.94%	\$624.37	307
Vermont Select Silver CDHP - Reflective	\$1,068.48	0.9811	67.19%	1.0000	\$704.33	\$1,068.48	0.7798	71.96%	\$599.56	329
Standard Silver - Reflective	\$1,068.48	0.9855	68.47%	1.0000	\$720.97	\$1,068.48	0.7798	74.20%	\$618.20	812
Standard Silver CDHP - Reflective	\$1,068.48	0.9932	70.53%	1.0000	\$748.49	\$1,068.48	0.7798	75.60%	\$629.93	190
Vermont Preferred Silver	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	0.8889	75.54%	\$717.44	134
Vermont Preferred Silver - CSR 73%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	0.8772	75.54%	\$707.98	140
Vermont Preferred Silver - CSR 77%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.0128	77.60%	\$839.75	389
Vermont Preferred Silver - CSR 87%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.0439	88.82%	\$990.70	712
Vermont Preferred Silver - CSR 94%	\$1,068.48	0.9826	80.29%	1.0000	\$842.95	\$1,068.48	1.1654	93.12%	\$1,159.47	245
Vermont Select Silver CDHP	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	0.8889	73.31%	\$696.28	77
Vermont Select Silver CDHP - CSR 73%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	0.8772	73.31%	\$687.10	60
Vermont Select Silver CDHP - CSR 77%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.0128	74.91%	\$810.66	154
Vermont Select Silver CDHP - CSR 87%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.0439	86.10%	\$960.35	292
Vermont Select Silver CDHP - CSR 94%	\$1,068.48	0.9814	80.28%	1.0000	\$841.78	\$1,068.48	1.1654	92.02%	\$1,145.81	113
Standard Silver	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	0.8889	74.32%	\$705.90	220
Standard Silver - CSR 73%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	0.8772	74.32%	\$696.60	207
Standard Silver - CSR 77%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.0128	77.61%	\$839.85	505
Standard Silver - CSR 87%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.0439	87.00%	\$970.33	1,127
Standard Silver - CSR 94%	\$1,068.48	0.9855	81.33%	1.0000	\$856.45	\$1,068.48	1.1654	92.63%	\$1,153.44	395
Standard Silver CDHP	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	0.8889	75.47%	\$716.81	74
Standard Silver CDHP - CSR 73%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	0.8772	75.47%	\$707.36	44
Standard Silver CDHP - CSR 77%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.0128	77.09%	\$834.28	113
Standard Silver CDHP - CSR 87%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.0439	86.34%	\$963.01	285
Standard Silver CDHP - CSR 94%	\$1,068.48	0.9933	81.66%	1.0000	\$866.66	\$1,068.48	1.1654	92.06%	\$1,146.30	94
All CSR 100%	\$1,068.48	0.9627	60.20%	1.0000	\$619.24	\$1,068.48	1.1654	96.28%	\$1,198.90	7
Total					\$787.58				\$894.33	20,126

Impact of Selection = \$894.33 / \$787.58 =

1.1355

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 7A-IND

**DETAILS OF ADMINISTRATIVE CHARGES
INDIVIDUAL MARKET**

	Plan	BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$58.92	\$0.21	\$0.00	\$2.38	\$61.51	1.0726	6.46%	1,560
	Vermont Select Gold CDHP	\$58.92	\$0.22	\$0.00	\$2.39	\$61.53	1.0722	6.43%	2,026
	Vermont Preferred Silver	\$58.92	\$0.21	\$0.00	\$2.35	\$61.48	1.0736	6.54%	1,620
	Vermont Select Silver CDHP	\$58.92	\$0.21	\$0.00	\$2.35	\$61.48	1.0737	6.55%	696
	Vermont Preferred Bronze	\$58.92	\$0.21	\$0.00	\$1.73	\$60.87	1.1013	8.77%	797
	Vermont Select Bronze CDHP	\$58.92	\$0.22	\$0.00	\$1.71	\$60.84	1.1031	8.91%	1,820
STANDARD PLANS	Standard Platinum	\$58.92	\$0.21	\$0.00	\$2.99	\$62.13	1.0574	5.19%	1,465
	Standard Gold	\$58.92	\$0.21	\$0.00	\$2.47	\$61.60	1.0699	6.24%	1,843
	Standard Silver	\$58.92	\$0.21	\$0.00	\$2.39	\$61.52	1.0723	6.44%	2,454
	Standard Silver CDHP	\$58.92	\$0.22	\$0.00	\$2.42	\$61.55	1.0714	6.36%	610
	Standard Bronze	\$58.92	\$0.21	\$0.00	\$1.68	\$60.82	1.1046	9.03%	1,439
	Standard Bronze CDHP	\$58.92	\$0.22	\$0.00	\$1.77	\$60.90	1.0993	8.61%	1,015
	Standard Bronze Integrated	\$58.92	\$0.21	\$0.00	\$1.75	\$60.89	1.1002	8.68%	886
	Catastrophic	\$58.92	\$0.21	\$0.00	\$0.75	\$59.88	1.2690	20.07%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$58.92	\$0.21	\$0.00	\$1.95	\$61.09	1.0893	7.82%	307
	Vermont Select Silver CDHP - Reflective	\$58.92	\$0.22	\$0.00	\$1.94	\$61.07	1.0901	7.88%	329
	Standard Silver - Reflective	\$58.92	\$0.21	\$0.00	\$1.99	\$61.12	1.0877	7.69%	812
	Standard Silver CDHP - Reflective	\$58.92	\$0.22	\$0.00	\$2.07	\$61.21	1.0841	7.40%	190
	Total	\$58.92	\$0.22	\$0.00	\$2.18	\$61.32	1.0794	7.02%	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 7B-IND

DETAILS OF CONTRIBUTION TO RESERVE
INDIVIDUAL MARKET

	Plan	Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$28.55	\$1.90	\$30.45	1.0331	3.00%	0.20%	1,560
	Vermont Select Gold CDHP	\$28.70	\$1.91	\$30.61	1.0331	3.00%	0.20%	2,026
	Vermont Preferred Silver	\$28.18	\$1.88	\$30.06	1.0331	3.00%	0.20%	1,620
	Vermont Select Silver CDHP	\$28.14	\$1.88	\$30.02	1.0331	3.00%	0.20%	696
	Vermont Preferred Bronze	\$20.81	\$1.39	\$22.20	1.0331	3.00%	0.20%	797
	Vermont Select Bronze CDHP	\$20.49	\$1.37	\$21.85	1.0331	3.00%	0.20%	1,820
STANDARD PLANS	Standard Platinum	\$35.93	\$2.40	\$38.33	1.0331	3.00%	0.20%	1,465
	Standard Gold	\$29.60	\$1.97	\$31.58	1.0331	3.00%	0.20%	1,843
	Standard Silver	\$28.66	\$1.91	\$30.58	1.0331	3.00%	0.20%	2,454
	Standard Silver CDHP	\$29.03	\$1.94	\$30.96	1.0331	3.00%	0.20%	610
	Standard Bronze	\$20.21	\$1.35	\$21.56	1.0331	3.00%	0.20%	1,439
	Standard Bronze CDHP	\$21.22	\$1.41	\$22.63	1.0331	3.00%	0.20%	1,015
	Standard Bronze Integrated	\$21.04	\$1.40	\$22.44	1.0331	3.00%	0.20%	886
	Catastrophic	\$8.95	\$0.60	\$9.55	1.0331	3.00%	0.20%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$23.44	\$1.56	\$25.00	1.0331	3.00%	0.20%	307
	Vermont Select Silver CDHP - Reflective	\$23.24	\$1.55	\$24.79	1.0331	3.00%	0.20%	329
	Standard Silver - Reflective	\$23.84	\$1.59	\$25.43	1.0331	3.00%	0.20%	812
	Standard Silver CDHP - Reflective	\$24.82	\$1.65	\$26.47	1.0331	3.00%	0.20%	190
	Total	\$26.21	\$1.75	\$27.96	1.0331	3.00%	0.20%	20,126

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 7C-IND

DETAILS OF TAXES AND FEES
INDIVIDUAL MARKET

Plan	0.800%	0.199%	GMCB Billbacks	Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership	
	State Assessment - HCCA	State Tax - VITL									
NON-STANDARD PLANS	Vermont Preferred Gold	\$7.77	\$1.93	\$2.32	\$0.29	\$0.00	\$0.21	\$12.53	1.0138	1.32%	1,560
	Vermont Select Gold CDHP	\$7.81	\$1.94	\$2.32	\$0.29	\$0.00	\$0.21	\$12.57	1.0138	1.31%	2,026
	Vermont Preferred Silver	\$7.68	\$1.91	\$2.32	\$0.29	\$0.00	\$0.21	\$12.41	1.0138	1.32%	1,620
	Vermont Select Silver CDHP	\$7.66	\$1.91	\$2.32	\$0.29	\$0.00	\$0.21	\$12.40	1.0138	1.32%	696
	Vermont Preferred Bronze	\$5.80	\$1.44	\$2.32	\$0.29	\$0.00	\$0.21	\$10.06	1.0152	1.45%	797
	Vermont Select Bronze CDHP	\$5.71	\$1.42	\$2.32	\$0.29	\$0.00	\$0.21	\$9.96	1.0153	1.46%	1,820
STANDARD PLANS	Standard Platinum	\$9.65	\$2.40	\$2.32	\$0.29	\$0.00	\$0.21	\$14.88	1.0130	1.24%	1,465
	Standard Gold	\$8.04	\$2.00	\$2.32	\$0.29	\$0.00	\$0.21	\$12.86	1.0136	1.30%	1,843
	Standard Silver	\$7.80	\$1.94	\$2.32	\$0.29	\$0.00	\$0.21	\$12.56	1.0138	1.31%	2,454
	Standard Silver CDHP	\$7.89	\$1.96	\$2.32	\$0.29	\$0.00	\$0.21	\$12.68	1.0137	1.31%	610
	Standard Bronze	\$5.64	\$1.40	\$2.32	\$0.29	\$0.00	\$0.21	\$9.87	1.0154	1.47%	1,439
	Standard Bronze CDHP	\$5.90	\$1.47	\$2.32	\$0.29	\$0.00	\$0.21	\$10.19	1.0151	1.44%	1,015
	Standard Bronze Integrated	\$5.85	\$1.46	\$2.32	\$0.29	\$0.00	\$0.21	\$10.14	1.0152	1.45%	886
	Catastrophic	\$2.77	\$0.69	\$2.32	\$0.29	\$0.00	\$0.21	\$6.29	1.0223	2.11%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$6.47	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.90	1.0146	1.39%	307
	Vermont Select Silver CDHP - Reflective	\$6.42	\$1.60	\$2.32	\$0.29	\$0.00	\$0.21	\$10.84	1.0147	1.40%	329
	Standard Silver - Reflective	\$6.57	\$1.63	\$2.32	\$0.29	\$0.00	\$0.21	\$11.03	1.0145	1.39%	812
	Standard Silver CDHP - Reflective	\$6.82	\$1.70	\$2.32	\$0.29	\$0.00	\$0.21	\$11.34	1.0144	1.37%	190
Total	\$7.17	\$1.78	\$2.32	\$0.29	\$0.00	\$0.21	\$11.78	1.0141	1.35%	20,126	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 8-IND

FEDERAL MINIMUM LOSS RATIO - PROJECTION
INDIVIDUAL MARKET

	Plan	Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$930.40	-\$84.69	\$1.65	\$847.36	\$951.59	-\$4.76	\$946.83	89.5%	1,560
	Vermont Select Gold CDHP	\$935.24	-\$84.69	\$1.65	\$852.20	\$956.61	-\$4.77	\$951.84	89.5%	2,026
	Vermont Preferred Silver	\$918.71	-\$84.69	\$1.65	\$835.68	\$939.46	-\$4.73	\$934.73	89.4%	1,620
	Vermont Select Silver CDHP	\$917.37	-\$84.69	\$1.65	\$834.34	\$938.07	-\$4.73	\$933.34	89.4%	696
	Vermont Preferred Bronze	\$682.00	-\$84.69	\$1.65	\$598.97	\$693.81	-\$4.27	\$689.54	86.9%	797
	Vermont Select Bronze CDHP	\$671.44	-\$84.69	\$1.65	\$588.40	\$682.85	-\$4.25	\$678.60	86.7%	1,820
STANDARD PLANS	Standard Platinum	\$1,167.52	-\$84.69	\$1.65	\$1,084.48	\$1,197.66	-\$5.23	\$1,192.44	90.9%	1,465
	Standard Gold	\$964.29	-\$84.69	\$1.65	\$881.26	\$986.76	-\$4.82	\$981.94	89.7%	1,843
	Standard Silver	\$934.17	-\$84.69	\$1.65	\$851.13	\$955.50	-\$4.76	\$950.73	89.5%	2,454
	Standard Silver CDHP	\$945.84	-\$84.69	\$1.65	\$862.81	\$967.62	-\$4.79	\$962.83	89.6%	610
	Standard Bronze	\$662.64	-\$84.69	\$1.65	\$579.61	\$673.72	-\$4.23	\$669.49	86.6%	1,439
	Standard Bronze CDHP	\$694.97	-\$84.69	\$1.65	\$611.94	\$707.27	-\$4.29	\$702.98	87.0%	1,015
	Standard Bronze Integrated	\$689.23	-\$84.69	\$1.65	\$606.20	\$701.31	-\$4.28	\$697.03	87.0%	886
	Catastrophic	\$300.89	-\$84.69	\$1.65	\$217.85	\$298.29	-\$3.51	\$294.78	73.9%	257
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$766.38	-\$84.69	\$1.65	\$683.34	\$781.37	-\$4.43	\$776.94	88.0%	307
	Vermont Select Silver CDHP - Reflective	\$760.04	-\$84.69	\$1.65	\$677.01	\$774.80	-\$4.42	\$770.38	87.9%	329
	Standard Silver - Reflective	\$779.09	-\$84.69	\$1.65	\$696.06	\$794.57	-\$4.46	\$790.11	88.1%	812
	Standard Silver CDHP - Reflective	\$810.59	-\$84.69	\$1.65	\$727.55	\$827.26	-\$4.52	\$822.74	88.4%	190
Total		\$855.34	-\$84.69	\$1.65	\$772.30	\$873.69	-\$4.61	\$869.08	88.9%	20,126

*Approximately 2.8% of current BCBSVT Administrative Charges are for health care quality plus

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 9A-IND

CONTRACT CONVERSION FACTOR
INDIVIDUAL MARKET

	Plan	Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Preliminary Rates				Projected Contracts			
							Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	1,560	\$951.59	1.4801	1.3770	1.0749	\$1,022.86	\$2,045.72	\$1,974.12	\$2,874.24	712	205	29	96
	Vermont Select Gold CDHP	2,026	\$956.61	1.4801	1.3770	1.0749	\$1,028.26	\$2,056.52	\$1,984.54	\$2,889.41	646	299	42	174
	Vermont Preferred Silver	1,620	\$939.46	1.4801	1.3770	1.0749	\$1,009.83	\$2,019.66	\$1,948.97	\$2,837.62	1,062	202	17	33
	Vermont Select Silver CDHP	696	\$938.07	1.4801	1.3770	1.0749	\$1,008.33	\$2,016.66	\$1,946.08	\$2,833.41	425	99	6	17
	Vermont Preferred Bronze	797	\$693.81	1.4801	1.3770	1.0749	\$745.78	\$1,491.56	\$1,439.36	\$2,095.64	427	94	16	41
	Vermont Select Bronze CDHP	1,820	\$682.85	1.4801	1.3770	1.0749	\$733.99	\$1,467.98	\$1,416.60	\$2,062.51	765	236	29	136
STANDARD PLANS	Standard Platinum	1,465	\$1,197.66	1.4801	1.3770	1.0749	\$1,287.37	\$2,574.74	\$2,484.62	\$3,617.51	597	188	45	93
	Standard Gold	1,843	\$986.76	1.4801	1.3770	1.0749	\$1,060.67	\$2,121.34	\$2,047.09	\$2,980.48	680	239	36	149
	Standard Silver	2,454	\$955.50	1.4801	1.3770	1.0749	\$1,027.06	\$2,054.12	\$1,982.23	\$2,886.04	1,375	397	42	57
	Standard Silver CDHP	610	\$967.62	1.4801	1.3770	1.0749	\$1,040.09	\$2,080.18	\$2,007.37	\$2,922.65	335	96	5	22
	Standard Bronze	1,439	\$673.72	1.4801	1.3770	1.0749	\$724.18	\$1,448.36	\$1,397.67	\$2,034.95	730	175	26	80
	Standard Bronze CDHP	1,015	\$707.27	1.4801	1.3770	1.0749	\$760.25	\$1,520.50	\$1,467.28	\$2,136.30	461	98	23	80
	Standard Bronze Integrated	886	\$701.31	1.4801	1.3770	1.0749	\$753.84	\$1,507.68	\$1,454.91	\$2,118.29	492	87	14	48
	Catastrophic	257	\$298.29	1.0198	1.0193	1.0005	\$298.44	\$596.88	\$575.99	\$838.62	247	3	2	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	307	\$781.37	1.4801	1.3770	1.0749	\$839.89	\$1,679.78	\$1,620.99	\$2,360.09	129	30	6	27
	Vermont Select Silver CDHP - Reflective	329	\$774.80	1.4801	1.3770	1.0749	\$832.83	\$1,665.66	\$1,607.36	\$2,340.25	112	25	6	38
	Standard Silver - Reflective	812	\$794.57	1.4801	1.3770	1.0749	\$854.08	\$1,708.16	\$1,648.37	\$2,399.96	283	64	28	85
	Standard Silver CDHP - Reflective	190	\$827.26	1.4801	1.3770	1.0749	\$889.22	\$1,778.44	\$1,716.19	\$2,498.71	73	17	5	18
Total		20,126	\$873.69											

Additional Factor for Contract Conversion Factor	99.99%
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CONSUMER ADJUSTED PREMIUM RATES
INDIVIDUAL MARKET

	Plan	Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2024 Proposed Rates				2023 Approved Rates				2024 Proposed Rate Increases			
				Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	\$951.59	1.0748	\$1,022.77	\$2,045.54	\$1,973.95	\$2,873.98	\$894.00	\$1,788.00	\$1,725.42	\$2,512.14	14.4%	14.4%	14.4%	14.4%
	Vermont Select Gold CDHP	\$956.61	1.0748	\$1,028.17	\$2,056.34	\$1,984.37	\$2,889.16	\$913.28	\$1,826.56	\$1,762.63	\$2,566.32	12.6%	12.6%	12.6%	12.6%
	Vermont Preferred Silver	\$939.46	1.0748	\$1,009.73	\$2,019.46	\$1,948.78	\$2,837.34	\$841.08	\$1,682.16	\$1,623.28	\$2,363.43	20.1%	20.1%	20.1%	20.1%
	Vermont Select Silver CDHP	\$938.07	1.0748	\$1,008.24	\$2,016.48	\$1,945.90	\$2,833.15	\$837.38	\$1,674.76	\$1,616.14	\$2,353.04	20.4%	20.4%	20.4%	20.4%
	Vermont Preferred Bronze	\$693.81	1.0748	\$745.71	\$1,491.42	\$1,439.22	\$2,095.45	\$653.11	\$1,306.22	\$1,260.50	\$1,835.24	14.2%	14.2%	14.2%	14.2%
	Vermont Select Bronze CDHP	\$682.85	1.0748	\$733.93	\$1,467.86	\$1,416.48	\$2,062.34	\$645.48	\$1,290.96	\$1,245.78	\$1,813.80	13.7%	13.7%	13.7%	13.7%
STANDARD PLANS	Standard Platinum	\$1,197.66	1.0748	\$1,287.25	\$2,574.50	\$2,484.39	\$3,617.17	\$1,134.56	\$2,269.12	\$2,189.70	\$3,188.11	13.5%	13.5%	13.5%	13.5%
	Standard Gold	\$986.76	1.0748	\$1,060.57	\$2,121.14	\$2,046.90	\$2,980.20	\$941.63	\$1,883.26	\$1,817.35	\$2,645.98	12.6%	12.6%	12.6%	12.6%
	Standard Silver	\$955.50	1.0748	\$1,026.97	\$2,053.94	\$1,982.05	\$2,885.79	\$848.31	\$1,696.62	\$1,637.24	\$2,383.75	21.1%	21.1%	21.1%	21.1%
	Standard Silver CDHP	\$967.62	1.0748	\$1,040.00	\$2,080.00	\$2,007.20	\$2,922.40	\$875.58	\$1,751.16	\$1,689.87	\$2,460.38	18.8%	18.8%	18.8%	18.8%
	Standard Bronze	\$673.72	1.0748	\$724.11	\$1,448.22	\$1,397.53	\$2,034.75	\$640.78	\$1,281.56	\$1,236.71	\$1,800.59	13.0%	13.0%	13.0%	13.0%
	Standard Bronze CDHP	\$707.27	1.0748	\$760.18	\$1,520.36	\$1,467.15	\$2,136.11	\$663.06	\$1,326.12	\$1,279.71	\$1,863.20	14.6%	14.6%	14.6%	14.6%
	Standard Bronze Integrated	\$701.31	1.0748	\$753.77	\$1,507.54	\$1,454.78	\$2,118.09	\$660.98	\$1,321.96	\$1,275.69	\$1,857.35	14.0%	14.0%	14.0%	14.0%
	Catastrophic	\$298.29	1.0004	\$298.41	\$596.82	\$575.93	\$838.53	\$259.13	\$518.26	\$500.12	\$728.16	15.2%	15.2%	15.2%	15.2%
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$781.37	1.0748	\$839.81	\$1,679.62	\$1,620.83	\$2,359.87	\$735.30	\$1,470.60	\$1,419.13	\$2,066.19	14.2%	14.2%	14.2%	14.2%
	Vermont Select Silver CDHP - Reflective	\$774.80	1.0748	\$832.75	\$1,665.50	\$1,607.21	\$2,340.03	\$737.96	\$1,475.92	\$1,424.26	\$2,073.67	12.8%	12.8%	12.8%	12.8%
	Standard Silver - Reflective	\$794.57	1.0748	\$854.00	\$1,708.00	\$1,648.22	\$2,399.74	\$747.00	\$1,494.00	\$1,441.71	\$2,099.07	14.3%	14.3%	14.3%	14.3%
	Standard Silver CDHP - Reflective	\$827.26	1.0748	\$889.14	\$1,778.28	\$1,716.04	\$2,498.48	\$790.97	\$1,581.94	\$1,526.57	\$2,222.63	12.4%	12.4%	12.4%	12.4%
Total				\$211,000,243				\$182,656,400				15.518%			

CONSUMER ADJUSTED PREMIUM RATES
INDIVIDUAL MARKET

	Plan	Inforce Contracts				Projected Contracts			
		Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	586	169	24	79	712	205	29	96
	Vermont Select Gold CDHP	609	282	40	163	646	299	42	174
	Vermont Preferred Silver	988	209	21	42	1,062	202	17	33
	Vermont Select Silver CDHP	412	105	9	23	425	99	6	17
	Vermont Preferred Bronze	352	77	13	34	427	94	16	41
	Vermont Select Bronze CDHP	721	222	27	129	765	236	29	136
STANDARD PLANS	Standard Platinum	597	188	45	93	597	188	45	93
	Standard Gold	581	204	31	127	680	239	36	149
	Standard Silver	1,256	403	43	79	1,375	397	42	57
	Standard Silver CDHP	307	103	9	30	335	96	5	22
	Standard Bronze	624	149	22	69	730	175	26	80
	Standard Bronze CDHP	381	81	19	66	461	98	23	80
	Standard Bronze Integrated	421	74	12	41	492	87	14	48
	Catastrophic	247	3	2	0	247	3	2	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	106	25	5	22	129	30	6	27
	Vermont Select Silver CDHP - Reflective	106	24	6	35	112	25	6	38
	Standard Silver - Reflective	242	55	24	72	283	64	28	85
	Standard Silver CDHP - Reflective	60	14	4	15	73	17	5	18
Total		12,458				13,676			

RISK ADJUSTMENT CALCULATION
SMALL GROUP MARKET

Table 1		Average Premium	
Scenario	Small Group		
	BCBSVT	MVP	
2022 Adjusted Average Premium	\$561.89		
2023 Approved Average Increase	13.6%		
2024 Projected Market Mix	57.2%	42.8%	
2024 Projected Increase	14.5%		
2024 Projected Average Premium	\$731.23		

Table 2		Plan Liability Risk Score		
Scenario	Small Group			
	BCBSVT	MVP	Ratio	
Interim 2022	1.275	1.089	1.1701	
<i>Impact of Claims Runout & Supplemental Diagnosis</i>	1.084	1.054		
Estimated Final 2022	1.381	1.148	1.2035	
<i>Impact of Model Changes</i>	0.9709	0.9709		
<i>Impact of Member Movement</i>				
<i>Impact of New Members</i>				
<i>Impact of Plan mix</i>				
Projected Final 2024	1.334	1.100	1.2128	

