

Blue Cross and Blue Shield of Vermont
2024 Large Group Rating Program Filing
Actuarial Memorandum

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1. Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross VT) performs large group rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent group experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing establishes the formula, manual rate, and accompanying factors that we will use for renewals beginning upon approval of this filing, most notably January 2024 renewals.

Once approved, we will use this filing for insured large group and grandfathered small group renewals (we will refer to them collectively as large groups for the remainder of the filing) until superseded by a subsequent filing. In the event that renewals require factors with effective dates or experience periods beyond those explicitly presented in this filing, we will calculate appropriate factors using the same base data and methodology used in this filing. This filing will apply beginning with rates communicated within seven business days after the date of its approval and continuing until at most seven business days after the date of approval of the next Blue Cross VT Large Group Rating Program filing. The term “communicated,” for this purpose, means a written proposal delivered to a large group account.

2. Overview and Rate Impact

2.1. Overview

This filing includes a description of the renewal formula and the development of each of the factors used in it. We use this formula for insured products, including Cost Plus. Blue Cross VT projects that this filing will affect 5,785 members (3,270 subscribers) in 40 groups. These totals are as of December 31, 2022.

We will describe in detail the formula used in the renewals. We will then detail the factors applicable to all insured large groups. The factors in the build-up of the projected claims cost include the trend factors, benefit relativities, manual rate, and large claims factors. In addition to the projected claims cost, we will explain the calculation of administrative charges, the net cost of reinsurance, contribution to reserve, and state and federal assessments, all of which we include in the rate development.

Finally, we will discuss factors applicable only to specific products. Cost Plus customers purchase Individual and Aggregate Stop Loss (ISL and ASL) from Blue Cross VT.

2.2. Historical Financial Results

Below is the combined medical and pharmacy experience for the prior five calendar years. This includes Blue Cross VT and TVHP¹ insured large group experience. Additionally, we show loss & expense ratios for Cost Plus groups.

¹ As of January 2023, there is no active TVHP large group membership. Similar to previous large group filings, we combine historical Blue Cross VT and TVHP large group experience to get a singular view of the market.

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Insured Large Group Experience							
Year	Incurred Claims	Administrative Charges	Earned Premium	Gain/(Loss)	Loss & Expense Ratio	Target Loss and Expense Ratio	Member Months
2018	\$81,698,684	\$12,621,438	\$86,961,470	(\$7,358,653)	108.5%	98.0%	176,430
2019	\$83,943,117	\$10,154,503	\$88,800,868	(\$5,296,752)	106.0%	98.5%	166,597
2020	\$46,676,144	\$9,376,855	\$56,468,497	\$415,498	99.3%	98.5%	97,941
2021	\$41,511,340	\$7,149,153	\$43,451,198	(\$5,209,294)	112.0%	98.5%	71,773
2022 ²	\$56,358,194	\$5,939,148	\$54,947,832	(\$7,349,511)	113.4%	98.5%	88,273

Cost Plus Experience		
Year	Loss & Expense Ratio	Member Months
2018	99.8%	5,045
2019	89.2%	4,893
2020	93.3%	2,632
2021	130.0%	2,485
2022	144.5%	2,359

The incurred claims, administrative expenses, and earned premium are from Blue Cross VT GAAP financials. The claims include capitations, fee-for-services claims, certain assessments, and other claims expenses.

We note the high variance between the target and actual contribution to reserves prior to 2020, in which the results included the effects of the deferral of non-emergent care in the early stages of the pandemic. Recent filings have included increases to the manual rate that were a correction to experience through 2019, as well as numerous enhancements to the rating methodology to make rates more accurate on a group-by-group basis and in aggregate. Unfavorable 2021 and 2022 results were driven by an increase in high-cost claims and COVID-19 costs. Overall, the performance of actual results to expected indicate a consistent absence of conservatism in the factors underlying the filing.

2.3. Impact of Formula and Factor Changes

To compute the impact of changes to the rating formula and the various factors in this filing on large group premium rates, we use the concept of a “pure manual premium,” which is the premium that can be developed for each group in the existing block of business using none of their own experience data³. We develop two renewals for each group: the first renewal applies the approved factors currently in force (BCVT-133154621 and BCVT-133270497) with an effective date of January 1, 2023. The second renewal uses the factors and formulas detailed in this filing with a January 1, 2024, effective date. By

² 2022 underwriting results are preliminary as of December 31, 2022.