Table 3		Other Risk Adjustment Factors					
Factor -->	AV	IDF		ARF			
		Small Group					
Scenario	BCBSVT	MVP	BCBSVT	MVP	BCBSVT	MVP	
Estimated Final 2022	0.764	0.760	1.069	1.065	0.977	0.979	
Projected Final 2024	0.762	0.753	1.067	1.063	0.977	0.979	

Table 4		Risk Adjustment Transfer	
	Small Group	Total	
	Interim 2022	-\$9,579,344	-\$9,579,344
Estimated Final 2022	-\$11,339,783	-\$11,339,783	
Projected Final 2024	-\$14,667,461	-\$14,667,461	

Summary	
Projected Risk Adjustment Transfer - Before HCRP	-\$14,667,461
High Cost Risk Pool Recoveries	\$0
Total Risk Adjustment Transfer	-\$14,667,461
Member Months	283,848
Net Projected Risk Adjustment PMPM	-\$51.67
Estimated Cost of High Risk Pool program	\$5.60
Paid to Allowed Ratio (from Exh 6C)	75.29%

Market Wide Adjustment for the Risk Adjustment Program	-\$61.19
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BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6A-SMG

PLAN LEVEL ADJUSTMENTS - SUMMARY
SMALL GROUP MARKET

	Plan	Market Adjusted Index Rate	Benefit Richness Adjustment	Paid to Allowed Ratio	Plan Benefits in addition to EHB	For Catastrophic Only - Impact of Eligibility	Expected Claims Cost	Administrative Charges Plan Level Adjustment	Taxes and Fees Plan Level Adjustment	Contribution to Reserve Plan Level Adjustment	Plan Level Adjusted Index Rate	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$821.25	1.0051	86.91%	1.0001	1.0000	\$717.53	1.0677	1.0142	1.0309	\$801.02	805
	Vermont Select Gold CDHP	\$821.25	1.0067	87.26%	1.0001	1.0000	\$721.51	1.0676	1.0142	1.0309	\$805.40	5,924
	Vermont Preferred Silver	\$821.25	0.9557	74.20%	1.0002	1.0000	\$582.47	1.0831	1.0151	1.0309	\$660.24	0
	Vermont Select Silver CDHP	\$821.25	0.9543	73.75%	1.0002	1.0000	\$578.12	1.0843	1.0151	1.0309	\$656.03	0
	Vermont Preferred Bronze	\$821.25	0.9360	66.72%	1.0002	1.0000	\$512.99	1.0941	1.0158	1.0309	\$587.75	251
	Vermont Select Bronze CDHP	\$821.25	0.9340	65.73%	1.0002	1.0000	\$504.29	1.0960	1.0158	1.0309	\$578.82	986
STANDARD PLANS	Standard Platinum	\$821.25	1.0895	102.00%	1.0001	1.0000	\$912.78	1.0534	1.0134	1.0309	\$1,004.53	4,278
	Standard Gold	\$821.25	1.0165	89.28%	1.0001	1.0000	\$745.44	1.0651	1.0141	1.0309	\$830.05	2,582
	Standard Silver	\$821.25	0.9591	75.27%	1.0002	1.0000	\$592.94	1.0817	1.0150	1.0309	\$671.15	0
	Standard Silver CDHP	\$821.25	0.9678	77.85%	1.0002	1.0000	\$618.91	1.0783	1.0148	1.0309	\$698.23	0
	Standard Bronze	\$821.25	0.9323	64.90%	1.0002	1.0000	\$497.05	1.0974	1.0159	1.0309	\$571.30	896
	Standard Bronze CDHP	\$821.25	0.9387	67.92%	1.0002	1.0000	\$523.67	1.0924	1.0156	1.0309	\$598.96	734
	Standard Bronze Integrated	\$821.25	0.9375	67.39%	1.0002	1.0000	\$518.94	1.0930	1.0157	1.0309	\$593.94	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$821.25	0.9557	74.20%	1.0002	1.0000	\$582.47	1.0831	1.0151	1.0309	\$660.24	855
	Vermont Select Silver CDHP - Reflective	\$821.25	0.9541	73.66%	1.0002	1.0000	\$577.25	1.0844	1.0152	1.0309	\$655.13	1,919
	Standard Silver - Reflective	\$821.25	0.9591	75.27%	1.0002	1.0000	\$592.94	1.0817	1.0150	1.0309	\$671.15	2,915
	Standard Silver CDHP - Reflective	\$821.25	0.9678	77.85%	1.0002	1.0000	\$618.87	1.0783	1.0148	1.0309	\$698.19	1,294
	Total	\$821.25					\$692.64				\$775.16	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6B-SMG

PLAN LEVEL ADJUSTMENTS - BENEFIT RICHNESS ADJUSTMENT FACTOR
SMALL GROUP MARKET

	Plan	Base Paid to Allowed Ratio before Silver Load	Benefit Richness Adjustment for EHB	Normalized Benefit Richness Adjustment for EHB	For Catastrophic Only - Impact of Eligibility	Projected Period Paid Claims for Experience EHB	Benefit Richness Adjustment for EHB	Non-System Claims	Market Wide Adjustments	Total Paid Claims with Benefit Richness Adjustment	Overall Benefit Richness Adjustment	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	77.76%	1.0671	1.0045	1.000	\$800.48	1.0045	-\$40.63	-\$46.07	\$717.42	1.0051	805
	Vermont Select Gold CDHP	78.03%	1.0686	1.0060	1.000	\$803.30	1.0060	-\$40.63	-\$46.07	\$721.41	1.0067	5,924
	Vermont Preferred Silver	67.62%	1.0210	0.9612	1.000	\$696.06	0.9612	-\$40.63	-\$46.07	\$582.36	0.9557	0
	Vermont Select Silver CDHP	67.26%	1.0198	0.9600	1.000	\$692.38	0.9600	-\$40.63	-\$46.07	\$578.01	0.9543	0
	Vermont Preferred Bronze	61.65%	1.0036	0.9448	1.000	\$634.64	0.9448	-\$40.63	-\$46.07	\$512.89	0.9360	251
	Vermont Select Bronze CDHP	60.86%	1.0018	0.9431	1.000	\$626.53	0.9431	-\$40.63	-\$46.07	\$504.19	0.9340	986
STANDARD PLANS	Standard Platinum	89.80%	1.1484	1.0811	1.000	\$924.40	1.0811	-\$40.63	-\$46.07	\$912.67	1.0895	4,278
	Standard Gold	79.65%	1.0779	1.0148	1.000	\$819.93	1.0148	-\$40.63	-\$46.07	\$745.33	1.0165	2,582
	Standard Silver	68.47%	1.0241	0.9641	1.000	\$704.83	0.9641	-\$40.63	-\$46.07	\$592.83	0.9591	0
	Standard Silver CDHP	70.53%	1.0322	0.9717	1.000	\$726.06	0.9717	-\$40.63	-\$46.07	\$618.80	0.9678	0
	Standard Bronze	60.20%	1.0004	0.9418	1.000	\$619.72	0.9418	-\$40.63	-\$46.07	\$496.95	0.9323	896
	Standard Bronze CDHP	62.60%	1.0059	0.9470	1.000	\$644.45	0.9470	-\$40.63	-\$46.07	\$523.57	0.9387	734
	Standard Bronze Integrated	62.18%	1.0048	0.9460	1.000	\$640.13	0.9460	-\$40.63	-\$46.07	\$518.84	0.9375	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	67.62%	1.0210	0.9612	1.000	\$696.06	0.9612	-\$40.63	-\$46.07	\$582.36	0.9557	855
	Vermont Select Silver CDHP - Reflective	67.19%	1.0195	0.9598	1.000	\$691.65	0.9598	-\$40.63	-\$46.07	\$577.15	0.9541	1,919
	Standard Silver - Reflective	68.47%	1.0241	0.9641	1.000	\$704.83	0.9641	-\$40.63	-\$46.07	\$592.83	0.9591	2,915
	Standard Silver CDHP - Reflective	70.53%	1.0321	0.9717	1.000	\$726.03	0.9717	-\$40.63	-\$46.07	\$618.77	0.9678	1,294
	Total		1.0622				1.0000				0.9992	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6C-SMG

PLAN LEVEL ADJUSTMENTS - SUMMARY
SMALL GROUP MARKET

	Plan	Projected Period Allowed Claims for Experience EHB	Paid to Allowed Ratio for EHB Portion	Impact of silver loading	Impact of selection	Projected Period Paid Claims for Experience EHB	Non-System Claims	Market Wide Adjustments (Paid)	Market Wide Adjustments (Allowed)	Market Adjusted Index Rate	Total Paid Claims	Paid to Allowed Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$923.07	77.76%	100.00%	111.52%	\$800.48	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$713.78	86.91%	805
	Vermont Select Gold CDHP	\$923.07	78.03%	100.00%	111.52%	\$803.30	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$716.60	87.26%	5,924
	Vermont Preferred Silver	\$923.07	67.62%	100.00%	111.52%	\$696.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$609.36	74.20%	0
	Vermont Select Silver CDHP	\$923.07	67.26%	100.00%	111.52%	\$692.38	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$605.68	73.75%	0
	Vermont Preferred Bronze	\$923.07	61.65%	100.00%	111.52%	\$634.64	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$547.93	66.72%	251
	Vermont Select Bronze CDHP	\$923.07	60.86%	100.00%	111.52%	\$626.53	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$539.83	65.73%	986
STANDARD PLANS	Standard Platinum	\$923.07	89.80%	100.00%	111.52%	\$924.40	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$837.70	102.00%	4,278
	Standard Gold	\$923.07	79.65%	100.00%	111.52%	\$819.93	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$733.23	89.28%	2,582
	Standard Silver	\$923.07	68.47%	100.00%	111.52%	\$704.83	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$618.13	75.27%	0
	Standard Silver CDHP	\$923.07	70.53%	100.00%	111.52%	\$726.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$639.36	77.85%	0
	Standard Bronze	\$923.07	60.20%	100.00%	111.52%	\$619.72	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$533.01	64.90%	896
	Standard Bronze CDHP	\$923.07	62.60%	100.00%	111.52%	\$644.45	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$557.75	67.92%	734
	Standard Bronze Integrated	\$923.07	62.18%	100.00%	111.52%	\$640.13	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$553.42	67.39%	215
	Catastrophic	\$923.07	0.00%	100.00%	111.52%	\$0.00	-\$40.63	-\$46.07	-\$61.19	\$821.25	-\$86.70	-10.56%	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$923.07	67.62%	100.00%	111.52%	\$696.06	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$609.36	74.20%	855
	Vermont Select Silver CDHP - Reflective	\$923.07	67.19%	100.00%	111.52%	\$691.65	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$604.94	73.66%	1,919
	Standard Silver - Reflective	\$923.07	68.47%	100.00%	111.52%	\$704.83	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$618.13	75.27%	2,915
	Standard Silver CDHP - Reflective	\$923.07	70.53%	100.00%	111.52%	\$726.03	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$639.33	77.85%	1,294
	Total	\$923.07	75.29%	100.00%	111.52%	\$775.10	-\$40.63	-\$46.07	-\$61.19	\$821.25	\$688.40	83.82%	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 6E-SMG

PLAN LEVEL ADJUSTMENTS - IMPACT OF SELECTION
SMALL GROUP MARKET

Plan	Projected Paid Claims - Using HHS Induced Utilization Factor					Projected Paid Claims - Using BCBSVT Induced Utilization Factor					
	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from Standard Population	For Catastrophic Plan only - Impact of the specific eligibility	Projected Paid Claims	Projected FFS Allowed Charges - Without Selection	Benefit Richness Adjustment	Actuarial Value from BCBSVT Population	Projected Paid Claims	Projected Membership	
NON-STANDARD PLANS	Vermont Preferred Gold	\$923.07	1.0045	77.76%	1.0000	\$721.04	\$923.07	0.9726	87.14%	\$782.39	805
	Vermont Select Gold CDHP	\$923.07	1.0060	78.03%	1.0000	\$724.61	\$923.07	1.3318	87.85%	\$1,080.02	5,924
	Vermont Preferred Silver	\$923.07	0.9612	67.62%	1.0000	\$599.93	\$923.07	0.7168	78.69%	\$520.68	0
	Vermont Select Silver CDHP	\$923.07	0.9600	67.26%	1.0000	\$596.03	\$923.07	0.7168	76.21%	\$504.29	0
	Vermont Preferred Bronze	\$923.07	0.9448	61.65%	1.0000	\$537.64	\$923.07	0.7280	71.04%	\$477.38	251
	Vermont Select Bronze CDHP	\$923.07	0.9431	60.86%	1.0000	\$529.84	\$923.07	0.7280	69.56%	\$467.38	986
STANDARD PLANS	Standard Platinum	\$923.07	1.0811	89.80%	1.0000	\$896.12	\$923.07	1.2203	94.63%	\$1,065.92	4,278
	Standard Gold	\$923.07	1.0148	79.65%	1.0000	\$746.07	\$923.07	0.9726	85.27%	\$765.59	2,582
	Standard Silver	\$923.07	0.9641	68.47%	1.0000	\$609.32	\$923.07	0.7168	77.44%	\$512.42	0
	Standard Silver CDHP	\$923.07	0.9717	70.53%	1.0000	\$632.61	\$923.07	0.7168	78.72%	\$520.92	0
	Standard Bronze	\$923.07	0.9418	60.20%	1.0000	\$523.34	\$923.07	0.7280	69.35%	\$466.03	896
	Standard Bronze CDHP	\$923.07	0.9470	62.60%	1.0000	\$547.21	\$923.07	0.7280	70.89%	\$476.37	734
	Standard Bronze Integrated	\$923.07	0.9460	62.18%	1.0000	\$542.98	\$923.07	0.7280	71.57%	\$480.89	215
	Catastrophic	\$923.07	0.0000	0.00%	1.0000	\$0.00	\$923.07	0.0000	0.00%	\$0.00	0
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$923.07	0.9612	67.62%	1.0000	\$599.93	\$923.07	0.7168	74.94%	\$495.86	855
	Vermont Select Silver CDHP - Reflective	\$923.07	0.9598	67.19%	1.0000	\$595.26	\$923.07	0.7168	71.96%	\$476.16	1,919
	Standard Silver - Reflective	\$923.07	0.9641	68.47%	1.0000	\$609.32	\$923.07	0.7168	74.20%	\$490.96	2,915
	Standard Silver CDHP - Reflective	\$923.07	0.9717	70.53%	1.0000	\$632.58	\$923.07	0.7168	75.60%	\$500.27	1,294
Total					\$698.73				\$779.24	23,654	

Impact of Selection = \$779.24 / \$698.73 =

1.1152

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 7A-SMG

**DETAILS OF ADMINISTRATIVE CHARGES
SMALL GROUP MARKET**

	Plan	BCBSVT Base Administrative Charges	Administrative Charges for Outside Vendors	VHC Billing	Credit Card Fees	Total Administrative Charges PMPM	Administrative Charges Plan Level Adjustment	Administrative Charges as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$47.29	\$0.48	\$0.00	\$0.80	\$48.58	1.0677	6.06%	805
	Vermont Select Gold CDHP	\$47.29	\$0.69	\$0.00	\$0.81	\$48.79	1.0676	6.06%	5,924
	Vermont Preferred Silver	\$47.29	\$0.47	\$0.00	\$0.66	\$48.43	1.0831	7.33%	0
	Vermont Select Silver CDHP	\$47.29	\$0.79	\$0.00	\$0.66	\$48.74	1.0843	7.43%	0
	Vermont Preferred Bronze	\$47.29	\$0.40	\$0.00	\$0.59	\$48.28	1.0941	8.21%	251
	Vermont Select Bronze CDHP	\$47.29	\$0.53	\$0.00	\$0.58	\$48.40	1.0960	8.36%	986
STANDARD PLANS	Standard Platinum	\$47.29	\$0.48	\$0.00	\$1.00	\$48.78	1.0534	4.86%	4,278
	Standard Gold	\$47.29	\$0.42	\$0.00	\$0.83	\$48.54	1.0651	5.85%	2,582
	Standard Silver	\$47.29	\$0.47	\$0.00	\$0.67	\$48.44	1.0817	7.22%	0
	Standard Silver CDHP	\$47.29	\$0.48	\$0.00	\$0.70	\$48.47	1.0783	6.94%	0
	Standard Bronze	\$47.29	\$0.56	\$0.00	\$0.57	\$48.42	1.0974	8.48%	896
	Standard Bronze CDHP	\$47.29	\$0.47	\$0.00	\$0.60	\$48.37	1.0924	8.08%	734
	Standard Bronze Integrated	\$47.29	\$0.39	\$0.00	\$0.59	\$48.28	1.0930	8.13%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$47.29	\$0.47	\$0.00	\$0.66	\$48.43	1.0831	7.33%	855
	Vermont Select Silver CDHP - Reflective	\$47.29	\$0.79	\$0.00	\$0.66	\$48.74	1.0844	7.44%	1,919
	Standard Silver - Reflective	\$47.29	\$0.47	\$0.00	\$0.67	\$48.44	1.0817	7.22%	2,915
	Standard Silver CDHP - Reflective	\$47.29	\$0.48	\$0.00	\$0.70	\$48.47	1.0783	6.94%	1,294
Total		\$47.29	\$0.55	\$0.00	\$0.78	\$48.62	1.0702	6.27%	23,654

DETAILS OF CONTRIBUTION TO RESERVE
SMALL GROUP MARKET

	Plan	Contribution to Reserve	Risk Margin for Bad Debt	Total Contribution to Reserve PMPM	Contribution to Reserve and Risk Margin Plan Level Adjustment	Contribution to Reserve as a percent of Premium	Risk Margin Bad Debt as a percent of Premium	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$24.03	\$0.00	\$24.03	1.0309	3.00%	0.00%	805
	Vermont Select Gold CDHP	\$24.16	\$0.00	\$24.16	1.0309	3.00%	0.00%	5,924
	Vermont Preferred Silver	\$19.81	\$0.00	\$19.81	1.0309	3.00%	0.00%	0
	Vermont Select Silver CDHP	\$19.68	\$0.00	\$19.68	1.0309	3.00%	0.00%	0
	Vermont Preferred Bronze	\$17.63	\$0.00	\$17.63	1.0309	3.00%	0.00%	251
	Vermont Select Bronze CDHP	\$17.36	\$0.00	\$17.36	1.0309	3.00%	0.00%	986
STANDARD PLANS	Standard Platinum	\$30.14	\$0.00	\$30.14	1.0309	3.00%	0.00%	4,278
	Standard Gold	\$24.90	\$0.00	\$24.90	1.0309	3.00%	0.00%	2,582
	Standard Silver	\$20.13	\$0.00	\$20.13	1.0309	3.00%	0.00%	0
	Standard Silver CDHP	\$20.95	\$0.00	\$20.95	1.0309	3.00%	0.00%	0
	Standard Bronze	\$17.14	\$0.00	\$17.14	1.0309	3.00%	0.00%	896
	Standard Bronze CDHP	\$17.97	\$0.00	\$17.97	1.0309	3.00%	0.00%	734
	Standard Bronze Integrated	\$17.82	\$0.00	\$17.82	1.0309	3.00%	0.00%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$19.81	\$0.00	\$19.81	1.0309	3.00%	0.00%	855
	Vermont Select Silver CDHP - Reflective	\$19.65	\$0.00	\$19.65	1.0309	3.00%	0.00%	1,919
	Standard Silver - Reflective	\$20.13	\$0.00	\$20.13	1.0309	3.00%	0.00%	2,915
	Standard Silver CDHP - Reflective	\$20.95	\$0.00	\$20.95	1.0309	3.00%	0.00%	1,294
Total		\$23.25	\$0.00	\$23.25	1.0309	3.00%	0.00%	23,654

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS

EXHIBIT 7C-SMG

DETAILS OF TAXES AND FEES
SMALL GROUP MARKET

Plan	0.800%		0.199%		Federal Assessment - PCORI	Federal Insurer Fee	Risk Adjustment User Fee	Total Taxes and Fees PMPM	Taxes and Fees Plan Level Adjustment	Taxes and Fees as a percent of Premium	Projected Membership
	State Assessment - HCCA	State Tax - VITL	GMCB Billbacks								
NON-STANDARD PLANS	Vermont Preferred Gold	\$6.46	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.89	1.0142	1.36%	805
	Vermont Select Gold CDHP	\$6.49	\$1.61	\$2.32	\$0.29	\$0.00	\$0.21	\$10.93	1.0142	1.36%	5,924
	Vermont Preferred Silver	\$5.38	\$1.34	\$2.32	\$0.29	\$0.00	\$0.21	\$9.54	1.0151	1.44%	0
	Vermont Select Silver CDHP	\$5.34	\$1.33	\$2.32	\$0.29	\$0.00	\$0.21	\$9.50	1.0151	1.45%	0
	Vermont Preferred Bronze	\$4.82	\$1.20	\$2.32	\$0.29	\$0.00	\$0.21	\$8.84	1.0158	1.50%	251
	Vermont Select Bronze CDHP	\$4.75	\$1.18	\$2.32	\$0.29	\$0.00	\$0.21	\$8.76	1.0158	1.51%	986
STANDARD PLANS	Standard Platinum	\$8.02	\$1.99	\$2.32	\$0.29	\$0.00	\$0.21	\$12.84	1.0134	1.28%	4,278
	Standard Gold	\$6.68	\$1.66	\$2.32	\$0.29	\$0.00	\$0.21	\$11.17	1.0141	1.35%	2,582
	Standard Silver	\$5.46	\$1.36	\$2.32	\$0.29	\$0.00	\$0.21	\$9.64	1.0150	1.44%	0
	Standard Silver CDHP	\$5.67	\$1.41	\$2.32	\$0.29	\$0.00	\$0.21	\$9.90	1.0148	1.42%	0
	Standard Bronze	\$4.69	\$1.17	\$2.32	\$0.29	\$0.00	\$0.21	\$8.69	1.0159	1.52%	896
	Standard Bronze CDHP	\$4.91	\$1.22	\$2.32	\$0.29	\$0.00	\$0.21	\$8.95	1.0156	1.49%	734
REFLECTIVE PLANS	Standard Bronze Integrated	\$4.87	\$1.21	\$2.32	\$0.29	\$0.00	\$0.21	\$8.90	1.0157	1.50%	215
	Vermont Preferred Silver - Reflective	\$5.38	\$1.34	\$2.32	\$0.29	\$0.00	\$0.21	\$9.54	1.0151	1.44%	855
	Vermont Select Silver CDHP - Reflective	\$5.33	\$1.33	\$2.32	\$0.29	\$0.00	\$0.21	\$9.49	1.0152	1.45%	1,919
	Standard Silver - Reflective	\$5.46	\$1.36	\$2.32	\$0.29	\$0.00	\$0.21	\$9.64	1.0150	1.44%	2,915
Standard Silver CDHP - Reflective	\$5.67	\$1.41	\$2.32	\$0.29	\$0.00	\$0.21	\$9.90	1.0148	1.42%	1,294	
Total	\$6.26	\$1.56	\$2.32	\$0.29	\$0.00	\$0.21	\$10.64	1.0144	1.37%	23,654	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS**

EXHIBIT 8-SMG

**FEDERAL MINIMUM LOSS RATIO - PROJECTION
SMALL GROUP MARKET**

	Plan	Expected Direct Claims PMPM	Risk Adjustment Transfer Payments PMPM	Adjustments for Health Care Quality PMPM*	MLR Claims	Premium PMPM	Taxes & Fees PMPM	MLR Premium	Expected Loss Ratio	Projected Membership
NON-STANDARD PLANS	Vermont Preferred Gold	\$765.75	-\$46.07	\$1.69	\$721.36	\$801.02	-\$4.43	\$796.59	90.6%	805
	Vermont Select Gold CDHP	\$769.77	-\$46.07	\$1.70	\$725.39	\$805.40	-\$4.44	\$800.96	90.6%	5,924
	Vermont Preferred Silver	\$629.61	-\$46.07	\$1.69	\$585.22	\$660.24	-\$4.16	\$656.07	89.2%	0
	Vermont Select Silver CDHP	\$625.22	-\$46.07	\$1.70	\$580.85	\$656.03	-\$4.15	\$651.88	89.1%	0
	Vermont Preferred Bronze	\$559.58	-\$46.07	\$1.68	\$515.19	\$587.75	-\$4.02	\$583.73	88.3%	251
	Vermont Select Bronze CDHP	\$550.81	-\$46.07	\$1.69	\$506.42	\$578.82	-\$4.01	\$574.81	88.1%	986
STANDARD PLANS	Standard Platinum	\$962.56	-\$46.07	\$1.69	\$918.18	\$1,004.53	-\$4.82	\$999.71	91.8%	4,278
	Standard Gold	\$793.88	-\$46.07	\$1.69	\$749.49	\$830.05	-\$4.49	\$825.56	90.8%	2,582
	Standard Silver	\$640.16	-\$46.07	\$1.69	\$595.78	\$671.15	-\$4.18	\$666.97	89.3%	0
	Standard Silver CDHP	\$666.34	-\$46.07	\$1.69	\$621.95	\$698.23	-\$4.23	\$693.99	89.6%	0
	Standard Bronze	\$543.51	-\$46.07	\$1.69	\$499.12	\$571.30	-\$3.99	\$567.31	88.0%	896
	Standard Bronze CDHP	\$570.34	-\$46.07	\$1.69	\$525.96	\$598.96	-\$4.05	\$594.91	88.4%	734
	Standard Bronze Integrated	\$565.58	-\$46.07	\$1.68	\$521.19	\$593.94	-\$4.04	\$589.91	88.4%	215
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$629.61	-\$46.07	\$1.69	\$585.22	\$660.24	-\$4.16	\$656.07	89.2%	855
	Vermont Select Silver CDHP - Reflective	\$624.35	-\$46.07	\$1.70	\$579.98	\$655.13	-\$4.15	\$650.98	89.1%	1,919
	Standard Silver - Reflective	\$640.16	-\$46.07	\$1.69	\$595.78	\$671.15	-\$4.18	\$666.97	89.3%	2,915
	Standard Silver CDHP - Reflective	\$666.30	-\$46.07	\$1.69	\$621.92	\$698.19	-\$4.23	\$693.96	89.6%	1,294
	Total	\$740.66	-\$46.07	\$1.69	\$696.28	\$775.16	-\$4.38	\$770.78	90.3%	23,654

*Approximately 3.53% of current BCBSVT Administrative Charges are for health care quality plus

CONTRACT CONVERSION FACTOR
SMALL GROUP MARKET

	Plan	Projected Membership	Plan Level Adjusted Index Rate	Average Members per Subscribers	Average Tier Factor	Ratio of Members per Subscribers to Tier Factor	Preliminary Rates				Projected Contracts			
							Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	805	\$801.02	1.7384	1.5219	1.1423	\$915.01	\$1,830.02	\$1,765.97	\$2,571.18	369	59	17	71
	Vermont Select Gold CDHP	5,924	\$805.40	1.7384	1.5219	1.1423	\$920.00	\$1,840.00	\$1,775.60	\$2,585.20	1,585	636	179	656
	Vermont Preferred Silver	0	\$660.24	1.7384	1.5219	1.1423	\$754.19	\$1,508.38	\$1,455.59	\$2,119.27	0	0	0	0
	Vermont Select Silver CDHP	0	\$656.03	1.7384	1.5219	1.1423	\$749.38	\$1,498.76	\$1,446.30	\$2,105.76	0	0	0	0
	Vermont Preferred Bronze	251	\$587.75	1.7384	1.5219	1.1423	\$671.39	\$1,342.78	\$1,295.78	\$1,886.61	146	17	0	19
	Vermont Select Bronze CDHP	986	\$578.82	1.7384	1.5219	1.1423	\$661.18	\$1,322.36	\$1,276.08	\$1,857.92	355	84	22	102
STANDARD PLANS	Standard Platinum	4,278	\$1,004.53	1.7384	1.5219	1.1423	\$1,147.47	\$2,294.94	\$2,214.62	\$3,224.39	1,345	444	140	434
	Standard Gold	2,582	\$830.05	1.7384	1.5219	1.1423	\$948.16	\$1,896.32	\$1,829.95	\$2,664.33	1,024	247	74	228
	Standard Silver	0	\$671.15	1.7384	1.5219	1.1423	\$766.66	\$1,533.32	\$1,479.65	\$2,154.31	0	0	0	0
	Standard Silver CDHP	0	\$698.23	1.7384	1.5219	1.1423	\$797.59	\$1,595.18	\$1,539.35	\$2,241.23	0	0	0	0
	Standard Bronze	896	\$571.30	1.7384	1.5219	1.1423	\$652.59	\$1,305.18	\$1,259.50	\$1,833.78	388	80	24	74
	Standard Bronze CDHP	734	\$598.96	1.7384	1.5219	1.1423	\$684.19	\$1,368.38	\$1,320.49	\$1,922.57	303	66	15	71
	Standard Bronze Integrated	215	\$593.94	1.7384	1.5219	1.1423	\$678.46	\$1,356.92	\$1,309.43	\$1,906.47	114	15	2	18
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	855	\$660.24	1.7384	1.5219	1.1423	\$754.19	\$1,508.38	\$1,455.59	\$2,119.27	383	62	26	77
	Vermont Select Silver CDHP - Reflective	1,919	\$655.13	1.7384	1.5219	1.1423	\$748.35	\$1,496.70	\$1,444.32	\$2,102.86	565	179	34	236
	Standard Silver - Reflective	2,915	\$671.15	1.7384	1.5219	1.1423	\$766.66	\$1,533.32	\$1,479.65	\$2,154.31	1,325	276	69	222
	Standard Silver CDHP - Reflective	1,294	\$698.19	1.7384	1.5219	1.1423	\$797.55	\$1,595.10	\$1,539.27	\$2,241.12	452	112	36	130
Total		23,654	\$775.16							\$774.13				

Additional Factor for Contract Conversion Factor	100.13%
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CONSUMER ADJUSTED PREMIUM RATES
SMALL GROUP MARKET

	Plan	Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	2024 Proposed Rates				2023 Approved Rates				2024 Proposed Rate Increases			
				Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	\$801.02	1.1438	\$916.21	\$1,832.42	\$1,768.29	\$2,574.55	\$791.42	\$1,582.84	\$1,527.44	\$2,223.89	15.8%	15.8%	15.8%	15.8%
	Vermont Select Gold CDHP	\$805.40	1.1438	\$921.21	\$1,842.42	\$1,777.94	\$2,588.60	\$807.84	\$1,615.68	\$1,559.13	\$2,270.03	14.0%	14.0%	14.0%	14.0%
	Vermont Preferred Silver	\$660.24	1.1438	\$755.18	\$1,510.36	\$1,457.50	\$2,122.06	\$657.25	\$1,314.50	\$1,268.49	\$1,846.87	14.9%	14.9%	14.9%	14.9%
	Vermont Select Silver CDHP	\$656.03	1.1438	\$750.37	\$1,500.74	\$1,448.21	\$2,108.54	\$660.73	\$1,321.46	\$1,275.21	\$1,856.65	13.6%	13.6%	13.6%	13.6%
	Vermont Preferred Bronze	\$587.75	1.1438	\$672.27	\$1,344.54	\$1,297.48	\$1,889.08	\$587.78	\$1,175.56	\$1,134.42	\$1,651.66	14.4%	14.4%	14.4%	14.4%
	Vermont Select Bronze CDHP	\$578.82	1.1438	\$662.05	\$1,324.10	\$1,277.76	\$1,860.36	\$581.44	\$1,162.88	\$1,122.18	\$1,633.85	13.9%	13.9%	13.9%	13.9%
STANDARD PLANS	Standard Platinum	\$1,004.53	1.1438	\$1,148.98	\$2,297.96	\$2,217.53	\$3,228.63	\$994.55	\$1,989.10	\$1,919.48	\$2,794.69	15.5%	15.5%	15.5%	15.5%
	Standard Gold	\$830.05	1.1438	\$949.41	\$1,898.82	\$1,832.36	\$2,667.84	\$831.51	\$1,663.02	\$1,604.81	\$2,336.54	14.2%	14.2%	14.2%	14.2%
	Standard Silver	\$671.15	1.1438	\$767.66	\$1,535.32	\$1,481.58	\$2,157.12	\$667.16	\$1,334.32	\$1,287.62	\$1,874.72	15.1%	15.1%	15.1%	15.1%
	Standard Silver CDHP	\$698.23	1.1438	\$798.63	\$1,597.26	\$1,541.36	\$2,244.15	\$704.29	\$1,408.58	\$1,359.28	\$1,979.05	13.4%	13.4%	13.4%	13.4%
	Standard Bronze	\$571.30	1.1438	\$653.45	\$1,306.90	\$1,261.16	\$1,836.19	\$577.51	\$1,155.02	\$1,114.59	\$1,622.80	13.1%	13.1%	13.2%	13.1%
	Standard Bronze CDHP	\$598.96	1.1438	\$685.09	\$1,370.18	\$1,322.22	\$1,925.10	\$596.43	\$1,192.86	\$1,151.11	\$1,675.97	14.9%	14.9%	14.9%	14.9%
	Standard Bronze Integrated	\$593.94	1.1438	\$679.35	\$1,358.70	\$1,311.15	\$1,908.97	\$594.37	\$1,188.74	\$1,147.13	\$1,670.18	14.3%	14.3%	14.3%	14.3%
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	\$660.24	1.1438	\$755.18	\$1,510.36	\$1,457.50	\$2,122.06	\$657.24	\$1,314.48	\$1,268.47	\$1,846.84	14.9%	14.9%	14.9%	14.9%
	Vermont Select Silver CDHP - Reflective	\$655.13	1.1438	\$749.34	\$1,498.68	\$1,446.23	\$2,105.65	\$659.82	\$1,319.64	\$1,273.45	\$1,854.09	13.6%	13.6%	13.6%	13.6%
	Standard Silver - Reflective	\$671.15	1.1438	\$767.66	\$1,535.32	\$1,481.58	\$2,157.12	\$667.15	\$1,334.30	\$1,287.60	\$1,874.69	15.1%	15.1%	15.1%	15.1%
	Standard Silver CDHP - Reflective	\$698.19	1.1438	\$798.59	\$1,597.18	\$1,541.28	\$2,244.04	\$704.25	\$1,408.50	\$1,359.20	\$1,978.94	13.4%	13.4%	13.4%	13.4%
Total				\$220,023,780				\$192,108,942				14.531%			

CONSUMER ADJUSTED PREMIUM RATES
SMALL GROUP MARKET

	Plan	Inforce Contracts				Projected Contracts			
		Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
NON-STANDARD PLANS	Vermont Preferred Gold	349	53	15	65	369	59	17	71
	Vermont Select Gold CDHP	1,434	595	167	614	1,585	636	179	656
	Vermont Preferred Silver	0	0	0	0	0	0	0	0
	Vermont Select Silver CDHP	0	0	0	0	0	0	0	0
	Vermont Preferred Bronze	140	15	0	17	146	17	0	19
	Vermont Select Bronze CDHP	330	77	20	95	355	84	22	102
STANDARD PLANS	Standard Platinum	1,236	414	132	403	1,345	444	140	434
	Standard Gold	958	229	69	210	1,024	247	74	228
	Standard Silver	0	0	0	0	0	0	0	0
	Standard Silver CDHP	0	0	0	0	0	0	0	0
	Standard Bronze	365	74	22	68	388	80	24	74
	Standard Bronze CDHP	284	61	14	66	303	66	15	71
	Standard Bronze Integrated Catastrophic	108	13	2	16	114	15	2	18
REFLECTIVE PLANS	Vermont Preferred Silver - Reflective	361	56	24	71	383	62	26	77
	Vermont Select Silver CDHP - Reflective	516	166	30	222	565	179	34	236
	Standard Silver - Reflective	1,251	256	63	201	1,325	276	69	222
	Standard Silver CDHP - Reflective	419	103	33	121	452	112	36	130
Total		12,623				13,607			

State of Vermont

Actuarial Value Certification for 2024 Standard Plan Designs

March 30, 2023

Prepared by:
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Table of Contents

Executive Summary	1
Regulatory Background.....	2
CSR Loading	3
Chiropractic and Physical Therapy Copays	4
Limiting Out-of-Pocket Expenses for Insulin	4
Addition of Hearing Aid Coverage to EHBs.....	5
Actuarial Value Considerations	5
Methodology	9
Vermont-Specific Adjustment Model	9
Adjusted AV Calculations	11
Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing.....	13
Insulin Out-of-Pocket Limit.....	14
Disclosures and Limitations.....	15
Appendix A: Actuarial Certification	18
Appendix B: Summary of Plan Design Changes from 2023 Designs.....	20
Appendix C: On and Off-Exchange Reflective Silver Standard Plan Designs.....	21
Appendix D: Comments Relative to Applicable ASOPs.....	22
Appendix E: Standard Plan Designs	26
Appendix F: Summary of Adjustments Considered and Final Adjusted AVs.....	30
Appendix G: Screen Shots and AV Development.....	31

Executive Summary

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 markets. In 2023, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs 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 2023 standard plan designs are all continuing in 2024.

For each of the Silver standard plan designs, the cost-sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels. There is uncertainty on whether the Vermont-specific CSR plans will be offered in 2024.

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2024 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 2024 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The 2024 Notice of Benefit and Payment Parameters (NBPP) and Federal Actuarial Value Calculator (AVC) Model are still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes. In addition, the IRS limits for HDHPs have not been released yet for 2024. Additional changes may be required to the Silver and Bronze HDHPs, should the plan designs presented here not comply with federal or state requirements.

A detailed list of the changes from the 2023 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – The medical deductible and medical Maximum Out of Pocket (MOOP) were increased.

- Gold – The pharmacy Maximum Out of Pocket (MOOP) was increased. The specialist, physical therapist/chiropractor, urgent care, ambulance, generic drug and preferred brand drug copays were all increased.
- Silver Deductible – The combined medical/pharmacy MOOP and pharmacy only MOOP were increased.
- Bronze Deductible with Pharmacy Limit – The combined medical/pharmacy MOOP and pharmacy only MOOP were increased.
- Bronze Deductible without Pharmacy Limit – The combined deductible and combined MOOP were increased.
- Silver HDHP – The embedded individual combined medical/pharmacy MOOP was increased. In addition, all medical coinsurances were increased 5%.
- Bronze HDHP – The combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, 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 de minimis range around the target AVs for each metal level. The 2024 draft NBPP proposed a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a Gold plan. Consistent with the final 2023 NBPP, the 2024 draft NBPP proposed a smaller range for On-Exchange Silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange Silver plans would continue to be subject to the -2% to +2% range. The plan designs presented here comply with the proposed AV ranges. 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%. Plans that meet these criteria include HDHPs and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) released the draft 2024 Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. The 2024 plan designs presented in this report are compliant with the draft 2024 AVC. However, should there be changes between the draft and final versions, changes may be required to be in compliance with the de minimis AV ranges. Changes to the plan designs will be dependent on the magnitude and direction of changes between the draft and final versions of the AVC.

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2024. The limitation will be \$9,450 for 2024, an increase of \$350 from the \$9,100 limit in 2023T

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 2024. The 2023 minimum deductible and MOOP were \$1,500 and \$7,500, respectively. The 2023 increases were significantly higher than the historical averages, where the deductible had increased \$50 every two to three years and the MOOP has increased around \$100 a year. We do not anticipate increases in the deductible for 2024 but should the minimum deductible differ when the limits are released, changes may be required to both HDHPs (and corresponding Silver CSR HDHPs). Since the HDHP MOOPs are below the 2023 maximum, it is not likely that any changes would be needed for any IRS changes to the 2024 MOOP limit.

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2024.

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

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

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

Chiropractic and Physical Therapy Copays

Act No. 7² requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). All of the Silver and Bronze Deductible plans are in compliance. HDHPs are exempt from the requirement since they are deductible and coinsurance based.

Limiting Out-of-Pocket Expenses for Insulin

Bill S.296³, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. This act limits a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost-sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. We have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range for 2024. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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

³ <https://legislature.vermont.gov/bill/status/2020/S.296>

Addition of Hearing Aid Coverage to EHBs

The Vermont EHBs were expanded for the 2024 year to include one set of prescription hearing aids every three years as well as annual hearing exams.⁴ The cost sharing for these benefits is to be standardized such that the hearing aids are covered with the same cost sharing as durable medical equipment (DME), and the annual exam is covered the same as a specialist office visit. This was determined to not impact actuarial values sufficiently to warrant an adjustment, but we recommend issuers add an explicit line for DME (which aligns with Outpatient Coinsurance) to assist in transparency.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five 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;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all 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, CCIO has stated and regulations dictate that modifications should be made only for substantial differences. The five potential substantial differences that Wakely considered include:

⁴<https://governor.vermont.gov/press-release/federal-government-approves-expanded-coverage-vermont%E2%80%99s-essential-health-benefits>

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate.⁵ 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 HDHPs 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 if the family MOOP is more than the 2024 single limit of \$9,450, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,450. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,500 and \$3,000 for individual and family coverage in 2023, 2024 amounts not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,500 and \$3,000 for individual and family coverage in 2023) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,500 for individual or \$3,000 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 \$1,500 or \$3,000, 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.

⁵ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

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.

- The 2024 plan designs for all plans except the HDHPs and the Bronze Deductible plan with Pharmacy Limit include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2024 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, as well as the CSR 87% and 95% plans, and therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, a specific adjustment has been made to the AVs for those plans.
- 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 and MOOP are met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on 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, we requested that they review the appropriateness of this adjustment for the 2024 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

- Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by

the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

Wakely did not make a specific adjustment for this requirement but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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, the three free PCP and MH/SA office visits, 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. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

Table 1: Adjusted Acceptable Federal Actuarial Values

	Plan	Acceptable Range ¹	Final Adjusted AV
Deductible Plans	Platinum	88.0%-92.0%	90.1%
	Gold	78.0%-82.0%	81.3%
	Silver	70.0%-72.0%	70.7%
	Bronze (with drug limit)	58.0%-64.9%	62.0%
	Bronze (without drug limit)	58.0%-64.9%	64.8%
HDHPs	Silver - Embedded OOPM	70.0%-71.5%	71.3%
	Bronze - Embedded OOPM	58.0%-64.4%	63.0%
	250-300% FPL (73% AV)	73.0%-74.0%	73.7%

Cost Sharing Reduction Plan Designs - Deductible Plans	200-250% FPL (77% AV)	77.0%-78.0%	77.3%
	150-200% FPL (87% AV)	87.0%-88.0%	88.0%
	133-150% FPL (94% AV)	94.0%-95.0%	94.9%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	73.0%-73.5%	73.5%
	200-250% FPL (77% AV)	77.0%-77.5%	77.5%
	150-200% FPL (87% AV)	87.0%-87.5%	87.5%
	133-150% FPL (94% AV)	94.0%-94.5%	94.3%

1 Based on revised de minimis ranges in the draft 2024 NBPP

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

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

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

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

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont’s unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2024 plan designs and includes Vermont-specific ACA data incurred in 2019. While 2020 data was available at the time of the update, given the COVID impact on claims for that year, it was decided that 2019 data would be a better dataset to use.

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 number of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2019
- Product types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

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.

Table 2: Model Structures

Options	Deductible	Costs that Accumulate		Deductible / MOOP Type
		Maximum Out-of-Pocket (MOOP) Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

Adjusted AV Calculations

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

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.
3. 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 and/or different coinsurance amounts, 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.
4. 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.

5. 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 \$9,450.
6. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit⁶ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

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

⁶ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing

The 2024 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2024 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. The table below reflects the adjustment made to each of the standard plan designs.

Table 3: Estimated Impact of 3 Free PCP and/or MH/SA Visits

Metal	Increase to AV
Silver Deductible	1.001
Bronze Deductible w/o Pharmacy Limit	1.001
Silver Deductible CSR – 73%	1.001
Silver Deductible CSR – 77%	1.001

The impact was also calculated for the Platinum, Gold, 87% Silver CSR, and 94% Silver CSR plans but given the lower copays, the impact determined to be negligible. The following methodology was used to develop the impacts.

1. Wakely developed a continuance table based on the number of office visits a member incurred in the year. Wakely utilized similar VHCURES data as described above, except the data reflects claims incurred in the 2018 calendar year. The same filters were applied as described above and the summary reflects the experience of almost 900,000 member months.
2. Wakely identified PCP and MH/SA office visits based primarily on a list of CPT codes. It was assumed that only the PCP and MH/SA office visit payments would be subject to the first 3 free visits. Specifically, we assumed that for any other services that may have the same cost sharing as PCP and MH/SA office visits, the reduced cost sharing would not apply (i.e., no changes for cost sharing for these services). Consistent with the AV Calculator, we also did not include other services that may happen in conjunction with an office visit (e.g. lab work) in our AV adjustment. It is our understanding that only the office visit copay would be waived and any copays for additional services incurred at the same time may still apply (e.g. copay stacking) based on the carrier’s adjudication practices.

3. Two separate continuance tables were developed. The first reflects only claims identified as a PCP office visit and is consistent with the methodology of the AVC. The second is a combination of both PCP and MH/SA visits.
4. Based on the continuance tables, the cost share and paid claim amounts were calculated, assuming no member cost sharing applies for the first 3 visits. The difference between the paid amounts calculated utilizing the PCP only continuance table and PCP and MH/SA combined tables reflects the adjustment made to the AVC outputs.
5. Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. The AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

Table 4: Estimated Impact of Insulin Out-of-Pocket Limit

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

1. Both carriers, BCBS VT and MVP, provided claim-level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing. Each carrier also provided high-level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.
2. Based on the claim-level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30-day supply. The difference between the cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range.

Disclosures and Limitations

Responsible Actuary. Julie Peper and Darren Johnson 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. Darren is a Members of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report. Alex Jarocki also contributed significantly to 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. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are 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.

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.

- The draft 2024 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.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report, other than those discussed in the report and below.

- The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024. The 2023 minimum deductible and MOOP are \$1,500 and \$7,500, respectively. The 2023 increases were significantly higher than the historical averages, where the deductible had increased \$50 every two to three years and the MOOP has increased around \$100 a year. We do not anticipate increases to the minimum deductible in 2024, but should the minimum deductible differ when the limits

are released, changes may be required to both HDHPs (and corresponding Silver CSR HDHPs).

- The 2024 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. The plan designs presented are compliant with the 2024 draft NBPP and may need to change if there are differences between the draft and final versions.
- The 2024 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2024 draft Federal AVC and may need to change if there are changes to the final model from the draft version.
- The Vermont Legislature is considering not offering the 77% AV CSR Variant plans in 2024.
- Other changes to regulations passed subsequent to this report.

Contents of Actuarial Report. This document and the supporting exhibits 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.

Appendix A: Actuarial Certification

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2024

I, Darren Johnson, am associated with the firm of Wakely Consulting Group, LLC (Wakely), an HMA company, 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, 2024 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:

- The 2024 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, 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, 2024 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.

Darren Johnson

Darren Johnson, FSA, MAAA
March 30, 2023

Appendix B: Summary of Plan Design Changes from 2023 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical deductible from \$425 to \$450	Increase pharmacy MOOP from \$1,400 to \$1,500
	Increase pharmacy OOPM from \$1,400 to \$1,500	Increase specialist office visit copay from \$50 to \$55
		Increase PT/chiro copays from \$30 to \$35
		Increase urgent care copay from \$60 to \$65
		Increase ambulance copay from \$70 to \$75
		Increase generic Rx copay from \$12 to \$15
		Increase preferred brand Rx copay from \$55 to \$60

Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase combined OOPM from \$9,100 to \$9,300	Increase medical OOPM from \$9,100 to \$9,450
		Increase pharmacy MOOP from \$1,400 to \$1,500
		Increase generic Rx copay from \$15 to \$20

Deductible Plans	
Plan	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$9,000 to \$9,400
	Increase combined OOPM from \$9,000 to \$9,400

HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase PCP and Specialist coinsurance rate from 10% to 15%	Increase combined OOPM from \$7,100 to \$7,200
	Increase all other non-preventive Medical coinsurance rates from 30% to 35%	Increase embedded single OOPM from \$9,100 to \$9,450
	Increase embedded single OOPM from \$9,100 to \$9,450	

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

Deductible/OOP Max	2024 Plan Designs - Silver Deductible Plans		2024 Plan Designs - Silver HDHP Plans	
	On-Exchange	Off-Exchange	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$4,000	\$4,000	\$2,100	\$2,100
Rx Ded	\$500	\$500	\$1,500	\$1,500
Integrated Ded	No	No	Yes	Yes
Medical MOOP	\$9,300	\$9,300	\$7,050	\$7,050
Rx MOOP	\$1,500	\$1,500	\$1,500	\$1,500
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	35%	35%
Outpatient	50%	50%	35%	35%
ER	\$500	\$500	35%	35%
Radiology (MRI, CT, PET)	50%	50%	35%	35%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
Specialist Office Visit	\$90	\$90	35%	35%
Chiropractic	\$50	\$50	35%	35%
Physical Therapy	\$50	\$50	35%	35%
Urgent Care	\$100	\$100	35%	35%
Ambulance	\$100	\$105	35%	40%
Rx Generic	\$20	\$20	\$10	\$10
Rx Preferred Brand	\$70	\$70	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2024 Federal AVC, Adjusted if Necessary	70.7%	70.7%	71.3%	71.3%

Appendix D: Comments Relative to Applicable ASOPs

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

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

ASOP 23: DATA QUALITY

3.1 Overview – VHCURES data was used as the basis for the HDHP model and Vermont-specific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.

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

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current.
 2. Data was reasonable and comprehensive of the necessary data elements.
 3. There were no known, material limitations of the data.
 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 5. Alternative data sets were not deemed necessary to complete the analysis.
 6. Sampling methods were not required.