³ This excludes six groups with fewer than 12 months of enrollment in the experience period used to develop the manual rate.

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nature of the differing effective dates, the latter renewal includes an additional year of health care trend.

Impact of Formula and Factor Changes				
Renewal Year	2023	2024	Component Increase	Premium Impact
Filing Year	Q3/Q4 2022	2024		
Manual Claims (a)	\$40,964,136	\$44,833,421	9.4%	8.5%
Projected Rebates	(\$2,164,380)	(\$2,236,084)	3.3%	-0.2%
Admin	\$3,822,145	\$3,760,806	-1.6%	-0.1%
Reserve	\$655,788	\$1,454,127	121.7%	1.8%
Mandates and Assessments	\$947,454	\$1,009,644	6.6%	0.1%
Additional Items (b)	\$1,262,750	\$1,561,665	23.7%	0.7%
Total	\$45,487,893	\$50,383,580		10.8%

(a) The manual claims increase includes changes in the membership, industry, and update in benefit relativities from groups underlying the manual rate. We normalize the demographic factors and industry factors to the membership in each respective filing.

(b) Additional Items include net cost of reinsurance, Cost Plus stop loss, broker commissions, payment reform initiative costs, and fees paid to outside vendors.

We used the above approach to generate a proxy increase for a hypothetical group that is renewing with zero experience credibility, exactly average demographics and industry, and no underwriting judgment or management discretion applied to the proposed or in-force rates. The actual rate increase experienced by any specific group will be based on the group's own circumstances, including its claims data, demographic makeup, large claims experience, and so forth.

This total impact of formula and factor changes should not be interpreted as the new formula resulting in a 10.8 percent premium increase for any specific group.

3. Formula Description

We develop rates for active and Medicare Primary subscribers separately based on their own experience. Both the formula and factors described in this filing are the same for both populations except where noted. We do not offer Medicare Primary rate tiers on Blue Cross VT Managed Care networks.

Benefit-Adjusted Projected Single Claims Rate

Exhibit 1A contains a sample calculation of the benefit-adjusted single claims rate. Page 1 of the exhibit applies to active members and page 2 applies to Medicare Primary members. For each case, we start the

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rating with a twelve-month experience period with at least two months of runout⁴. We develop the experience rate for medical and pharmacy claims separately. We determine a pooling point based on the size of the case at the end of the runout period and split the experience period claims (line A) into amounts above (line B) and below (referred to as capped claims, line D) the pooling point. We exclude certain COVID-19 related claims incurred through June 2021⁵ (line C) from the development. Exhibit 6C contains a list of excluded primary diagnosis and procedure codes.

We apply completion factors (line E) developed from the monthly financial reporting process (best estimates before margin) to capped claims to produce completed capped claims (line F). We use the formula and factors described in Milliman's *2021 Health Cost Guidelines – Reinsurance* to calculate expected claims above the pooling limit (line G). We add the expected claims above the pooling limit to the completed capped claims to produce large-claim-adjusted experience period claims. Medicare Primary members generally do not have claims near the group's pooling point, so we do not pool their claims.

We then multiply the large-claim-adjusted experience claims by an adjustment factor (line H) to reflect structural changes between the experience period and the rating period. This adjustment modifies the experience to reflect such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the experience appropriate for the estimation of the expected claims in the rating period.

We divide the result (line I) by the number of member months during the experience period (line J) to produce the adjusted experience period claims per member per month (line K).

We then divide the adjusted experience period claims per member per month (PMPM) by a seasonally-adjusted benefit relativity value to neutralize any effect of seasonality and benefits on the paid claims. To determine this factor, we first determine a benefit relativity factor for each benefit plan (using the factors described in section 5) and contract tier type (single, 2-person, family, etc.). Based on the seasonal patterns observed as part of the reserving process for each calendar month, we determine seasonal factors for CDHPs and for non-CDHPs and normalize them so that they total to 12. We combine these factors to calculate seasonal benefit relativity factors for each combination of benefit plan, contract tier type, and month. We apply these factors to the number of contracts for each benefit plan, contract tier type, and month in the experience period. We total the results and divide the resultant sum by the number of member months in the experience period. We apply the seasonal factors regardless of the length of experience period, but if there is a 12-month experience period and there are no changes in benefits or enrollment, the normalization of the seasonality factors would cause the seasonal adjustment to be 1.000. This produces the average experience period seasonally-adjusted benefit relativity factor (line L).