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

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

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

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

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

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

ASOP 25: CREDIBILITY PROCEDURES

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

ASOP 41: ACTUARIAL COMMUNICATIONS

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

3.1 General Requirements for Actuarial Communications

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ASOP 50: DETERMINING MINIMUM VALUE AND ACTUARIAL VALUE UNDER THE AFFORDABLE CARE ACT

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

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

3.3 Exceptions to the MVC – Not applicable.

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

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

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

Appendix E: Standard Plan Designs

Deductible Plan Designs

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	\$450	\$1,400	\$4,000	\$6,450	\$9,400
Rx Ded	\$0	\$200	\$500	\$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical MOOP	\$1,500	\$5,600	\$9,300	\$9,450	\$9,400
Rx MOOP	\$1,500	\$1,500	\$1,500	\$1,500	N/A
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$500	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
MH/SA Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$40	\$55	\$90	\$90	\$100
Chiropractic	\$20	\$35	\$50	\$45	\$50
Physical Therapy	\$20	\$35	\$50	\$45	\$50
Urgent Care	\$50	\$65	\$100	\$100	0%
Ambulance	\$60	\$75	\$100	\$100	0%
Rx Generic	\$10	\$15	\$20	\$20	\$30
Rx Preferred Brand	\$50	\$60	\$70	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2024 Federal AVC, Adjusted if Necessary	90.1%	81.3%	70.7%	62.0%	64.8%

Deductible Plan Designs – Cost Sharing Reduction 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	\$4,000	\$3,000	\$2,900	\$1,250	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$9,300	\$6,700	\$6,300	\$2,450	\$1,000
Rx MOOP	\$1,500	\$1,300	\$1,200	\$450	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Chiropractic	\$50	\$50	\$35	\$12	\$6
Physical Therapy	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2024 Federal AVC, Adjusted if Necessary	70.7%	73.7%	77.3%	88.0%	94.9%

HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Rx Ded	\$1,500	\$1,500
Integrated Ded	Yes	Yes
Medical MOOP	\$7,050	\$7,200
Rx MOOP	\$1,500	\$1,500
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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	35%	50%
Outpatient	35%	50%
ER	35%	50%
Radiology (MRI, CT, PET)	35%	50%
Preventive	0%	0%
PCP Office Visit	15%	50%
MH/SA Office Visit	15%	50%
Specialist Office Visit	35%	50%
Chiropractic	35%	50%
Physical Therapy	35%	50%
Urgent Care	35%	50%
Ambulance	35%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2024 Federal AVC, Adjusted if Necessary	71.3%	63.0%

HDHP Plan Designs – Cost Sharing Reduction 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	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$2,000	\$1,750	\$1,550	\$550
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$7,050	\$5,800	\$4,650	\$1,550	\$550
Rx MOOP	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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	35%	30%	30%	0%	0%
Outpatient	35%	30%	30%	0%	0%
ER	35%	30%	30%	0%	0%
Radiology (MRI, CT, PET)	35%	30%	30%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	15%	10%	10%	0%	0%
MH/SA Office Visit	15%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Chiropractic	35%	30%	30%	0%	0%
Physical Therapy	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	0%	0%
Ambulance	35%	30%	30%	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					
2024 Federal AVC, Adjusted if Necessary	71.3%	73.5%	77.5%	87.5%	94.3%

Appendix F: Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,450	Stacked MOOP	Drug Regulation	Preventive Drugs	Insulin Cost Sharing Limit	\$0 Cost Share on PCP/MHSA Visits	AV from AVC	Final Adjusted AV
Bronze Deductible (without pharmacy limit)	No	No	No	No	No	Yes	Yes	64.8%	64.8%
Silver HDHP	Yes	Yes	No	Yes	Yes	No	No	73.6%	71.3%
Bronze HDHP	Yes	Yes	No	Yes	Yes	Yes	No	64.9%	63.0%
Silver Deductible	No	No	No	Yes	No	No	Yes	69.8%	70.7%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	No	61.3%	62.0%
Silver HDHP - CSR 73%	Yes	Yes	No	Yes	Yes	No	No	75.7%	73.5%
Silver HDHP - CSR 77%	Yes	No	No	Yes	Yes	No	No	79.6%	77.5%
Silver HDHP - CSR 87%	Yes	No	No	No	Yes	No	No	87.9%	87.5%
Silver HDHP - CSR 94%	Yes	No	No	No	Yes	No	No	94.6%	94.3%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	No	Yes	73.1%	73.7%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	No	Yes	76.8%	77.3%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	No	Yes	87.8%	88.0%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	No	Yes	94.8%	94.9%

Appendix G: Screen Shots and AV Development

1. Bronze Deductible Plan (without pharmacy limit)
2. Silver HDHP – Embedded MOOP
3. Bronze HDHP – Embedded MOOP
4. Silver Deductible Plan
5. Bronze Deductible Plan (with pharmacy limit)
6. Silver HDHP – Embedded MOOP CSR – 73%
7. Silver HDHP – Embedded MOOP CSR – 77%
8. Silver HDHP – Embedded MOOP CSR – 87%
9. Silver HDHP – Embedded MOOP CSR – 94%
10. Silver Deductible CSR – 73%
11. Silver Deductible CSR – 77%
12. Silver Deductible CSR – 87%
13. Silver Deductible CSR – 94%

BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 64.8%

Adjusted AV = 64.8% * 1.001(MH/SA Copay Adj) = 64.8%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$9,400.00			
		100.00%			
		\$9,400.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Bronze No RX Limit Option 3
 Plan HIOS ID: 2024 Bronze No RX Limit Option 3
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.76%
 Metal Tier: Bronze
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.4453 seconds
 Draft 2024 AV Calculator

SILVER HDHP – EMBEDDED MOOP

AV from AVC = 73.6%

Adjusted AV = 71.3%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,100.00			\$6,500.00
		65.00%			60.00%
		\$7,050.00			\$8,700.00

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2024 Silver HDHP Option 1
 Plan HIOS ID: 2024 Silver HDHP Option 1
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 73.60%
 Metal Tier:
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1953 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	2,100	2,100			
Family Deductible	4,200	4,200			
Individual Out-of-Pocket	7,050	7,050			
Family Out-of-Pocket	14,100	14,100			
Coinsurance (50% or Less)	32%	25%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid #005596; border-radius: 15px; padding: 10px 30px; display: inline-block; background-color: #005596; color: white; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.60%

Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	2,100	1,500		
Family Deductible	4,200	3,000		
Individual Out-of-Pocket	7,050	1,500		
Family Out-of-Pocket	14,100	3,000		
Coinsurance (50% or Less)	32%	25%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			71.28%

BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 64.9%

Adjusted AV = 63.0%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,800.00			
		50.00%			
		\$7,200.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2024 Bronze HDHP Option 2
 Plan HIOS ID: 2024 Bronze HDHP Option 2
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 64.91%
 Metal Tier:

Additional Notes:

Calculation Time: 0.3203 seconds
 Draft 2024 AV Calculator

Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	5,800	5,800			
Family Deductible	11,600	11,600			
Individual Out-of-Pocket	7,200	7,200			
Family Out-of-Pocket	14,400	14,400			
Coinsurance (50% or Less)	48%	47%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			64.92%

Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,800	1,500		
Family Deductible		11,600	3,000		
Individual Out-of-Pocket		7,200	1,500		
Family Out-of-Pocket		14,400	3,000		
Coinsurance (50% or Less)		48%	47%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
Results					
		Medical	Rx	Total	
Allowed PMPM					
Plan PMPM					
Actuarial Value				62.96%	

SILVER DEDUCTIBLE

AV from AVC = 69.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.37%/65.58% = 1.012 x .698 = 70.6% *1.001 (MH/SA Copay Adj) = 70.7%

Adjusted AV = 70.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$500.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$9,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Option 2
 Plan HIOS ID: 2024 Silver Option 2
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 69.75%
 Metal Tier: Silver Off-Exchange and Small Group Market
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1953 seconds
 Draft 2024 AV Calculator

Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	4,000	500		
Family Deductible	8,000	1,000		
Individual Out-of-Pocket	9,300	9,300		
Family Out-of-Pocket	18,600	18,600		
Coinsurance (50% or Less)	43%	32%		

Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			65.58%

Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		4,000	500		
Family Deductible		8,000	1,000		
Individual Out-of-Pocket		9,300	1,500		
Family Out-of-Pocket		18,600	3,000		
Coinurance (50% or Less)		43%	32%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Results

		Medical	Rx	Total	Percentage to Normalize Too
Allowed PMPM					
Plan PMPM					
Actuarial Value				66.37%	

BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 61.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 62.34%/61.56% = 1.013 x .613 = 62.0%

Adjusted AV = 62.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,450.00	\$1,100.00			
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$9,450.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$0	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
# Days (1-10):	0	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):	0	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):	0	

Plan Description:

Name: 2024 Bronze RX Limit Option 4
 Plan HIOS ID: 2024 Bronze RX Limit Option 4
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 61.26%
 Metal Tier: Bronze
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1406 seconds
 Draft 2024 AV Calculator

Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	6,450	1,100			
Family Deductible	12,900	2,200			
Individual Out-of-Pocket	9,450	9,450			
Family Out-of-Pocket	18,900	18,900			
Coinsurance (50% or Less)	46%	42%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			61.56%

Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	6,450	1,100		
Family Deductible	12,900	2,200		
Individual Out-of-Pocket	9,450	1,500		
Family Out-of-Pocket	18,900	3,000		
Coinsurance (50% or Less)	46%	42%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			62.35%

SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 76.7%

Adjusted AV = 73.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			
Coinsurance (% , Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,000.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver HDHP 73
 Plan HIOS ID: 2024 Silver HDHP 73
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
75.65%

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

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

0.3047 seconds

Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		2,000	2,000		
Family Deductible		4,000	4,000		
Individual Out-of-Pocket		5,800	5,800		
Family Out-of-Pocket		11,600	11,600		
Coinsurance (50% or Less)		27%	25%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			75.65%

Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	2,000	1,500		
Family Deductible	4,000	3,000		
Individual Out-of-Pocket	5,800	1,500		
Family Out-of-Pocket	11,600	3,000		
Coinsurance (50% or Less)	27%	25%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.49%

SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.6%

Adjusted AV = 77.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		70.00%			
		\$4,650.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:
 Name: 2024 Silver HDHP 77
 Plan HIOS ID: 2024 Silver HDHP 77
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
 Actuarial Value: 79.55%
 Metal Tier:
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1914 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,750	1,750		
Family Deductible	3,500	3,500		
Individual Out-of-Pocket	4,650	4,650		
Family Out-of-Pocket	9,300	9,300		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			79.55%

Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,750	1,500		
Family Deductible	3,500	3,000		
Individual Out-of-Pocket	4,650	1,500		
Family Out-of-Pocket	9,300	3,000		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			77.49%

SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.9%

Adjusted AV = 87.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,550.00			
		100.00%			
		\$1,550.00			

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

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	2024 Silver HDHP 87
Specialty Rx Coinsurance Maximum:	\$0	Plan HIOS ID:	2024 Silver HDHP 87
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:	2024
# Days (1-10):	0	AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits (1-10):	0		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):	0		

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.94%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.293 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	1,550	1,550			
Family Deductible	3,100	3,100			
Individual Out-of-Pocket	1,550	1,550			
Family Out-of-Pocket	3,100	3,100			
Coinsurance (50% or Less)	0%	0%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5

Calculate

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.95%

Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,550	1,550		
Family Deductible	3,100	3,100		
Individual Out-of-Pocket	1,550	1,550		
Family Out-of-Pocket	3,100	3,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.49%

SILVER HDHP – EMBEDDED MOOP CSR – 94%

AV from AVC = 94.6%

Adjusted AV = 94.3%

AVC Screen Shot:

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	0

Plan Description:

Name: 2024 Silver HDHP 94
 Plan HIOS ID: 2024 Silver HDHP 94
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.58%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.5 seconds
 Draft 2024 AV Calculator

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.28%

Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.25%

SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 70.47%/70.94% = 1.007 x 73.1% = 73.7% * 1.001 (MH/SA Copay Adj) = 73.7%

Adjusted AV = 73.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$450.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,700.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 73
 Plan HIOS ID: 2024 Silver Deduct 73
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.12%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1562 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx			
Individual Deductible	3,000	450			
Family Deductible	6,000	900			
Individual Out-of-Pocket	6,700	6,700			
Family Out-of-Pocket	13,400	13,400			
Coinsurance (50% or Less)	43%	32%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			70.94%

Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		3,000	450		
Family Deductible		6,000	900		
Individual Out-of-Pocket		6,700	1,300		
Family Out-of-Pocket		13,400	2,600		
Coinsurance (50% or Less)		43%	32%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a7ebb; color: white; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			71.47%

SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 76.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.49%/72.04% = 1.006 x 76.8% = 77.2% * 1.001 (MH/SA Copay Adj) = 77.3%

Adjusted AV = 77.3%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,900.00	\$350.00			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 77
 Plan HIOS ID: 2024 Silver Deduct 77
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
 Actuarial Value: 76.76%
 Metal Tier:
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.2344 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		2,900	350		
Family Deductible		5,800	700		
Individual Out-of-Pocket		6,300	6,300		
Family Out-of-Pocket		12,600	12,600		
Coinsurance (50% or Less)		41%	29%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			72.04%

Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		2,900	350		
Family Deductible		5,800	700		
Individual Out-of-Pocket		6,300	1,200		
Family Out-of-Pocket		12,600	2,400		
Coinsurance (50% or Less)		41%	29%		

Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

Results

		Medical	Rx	Total	
Allowed PMPM					
Plan PMPM					
				72.50%	

SILVER DEDUCTIBLE CSR – 87%

AV from AVC = 87.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 84.66%/84.43% = 1.002 x 87.8%= 88.0%

Adjusted AV = 88.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$250.00			
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$2,450.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 87
 Plan HIOS ID: 2024 Silver Deduct 87
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.76%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		1,250	250		
Family Deductible		2,500	500		
Individual Out-of-Pocket		2,450	2,450		
Family Out-of-Pocket		4,900	4,900		
Coinsurance (50% or Less)		31%	26%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	Calculate				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			84.43%

Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	1,250	250		
Family Deductible	2,500	500		
Individual Out-of-Pocket	2,450	450		
Family Out-of-Pocket	4,900	900		
Coinsurance (50% or Less)	31%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			84.66%

SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.8%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.82%/94.71% = 1.001 x 94.8% = 94.9%

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$1,000.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2					
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	0
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	0
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	0

Plan Description:

Name: 2024 Silver Deduct 94
 Plan HIOS ID: 2024 Silver Deduct 94
 Issuer HIOS ID: 2024
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.75%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds
 Draft 2024 AV Calculator

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

		Medical	Rx		
Individual Deductible		250	0		
Family Deductible		500	0		
Individual Out-of-Pocket		1,000	1,000		
Family Out-of-Pocket		2,000	2,000		
Coinsurance (50% or Less)		8%	14%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	<input type="button" value="Calculate"/>				

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.71%

Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.

Press 'Calculate' anytime an input or dropdown selection is changed.

Note that the model run-time will vary based on the computers processing speed.

A message box will appear to indicate that the calculations are done.

	Medical	Rx		
Individual Deductible	250	0		
Family Deductible	500	0		
Individual Out-of-Pocket	1,000	200		
Family Out-of-Pocket	2,000	400		
Coinsurance (50% or Less)	8%	14%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

Results

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			94.82%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Introduction

On December 12, 2023, CMS released the draft methodology on the Actuarial Value and the draft Actuarial Value Calculator (AVC) for 2024. CMS CMS made no changes to the claims data and continuance tables and trended the data through 2024. In the event that there are changes in between the draft and final methodology and calculator for 2022, Blue Cross VT will revise this certification and benefit designs if necessary.

Limitations of the Federal Actuarial Calculator

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

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support the insulin cost sharing limit as dictated by Act 154.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a specific copayment on, Chiropractic Services, Physical Therapy, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.
- The AVC does not support the value-added benefits for members with diabetes or heart disease.
- The AVC does not support hearing aid benefits.

Method Used to Calculate Adjustments

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

Blue Cross VT AV Model Methodology

Blue Cross uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from the Blue Cross VT data warehouse. The starting point of the analysis is allowed charges as determined by the Blue Cross VT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The 2018 claims from Blue Cross Vermont ACA Individual and Small Group markets (ACA) members that maintain their

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

benefit and tier type throughout the year are included in the analysis. We compared the allowed claims per member per month (PMPM) and the modeled paid-to-allowed ratio for this population relative to the entire ACA population and found the differences to be immaterial. The model uses calendar year 2018 claims, trended to 2024 using the following trends¹:

Years	Medical Claims	Pharmacy Claims
2018 to 2021	5.4%	8.7%
2021 to 2022	3.2%	4.55%
2022 to 2023	5.8%	8.7%
2023 to 2024	5.4%	8.2%

The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

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

On April 18, 2017, CMS finalized the Market Stabilization rule (82 Fed. Reg. 18346). In this rule, CMS widen the Actuarial Value (AV) de minimis included in 45 CFR 156.140(c) from +/- 2 percent to -4/+2 percent. This rule also expanded the de minimis range to -4/+5 for bronze plans that either have at least one major service, other than preventive, before the deductible or meet the requirements to be a HDHP. For the two Non-Standard Bronze plans described below, we utilized the expanded bronze AV range because the Vermont Select plan meets the HDHP requirement and the Vermont Preferred plan has 4 primary care or mental health visits prior to the deductible.

On April 28, 2022, CMS finalized changes to the de minimis ranges in the 2023 Notice of Benefits and Payment Parameters (NBPP). Starting in 2023, the allowable ranges for AV are:

Metal Level	AV Range
Platinum	-2% to +2%
Silver Off-Exchange	-2% to +2%
Silver On-Exchange	0% to +2%
Silver cost-sharing reduction	0% to +1%
Bronze	-2% to +2%
Expanded Bronze	-4% to +5%

¹ Blue Cross VT used the same trends that CMS used in the 2024 final AV Calculator (see page 4 of <https://www.cms.gov/files/document/draft-2024-av-calculator-methodology.pdf>)

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

On December 12, 2022, CMS issued guidance finalizing the 2024 maximum annual limitation on cost sharing. For 2024, the annual out-of-pocket maximum is \$9,450².

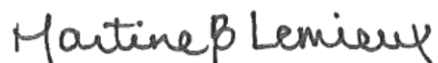
Under Act 171, the Rx OOPM limit cannot be higher than the federal HDHP minimum deductible. However, in order to maintain HSA compatibility, CDHP plans must have the Rx OOPM equal to the federal HDHP minimum. The limit for 2023 is \$1,500. In the event that the finalized limit for 2024 is different from \$1,500, Blue Cross VT will adjust its plans accordingly and update this certification.

Actuarial Opinion

I, Martine Lemieux, Actuarial Director of Financial Integrity, am an employee of Blue Cross and Blue Shield of Vermont, an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2024.

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



Martine Lemieux, F.S.A., M.A.A.A.
Actuarial Director, Financial Integrity
Blue Cross and Blue Shield of Vermont
March 10, 2023

² <https://www.cms.gov/files/document/2024-papi-parameters-guidance-2022-12-12.pdf>

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Disclosures

Information Date: The analysis provided in the report is based on information as known on March 8, 2023.

Scope: The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3) for the plans offered by Blue Cross VT in the Vermont ACA Individual and Small Group markets. The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. The Actuarial Values in this report are used to assign metal levels to each plan and do not reflect the pricing AV used to calculate rates. These calculations and results are not intended to be used for other purposes.

Intended Users: This material has been prepared for the for the Department of Financial Regulation. Blue Cross VT will also include a copy of this certification in the 2024 Vermont ACA Market - Individual and Small Group rate filings with the Green Mountain Care Board. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events may affect the results presented in the memorandum.

Reliance on Other Sources for Data and Other Information: Data used for the analysis were taken from the Blue Cross VT claims adjudication system and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed. This analysis also relies on the 2024 draft Actuarial Value Calculator published by CMS.

Subsequent Events: The AVC is still in draft form and the final version could differ from the draft version. The 2024 HSA deductible limit is also unknown and could differ from our current assumption.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix A – Results

Vermont Select Plans

Plan: Vermont Select Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,850	
	Coinsurance	0%	
	OOPM	\$2,850	
AVC Output for items supported by the AVC	(a)	81.52%	
Blue Cross Model Output for items supported by the AVC	(b)	84.59%	
Blue Cross Model Output for complete benefit design	(c)	85.03%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	81.95%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

HSA/HRA Options HSA/HRA Employer Contribution? <input type="checkbox"/> Annual Contribution Amount:	Tiered Network Option Tiered Network Plan? <input type="checkbox"/> 1st Tier Utilization: 2nd Tier Utilization:
--	---

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,850.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$2,850.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:
 Name: Non-Standard Gold CDHP
 Plan HIOS ID: 13627VT0390001 and 13627VT0370001
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.52%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
 Calculation Time: 0.1562 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan - Silver			
Items supported by the AV Calculator	Deductible	\$5,475	
	Coinsurance	0%	
	OOPM	\$5,475	
AVC Output for items supported by the AVC		(a)	70.82%
Blue Cross Model Output for items supported by the AVC		(b)	76.66%
Blue Cross Model Output for complete benefit design		(c)	77.91%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	71.97%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations and hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,475.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,475.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard Silver CDPH
 Plan HIOS ID: 13627V/T0390002 and 13627V/T0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Calculation Successful.

70.82%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.1758 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 73% CSR			
Items supported by the AV Calculator	Deductible	\$4,750	
	Coinsurance	0%	
	OOPM	\$4,750	
AVC Output for items supported by the AVC	(a)	73.00%	
Blue Cross Model Output for items supported by the AVC	(b)	78.57%	
Blue Cross Model Output for complete benefit design	(c)	79.57%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	73.93%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$4,750.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,750.00
MOOP if Separate (\$)			

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 73%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.
 73.00%

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1406 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$3,500	
	Coinsurance	0%	
	OOPM	\$3,500	
AVC Output for items supported by the AVC		(a)	77.35%
Blue Cross Model Output for items supported by the AVC		(b)	82.33%
Blue Cross Model Output for complete benefit design		(c)	82.92%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.91%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	All
Medical									<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$1.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 77%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value: 77.35%
 Metal Tier:

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time: 0.1992 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 87% CSR		
Items supported by the AV Calculator	Deductible	\$1,575
	Coinsurance	0%
	OOPM	\$1,575
AVC Output for items supported by the AVC	(a)	87.80%
Blue Cross Model Output for items supported by the AVC	(b)	89.91%
Blue Cross Model Output for complete benefit design	(c)	90.03%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) 87.92%

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,575.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,575.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 87%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.80%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
 Calculation Time: 0.125 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver 94% CSR		
Items supported by the AV Calculator	Deductible	\$550
	Coinsurance	0%
	OOPM	\$550
AVC Output for items supported by the AVC	(a)	94.58%
Blue Cross Model Output for items supported by the AVC	(b)	95.68%
Blue Cross Model Output for complete benefit design	(c)	95.70%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) 94.60%

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard CDHP 94%
 Plan HIOS ID: 13627VT0390002 and 13627VT0370002
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value: 94.58%
 Metal Tier: Platinum

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

Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1094 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$7,500	
	Coinsurance	0%	
	OOPM	\$7,500	
AVC Output for items supported by the AVC		(a)	63.96%
Blue Cross Model Output for items supported by the AVC		(b)	72.08%
Blue Cross Model Output for complete benefit design		(c)	72.54%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	64.37%

Items not supported by the AV Calculator for this plan are the Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$7,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical									<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$1.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Non-Standard Bronze CDHP
 Plan HIOS ID: 13627VT0390003 and 13627VT0370003
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.96%
Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1797 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Select Plan – Silver Reflective			
Items supported by the AV Calculator	Deductible		\$5,500
	Coinsurance		0%
	OOPM		\$5,500
AVC Output for items supported by the AVC		(a)	70.75%
Blue Cross Model Output for items supported by the AVC		(b)	76.60%
Blue Cross Model Output for complete benefit design		(c)	77.85%
Adjustment to the AVC	Estimated AVC value		(d)=(c)/(b)*(a) 71.91%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM, Wellness (Safe Harbor) pharmaceuticals not subject to the deductible, the insulin cost share limitations, and the hearing aids coverage.

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,500.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:
 Name: Non-Standard Silver CDHP
 Plan HIOS ID: 13627V/T0390004 and 13627V/T0370004
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.75%
 Metal Tier: Silver

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.1602 seconds
 Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Vermont Preferred Plans

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

- Four Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care
- Value-Added benefits for members with diabetes or heart disease, which include four additional visits per member at a qualifying specialist at no cost share and wellness (Safe Harbor) pharmacy drugs outside the deductible
- Insulin cost share limitations
- Hearing Aids coverage

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

- Specific Pharmacy out-of-pocket maximum

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

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Gold		
Items supported by the AV Calculator	Deductible	\$1,250
	Coinsurance	0%
	OOPM	\$5,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 80.35%
Blue Cross Model Output for items supported by the AVC		(b) 86.52%
Blue Cross Model Output for complete benefit design		(c) 87.60%
Estimated AVC value		(d)=(c)/(b)*(a) 81.36%

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,250.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,150.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Gold
 Plan HIOS ID: 13627VT0380005 and 13627VT0360005
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 80.35%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0742 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver		
Items supported by the AV Calculator	Deductible	\$3,250
	Coinsurance	0%
	OOPM	\$8,750
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 69.70%
Blue Cross Model Output for items supported by the AVC		(b) 77.49%
Blue Cross Model Output for complete benefit design		(c) 79.56%
Estimated AVC value		(d)=(c)/(b)*(a) 71.57%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver
 Plan HIOS ID: 13627V/T0380006 and 13627V/T0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.

69.70%

Silver Off-Exchange and Small Group Market

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0742 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,550
	Coinsurance	0%
	OOPM	\$7,550
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 72.40%
Blue Cross Model Output for items supported by the AVC		(b) 79.97%
Blue Cross Model Output for complete benefit design		(c) 81.69%
Estimated AVC value		(d)=(c)/(b)*(a) 73.96%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,550.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$7,550.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 73%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

72.40%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0859 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 77%		
Items supported by the AV Calculator	Deductible	\$1,300
	Coinsurance	0%
	OOPM	\$6,350
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 76.84%
Blue Cross Model Output for items supported by the AVC		(b) 84.17%
Blue Cross Model Output for complete benefit design		(c) 85.43%
Estimated AVC value		(d)=(c)/(b)*(a) 77.99%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,350.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 77%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

76.84%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 87%		
Items supported by the AV Calculator	Deductible	\$250
	Coinsurance	0%
	OOPM	\$2,850
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 87.50%
Blue Cross Model Output for items supported by the AVC		(b) 92.24%
Blue Cross Model Output for complete benefit design		(c) 92.64%
Estimated AVC value		(d)=(c)/(b)*(a) 87.89%

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,850.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	All
Medical									<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 87%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Actuarial Value: 87.50%
 Metal Tier: Gold

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

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

Draft 2024 AV Calculator

0.0781 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver CSR 94%		
Items supported by the AV Calculator	Deductible	\$0
	Coinsurance	0%
	OOPM	\$1,075
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 94.13%
Blue Cross Model Output for items supported by the AVC		(b) 96.71%
Blue Cross Model Output for complete benefit design		(c) 96.87%
Estimated AVC value		(d)=(c)/(b)*(a) 94.28%

User Inputs for Plan Parameters

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

Desired Metal Tier

Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$1,075.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver 94%
 Plan HIOS ID: 13627VT0380006 and 13627VT0360006
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.13%
Platinum

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

Additional Notes:

Calculation Time:

0.0742 seconds

Draft 2024 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Bronze		
Items supported by the AV Calculator	Deductible	\$9,250
	Coinsurance	0%
	OOPM	\$9,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 63.31%
Blue Cross Model Output for items supported by the AVC		(b) 70.54%
Blue Cross Model Output for complete benefit design		(c) 72.02%
Estimated AVC value		(d)=(c)/(b)*(a) 64.63%

User Inputs for Plan Parameters

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$9,250.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$9,250.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Bronze
 Plan HIOS ID: 13627VT0380007 and 13627VT0360007
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output:

Status/Error Messages:

Actuarial Value:
Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.31%
Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

Draft 2024 AV Calculator

0.2383 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Vermont Preferred Plan – Silver Reflective		
Items supported by the AV Calculator	Deductible	\$3,250
	Coinsurance	0%
	OOPM	\$8,750
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	4
AVC Output for items supported by the AVC		(a) 69.70%
Blue Cross Model Output for items supported by the AVC		(b) 77.49%
Blue Cross Model Output for complete benefit design		(c) 79.56%
Estimated AVC value		(d)=(c)/(b)*(a) 71.57%

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,250.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical									<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs									<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/> 4
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Non-Standard Silver
 Plan HIOS ID: 13627VT0380008 and 13627VT0360008
 Issuer HIOS ID: 13627
 AVC Version: 2024_1e

Output'

Status/Error Messages:

Actuarial Value: 69.70%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.0781 seconds
 Draft 2024 AV Calculator

Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.

Silver Off-Exchange and Small Group Market

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix B – Complete Benefit Designs

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	Vermont Preferred	Vermont Preferred	Vermont Preferred	Vermont Preferred
Medical Deductible	\$1,250	\$3,250	\$3,250	\$9,250
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$5,150	\$8,750	\$8,750	\$9,250
Rx OOPM	\$1,500	\$1,500	\$1,500	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$0 copay
MH/SA Office Visit				
Chiropractic Office Visit	\$30	\$40	\$40	\$0
Physical Therapy Visit	\$30	\$40	\$40	\$0
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$40 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$0 copay
Urgent Care	\$40	\$50	\$50	\$0
Ambulance	\$40	\$50	\$55	\$0
DME	\$40	\$50	\$50	\$0
ER	\$250	\$450	\$450	\$0
Radiology (MRI, CT, PET)	\$750	\$1,750	\$1,750	\$0
Inpatient / Outpatient	\$750	\$1,750	\$1,750	\$0
Wellness Rx - Generic	\$5	\$5	\$5	\$15
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Estimated 2023 AVC Value	81.36%	71.57%	71.57%	64.63%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Vermont Preferred	Vermont Preferred	Vermont Preferred	Vermont Preferred
Medical Deductible	\$2,550	\$1,300	\$250	\$0
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$7,550	\$6,350	\$2,850	\$1,075
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,075
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits	Preventive Care, 4 PCP/MH Office Visits, Pediatric Dental Class I, 4 qualified specialist visits
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	4 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit				
Chiropractic Office Visit	\$40	\$40	\$40	\$20
Physical Therapy Visit	\$40	\$40	\$40	\$20
Specialist Office Visit	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$50 copay	4 visits per member at qualified specialists at no cost share before deductible then \$35 copay
Urgent Care	\$50	\$50	\$50	\$35
Ambulance	\$50	\$50	\$50	\$35
DME	\$50	\$50	\$50	\$35
ER	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$1,500	\$1,500	\$500	\$0
Inpatient / Outpatient	\$1,500	\$1,500	\$500	\$0
Wellness Rx - Generic	\$5	\$5	\$5	\$5
Wellness Rx - Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx - Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
Estimated 2023 AVC Value	73.96%	77.99%	87.89%	94.28%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	Gold	Silver	Silver Reflective	Bronze
Deductible/OOP Max	Vermont Select	Vermont Select	Vermont Select	Vermont Select
Medical Deductible	\$2,850	\$5,475	\$5,550	\$7,500
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$2,850	\$5,475	\$5,550	\$7,500
Rx OOPM	\$1,500	\$1,500	\$1,500	Combined
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450	Aggregate, 2x Family, Embedded Individual OOPM of \$9,450
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Wellness Rx Generic	\$5	\$15	\$15	\$25
Wellness Rx Preferred Brand	\$50	\$50	\$50	65%
Wellness Rx Non-Preferred Brand	60%	60%	60%	85%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	0%	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%	0%
Estimated 2023 AVC Value	81.95%	71.97%	71.91%	64.37%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Vermont Select	Vermont Select	Vermont Select	Vermont Select - Not HSAQ
Medical Deductible	\$4,750	\$3,500	\$1,575	\$550
Rx Deductible	Combined	Combined	Combined	Combined
Integrated Deductible	Yes	Yes	Yes	Yes
Medical OOPM	\$4,750	\$3,500	\$1,575	\$550
Rx OOPM	\$1,500	\$1,500	\$1,500	\$550
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category				
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
DME	0%	0%	0%	0%
ER	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%
Wellness Rx Generic	\$15	\$15	\$15	\$15
Wellness Rx Preferred Brand	\$50	\$50	\$50	\$50
Wellness Rx Non-Preferred Brand	60%	60%	60%	60%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	0%	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%	0%
Estimated 2023 AVC Value	73.93%	77.91%	87.92%	94.60%

MEMORANDUM

To: Martine Lemieux, Actuarial Director of Financial Integrity

From: Ruth Greene, VP, Treasurer and CFO

Date: May 9, 2023

Subject: Contribution to Member Reserves for 2024 ACA Market Individual and Small Group Filings

Upon consideration of the points documented in this memorandum, I am recommending that you file a contribution to member reserves (CTR) of 3 percent for 2024 ACA market individual and small group rate filings.

Overall CTR Philosophy

Because of continuing financial headwinds that include increased medical and pharmacy trends, economic uncertainty and continued inflationary pressures, volatility in claims utilization, and member reserves well below the range ordered by the Department of Financial Regulation (DFR), Blue Cross VT is changing its long-term target contribution to member reserves from 1.5 percent to 3.0 percent. This change is consistent with our philosophy of managing member reserves simultaneously to a long-term target and to a level of Risk Based Capital (RBC) that moves towards the range ordered by DFR to support our solvency.

Blue Cross VT has long held that a long-term CTR of 1.5 percent represents an adequate, yet not excessive, contribution to member reserves. CTR at this level within a typical (until recently) trend and growth environment has allowed us to navigate short-term fluctuations while maintaining reserve levels that are within our established, DFR-mandated target range. But a 1.5 percent CTR is no longer sufficient, because Blue Cross VT has experienced a significant period of much higher medical cost trends, unusual business volatility and the current economic and healthcare environment is anything but typical. Blue Cross VT must increase its long-term CTR by market segment because of increasing claims trends – driven by both unit costs and healthcare utilization – as well as market volatility and recent capital demands that have reduced our reserve levels¹. As particularly relevant here, the ACA individual and small group markets have not resulted in a contribution to member reserves to the minimum 1.5 percent level required in recent years.

While Blue Cross VT believes that CTR should be managed to an adequate long-term level rather than fluctuating significantly from year to year with changes in membership and health care cost trend, we do

¹ These include events such as, but not limited to, high claims levels, paying for pandemic related costs, equity market losses, pension losses net of litigation recoveries and growth including serving new markets.

need to reflect the inherent risk within each market segment and current economic and healthcare environments.

For these reasons, we are adjusting our long-term target CTR for ACA individual and small group markets to 3.0 percent.

Importance of Adequately Funded Premiums

Adequately funded premiums are the foundation of solvency, which is itself the most important element of consumer protection. An adequate contribution to member reserves should exceed the minimum required to keep pace with increases in total claims costs. While best-estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to threaten a company's solvency.

Apart from modest investment income, CTR is the only source of funding that sustains member reserves for Blue Cross VT. While any rate filing is by definition an estimate of future costs and is therefore subject to gains or losses, Blue Cross VT files no additional margin beyond the required CTR. Any rate shortfall will first be paid out of CTR, while any shortfall beyond the approved CTR for a particular filing will be funded from existing member reserves.

Maintaining an adequate level of member reserves is critical for any insurer. Consequences of inadequate member reserves include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, restrictions on investing in capabilities to meet customer expectations and/or enhance affordability, and a reduced ability to attract or retain business or to support membership growth. Stability is particularly important in times of change, including the continuing evolution at both the federal and Vermont levels of the individual and small group market, the health care reform environment in Vermont, and the changing economic cycles.

Blue Cross VT must be financially strong in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management. Realizing a sustainable CTR over time is key to achieving that goal.

Current Capital Environment and Market Considerations

Blue Cross VT's finances and member reserves have experienced extreme turbulence since 2020. Between the pandemic, pension losses and subsequent partial recoveries, legal and tax settlements, equity market fluctuations, and other positive and negative factors, this has been a period of unusual volatility. This cascade of extraordinary one-time situations illustrates exactly why Blue Cross VT must maintain adequate member reserves. This is also why Blue Cross VT's RBC target is expressed as a range rather than a point estimate—managing within an appropriate target range may be feasible in a volatile environment whereas managing to a specific point in the range is not.

Blue Cross VT experienced growth in individual and small group membership from 2021 to 2023. As we continue to strive to grow our market share within the ACA market, we cannot do so by intentionally underfunding premiums or by filing a CTR that does not adequately protect us from short-term fluctuations or unforeseen events, as membership growth puts downward pressure on RBC. Further, growth from our successful entry into the Medicare Advantage market is pressuring RBC in the near-term but is expected to provide significant benefits in the long-term by serving an increasing number of

Vermonters with locally based solutions that diversify Blue Cross VT's business mix. Finally, Blue Cross VT continues to face strong competitive pressure on its largest accounts, which will continue to challenge our ability to sustain the scale that serves all of our local market clients and customers.

For these reasons, our leadership and our regulators must see beyond the volatility, recognize the need to support Blue Cross VT's ability to provide Vermonters with a trusted local solution, and steer Blue Cross VT based on underlying trends in a way that allows us to maintain adequate member reserves that will see policyholders through tough times.

Risk Based Capital Outlook

On February 7, 2019, the Commissioner of the Vermont Department of Financial Regulation (DFR) issued an order approving a target Risk Based Capital (RBC) range of 590 percent to 745 percent. The order states, in part:

“If BCBSVT's RBC ratio falls below or increases above the approved range, BCBSVT shall promptly develop a plan to move within the range within a reasonable time and shall submit such plan to the Commissioner.”

As of December 31, 2022, Blue Cross VT's RBC was well below the targeted range, at 434 percent. As noted above, uncertainties with regard to future growth of insured membership, continued economic and market volatility, uncertainties surrounding hospital budgets, as well as a very challenging competitive environment make it difficult to predict where Blue Cross VT will be relative to the range by the end of 2024. Even with all the uncertainties, it appears to be unlikely that Blue Cross VT's RBC position will even *reach* the required range at the end of 2024.

Recently Announced Proposed Affiliation

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The 2024 rate filing is unaffected by this proposed affiliation. The affiliation is subject to regulatory approval. The regulatory approval process will begin once both entities file with their respective state regulators and does not have a specific timeline.

If the affiliation is approved, each organization will continue to operate financially as a single state plan. There is no financial exchange of member reserves between the two organizations. The premiums from Vermonters will wholly be used to pay Vermont member claims, fund Vermont member reserves and plan administration as is the case today. Adequately funded premiums to provide Vermonters with access to quality healthcare will remain a critical part of each rate filing. Further, the two companies' member reserves will remain separate and distinct. As a regulated insurer, Blue Cross VT must maintain financial member reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis.

Conclusion

In consideration of all the above, I recommend that you file a 3.0 percent CTR for the 2024 ACA market individual and small group filings.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT D – HEARING AIDS COST DEVELOPMENT

Purpose:

This document is intended to give a detailed explanation of how Blue Cross and Blue Shield of Vermont (Blue Cross VT) calculates the estimated cost of hearing aids in 2024 for individual and small group plans. The analysis and results herein should not be used for any other purpose.

Methodology:

Blue Cross VT does not currently offer coverage for hearing aids to any group. Due to the lack of institutional data, Blue Cross VT instead chose to rely on external data such as surveys and census results to determine the incidence of hearing aid use and the average cost of a hearing aid. Based on this data, Blue Cross VT estimated the number of individual and small group members who would utilize a hearing aid benefit.

Data:

This estimate relies on several sources of information. To develop incidence estimates of hearing loss, we use the US Census American Community Survey¹ from 2021. We use data from the National Institutes of Health (NIH) to estimate the percentage of individuals with hearing loss who use a hearing aid². We use data from MarkeTrak³, which is a national survey of the hearing aid market conducted by the Better Hearing Institute, the educational arm of the Hearing Industries Association. The latest version of the survey, MarkeTrak 2022, was published in May 2022 and the previous version, MarkeTrak X, was published in July 2019. Some of the MarkeTrak results pertaining to pricing information for hearing aids comes from a 2019 survey⁴ by hearingtracker.com, an independent shopping resource for hearing aid consumers.

The analysis used individual and small group membership as of February 28, 2023. We modeled the following benefit option:

Hearing aid for each ear, every three years, or sooner if medically necessary. The coverage shall include hearing aid batteries when prescribed by a hearing care professional. There is no cap in the cost of the hearing aids or on age. The DME supply benefit would apply.

Although the actual reimbursement terms for hearing aid coverage is not final, we consider the above benefit to be reasonable to use in approximating the cost of hearing aid coverage.

Analysis:

As of February 28, 2023, individual and small group plans had 40,460 members. We split these members into the age and gender categories used by the US Census American Community Survey to provide Vermont-specific and gender-adjusted rates. Based on the adjusted incidence rates, individual and small group membership would be expected to have an estimated 753 members on with hearing loss.

The NIH estimates 30 percent of adults aged 70 and older with hearing loss have used a hearing aid, and 16 percent of adults under age 70 have used a hearing aid. Of the estimated members with hearing loss who do not currently use a hearing aid, the MarkeTrak survey estimates 48 percent⁵ would purchase a hearing aid if their health insurance plan would cover some or most of the cost. The hearingtracker.com pricing survey estimates that 84 percent⁶ of hearing aid users employ bilateral hearing aids (one hearing aid in each ear).

¹ https://data.census.gov/cedsci/table?q=hearing&g=0100000US_0400000US50&tid=ACSDT1Y2021.B18102

² <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>

³ <https://betterhearing.org/policy-research/marketrak/>

⁴ <https://www.hearingtracker.com/how-much-do-hearing-aids-cost>

⁵ <https://www.audiologyonline.com/articles/20q-understanding-today-s-consumers-26648> See Figure 6

⁶ See footnote 5, “Hearing Aid Purchase Trends” section

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – HEARING AIDS COST DEVELOPMENT**

Based on the above figures, we estimate the proportion of members by benefit plans with expected hearing loss, hearing aid use, and hearing aid units.

Incidence Rate	ACA Market Membership
Hearing Loss	1 in 53.7
Use of Hearing Aid	1 in 93.4
Hearing Aid Units Per Member	0.020

A recent pricing survey⁷ estimated the average cost of a hearing aid unit as \$2,372, which we use as the estimated cost. Hearing aids are typically replaced every three to seven years⁸. We assumed that members would replace their devices on a three-year cycle.

The table below shows the estimated number of units per plan and the associated plan payments over the benefit years period (three or five years) on a per-member-per-month (PMPM) basis.

Estimated Units	Allowed PMPM
799	\$1.30

In August 2022, the U.S. Food and Drug Administration issued a final rule establishing a new category of over-the-counter (OTC) hearing aids. This rule will allow consumers to purchase hearing aids directly from stores or online retailers without the need for medical exams, fitting adjustments or prescriptions. The OTC rule was discussed internally on January 23, 2023. Based on this discussion, we determined we could not offer OTC in 2024 as we are unable to support the mandate requirements with this option. Therefore, we expect members will obtain hearing aids via network providers in order to have their benefits apply.

Conclusions:

Based on this analysis, we estimate the allowed cost of the proposed hearing aid coverage as \$1.30 PMPM. Note that due to pent-up demand, it is possible that a majority of hearing aid claims may be made in the first year coverage is offered. The above estimated amounts are not period-specific. They reflect the cost of all estimated members who currently use hearing aids and 48 percent of estimated members with hearing loss but without hearing aids purchasing one set of hearing aids. The estimated total will change if there are more actual members with hearing loss than estimated, if the assumption about the percentage of people with hearing loss expected to purchase hearing aids for the first-time changes, or if members purchase more or less expensive hearing aids than assumed. Additionally, the estimates are based on the membership and cost-sharing parameters provided in the *Data* section and will vary if the cost sharing parameters, benefit distribution, or covered population changes. Members replacing their hearing aids more frequently will increase the PMPM cost and would represent costs in excess of the above figures.

⁷ <https://www.hearingtracker.com/how-much-do-hearing-aids-cost>

⁸ <https://www.healthyhearing.com/report/30926-Long-do-hearing-aids>

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – REPORT ON OUTREACH TO DIRECTLY ENROLLED INDIVIDUALS

In the GMCB’s Decision of August 4, 2022, at page 20, the Board stated: “...we feel compelled to express our opinion that BCBSVT can and should do more to encourage direct enrollees to purchase a plan through VHC so that they can take advantage of federal and state subsidies that may be available to them.” The GMCB required Blue Cross VT to: “include in next year’s individual rate filing detailed information on the efforts it has taken to encourage enrollment through VHC and the effectiveness of these efforts.” Below are the steps Blue Cross VT has taken to encourage direct enrollees to purchase a plan through VHC.

September 2022:

- Sent a letter to our direct-enrolled members which explained the positive impacts of the American Rescue Plan Act in 2022 and the new Inflation Reduction Act for 2023. The letter explained the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums without disrupting their coverage. Also gave the members steps on how to see if they qualified for financial help and if so, what action they needed to take.

October 2022:

- Open Enrollment materials contained an IRA notification re-enforcing the availability of subsidies.
- We enhanced our plan shopping tool to calculate estimated subsidies for users and updated the subsidy language on our website.

November 2022

- We posted information about the federal subsidies on Blue Cross VT Social Media Channels (LinkedIn, Twitter, Instagram, and Facebook)
- We posted a Financial Help Blog on our website(<https://www.bluecrossvt.org/health-community/blog/listing/more-financial-help-available-buying-health-insurance>)
- Added Premium Tax Credits button to learn more under our *Learn More About Our Plans* website (www.bluecrossvt.org/our-plans/individuals-and-families)
- Added a disclaimer before a customer would apply for coverage directly on our online applications. **“By clicking the enrollment options below, you are acknowledging you will not receive any premium assistance through Vermont Health Connect, and as a result may end up paying more for your health coverage. To verify your eligibility to qualify for premium assistance and help reduce your monthly premium, visit Vermont Health Connect.”**
- Launched a text message awareness campaign on federal subsidies that encouraged members to follow a link to learn more about federal subsidies.

December 2022

- We sent an Inflation Reduction Act Extended Open Enrollment letter and 1-page IRA notification to our direct-enrolled members which explained the availability of financial help through VHC through the extended Open Enrollment for 2023. It referenced the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums and be able to keep their Blue Cross VT QHP. Also gave the members steps on how to verify if they qualify for financial help and if so, what action they needed to take.

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 VERMONT ACA MARKET RATE FILINGS
ATTACHMENT E – REPORT ON OUTREACH TO DIRECTLY ENROLLED INDIVIDUALS

April 2023

- Sent a letter to our direct-enrolled members which explained the situation surrounding the positive impacts of the American Rescue Plan Act in 2022 and the new Inflation Reduction Act for 2023. As with the September 2022 letter, this letter explained the subsidy thresholds to qualify for financial help to possibly reduce their monthly premiums without disrupting their coverage. Also gave the members steps on how to see if they qualified for financial help and if so, what action they needed to take.

Still in Development

- Will send an IRA subsidy postcard and call to action to direct-enrolled members.
- Drafted a blog article (not yet published) that outlines the “Simple Steps to Subsidies,” which will also include income outlines to further explain who may be eligible for subsidies.

Ongoing

- We are also actively engaged with our advertising agency to create a full media plan and landing page enhancements to further support this effort.

Please provide Company specific inputs for any cells shaded in blue.

Instructions:

- The issuer must complete the Actuarial Memorandum Dataset Supplement and submit with the filing.
- Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum.
- This includes cells where the spreadsheet contains sample input (red entries are just proxy values that help illustrate what should be provided).
- This document applies to all issuers, new and existing.
- Please submit in Excel format under the Supporting Documentation Tab in the Form/Rate filing.
- Remember to scroll to the right - there is information requested through Column N.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-132654892
Date of Submission	5/9/2023
Proposed Effective Date	1/1/2024
Average Annual Premium	
Before Rate Change	\$14,118
After Rate Change	\$16,172

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	14.55%	14.55% NA
Proposed Minimum Rate Change	13.17%	13.17% NA
Proposed Maximum Rate Change	15.78%	15.78% NA

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

NA

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing
Base Period Experience	693.33	754.24	1.088
Base Period Utilization Factor	1.0002	0.9976	0.997
Pricing Trend	1.2186	1.2093	0.992
Morbidity Adjustment	0.9821	1.0156	1.034
Risk Adjustment Recoveries	0.9470	0.9307	0.983
Pent Up Demand	1.0000	1.0000	1.000
Reinsurance Recoveries	1.0000	1.0000	1.000
Reinsurance Premium	1.0000	1.0000	1.000
Average Age Impact	1.0036	0.9998	0.996
Additional EHB	1.0000	1.0000	1.000
Exchange Fee	1.0000	1.0000	1.000
Fixed Cost Adjustment	1.0730	1.0702	0.997
SG&A	1.0000	1.0000	1.000
Margin	0.9894	1.0309	1.042
Taxes and Fees	1.0151	1.0144	0.999
Benefit Design Changes	0.8372	0.8433	1.007
Geography	1.0000	1.0000	1.000
Tobacco	1.0000	1.0000	1.000
Provider Networks Changes	0.9997	0.9950	0.995
Non System Claims	0.9471	0.9560	1.009
Hearing Aids	1.0000	1.0015	1.001
Adjustments to Experience for One-Time Events	1.0113	1.0000	0.989
Non-EHB	1.0002	1.0002	1.000
Leap Year	1.0000	1.0027	1.003
Total Rate Change			1.138

e.g. previous filing experience period index rate compared to the current filing experience index rate
 If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
 The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075^2 / 1.08^2)
 The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
 The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B18

The small difference between the calculated rate change and the average rate change is due to membership mix, contract mix, order of operations and methodology.