We adjust for any change in the demographics of the group between the experience period and the rating period by calculating the average demographic factor for each period and applying the ratio of projection to experience (line M). We multiply the adjusted experience period claims PMPM (line K) by the demographic normalization factor and divide by the average experience period seasonally-adjusted

⁴ For first year renewals where twelve months of experience is not available, we typically use claims incurred in nine months with no runout.

⁵ This corresponds with the conclusion of the state of emergency in Vermont.

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benefit relativity factor (line L) to produce the benefit-adjusted experience period single claims rate (line N), which is the expected cost for a single contract in the experience, neutral of benefit and seasonality. We then multiply this by a trend factor (line Q, as discussed in section 4) to project the claims from the experience period to the rating period.

We blend the projected single contract rate (line R) with the adjusted manual rate (line S, as described in section 6.1) using the credibility formula described below.

We calculate the credibility factor (line T) as follows:

$$Credibility = \sqrt{\frac{Member\ Months}{Upper\ Bound}}$$

The pooling point determines the upper bound. We base the pooling limit on the group’s membership in the current month. Please see the abbreviated table below for details. The underwriter may apply discretion in the event the current month’s membership is not appropriate for determining a pooling limit (e.g., a significant change in enrollment due to an acquisition or layoff).

Membership (Current Months)	Pooling Point	Upper Bound Member Months
Medicare Primary		8,325
0 to 299	\$100,000	17,055
300 to 499	\$120,000	18,745
500 to 999	\$140,000	20,266

If member months are greater than the upper bound, the credibility factor will be 1. We pool Cost Plus products at their attachment point. Exhibit 6A provides a complete list of upper bound member months by pooling point, while Exhibit 6B details pooling points by current month membership. To blend the projected single contract rate with the adjusted manual rate, we use the following equation:

$$Benefit-Adjusted\ Projected\ Single\ Claims\ Rate = Projected\ Single\ Contract\ Rate \times (Credibility) + Adjusted\ Manual\ Rate \times (1 - Credibility)$$

Multiple Experience Periods

Blue Cross VT uses multiple experience periods (when available) to develop the benefit-adjusted projected single claims rate. Following the methodology described above, we calculate an experience rate for the first and second year preceding the experience period. We then apply the credibility formula recursively to the residual portion of the rate. The table below provides a demonstration of the application of the credibility formula for a group with 50 percent credibility in each experience year.

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Experience Period	Proportion of Rate
YE 202306	50.0%
YE 202206	25.0%
YE 202106	12.5%
Manual Rate	12.5%

Three years of experience is the maximum that we will use. In the absence of extenuating circumstances, all renewals will use the maximum number of years available. In the event we do not consider historical experience appropriate or reliable for rating periods (e.g., a significant change in enrollment due to an acquisition or layoff), the underwriter will use fewer years of experience and document the rationale for such a change.

Exhibit 1B provides a detailed sample calculation of the benefit-adjusted projected single claims rate using three years of experience.

If the credibility of the first year of experience is more than 66.67%, the underwriter shall develop rates using a 3-2-1 blend of experience periods and not utilize the manual rate.

Required premium by Plan, Tier Type

Exhibit 1C provides a sample calculation of premium. For each plan and contract tier type anticipated in the rating period, we calculate projected claims (line B1) as the product of the benefit-adjusted projected single claims rate (S) and the benefit relativity factor (as described in section 5) for the plan and contract tier (line A). For any premium components that are exclusively applicable to either active or Medicare Primary members, we only include the component in the respective rate tier(s) to which it applies.

We use the members per contract tier during the last month of the runout period as the basis for the projected members per tier in the rating period. The underwriter will adjust this ratio if, in their opinion, the result is not representative of the expected values in the rating period.⁶

Underwriting Judgment Adjustments

If, in the underwriter's professional judgment, the standard formula would not produce appropriate rates for the case they are rating, the underwriter will make such modifications as needed to produce appropriate rates. The underwriter will document in the case file the reason(s) for the adjustment(s) and the method of determining the appropriate adjustment(s).

Management Discretionary Adjustments

For marketing or other reasons, management may decide to modify the rates on a specific case or block of cases. The underwriter will document in the case file the adjustment(s) made, along with a description of the nature of the adjustment(s).