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, 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%	0	0	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	8,836	15,656	2,132
Increase of 15.00% or more	4,771	7,998	1,397
Total	13,607	23,654	3,529

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2020	15.60%	12.44%
2021	6.34%	4.16%
2022	-7.79%	-6.69%
2023	12.51%	11.68%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	January 2022 - December 2022	January 2023 - December 2023	January 2024 - December 2024		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$3.71	\$4.55	\$4.38	17.99%	-3.73%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$44.78	\$44.55	\$48.62	8.57%	9.14%
Profit/Risk Margin	-\$29.53	-\$1.88	\$23.26	-178.77%	-1335.66%
Total	\$18.97	\$47.22	\$76.26	301.99%	61.51%
Variable	-\$14.98	\$12.85	\$39.16	-361.45%	204.78%
Non-Variable	\$33.95	\$34.37	\$37.10	9.29%	7.95%
Total	\$18.97	\$47.22	\$76.26	301.99%	61.51%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.58%	0.67%	0.57%	-2.31%	-15.38%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	6.98%	6.54%	6.27%	-10.11%	-4.06%
Profit/Risk Margin	-4.60%	-0.28%	3.00%	-165.22%	-1186.17%
Total	2.96%	6.93%	9.84%	232.84%	41.97%
Variable	-2.33%	1.89%	5.05%	-316.47%	167.91%
Non-Variable	5.29%	5.04%	4.79%	-9.51%	-5.11%
Total	2.96%	6.93%	9.84%	232.84%	41.97%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

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

Monthly Trend Analysis Based on Experience Data Time Period Used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	28,759	\$487.77					1.00	1.00	0.95	\$513.37			
Feb-2020	28,585	\$451.33					1.00	1.00	1.02	\$442.18			
Mar-2020	28,386	\$442.87					1.00	1.00	0.96	\$461.42			
Apr-2020	28,150	\$289.66					1.00	1.00	0.96	\$302.69			
May-2020	27,990	\$383.72					1.00	1.00	1.03	\$373.64			
Jun-2020	27,871	\$506.69				-47.07%	1.00	1.00	0.95	\$531.50			-47.45%
Jul-2020	27,809	\$512.27				95.97%	1.00	1.00	0.95	\$536.56			102.96%
Aug-2020	27,742	\$522.28				262.72%	1.00	1.00	0.99	\$527.36			285.69%
Sep-2020	27,706	\$543.14				220.61%	1.00	1.00	0.99	\$548.63			218.88%
Oct-2020	27,667	\$567.72				83.98%	1.00	1.00	0.96	\$593.37			80.01%
Nov-2020	27,549	\$528.75				28.12%	1.00	1.00	1.08	\$490.78			9.76%
Dec-2020	27,457	\$579.93			61.12%	27.49%	1.00	1.00	1.00	\$581.55		55.82%	13.87%
Jan-2021	28,381	\$521.08			59.18%	-1.00%	1.00	1.00	1.09	\$477.54		47.81%	-25.95%
Feb-2021	28,203	\$526.32			51.28%	-3.25%	1.00	1.00	1.04	\$507.54		37.08%	-15.70%
Mar-2021	28,086	\$611.59			46.53%	-4.19%	1.00	1.00	0.94	\$651.58		37.29%	-7.01%
Apr-2021	27,981	\$575.49			21.34%	22.34%	1.00	1.00	0.97	\$595.24		12.86%	64.63%
May-2021	27,919	\$556.28			12.24%	32.14%	1.00	1.00	1.05	\$530.99		7.22%	66.76%
Jun-2021	27,919	\$584.30			7.56%	14.61%	1.00	1.00	0.97	\$603.90		5.40%	25.15%
Jul-2021	27,852	\$550.57			8.92%	-5.04%	1.00	1.00	1.00	\$547.87		14.11%	-15.28%
Aug-2021	27,860	\$570.38			11.53%	-8.49%	1.00	1.00	0.97	\$587.64		21.05%	-8.43%
Sep-2021	27,892	\$573.93			4.63%	-4.85%	1.00	1.00	1.01	\$570.69		8.36%	-5.43%
Oct-2021	27,901	\$624.96			7.18%	19.80%	1.00	1.00	1.00	\$622.87		9.95%	25.53%
Nov-2021	27,843	\$653.36			11.46%	39.17%	1.00	1.00	1.05	\$624.18		13.23%	19.25%
Dec-2021	27,834	\$670.61		20.79%	16.60%	74.81%	1.00	1.00	0.97	\$692.02	18.87%	17.31%	66.80%
Jan-2022	28,263	\$562.80		20.82%	15.28%	29.04%	1.00	1.00	1.00	\$561.36	21.07%	13.27%	23.20%
Feb-2022	28,154	\$495.45		18.74%	7.71%	-24.29%	1.00	1.00	1.03	\$479.35	19.23%	1.77%	-17.69%
Mar-2022	28,078	\$662.20		16.25%	15.62%	-39.31%	1.00	1.00	0.94	\$707.88	16.41%	15.06%	-33.93%
Apr-2022	27,981	\$613.09		11.59%	11.62%	-22.31%	1.00	1.00	1.00	\$612.05	11.32%	12.58%	-15.56%
May-2022	27,891	\$607.17		9.41%	2.98%	40.98%	1.00	1.00	1.01	\$602.98	9.74%	5.53%	52.27%
Jun-2022	27,864	\$601.02		8.38%	-5.56%	25.68%	1.00	1.00	0.97	\$622.38	8.82%	-3.27%	22.03%
Jul-2022	27,929	\$556.96		7.85%	-6.45%	-1.19%	1.00	1.00	1.09	\$511.28	8.08%	-6.58%	-13.17%
Aug-2022	27,903	\$630.44		7.97%	5.19%	-18.57%	1.00	1.00	0.94	\$671.54	8.36%	10.39%	-22.40%
Sep-2022	27,905	\$687.35		7.68%	-3.88%	-9.85%	1.00	1.00	1.00	\$584.95	8.22%	-4.35%	-14.33%
Oct-2022	27,921	\$617.86		6.67%	-3.00%	16.97%	1.00	1.00	1.00	\$615.59	7.64%	-3.60%	35.08%
Nov-2022	27,906	\$643.01		4.62%	1.47%	14.07%	1.00	1.00	1.04	\$615.77	5.45%	-1.79%	2.51%
Dec-2022	27,876	\$726.53		4.07%	12.87%	57.23%	1.00	1.00	1.00	\$723.88	4.25%	7.83%	49.65%

Last Month in Experience Period

Add more rows if needed.

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

See section 3.4.7.1 of the actuarial memorandum

Please 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.

See Exhibits 3A to 3J

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	NA	NA
Authorized Control Level	NA	NA
RBC Ratio		

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2018	12/31/2018	820,156	373,101,581	403,294,396	92.5%
Historical Year -3	1/1/2019	12/31/2019	630,163	325,109,232	349,374,495	93.1%
Historical Year -2	1/1/2020	12/31/2020	520,854	293,513,224	322,747,284	90.9%
Historical Year -1	1/1/2021	12/31/2021	412,281	253,139,426	295,091,980	85.8%
Historical Year 0	1/1/2022	12/31/2022	235,460	145,134,425	151,140,788	96.0%
Historical Totals			2,618,914	1,389,997,888	1,521,648,943	91.3%
Interim Time Period	1/1/2023	12/31/2023	65,764	41,191,498	46,826,621	88.0%
Future Year 1	1/1/2024	12/31/2024	283,848	197,185,470	220,055,170	89.6%

Expected Incurred Claims	A-to-E Claims Ratio
413,852,352	90.2%
404,372,570	80.4%
332,067,479	88.4%
279,063,445	90.7%
125,767,072	115.4%
1,555,122,919	89.4%
38,325,381	107.5%
197,185,470	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
1,637,256	0	92.9%
2,197,720	9,217,440	96.2%
1,221,877	1,557,213	91.8%
1,423,779	1,973,014	86.8%
384,466	874,211	96.8%
6,885,097	13,621,879	92.6%
NA	NA	#VALUE!
479,715	1,243,745	90.3%

Anticipated Pricing Loss Ratio (no adjustments)	89%
Anticipated LR using Federally-prescribed MLR methodology	90%

Note:
The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.
The interim time period the time periods available in the current year.
The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Section III of WS2 of the URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. Provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT.) Please see the example below.

Actuarial value and Cost-Sharing Design of the Plan (add additional columns as needed to include all plans shown in Section III of WS2 of the URRT)

Plan ID (Standard Component ID) (From Line 3.1 of the URRT)	13627VT0320001	13627VT0320002	13627VT0320003	13627VT0320006	13627VT0320004	13627VT0320005	13627VT0330001	13627VT0330003	13627VT0330002	13627VT0360005	13627VT0360006	13627VT0360008	13627VT0360007	13627VT0370001	13627VT0370002	13627VT0370004	13627VT0370003
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.111	0.908	0.722	0.722	0.605	0.632	0.754	0.753	0.638	0.874	0.709	0.709	0.625	0.8784	0.7038	0.7028	0.6139
Paid/Allowed Ratio (Cost-Sharing only)	1.090	1.017	0.959	0.959	0.932	0.938	0.968	0.968	0.939	1.005	0.956	0.956	0.936	1.006710405	0.954323937	0.954052583	0.933973992
Used Induced utilization factors	1.020	0.893	0.753	0.753	0.649	0.674	0.779	0.778	0.679	0.869	0.742	0.742	0.667	0.872573468	0.737510969	0.736617	0.657334599
Calculated	1.111	0.908	0.722	0.722	0.605	0.632	0.753	0.753	0.638	0.874	0.709	0.709	0.625	0.878	0.704	0.703	0.614

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

Details are on Exhibits 6b and 6C

Risk Adjustment

Time Period	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	Calendar Year 2022	Calendar Year 2023	Calendar Year 2024		
Total Risk adjustment (Dollar amount)	(\$11,339,783)	(\$8,765,021)	(\$14,867,461)		
Membership Member Months	235,460	241,500	283,848	20.55%	17.54%
PMPM	(\$48.16)	(\$36.29)	(\$51.67)	7.30%	42.37%
Premium	\$151,140,788	\$166,174,899	\$220,052,505	45.59%	32.42%
As a % of Premium	-8%	-5%	-7%	-11.16%	26.37%

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

NA

CSR Enrollment

Time Period	Enrollment (member months) During the Experience Period	Emerging Enrollment (member months) in Most Recent Approved Rate Filing	Projected Enrollment (member months) Assumed in Current Rate Filing
Time Period	01/01/2022-12/31/2022	01/01/2023-12/31/2023	01/01/2024-12/31/2024
94% AV Variant	0	0	0
87% AV Variant	0	0	0
77% AV Variant (if applicable)	0	0	0
73% AV Variant	0	0	0
70% AV Variant	0	0	0

2024 Rates Table Template v13.0										
All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.										
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.										
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.										
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.										
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.										
HIOS Issuer ID*	13627									
Rate Effective Date*	1/1/2024									
Rate Expiration Date*	12/31/2024									
Rating Method*	Family-Tier Rates									
Family Tier										
Plan ID*	Rating Area ID*	Individual Rate*	Couple*	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*	
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents	
1362VT0320001	Rating Area 1	1148.98	2297.96	2217.53	2217.53	2217.53	3228.63	3228.63	3228.63	
1362VT0320002	Rating Area 1	949.41	1898.82	1832.36	1832.36	1832.36	2667.84	2667.84	2667.84	
1362VT0320003	Rating Area 1	767.66	1535.32	1481.58	1481.58	1481.58	2157.12	2157.12	2157.12	
1362VT0320006	Rating Area 1	767.66	1535.32	1481.58	1481.58	1481.58	2157.12	2157.12	2157.12	
1362VT0320004	Rating Area 1	653.45	1306.90	1261.16	1261.16	1261.16	1836.19	1836.19	1836.19	
1362VT0320005	Rating Area 1	679.35	1358.70	1311.15	1311.15	1311.15	1908.97	1908.97	1908.97	
1362VT0330001	Rating Area 1	798.63	1597.26	1541.36	1541.36	1541.36	2244.15	2244.15	2244.15	
1362VT0330003	Rating Area 1	798.59	1597.18	1541.28	1541.28	1541.28	2244.04	2244.04	2244.04	
1362VT0330002	Rating Area 1	685.09	1370.18	1322.22	1322.22	1322.22	1925.10	1925.10	1925.10	
1362VT0360005	Rating Area 1	916.21	1832.42	1768.29	1768.29	1768.29	2574.55	2574.55	2574.55	
1362VT0360006	Rating Area 1	755.18	1510.36	1457.50	1457.50	1457.50	2122.06	2122.06	2122.06	
1362VT0360008	Rating Area 1	755.18	1510.36	1457.50	1457.50	1457.50	2122.06	2122.06	2122.06	
1362VT0360007	Rating Area 1	672.27	1344.54	1297.48	1297.48	1297.48	1889.08	1889.08	1889.08	
1362VT0370001	Rating Area 1	921.21	1842.42	1777.94	1777.94	1777.94	2588.60	2588.60	2588.60	
1362VT0370002	Rating Area 1	750.37	1500.74	1448.21	1448.21	1448.21	2108.54	2108.54	2108.54	
1362VT0370004	Rating Area 1	749.34	1498.68	1446.23	1446.23	1446.23	2105.65	2105.65	2105.65	
1362VT0370003	Rating Area 1	662.05	1324.10	1277.76	1277.76	1277.76	1860.36	1860.36	1860.36	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1		Unified Rate Review v6.0																		
2																				
3		Company Legal Name:	Blue Cross and Blue Shield of Vermont																	
4		HIOS Issuer ID:	13627	State:	VT															
5		Effective Date of Rate Change(s):	1/1/2024	Market:	Small Group															
6																				
7																				
8		Market Level Calculations (Same for all Plans)																		
9																				
10																				
11		Section I: Experience Period Data																		
12		Experience Period:	1/1/2022		to	12/31/2022														
13					Total			PMPM												
14		Allowed Claims			\$169,904,620.65			\$721.75												
15		Reinsurance			\$0.00			\$0.00												
16		Incurred Claims in Experience Period			\$142,897,164.68			\$607.02												
17		Risk Adjustment			\$12,665,449.44			\$53.80												
18		Experience Period Premium			\$143,656,384.00			\$610.25												
19		Experience Period Member Months			235,406															
20																				
21		Section II: Projections																		
22			Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims									
23		Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Cost	Utilization	PMPM										
24		Inpatient Hospital	\$115.80	1.109	1.005	1.066	1.005	1.059	1.005	\$138.26										
25		Outpatient Hospital	\$237.09	1.112	1.005	1.059	1.005	1.005	1.005	\$282.00										
26		Professional	\$156.24	1.064	1.010	1.051	1.010	1.010	1.010	\$178.21										
27		Other Medical	\$87.21	1.103	1.018	1.060	1.018	1.018	1.018	\$105.63										
28		Capitation	\$6.16	1.022	1.004	1.019	1.004	1.004	1.004	\$6.47										
29		Prescription Drug	\$119.17	1.020	1.119	1.020	1.124			\$155.85										
30		Total	\$721.67							\$866.42										
31																				
32		Morbidity Adjustment			1.016															
33		Demographic Shift			1.000															
34		Plan Design Changes			0.999															
35		Other			1.004															
36		Adjusted Trended EHB Allowed Claims PMPM for	1/1/2024		\$882.43															
37																				
38		Manual EHB Allowed Claims PMPM			\$0.00															
39		Applied Credibility %			100.00%															
40																				
41																				
42						Projected Period Totals														
43		Projected Index Rate for	1/1/2024		\$882.43	\$250,475,990.64														
44		Reinsurance			\$0.00	\$0.00														
45		Risk Adjustment Payment/Charge			\$61.19	\$17,369,084.64														
46		Exchange User Fees			0.00%	\$0.00														
47		Market Adjusted Index Rate			\$821.24	\$233,106,906.00														
48		Projected Member Months			283,848															
49																				
50		Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly 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.																		
51																				

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product-Plan Data Collection

Company Legal Name: Blue Cross and Blue Shield of Vermont
 HIOS Issuer ID: 13627 State: VT
 Effective Date of Rate Change(s): 1/1/2024 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + V.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product-Plan Level Calculations

Field # Section I: General Product and Plan Information

Field #	BCBSVT EPO (Small Group)								BCBSVT EPO CDPH (Small Group)				BCBSVT EPO Vermont Preferred (Small Group)				BCBSVT EPO Vermont Select CDPH (Small Group)			
	13627V0320002		13627V0320003		13627V0320004		13627V0320005		13627V0330001		13627V0330002		13627V0360006		13627V0360007		13627V0370001		13627V0370002	
1.1 Product Name	Standard Platinum																			
1.2 Product ID	13627V0320002																			
1.3 Plan Name	Standard Platinum																			
1.4 Plan ID (Standard Component ID)	13627V0320001																			
1.5 Metal	Platinum																			
1.6 AV Metal Value	0.707																			
1.7 Plan Category	Renewing																			
1.8 Plan Type	EPO																			
1.9 Exchange Plan?	Yes																			
1.10 Effective Date of Proposed Rates	1/1/2024																			
1.11 Cumulative Rate Change % (over 12 mos prior)	15.50%																			
1.12 Product Rate Increase %	14.20%																			
1.13 Submission Level Rate Increase %	14.55%																			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	13627V0320001	13627V0320002	13627V0320003	13627V0320004	13627V0320005	13627V0330001	13627V0330002	13627V0360006	13627V0360007	13627V0370001	13627V0370002	13627V0370004	13627V0370003
2.1 Plan ID (Standard Component ID)	\$169,904,621	\$165,781,682	\$43,122,940	\$20,601,845	\$0	\$15,941,950	\$6,223,854	\$887,586	\$0	\$2,631,614	\$938,913	\$42,962,399	\$0
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$27,159,935	\$3,272,353	\$3,477,464	\$0	\$4,129,856	\$1,226,516	\$224,432	\$0	\$1,813,782	\$1,046,080	\$951,984	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$142,897,165	\$138,621,747	\$39,850,587	\$17,124,384	\$0	\$11,813,094	\$4,995,338	\$663,154	\$0	\$5,748,109	\$3,022,835	\$5,365,714	\$0
2.7 Risk Adjustment Transfer Amount	\$12,665,449	\$12,665,449	\$9,689,689	\$428,474	\$0	\$2,508,034	\$47,682	\$-373,841	\$0	\$-2,107,075	\$-988,387	\$11,098,459	\$0
2.8 Premium	\$143,656,384	\$143,656,384	\$37,474,194	\$19,742,142	\$0	\$17,974,875	\$3,916,465	\$901,289	\$0	\$8,393,677	\$3,412,016	\$5,442,685	\$0
2.9 Expense Period Member Months	235,406	48,878	29,950	0	32,261	8,446	1,993	0	15,180	1,179	8,992	0	0
2.10 Current Enrollment	21,343	3,969	2,395	0	2,704	831	199	0	1,200	681	787	0	0
2.11 Current Premium PMPM	\$677.57	\$870.43	\$727.73	\$583.89	\$583.89	\$505.44	\$520.19	\$616.39	\$616.35	\$522.00	\$693.65	\$575.22	\$575.21
2.12 Loss Ratio	88.68%	84.49%	84.90%	#DIV/0!	76.37%	125.95%	80.14%	#DIV/0!	95.53%	101.68%	98.57%	#DIV/0!	113.61%
Per Member Per Month													
2.12 Allowed Claims	\$704.24	\$882.26	\$687.87	#DIV/0!	\$494.31	\$736.90	\$465.41	#DIV/0!	\$499.32	\$566.77	\$702.59	#DIV/0!	\$381.39
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
2.15 Member Cost Sharing	\$115.37	\$66.95	\$116.11	#DIV/0!	\$128.05	\$145.46	\$117.94	#DIV/0!	\$120.67	\$145.71	\$105.87	#DIV/0!	\$113.38
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
2.17 Incurred Claims	\$588.86	\$815.33	\$571.77	#DIV/0!	\$366.25	\$591.44	\$346.48	#DIV/0!	\$378.66	\$421.07	\$596.72	#DIV/0!	\$385.21
2.18 Risk Adjustment Transfer Amount	\$53.80	\$198.24	\$16.31	#DIV/0!	\$-77.77	\$5.65	\$-80.80	#DIV/0!	\$-156.55	\$-61.17	\$0.08	#DIV/0!	\$-305.37
2.19 Premium	\$610.25	\$766.69	\$659.17	#DIV/0!	\$557.34	\$463.94	\$473.62	#DIV/0!	\$552.94	\$475.28	\$605.28	#DIV/0!	\$541.27

Section III: Plan Adjustment Factors

Field #	13627V0320001	13627V0320002	13627V0320003	13627V0320004	13627V0320005	13627V0330001	13627V0330002	13627V0360006	13627V0360007	13627V0370001	13627V0370002	13627V0370004	13627V0370003
3.1 Plan ID (Standard Component ID)													
3.2 Market Adjusted Index Rate	1.0000												
3.3 AV and Cost Sharing Design of Plan	1.1113	0.9076	0.7219	0.6051	0.6318	0.7535	0.7534	0.6375	0.8736	0.7091	0.6245	0.8784	0.7038
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB Administrative Costs	1.0001	1.0001	1.0002	1.0002	1.0002	1.0002	1.0002	1.0001	1.0002	1.0002	1.0002	1.0001	1.0002
3.6 Administrative Expense	4.86%	5.85%	7.23%	7.23%	8.48%	8.13%	6.94%	8.08%	6.06%	7.33%	8.21%	6.06%	7.43%
3.7 Taxes and Fees	1.28%	1.35%	1.44%	1.44%	1.52%	1.50%	1.42%	1.49%	1.44%	1.44%	1.50%	1.36%	1.45%
3.8 Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
3.9 Catastrophe 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
3.10 Plan Adjusted Index Rate	\$1,004.52	\$830.04	\$671.14	\$671.14	\$571.29	\$593.94	\$698.22	\$698.19	\$598.95	\$801.01	\$660.23	\$660.23	\$587.74
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	\$1,004.52	\$830.04	\$671.14	\$671.14	\$571.29	\$593.94	\$698.22	\$698.19	\$598.95	\$801.01	\$660.23	\$660.23	\$587.74

Section IV: Projected Plan Level Information

Field #	Total	13627V0320001	13627V0320002	13627V0320003	13627V0320004	13627V0320005	13627V0330001	13627V0330002	13627V0360006	13627V0360007	13627V0370001	13627V0370002	13627V0370004	13627V0370003
4.1 Plan ID (Standard Component ID)														
4.2 Allowed Claims	\$262,010,729	\$47,386,569	\$28,600,309	\$0	\$32,288,885	\$9,924,817	\$2,381,513	\$0	\$14,333,385	\$8,130,374	\$8,916,827	\$0	\$9,470,668	
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.4 Member Cost Sharing	\$40,825,607	\$3,917,440	\$2,820,572	\$0	\$8,518,721	\$3,649,442	\$819,215	\$0	\$3,378,872	\$2,755,139	\$1,148,993	\$0	\$2,606,088	
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.6 Incurred Claims	\$221,185,122	\$51,304,009	\$25,779,737	\$0	\$23,770,163	\$6,275,374	\$1,562,297	\$0	\$10,954,513	\$5,375,235	\$7,767,835	\$0	\$6,864,579	
4.7 Risk Adjustment Transfer Amount	\$13,076,704	\$11,762,456	\$164,449	\$0	\$3,589,852	\$-22,656	\$-115,846	\$0	\$-239,667	\$-641,213	\$-332,837	\$0	\$-21,814,911	
4.8 Premium	\$220,026,821	\$51,568,556	\$25,718,162	\$0	\$23,476,899	\$6,142,589	\$1,532,374	\$0	\$10,841,546	\$5,275,617	\$7,737,877	\$0	\$6,774,029	
4.9 Projected Member Months	283,848	51,336	30,984	0	34,980	10,752	2,580	0	15,528	8,808	9,660	0	10,260	
4.10 Loss Ratio	94.89%	81.01%	99.60%	#DIV/0!	119.53%	102.54%	110.29%	#DIV/0!	144.10%	115.99%	104.81%	#DIV/0!	173.24%	
Per Member Per Month														
4.11 Allowed Claims	\$923.07	\$923.07	\$923.07	#DIV/0!	\$923.07	\$923.07	\$923.07	#DIV/0!	\$923.07	\$923.07	\$923.07	#DIV/0!	\$923.07	
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	
4.13 Member Cost Sharing	\$143.83	\$76.31	\$91.03	#DIV/0!	\$243.53	\$339.42	\$317.53	#DIV/0!	\$217.60	\$312.80	\$118.94	#DIV/0!	\$254.60	
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	
4.15 Incurred Claims	\$779.24	\$999.38	\$832.03	#DIV/0!	\$679.54	\$583.65	\$605.54	#DIV/0!	\$705.47	\$610.27	\$804.12	#DIV/0!	\$669.06	
4.16 Risk Adjustment Transfer Amount	\$46.07	\$229.13	\$5.31	#DIV/0!	\$-102.63	\$-21.11	\$-44.90	#DIV/0!	\$-208.63	\$-72.80	\$-33.83	#DIV/0!	\$-274.02	
4.17 Premium	\$775.16	\$1,004.53	\$830.05	#DIV/0!	\$671.15	\$571.30	\$593.94	#DIV/0!	\$698.19	\$598.96	\$801.02	#DIV/0!	\$660.24	

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 buttc*

Rating Area	Rating Factor
Rating Area 1	1.0000

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	5 digit HIOS ID (if applicable)	13627
SERFF Filing Number	Filing number assigned by SERFF	BCVT-133654592
Market	Market type: Individual, Small Group, Large Group etc.	Small Group
Product Name	Product name entered in SERFF	BCBSVT EPO, BCBSVT EPO CDHP, BCBSVT EPO Vermont Preferred, BCBSVT EPO Vermont Select
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2021
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2021
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2022
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2022
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2024
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2024

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133654592
Market	Small Group
Product Name	BCSVT EPO, BCBSVT EPO CDHP, BCBSVT EPO Vermont Preferred, BCBSVT EPO Vermont Se

Prescription Drug Costs as Percentage of Premium¹

Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$17.79	\$0.80	\$13.34	\$0.46	\$13.58	\$0.54
(III) Non-Specialty Brand PMPM	\$43.96	\$2.14	\$49.77	\$2.96	\$56.37	\$3.35
Specialty PMPM	\$62.70	\$17.69	\$95.39	\$0.00	\$136.15	\$0.00
(B) Medical Rx PMPM	\$77.89		\$86.00		\$106.23	
Total (Medical and Rx) Premium PMPM	\$652.55		\$610.25		\$775.16	
(I) Non-Specialty Generic % of Premium	2.73%	0.12%	2.19%	0.08%	1.75%	0.07%
(I) Non-Specialty Brand % of Premium	6.74%	0.33%	8.16%	0.49%	7.27%	0.43%
Specialty Total % of Premium	9.61%	2.71%	15.63%	0.00%	17.56%	0.00%
(B) Medical Rx PMPM	11.94%		14.09%		13.70%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.54%	-0.05%	-0.43%	0.00%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.42%	0.16%	-0.88%	-0.05%
Specialty % of Premium Change vs Prior Period			6.02%	-2.71%	1.93%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			2.16%		-0.39%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$11.86	\$0.59	\$7.51	\$0.27	\$11.40	\$0.46
(III) Non-Specialty Brand PMPM	\$38.09	\$1.98	\$43.92	\$2.75	\$47.33	\$2.82
Specialty PMPM	\$61.74	\$17.11	\$93.50	\$0.00	\$114.32	\$0.00
(B) Medical Rx PMPM	\$75.46		\$83.52		\$89.21	
Total Medical and Rx Premium PMPM	\$652.55		\$610.25		\$775.16	
(I) Non-Specialty Generic % of Premium	1.82%	0.09%	1.23%	0.04%	1.47%	0.06%
(I) Non-Specialty Brand % of Premium	5.84%	0.30%	7.20%	0.45%	6.11%	0.36%
Specialty Total % of Premium	9.46%	2.62%	15.32%	0.00%	14.75%	0.00%
(B) Medical Rx PMPM	11.56%		13.69%		11.51%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.59%	-0.05%	0.24%	0.01%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.36%	0.15%	-1.09%	-0.09%
Specialty % of Premium Change vs Prior Period			5.86%	-2.62%	-0.57%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			2.12%		-2.18%	

¹ **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:

- (I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;
- (II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and
- (III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.

(B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133654592
Market	Small Group
Product Name	BCBSVT EPO, BCBSVT EPO CDHP, BCBSVT EPO Vermont Preferred, BCBSVT EPO Vermont Select

Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ABECMA	NON-PREFERRED	National Performance Formulary
ABIRATERONE	ORAL CHEMO	National Performance Formulary
ABRAXANE	PREFERRED BRAND	National Performance Formulary
ACTEMRA	NON-PREFERRED	National Performance Formulary
ACTHAR	PREFERRED BRAND	National Performance Formulary
ACTIMMUNE	PREFERRED BRAND	National Performance Formulary
ADAKVEO	NON-PREFERRED	National Performance Formulary
ADBRY	PREFERRED BRAND	National Performance Formulary
ADCETRIS	PREFERRED BRAND	National Performance Formulary
ADEFOV	GENERIC	National Performance Formulary
ADEMPAS	PREFERRED BRAND	National Performance Formulary
ADRIAMYCIN	GENERIC	National Performance Formulary
ADVATE	PREFERRED BRAND	National Performance Formulary
ADYNOVATE	NON-PREFERRED	National Performance Formulary
AFSTYLA	NON-PREFERRED	National Performance Formulary
ALDURAZYME	PREFERRED BRAND	National Performance Formulary
ALECENSA	ORAL CHEMO	National Performance Formulary
ALFERON	PREFERRED BRAND	National Performance Formulary
ALIMTA	NON-PREFERRED	National Performance Formulary
ALIQOPA	NON-PREFERRED	National Performance Formulary
ALKERAN	NON-PREFERRED	National Performance Formulary
ALKERAN	ORAL CHEMO	National Performance Formulary
ALPHANATE	PREFERRED BRAND	National Performance Formulary
ALPHANINE	PREFERRED BRAND	National Performance Formulary
ALPROLIX	NON-PREFERRED	National Performance Formulary
ALUNBRIG	ORAL CHEMO	National Performance Formulary
ALYQ	GENERIC	National Performance Formulary
AMBRISENTAN	GENERIC	National Performance Formulary
AMJEVITA	NON-PREFERRED	National Performance Formulary
AMPYRA	NON-PREFERRED	National Performance Formulary
AMVUTTRA	NON-PREFERRED	National Performance Formulary
APOKYN	NON-PREFERRED	National Performance Formulary
APOMORPHINE	GENERIC	National Performance Formulary
ARALAST	NON-PREFERRED	National Performance Formulary
ARANESP	PREFERRED BRAND	National Performance Formulary
ARCALYST	NON-PREFERRED	National Performance Formulary
ARIKAYCE	NON-PREFERRED	National Performance Formulary
ARIXTRA	NON-PREFERRED	National Performance Formulary
ARIXTRA	NON-PREFERRED B	National Performance Formulary
ARRANON	NON-PREFERRED	National Performance Formulary
ARSENIC	GENERIC	National Performance Formulary
ARZERRA	PREFERRED BRAND	National Performance Formulary
ASPARLAS	NON-PREFERRED	National Performance Formulary
ASTAGRAF	NON-PREFERRED	National Performance Formulary
ASTAGRAF	NON-PREFERRED B	National Performance Formulary
ATGAM	PREFERRED BRAND	National Performance Formulary
AUBAGIO	NON-PREFERRED	National Performance Formulary
AUSTEDO	NON-PREFERRED	National Performance Formulary
AVASTIN	NON-PREFERRED	National Performance Formulary
AVONEX	PREFERRED BRAND	National Performance Formulary
AVSOLA	PREFERRED BRAND	National Performance Formulary
AYVAKIT	ORAL CHEMO	National Performance Formulary
AZACITIDINE	GENERIC	National Performance Formulary
BAFIERTAM	PREFERRED BRAND	National Performance Formulary

BALVERSA	ORAL CHEMO	National Performance Formulary
BARACLUDE	NON-PREFERRED	National Performance Formulary
BAVENCIO	NON-PREFERRED	National Performance Formulary
BELEODAQ	NON-PREFERRED	National Performance Formulary
BENDAMUSTINE	GENERIC	National Performance Formulary
BENDAMUSTINE	NON-PREFERRED	National Performance Formulary
BENDEKA	NON-PREFERRED	National Performance Formulary
BENEFIX	PREFERRED BRAND	National Performance Formulary
BENLYSTA	NON-PREFERRED	National Performance Formulary
BERINERT	NON-PREFERRED	National Performance Formulary
BESPONSA	NON-PREFERRED	National Performance Formulary
BETAINE	GENERIC	National Performance Formulary
BETASERON	PREFERRED BRAND	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED	National Performance Formulary
BEXAROTENE	GENERIC	National Performance Formulary
BEXAROTENE	ORAL CHEMO	National Performance Formulary
BICNU	NON-PREFERRED	National Performance Formulary
BIVIGAM	NON-PREFERRED	National Performance Formulary
BLENREP	NON-PREFERRED	National Performance Formulary
BLEOMYCIN	GENERIC	National Performance Formulary
BLINCYTO	NON-PREFERRED	National Performance Formulary
BORTEZOMIB	GENERIC	National Performance Formulary
BORTEZOMIB	NON-PREFERRED	National Performance Formulary
BOSENTAN	GENERIC	National Performance Formulary
BOSULIF	ORAL CHEMO	National Performance Formulary
BOTOX	PREFERRED BRAND	National Performance Formulary
BRAFTOVI	ORAL CHEMO	National Performance Formulary
BREYANZI	NON-PREFERRED	National Performance Formulary
BRINEURA	NON-PREFERRED	National Performance Formulary
BRUKINSA	ORAL CHEMO	National Performance Formulary
BUSULFAN	GENERIC	National Performance Formulary
BUSULFEX	NON-PREFERRED	National Performance Formulary
BYLVAY	NON-PREFERRED	National Performance Formulary
CABLIVI	NON-PREFERRED	National Performance Formulary
CABOMETYX	ORAL CHEMO	National Performance Formulary
CALQUENCE	ORAL CHEMO	National Performance Formulary
CAMCEVI	NON-PREFERRED	National Performance Formulary
CAMPOTOSAR	NON-PREFERRED	National Performance Formulary
CAPECITABINE	ORAL CHEMO	National Performance Formulary
CAPRELSA	ORAL CHEMO	National Performance Formulary
CARBAGLU	NON-PREFERRED	National Performance Formulary
CARBOPLATIN	GENERIC	National Performance Formulary
CARGLUMIC	GENERIC	National Performance Formulary
CARIMUNE	NON-PREFERRED	National Performance Formulary
CARMUSTINE	GENERIC	National Performance Formulary
CARVYKTI	NON-PREFERRED	National Performance Formulary
CELLCEPT	NON-PREFERRED	National Performance Formulary
CELLCEPT	NON-PREFERRED B	National Performance Formulary
CERDELGA	NON-PREFERRED	National Performance Formulary
CEREZYME	NON-PREFERRED	National Performance Formulary
CHENODAL	NON-PREFERRED	National Performance Formulary
CHOLBAM	NON-PREFERRED	National Performance Formulary
CIBINQO	PREFERRED BRAND	National Performance Formulary
CIMZIA	PREFERRED BRAND	National Performance Formulary
CINQAIR	NON-PREFERRED	National Performance Formulary
CINRYZE	NON-PREFERRED	National Performance Formulary
CISPLATIN	GENERIC	National Performance Formulary
CISPLATIN	NON-PREFERRED	National Performance Formulary
CLADRIBINE	GENERIC	National Performance Formulary
CLOFARABINE	GENERIC	National Performance Formulary
CLOLAR	NON-PREFERRED	National Performance Formulary
CLOVIQUE	GENERIC	National Performance Formulary
COAGADEX	NON-PREFERRED	National Performance Formulary
COMETRIQ	ORAL CHEMO	National Performance Formulary
COPAXONE	PREFERRED BRAND	National Performance Formulary
COPIKTRA	ORAL CHEMO	National Performance Formulary
CORIFACT	PREFERRED BRAND	National Performance Formulary
CORTROPHIN	PREFERRED BRAND	National Performance Formulary
COSMEGEN	NON-PREFERRED	National Performance Formulary
COTELLIC	ORAL CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED	National Performance Formulary
CUVITRU	NON-PREFERRED	National Performance Formulary

CYCLOPHOSPH	GENERIC	National Performance Formulary
CYCLOPHOSPH	NON-PREFERRED	National Performance Formulary
CYCLOPHOSPHA	NON-PREFERRED	National Performance Formulary
CYCLOSPORINE	GENERIC	National Performance Formulary
CYCLOSPORINE	GENERIC PREVENT	National Performance Formulary
CYRAMZA	NON-PREFERRED	National Performance Formulary
CYSTADANE	NON-PREFERRED	National Performance Formulary
CYSTADROPS	NON-PREFERRED	National Performance Formulary
CYSTAGON	NON-PREFERRED	National Performance Formulary
CYSTARAN	NON-PREFERRED	National Performance Formulary
CYTARABINE	GENERIC	National Performance Formulary
CYTOGAM	PREFERRED BRAND	National Performance Formulary
DACARBAZINE	GENERIC	National Performance Formulary
DACOGEN	NON-PREFERRED	National Performance Formulary
DACTINOMYCIN	GENERIC	National Performance Formulary
DALFAMPRIDIN	GENERIC	National Performance Formulary
DANYELZA	NON-PREFERRED	National Performance Formulary
DARAPRIM	NON-PREFERRED	National Performance Formulary
DARZALEX	NON-PREFERRED	National Performance Formulary
DAUNORUBICIN	GENERIC	National Performance Formulary
DAURISMO	ORAL CHEMO	National Performance Formulary
DECITABINE	GENERIC	National Performance Formulary
DEPEN	PREFERRED BRAND	National Performance Formulary
DEXRAZOXANE	GENERIC	National Performance Formulary
DEXTENZA	NON-PREFERRED	National Performance Formulary
DIACOMIT	NON-PREFERRED	National Performance Formulary
DICHLORPHENA	GENERIC	National Performance Formulary
DIMETHYL	GENERIC	National Performance Formulary
DOCETAXEL	GENERIC	National Performance Formulary
DOPTLET	NON-PREFERRED	National Performance Formulary
DOXIL	NON-PREFERRED	National Performance Formulary
DOXORUBICIN	GENERIC	National Performance Formulary
DROXIDOPA	GENERIC	National Performance Formulary
DUPIXENT	PREFERRED BRAND	National Performance Formulary
DUROLANE	PREFERRED BRAND	National Performance Formulary
DYSPORT	NON-PREFERRED	National Performance Formulary
EGRIFTA	NON-PREFERRED	National Performance Formulary
ELAPRASE	PREFERRED BRAND	National Performance Formulary
ELELYSO	NON-PREFERRED	National Performance Formulary
ELIGARD	NON-PREFERRED	National Performance Formulary
ELITEK	NON-PREFERRED	National Performance Formulary
ELLENC	NON-PREFERRED	National Performance Formulary
ELOCTATE	NON-PREFERRED	National Performance Formulary
ELZONRIS	NON-PREFERRED	National Performance Formulary
EMFLAZA	NON-PREFERRED	National Performance Formulary
EMPAVELI	NON-PREFERRED	National Performance Formulary
EMPLICITI	NON-PREFERRED	National Performance Formulary
ENBREL	PREFERRED BRAND	National Performance Formulary
ENHERTU	NON-PREFERRED	National Performance Formulary
ENJAYMO	NON-PREFERRED	National Performance Formulary
ENOXAPARIN	GENERIC	National Performance Formulary
ENOXAPARIN	GENERIC PREVENT	National Performance Formulary
ENSPRYNG	NON-PREFERRED	National Performance Formulary
ENTECAVIR	GENERIC	National Performance Formulary
ENTYVIO	NON-PREFERRED	National Performance Formulary
ENVARBUS	NON-PREFERRED	National Performance Formulary
ENVARBUS	NON-PREFERRED B	National Performance Formulary
EPCLUSA	PREFERRED BRAND	National Performance Formulary
EPIDIOLEX	NON-PREFERRED	National Performance Formulary
EPIRUBICIN	GENERIC	National Performance Formulary
EPIVIR	NON-PREFERRED	National Performance Formulary
EPIVIR	PREFERRED BRAND	National Performance Formulary
EPOPROSTENOL	GENERIC	National Performance Formulary
ERBITUX	PREFERRED BRAND	National Performance Formulary
ERIVEDGE	ORAL CHEMO	National Performance Formulary
ERLEADA	ORAL CHEMO	National Performance Formulary
ERLOTINIB	ORAL CHEMO	National Performance Formulary
ERWINASE	NON-PREFERRED	National Performance Formulary
ERWINAZE	NON-PREFERRED	National Performance Formulary
ESBRIET	NON-PREFERRED	National Performance Formulary
ETOPOPHOS	NON-PREFERRED	National Performance Formulary
ETOPOSIDE	GENERIC	National Performance Formulary

ETOPOSIDE	ORAL CHEMO	National Performance Formulary
EUFLEXA	PREFERRED BRAND	National Performance Formulary
EVENITY	NON-PREFERRED	National Performance Formulary
EVENITY	NON-PREFERRED B	National Performance Formulary
EVEROLIMUS	GENERIC	National Performance Formulary
EVEROLIMUS	GENERIC PREVENT	National Performance Formulary
EVEROLIMUS	ORAL CHEMO	National Performance Formulary
EVKEEZA	NON-PREFERRED	National Performance Formulary
EVKEEZA	NON-PREFERRED B	National Performance Formulary
EVOMELA	NON-PREFERRED	National Performance Formulary
EVRYSDI	NON-PREFERRED	National Performance Formulary
EXKIVITY	ORAL CHEMO	National Performance Formulary
EYLEA	NON-PREFERRED	National Performance Formulary
FABRAZYME	PREFERRED BRAND	National Performance Formulary
FARYDAK	ORAL CHEMO	National Performance Formulary
FASENRA	PREFERRED BRAND	National Performance Formulary
FASLODEX	NON-PREFERRED	National Performance Formulary
FEIBA	PREFERRED BRAND	National Performance Formulary
FENSOLVI	NON-PREFERRED	National Performance Formulary
FIBRYGA	PREFERRED BRAND	National Performance Formulary
FINGOLIMOD	GENERIC	National Performance Formulary
FINTEPLA	NON-PREFERRED	National Performance Formulary
FIRMAGON	NON-PREFERRED	National Performance Formulary
FLEBOGAMMA	NON-PREFERRED	National Performance Formulary
FLOLAN	NON-PREFERRED	National Performance Formulary
FLOXURIDINE	GENERIC	National Performance Formulary
FLUDARABINE	GENERIC	National Performance Formulary
FLUOROURACIL	GENERIC	National Performance Formulary
FOLOTYN	PREFERRED BRAND	National Performance Formulary
FONDAPARINUX	GENERIC	National Performance Formulary
FONDAPARINUX	GENERIC PREVENT	National Performance Formulary
FRAGMIN	NON-PREFERRED	National Performance Formulary
FRAGMIN	NON-PREFERRED B	National Performance Formulary
FULVESTRANT	GENERIC	National Performance Formulary
FYARRO	NON-PREFERRED	National Performance Formulary
GALAFOLD	NON-PREFERRED	National Performance Formulary
GAMASTAN	PREFERRED BRAND	National Performance Formulary
GAMIFANT	NON-PREFERRED	National Performance Formulary
GAMMAGARD	NON-PREFERRED	National Performance Formulary
GAMMAKED	NON-PREFERRED	National Performance Formulary
GAMMAPLEX	NON-PREFERRED	National Performance Formulary
GAMUNEX-C	NON-PREFERRED	National Performance Formulary
GATTEX	NON-PREFERRED	National Performance Formulary
GAVRETO	ORAL CHEMO	National Performance Formulary
GAZYVA	NON-PREFERRED	National Performance Formulary
GELSYN-3	PREFERRED BRAND	National Performance Formulary
GEMCITABINE	GENERIC	National Performance Formulary
GENGRAF	GENERIC	National Performance Formulary
GENGRAF	GENERIC PREVENT	National Performance Formulary
GILENYA	NON-PREFERRED	National Performance Formulary
GILOTRIF	ORAL CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED	National Performance Formulary
GLASSIA	NON-PREFERRED	National Performance Formulary
GLATIRAMER	GENERIC	National Performance Formulary
GLATOPA	GENERIC	National Performance Formulary
GLEOSTINE	ORAL CHEMO	National Performance Formulary
HAEGARDA	NON-PREFERRED	National Performance Formulary
HALAVEN	PREFERRED BRAND	National Performance Formulary
HARVONI	PREFERRED BRAND	National Performance Formulary
HEMLIBRA	NON-PREFERRED	National Performance Formulary
HEMOFIL	NON-PREFERRED	National Performance Formulary
HEPSERA	NON-PREFERRED	National Performance Formulary
HERCEP	NON-PREFERRED	National Performance Formulary
HERCEPTIN	NON-PREFERRED	National Performance Formulary
HIZENTRA	NON-PREFERRED	National Performance Formulary
HUMATE-P	PREFERRED BRAND	National Performance Formulary
HUMIRA	PREFERRED BRAND	National Performance Formulary
HYCAMTIN	NON-PREFERRED	National Performance Formulary
HYCAMTIN	ORAL CHEMO	National Performance Formulary
HYDROXY	NON-PREFERRED	National Performance Formulary
HYDROXYPROG	GENERIC	National Performance Formulary
HYPERRHO	PREFERRED BRAND	National Performance Formulary

HYQVIA	NON-PREFERRED	National Performance Formulary
IBRANCE	ORAL CHEMO	National Performance Formulary
ICATIBANT	GENERIC	National Performance Formulary
ICLUSIG	ORAL CHEMO	National Performance Formulary
IDAMYCIN	NON-PREFERRED	National Performance Formulary
IDARUBICIN	GENERIC	National Performance Formulary
IDELVION	NON-PREFERRED	National Performance Formulary
IDHIFA	ORAL CHEMO	National Performance Formulary
IFEX	NON-PREFERRED	National Performance Formulary
IFOSFAMIDE	GENERIC	National Performance Formulary
ILARIS	PREFERRED BRAND	National Performance Formulary
ILUMYA	NON-PREFERRED	National Performance Formulary
ILUVIEN	NON-PREFERRED	National Performance Formulary
IMATINIB	ORAL CHEMO	National Performance Formulary
IMBRUVICA	ORAL CHEMO	National Performance Formulary
IMFINZI	NON-PREFERRED	National Performance Formulary
IMLYGIC	NON-PREFERRED	National Performance Formulary
INBRIJA	NON-PREFERRED	National Performance Formulary
INCRELEX	PREFERRED BRAND	National Performance Formulary
INFLECTRA	PREFERRED BRAND	National Performance Formulary
INFUGEM	NON-PREFERRED	National Performance Formulary
INGREZZA	NON-PREFERRED	National Performance Formulary
INLYTA	ORAL CHEMO	National Performance Formulary
INREBIC	ORAL CHEMO	National Performance Formulary
INTRON	NON-PREFERRED	National Performance Formulary
IRESSA	ORAL CHEMO	National Performance Formulary
IRINOTECAN	GENERIC	National Performance Formulary
ISTODAX	NON-PREFERRED	National Performance Formulary
IXEMPRA	PREFERRED BRAND	National Performance Formulary
IXINITY	NON-PREFERRED	National Performance Formulary
JAKAFI	ORAL CHEMO	National Performance Formulary
JELMYTO	NON-PREFERRED	National Performance Formulary
JEMPERLI	NON-PREFERRED	National Performance Formulary
JEVTANA	PREFERRED BRAND	National Performance Formulary
JIVI	NON-PREFERRED	National Performance Formulary
JUXTAPID	NON-PREFERRED	National Performance Formulary
JUXTAPID	NON-PREFERRED B	National Performance Formulary
KADCYLA	NON-PREFERRED	National Performance Formulary
KALBITOR	NON-PREFERRED	National Performance Formulary
KALYDECO	NON-PREFERRED	National Performance Formulary
KANJINTI	PREFERRED BRAND	National Performance Formulary
KANUMA	NON-PREFERRED	National Performance Formulary
KEPIVANCE	PREFERRED BRAND	National Performance Formulary
KESIMPTA	PREFERRED BRAND	National Performance Formulary
KEVEYIS	NON-PREFERRED	National Performance Formulary
KEVZARA	NON-PREFERRED	National Performance Formulary
KEYTRUDA	NON-PREFERRED	National Performance Formulary
KHAPZORY	NON-PREFERRED	National Performance Formulary
KIMMTRAK	NON-PREFERRED	National Performance Formulary
KINERET	NON-PREFERRED	National Performance Formulary
KISQALI	ORAL CHEMO	National Performance Formulary
KOATE	PREFERRED BRAND	National Performance Formulary
KOATE-DVI	PREFERRED BRAND	National Performance Formulary
KOGENATE	NON-PREFERRED	National Performance Formulary
KORLYM	NON-PREFERRED	National Performance Formulary
KORSUVA	NON-PREFERRED	National Performance Formulary
KOSELUGO	ORAL CHEMO	National Performance Formulary
KOVALTRY	NON-PREFERRED	National Performance Formulary
KRYSTEXXA	NON-PREFERRED	National Performance Formulary
KYMRIAH	NON-PREFERRED	National Performance Formulary
KYNMOBI	NON-PREFERRED	National Performance Formulary
KYPROLIS	PREFERRED BRAND	National Performance Formulary
LAMIVUDINE	GENERIC	National Performance Formulary
LAPATINIB	ORAL CHEMO	National Performance Formulary
LEMTRADA	NON-PREFERRED	National Performance Formulary
LENALIDOMIDE	ORAL CHEMO	National Performance Formulary
LENVIMA	ORAL CHEMO	National Performance Formulary
LEUKINE	NON-PREFERRED	National Performance Formulary
LEUPROLIDE	GENERIC	National Performance Formulary
LEVOLEUCOVOR	GENERIC	National Performance Formulary
LIBTAYO	NON-PREFERRED	National Performance Formulary
LIVTENCITY	NON-PREFERRED	National Performance Formulary