⁶ E.g., the number of contracts in a particular tier may be small (or even 0). In such instances, the underwriter should use appropriate values based on total block of business or other appropriate sources.

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4. Trend Factors

The source of data for trend development is the Blue Cross VT data warehouse, except where noted below. To ensure the accuracy of claims information, we reconcile the data used against internal reserving, enrollment, and other financial reports. The data includes claims from Blue Cross VT Cost Plus groups, Blue Cross VT ASO groups of under 1,001 members, Blue Cross VT insured large groups, Blue Cross VT insured small groups with more than 10 members, Blue Cross VT insured association health plans with more than 10 members, and TVHP insured large groups. The data also excludes insured large groups with much higher costs than average that have left Blue Cross VT in 2020 and 2021. The above lines of business cover substantially similar populations under similar benefit packages. Combining these homogeneous populations creates greater consistency and credibility within the trend factor development.

We exclude large ASO groups and ASO groups with special pricing arrangements. Blue Cross VT experienced large membership movement out of the small group market during the trend experience period. Due to significant changes in membership, we exclude all membership from small groups that were not continuously with Blue Cross VT throughout the trend experience period. We exclude claims from Medicare Primary members. We discuss Medicare Primary trend in section 4.5.

We use medical claims incurred from September 1, 2018, to August 31, 2022, paid through October 31, 2022, and pharmacy claims incurred from October 1, 2018, to September 30, 2022, paid through October 31, 2022. We apply completion factors to estimate the ultimate incurred claims for each period shown in the exhibits.

4.1. 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. For fee-for-service claims, we combine plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combine a fee-for-service equivalent amount with the member cost sharing to calculate allowed charges.

4.1.1. Unit Cost

Observations of recent contracting and provider budgetary changes are the main source of unit cost trends. During the year ended August 2022, roughly 53 percent of total claims dollars were provided by Vermont facilities and providers directly affected by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of GMCB review, we start with the assumption that the GMCB will approve hospital budgets for October 1, 2023, and October 1, 2024, that support identical commercial increases as those approved for October 1, 2022. The Blue Cross VT provider contracting team continually communicates with certain hospitals. Accordingly, we have adjusted projected increases based on recent information from the hospitals. In the event that Blue Cross VT is made aware of budget increases that would materially diverge from this assumption, Blue Cross VT will file an interim trend filing to best align the cost trend used in pricing with expected cost trend.

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For other providers within the Blue Cross VT service area, we work with the Blue Cross VT contracting team to include expected increases to fee schedules.

The provider contracting and actuarial departments worked together to assess the impact these increases would have on contracts for Blue Cross VT Managed Care and Blue Cross VT Non-Managed Care contracts. For marketing reasons, Blue Cross VT negotiates different unit cost increases for each of the two contracts. To reflect these differences, we calculate a cost trend for each contract.

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

Exhibit 2A shows the details of the cost increases by contract and type of claim.

We use the expected increases to trend the contract-normalized claims to the projection period.

The chart below summarizes the results of the analysis:

Medical Unit Cost Trend – CY 2023		
	Blue Cross VT Managed Care	Blue Cross VT Non- Managed Care
Vermont facilities and providers impacted by GMCB’s Hospital Budget Review	14.3%	14.3%
Other facilities and providers	4.9%	5.0%
Total	9.9%	9.9%

Medical Unit Cost Trend – CY 2024		
	Blue Cross VT Managed Care	Blue Cross VT Non- Managed Care
Vermont facilities and providers impacted by GMCB’s Hospital Budget Review	9.6%	9.5%
Other facilities and providers	4.4%	4.7%
Total	7.3%	7.3%

4.1.2. Utilization & Intensity

To examine historical utilization trend patterns, we first normalize claims for unit cost increases. We measure contract changes for the entirety of the experience period explicitly for each facility within our service area as well as the three largest physician groups. We normalize claims to the August 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 August 2022. We assume that the derived trend for other claims increases monthly on a continuous basis.

To measure the increases for fee schedules and other chargemasters, we apply each schedule to a market basket of services defined using Current Procedural Terminology (CPT) codes & CPT modifier combinations that are present in each of the effective periods covered by the schedules. Using the same

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experience period data used throughout the trend analysis, we compare total allowed costs for the selected CPT & CPT modifier combinations under each schedule to estimate the percentage increase. For contracts under diagnosis-related group (DRG) arrangements, we compare the charge for the 1.000 DRG service for each period. Finally, for services under a discount of charge arrangement, we use the contracted chargemaster increase provided by our provider contracting department.