LONSURF	ORAL CHEMO	National Performance Formulary
LORBRENA	ORAL CHEMO	National Performance Formulary
LOVENOX	NON-PREFERRED	National Performance Formulary
LOVENOX	NON-PREFERRED B	National Performance Formulary
LUCENTIS	PREFERRED BRAND	National Performance Formulary
LUMAKRAS	ORAL CHEMO	National Performance Formulary
LUMIZYME	PREFERRED BRAND	National Performance Formulary
LUMOXITI	NON-PREFERRED	National Performance Formulary
LUPANETA	NON-PREFERRED	National Performance Formulary
LUPR	NON-PREFERRED	National Performance Formulary
LUPR	PREFERRED BRAND	National Performance Formulary
LUPRON	NON-PREFERRED	National Performance Formulary
LUPRON	PREFERRED BRAND	National Performance Formulary
LUXTURNA	NON-PREFERRED	National Performance Formulary
LYNPARZA	ORAL CHEMO	National Performance Formulary
MAKENA	PREFERRED BRAND	National Performance Formulary
MARGENZA	NON-PREFERRED	National Performance Formulary
MARQIBO	NON-PREFERRED	National Performance Formulary
MATULANE	ORAL CHEMO	National Performance Formulary
MAVENCLAD	NON-PREFERRED	National Performance Formulary
MAVYRET	PREFERRED BRAND	National Performance Formulary
MAYZENT	NON-PREFERRED	National Performance Formulary
MEKINIST	ORAL CHEMO	National Performance Formulary
MEKTOVI	ORAL CHEMO	National Performance Formulary
MELPHALAN	GENERIC	National Performance Formulary
MELPHALAN	ORAL CHEMO	National Performance Formulary
MEPSEVII	NON-PREFERRED	National Performance Formulary
MESNA	GENERIC	National Performance Formulary
MESNEX	NON-PREFERRED	National Performance Formulary
MESNEX	ORAL CHEMO	National Performance Formulary
MICRHOGAM	PREFERRED BRAND	National Performance Formulary
MIGLUSTAT	GENERIC	National Performance Formulary
MIRCERA	NON-PREFERRED	National Performance Formulary
MITOMYCIN	GENERIC	National Performance Formulary
MITOMYCIN	NON-PREFERRED	National Performance Formulary
MITOXANTRON	GENERIC	National Performance Formulary
MONJUVI	NON-PREFERRED	National Performance Formulary
MONONINE	PREFERRED BRAND	National Performance Formulary
MOZOBIL	PREFERRED BRAND	National Performance Formulary
MUPLETA	PREFERRED BRAND	National Performance Formulary
MUTAMYCIN	GENERIC	National Performance Formulary
MVASI	PREFERRED BRAND	National Performance Formulary
MYALEPT	NON-PREFERRED	National Performance Formulary
MYCOPHENOLAT	GENERIC	National Performance Formulary
MYCOPHENOLAT	GENERIC PREVENT	National Performance Formulary
MYCOPHENOLIC	GENERIC	National Performance Formulary
MYCOPHENOLIC	GENERIC PREVENT	National Performance Formulary
MYFORTIC	NON-PREFERRED	National Performance Formulary
MYFORTIC	NON-PREFERRED B	National Performance Formulary
MYLOTARG	NON-PREFERRED	National Performance Formulary
MYOBLOC	NON-PREFERRED	National Performance Formulary
NAGLAZYME	PREFERRED BRAND	National Performance Formulary
NATPARA	NON-PREFERRED	National Performance Formulary
NATPARA	NON-PREFERRED B	National Performance Formulary
NAVELBINE	NON-PREFERRED	National Performance Formulary
NELARABINE	GENERIC	National Performance Formulary
NEORAL	NON-PREFERRED	National Performance Formulary
NEORAL	NON-PREFERRED B	National Performance Formulary
NERLYNX	ORAL CHEMO	National Performance Formulary
NEULASTA	NON-PREFERRED	National Performance Formulary
NEXAVAR	ORAL CHEMO	National Performance Formulary
NEXVIAZYME	NON-PREFERRED	National Performance Formulary
NILANDRON	ORAL CHEMO	National Performance Formulary
NILUTAMIDE	ORAL CHEMO	National Performance Formulary
NINLARO	ORAL CHEMO	National Performance Formulary
NIPENT	NON-PREFERRED	National Performance Formulary
NITISINONE	GENERIC	National Performance Formulary
NITYR	NON-PREFERRED	National Performance Formulary
NIVESTYM	PREFERRED BRAND	National Performance Formulary
NORDITROPIN	PREFERRED BRAND	National Performance Formulary
NOVOEIGHT	PREFERRED BRAND	National Performance Formulary
NOVOSEVEN	NON-PREFERRED	National Performance Formulary

NPLATE	NON-PREFERRED	National Performance Formulary
NUBEQA	ORAL CHEMO	National Performance Formulary
NUCALA	PREFERRED BRAND	National Performance Formulary
NULIBRY	NON-PREFERRED	National Performance Formulary
NULOJIX	NON-PREFERRED	National Performance Formulary
NUTROPIN	PREFERRED BRAND	National Performance Formulary
NUWIQ	PREFERRED BRAND	National Performance Formulary
OBIZUR	NON-PREFERRED	National Performance Formulary
OICALIVA	NON-PREFERRED	National Performance Formulary
OCREVUS	NON-PREFERRED	National Performance Formulary
OCTAGAM	NON-PREFERRED	National Performance Formulary
OCTREOTIDE	GENERIC	National Performance Formulary
ODOMZO	ORAL CHEMO	National Performance Formulary
OFEV	NON-PREFERRED	National Performance Formulary
OLUMIANT	NON-PREFERRED	National Performance Formulary
ONCASPAR	PREFERRED BRAND	National Performance Formulary
ONIVYDE	NON-PREFERRED	National Performance Formulary
ONPATTRO	NON-PREFERRED	National Performance Formulary
ONUREG	ORAL CHEMO	National Performance Formulary
OPDIVO	NON-PREFERRED	National Performance Formulary
OPDUALAG	NON-PREFERRED	National Performance Formulary
OPSUMIT	PREFERRED BRAND	National Performance Formulary
ORENCIA	NON-PREFERRED	National Performance Formulary
ORENITRAM	NON-PREFERRED	National Performance Formulary
ORFADIN	NON-PREFERRED	National Performance Formulary
ORGOVYX	ORAL CHEMO	National Performance Formulary
ORKAMBI	NON-PREFERRED	National Performance Formulary
ORLADEYO	NON-PREFERRED	National Performance Formulary
OTEZLA	PREFERRED BRAND	National Performance Formulary
OXALIPLATIN	GENERIC	National Performance Formulary
OXERVATE	NON-PREFERRED	National Performance Formulary
OXLUMO	NON-PREFERRED	National Performance Formulary
OZURDEX	NON-PREFERRED	National Performance Formulary
PACLITAXEL	GENERIC	National Performance Formulary
PACLITAXEL	NON-PREFERRED	National Performance Formulary
PADCEV	NON-PREFERRED	National Performance Formulary
PALYNZIQ	NON-PREFERRED	National Performance Formulary
PAMIDRONATE	GENERIC	National Performance Formulary
PAMIDRONATE	GENERIC PREVENT	National Performance Formulary
PARAPLATIN	GENERIC	National Performance Formulary
PARSABIV	NON-PREFERRED	National Performance Formulary
PEGASYS	PREFERRED BRAND	National Performance Formulary
PEGINTRON	NON-PREFERRED	National Performance Formulary
PEMETREXED	GENERIC	National Performance Formulary
PEMETREXED	NON-PREFERRED	National Performance Formulary
PEMFEXY	NON-PREFERRED	National Performance Formulary
PENICILLAMIN	GENERIC	National Performance Formulary
PEPAXTO	NON-PREFERRED	National Performance Formulary
PERJETA	PREFERRED BRAND	National Performance Formulary
PHENYL BUTYRA	GENERIC	National Performance Formulary
PHESGO	PREFERRED BRAND	National Performance Formulary
PHOTOFRIN	NON-PREFERRED	National Performance Formulary
PIQRAY	ORAL CHEMO	National Performance Formulary
PIRFENIDONE	GENERIC	National Performance Formulary
POLIVY	NON-PREFERRED	National Performance Formulary
POMALYST	ORAL CHEMO	National Performance Formulary
PORTRAZZA	NON-PREFERRED	National Performance Formulary
POTELIGEO	NON-PREFERRED	National Performance Formulary
PREVMIS	NON-PREFERRED	National Performance Formulary
PRIVIGEN	NON-PREFERRED	National Performance Formulary
PROCRT	PREFERRED BRAND	National Performance Formulary
PROCYSBI	NON-PREFERRED	National Performance Formulary
PROFILNINE	PREFERRED BRAND	National Performance Formulary
PROGRAF	NON-PREFERRED	National Performance Formulary
PROGRAF	NON-PREFERRED B	National Performance Formulary
PROLASTIN-C	NON-PREFERRED	National Performance Formulary
PROLEUKIN	PREFERRED BRAND	National Performance Formulary
PROLIA	PREFERRED BRAND	National Performance Formulary
PROMACTA	NON-PREFERRED	National Performance Formulary
PROVENGE	PREFERRED BRAND	National Performance Formulary
PULMOZYME	PREFERRED BRAND	National Performance Formulary
PURIXAN	ORAL CHEMO	National Performance Formulary

PYRIMETHAMIN	GENERIC	National Performance Formulary
PYRUKYND	NON-PREFERRED	National Performance Formulary
QINLOCK	ORAL CHEMO	National Performance Formulary
RADICAVA	NON-PREFERRED	National Performance Formulary
RAPAMUNE	NON-PREFERRED	National Performance Formulary
RAPAMUNE	NON-PREFERRED B	National Performance Formulary
RAVICTI	NON-PREFERRED	National Performance Formulary
REBINYN	NON-PREFERRED	National Performance Formulary
REBLOZYL	NON-PREFERRED	National Performance Formulary
RECLAST	NON-PREFERRED	National Performance Formulary
RECLAST	NON-PREFERRED B	National Performance Formulary
RECOMBINATE	PREFERRED BRAND	National Performance Formulary
RETACRIT	PREFERRED BRAND	National Performance Formulary
RETEVMO	ORAL CHEMO	National Performance Formulary
RETHYMIC	NON-PREFERRED	National Performance Formulary
RETISERT	NON-PREFERRED	National Performance Formulary
REVATIO	NON-PREFERRED	National Performance Formulary
REVOVI	NON-PREFERRED	National Performance Formulary
REVLIMID	ORAL CHEMO	National Performance Formulary
RHOGAM	PREFERRED BRAND	National Performance Formulary
RIASTAP	PREFERRED BRAND	National Performance Formulary
RIBAVIRIN	GENERIC	National Performance Formulary
RIDAURA	NON-PREFERRED	National Performance Formulary
RINVOQ	PREFERRED BRAND	National Performance Formulary
RITUXAN	NON-PREFERRED	National Performance Formulary
RIXUBIS	NON-PREFERRED	National Performance Formulary
ROMIDEPSIN	GENERIC	National Performance Formulary
ROMIDEPSIN	NON-PREFERRED	National Performance Formulary
ROZLYTREK	ORAL CHEMO	National Performance Formulary
RUCONEST	NON-PREFERRED	National Performance Formulary
RUXIENCE	PREFERRED BRAND	National Performance Formulary
RYBREVANT	NON-PREFERRED	National Performance Formulary
RYDAPT	ORAL CHEMO	National Performance Formulary
SAJAZIR	GENERIC	National Performance Formulary
SAMSCA	NON-PREFERRED	National Performance Formulary
SANDIMMUNE	NON-PREFERRED	National Performance Formulary
SANDIMMUNE	NON-PREFERRED B	National Performance Formulary
SANDIMMUNE	PREFERRED BRAND	National Performance Formulary
SANDOSTATIN	NON-PREFERRED	National Performance Formulary
SAPHNELO	NON-PREFERRED	National Performance Formulary
SAPROPTERIN	GENERIC	National Performance Formulary
SARCLISA	NON-PREFERRED	National Performance Formulary
SCEMBLIX	ORAL CHEMO	National Performance Formulary
SCENESSE	NON-PREFERRED	National Performance Formulary
SEROSTIM	NON-PREFERRED	National Performance Formulary
SIGNIFOR	NON-PREFERRED	National Performance Formulary
SILDENAFIL	GENERIC	National Performance Formulary
SILIQ	NON-PREFERRED	National Performance Formulary
SIMPONI	PREFERRED BRAND	National Performance Formulary
SIROLIMUS	GENERIC	National Performance Formulary
SIROLIMUS	GENERIC PREVENT	National Performance Formulary
SKYRIZI	PREFERRED BRAND	National Performance Formulary
SODIUM	GENERIC	National Performance Formulary
SOLIRIS	NON-PREFERRED	National Performance Formulary
SOMATULINE	NON-PREFERRED	National Performance Formulary
SOMAVERT	NON-PREFERRED	National Performance Formulary
SORAFENIB	ORAL CHEMO	National Performance Formulary
SOVALDI	NON-PREFERRED	National Performance Formulary
SPEVIGO	NON-PREFERRED	National Performance Formulary
SPRAVATO	NON-PREFERRED	National Performance Formulary
SPRYCEL	ORAL CHEMO	National Performance Formulary
STELARA	PREFERRED BRAND	National Performance Formulary
STIVARGA	ORAL CHEMO	National Performance Formulary
STRENSIQ	PREFERRED BRAND	National Performance Formulary
SUBLOCADE	NON-PREFERRED	National Performance Formulary
SUCRAID	NON-PREFERRED	National Performance Formulary
SUNITINIB	ORAL CHEMO	National Performance Formulary
SUPPRELIN	PREFERRED BRAND	National Performance Formulary
SUSVIMO	NON-PREFERRED	National Performance Formulary
SYLVANT	NON-PREFERRED	National Performance Formulary
SYMDEKO	NON-PREFERRED	National Performance Formulary
SYNAGIS	PREFERRED BRAND	National Performance Formulary

SYNRIBO	NON-PREFERRED	National Performance Formulary
TABLOID	ORAL CHEMO	National Performance Formulary
TABRECTA	ORAL CHEMO	National Performance Formulary
TACROLIMUS	GENERIC	National Performance Formulary
TACROLIMUS	GENERIC PREVENT	National Performance Formulary
TADALAFIL	GENERIC	National Performance Formulary
TAFINLAR	ORAL CHEMO	National Performance Formulary
TAGRISSO	ORAL CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED	National Performance Formulary
TALTZ	NON-PREFERRED	National Performance Formulary
TARGRETIN	NON-PREFERRED	National Performance Formulary
TASIGNA	ORAL CHEMO	National Performance Formulary
TASIMELTEON	GENERIC	National Performance Formulary
TAVALISSE	NON-PREFERRED	National Performance Formulary
TECARTUS	NON-PREFERRED	National Performance Formulary
TECENTRIQ	NON-PREFERRED	National Performance Formulary
TEGSEDI	NON-PREFERRED	National Performance Formulary
TEMODAR	PREFERRED BRAND	National Performance Formulary
TEMOZOLOMIDE	ORAL CHEMO	National Performance Formulary
TEMSIROLIMUS	GENERIC	National Performance Formulary
TENIPOSIDE	GENERIC	National Performance Formulary
TEPADINA	NON-PREFERRED	National Performance Formulary
TEPEZZA	NON-PREFERRED	National Performance Formulary
TERIPARATIDE	PREFERRED BRAND	National Performance Formulary
TETRABENAZIN	GENERIC	National Performance Formulary
THALOMID	ORAL CHEMO	National Performance Formulary
THIOLA	NON-PREFERRED	National Performance Formulary
THIOTEPA	GENERIC	National Performance Formulary
TIBSOVO	ORAL CHEMO	National Performance Formulary
TICE	PREFERRED BRAND	National Performance Formulary
TIOPRONIN	GENERIC	National Performance Formulary
TIVDAK	NON-PREFERRED	National Performance Formulary
TOBI	NON-PREFERRED	National Performance Formulary
TOBRAMYCIN	GENERIC	National Performance Formulary
TOLVAPTAN	GENERIC	National Performance Formulary
TOPOSAR	GENERIC	National Performance Formulary
TOPOTECAN	GENERIC	National Performance Formulary
TORISEL	NON-PREFERRED	National Performance Formulary
TOTECT	NON-PREFERRED	National Performance Formulary
TRACLEER	NON-PREFERRED	National Performance Formulary
TRAZIMERA	PREFERRED BRAND	National Performance Formulary
TRELSTAR	NON-PREFERRED	National Performance Formulary
TREMFYA	PREFERRED BRAND	National Performance Formulary
TREPROSTINIL	GENERIC	National Performance Formulary
TRETINOIN	ORAL CHEMO	National Performance Formulary
TRETTEN	NON-PREFERRED	National Performance Formulary
TRIENTINE	GENERIC	National Performance Formulary
TRIKAFTA	NON-PREFERRED	National Performance Formulary
TRIPODUR	NON-PREFERRED	National Performance Formulary
TRISENOX	NON-PREFERRED	National Performance Formulary
TRODELVY	NON-PREFERRED	National Performance Formulary
TRUSELTIQ	ORAL CHEMO	National Performance Formulary
TUKYSA	ORAL CHEMO	National Performance Formulary
TURALIO	ORAL CHEMO	National Performance Formulary
TYMLOS	PREFERRED BRAND	National Performance Formulary
TYSABRI	NON-PREFERRED	National Performance Formulary
TYVASO	NON-PREFERRED	National Performance Formulary
ULTOMIRIS	NON-PREFERRED	National Performance Formulary
UNITUXIN	NON-PREFERRED	National Performance Formulary
UPLIZNA	NON-PREFERRED	National Performance Formulary
UPTRAVI	NON-PREFERRED	National Performance Formulary
VABYSMO	NON-PREFERRED	National Performance Formulary
VALCHLOR	NON-PREFERRED	National Performance Formulary
VALRUBICIN	GENERIC	National Performance Formulary
VALSTAR	NON-PREFERRED	National Performance Formulary
VANTAS	NON-PREFERRED	National Performance Formulary
VECTIBIX	NON-PREFERRED	National Performance Formulary
VELCADE	NON-PREFERRED	National Performance Formulary
VELETRI	NON-PREFERRED	National Performance Formulary
VENCLEXTA	ORAL CHEMO	National Performance Formulary
VENTAVIS	NON-PREFERRED	National Performance Formulary
VERZENIO	ORAL CHEMO	National Performance Formulary

VIDAZA	NON-PREFERRED	National Performance Formulary
VIEKIRA	NON-PREFERRED	National Performance Formulary
VIGABATRIN	GENERIC	National Performance Formulary
VIGADRONE	GENERIC	National Performance Formulary
VIMIZIM	NON-PREFERRED	National Performance Formulary
VINBLASTINE	GENERIC	National Performance Formulary
VINCASAR	GENERIC	National Performance Formulary
VINCRISTINE	GENERIC	National Performance Formulary
VINORELBINE	GENERIC	National Performance Formulary
VISUDYNE	NON-PREFERRED	National Performance Formulary
VITRAKVI	ORAL CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED	National Performance Formulary
VIZIMPRO	ORAL CHEMO	National Performance Formulary
VONJO	ORAL CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED	National Performance Formulary
VOSEVI	PREFERRED BRAND	National Performance Formulary
VOTRIENT	ORAL CHEMO	National Performance Formulary
VOXZOGO	NON-PREFERRED	National Performance Formulary
VPRIV	NON-PREFERRED	National Performance Formulary
VUMERITY	PREFERRED BRAND	National Performance Formulary
VYNDAMAX	NON-PREFERRED	National Performance Formulary
VYNDAQEL	NON-PREFERRED	National Performance Formulary
VYVGART	NON-PREFERRED	National Performance Formulary
VYXEOS	NON-PREFERRED	National Performance Formulary
WAKIX	NON-PREFERRED	National Performance Formulary
WELIREG	ORAL CHEMO	National Performance Formulary
WILATE	PREFERRED BRAND	National Performance Formulary
WINRHO	PREFERRED BRAND	National Performance Formulary
XALKORI	ORAL CHEMO	National Performance Formulary
XELJANZ	PREFERRED BRAND	National Performance Formulary
XEMBIFY	NON-PREFERRED	National Performance Formulary
XENPOZYME	NON-PREFERRED	National Performance Formulary
XEOMIN	NON-PREFERRED	National Performance Formulary
XERMELO	NON-PREFERRED	National Performance Formulary
XGEVA	PREFERRED BRAND	National Performance Formulary
XIAFLEX	PREFERRED BRAND	National Performance Formulary
XOLAIR	PREFERRED BRAND	National Performance Formulary
XOSPATA	ORAL CHEMO	National Performance Formulary
XPOVIO	ORAL CHEMO	National Performance Formulary
XTANDI	ORAL CHEMO	National Performance Formulary
XURIDEN	NON-PREFERRED	National Performance Formulary
XYNTHA	PREFERRED BRAND	National Performance Formulary
XYREM	NON-PREFERRED	National Performance Formulary
XYWAV	NON-PREFERRED	National Performance Formulary
YERVOY	PREFERRED BRAND	National Performance Formulary
YESCARTA	NON-PREFERRED	National Performance Formulary
YONDELIS	NON-PREFERRED	National Performance Formulary
YUTIQ	NON-PREFERRED	National Performance Formulary
ZALTRAP	PREFERRED BRAND	National Performance Formulary
ZANOSAR	PREFERRED BRAND	National Performance Formulary
ZARXIO	PREFERRED BRAND	National Performance Formulary
ZEJULA	ORAL CHEMO	National Performance Formulary
ZELBORAF	ORAL CHEMO	National Performance Formulary
ZEMAIRA	NON-PREFERRED	National Performance Formulary
ZEPATIER	NON-PREFERRED	National Performance Formulary
ZEPOSIA	NON-PREFERRED	National Performance Formulary
ZEPZELCA	NON-PREFERRED	National Performance Formulary
ZEVALIN	NON-PREFERRED	National Performance Formulary
ZIEXTENZO	NON-PREFERRED	National Performance Formulary
ZIRABEV	PREFERRED BRAND	National Performance Formulary
ZOKINVY	NON-PREFERRED	National Performance Formulary
ZOLADEX	NON-PREFERRED	National Performance Formulary
ZOLADEX	PREFERRED BRAND	National Performance Formulary
ZOLEDRONIC	GENERIC	National Performance Formulary
ZOLEDRONIC	GENERIC PREVENT	National Performance Formulary
ZOLGENSMA	NON-PREFERRED	National Performance Formulary
ZOLINZA	ORAL CHEMO	National Performance Formulary
ZORBIVE	NON-PREFERRED	National Performance Formulary
ZORTRESS	NON-PREFERRED	National Performance Formulary
ZORTRESS	NON-PREFERRED B	National Performance Formulary
ZTALMY	NON-PREFERRED	National Performance Formulary
ZULRESSO	NON-PREFERRED	National Performance Formulary

ZYDELIG	ORAL CHEMO	National Performance Formulary
ZYKADIA	ORAL CHEMO	National Performance Formulary
ZYNLONTA	NON-PREFERRED	National Performance Formulary
ZYNTEGLO	NON-PREFERRED	National Performance Formulary

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133654592
Market	Small Group
Product Name	BCBSVT EPO, BCBSVT EPO CDHP, BCBSVT EPO Vermont Preferred, BCBSVT EPO Vermont Select

Pharmacy Benefit Manager Information²

Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2022	
Pharmacy Benefit Manager #1	Optum Rx (ORx)		Optum Rx (ORx)		Optum Rx (ORx)	
Pharmacy Benefit Manager #2						
Pharmacy Benefit Manager #3						
Pharmacy Benefit Manager #4						

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2022	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Non-Specialty Brand PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Specialty PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2022	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Non-Specialty Brand PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Specialty PMPM	N/A	N/A	N/A	N/A	N/A	N/A

² **Vermont Statute 8 V.S.A. § 4062**

- (2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:
- (C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which component of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.