This accounts for 84 percent of allowed claims dollars during the experience period. Costs for other claims are primarily for out-of-area services. To derive contracting changes for these claims, we use data from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

To ensure that random high claims do not skew the trend calculation, we removed all claims of members who exceeded \$500,000 in allowed medical claims in a year ended August. As the utilization component includes intensity, an increase in high-cost claimants can disproportionately impact the year-over-over and regression calculations.

Exhibit 2B shows the resulting array of allowed PMPM claims costs both before and after normalization for contract changes. We also apply normalization factors to the array of allowed PMPM claim costs for:

- Changes in demographics, using factors from the SOA's report *Health Care Costs – From Birth to Death*⁷.
- Changes in paid-to-allowed ratio, using the induced utilization formula from HHS⁸.
- Normalizing each month to the average number of working days per month in the year ended August 2022, as defined by our reserving models.
- Programs to combat fraud, waste, and abuse (FWA). Due to the migration to a new operating platform, Blue Cross VT FWA programs slowed in 2019. Further, DFR ordered the suspension of all routine provider audits from March 18, 2020, through August 3, 2020. In the fourth quarter of 2020, we did not engage in routine audits of the University of Vermont Health Network providers while they dealt with a cyberattack. To control for the historical changes in recoveries we normalize claims on a monthly basis based on each respective month's recovery rate.

Exhibit 2B, page 2 shows the development of the factors.

4.1.2.1. Facility Claims

Using the array of PMPM claim costs net of high claimants and adjusted for contract, aging, induced utilization, number of working days, and FWA, we performed 24-month regressions, 36-month regressions, 48-month regressions, and time series calculations.

The deferral and return of care attributable to the COVID-19 pandemic unduly affected the 36-month regressions and time series, so we do not consider their results to be reliable projections of trend. Similarly, we do not rely on the results from the double exponential smoothing time series since they do not adjust for seasonality and produce results that do not align with other measures.

⁷ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

⁸ This curve is $IU = AV^2 - AV + 1.24$, where AV is the actuarial value of the benefit plan.

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Claims in the year-ended August 2022, after the adjustments described above, are 2.7 percent higher than the year-ended August 2021. The year-over-year trend is consistent with the other 24-month measures, although the 48-month regressions and time series suggest lower trends. We consider a 1.3 percent trend rate to be a reasonable selection through CY 2024 for these claims. Notably, hospital budget submissions assumed an increase in utilization during FY 2023⁹, which supports a selection modestly higher than underlying long-term facility trends. Conversely, the shorter-term measures may be partially affected by the return of care deferred during the COVID-19 pandemic. We consider the selected trend, which corresponds to the average of the included 24-month and 48-month measures, to appropriately balance the disparate short- and long-term measures and be a reasonable selection for these claims.

We provide the historical facility utilization trends through August 2022, and our selected trends for future periods in the table below.

Facility Claims		
Year Ended	PMPM	Annualized Trend
August 2020	\$293.05	
August 2021	\$311.24	6.2%
August 2022	\$319.51	2.7%
December 2023	\$324.85	1.3%
December 2024	\$328.92	1.3%

Exhibit 2B, pages 4 to 5, shows the normalized facility time series and regressions.

4.1.2.2. Professional and Ancillary

Similar to facility claims, we use the array of PMPM claim costs net of high claimants and adjusted for contract, aging, induced utilization, number of working days, and FWA, to perform 24-month regressions, 36-month regressions, 48-month regressions, and time series calculations.

The deferral and return of care attributable to the COVID-19 pandemic unduly affected the 36-month regressions and time series, so we do not consider their results to be reliable projections of trend. Similarly, we do not rely on the results from the double exponential smoothing time series since they do not adjust for seasonality and produce results that do not align with other measures.

Consistent with previous large group filings, we select separate utilization trends for mental health professional services and other professional services. After the adjustments described above,

⁹UVMHC’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

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professional mental health claims increased by 2.1 percent from year-ended August 2021 to year-ended August 2022, while all other professional claims increased by 4.4 percent over the same period.

Mental health claims saw a significant increase in visits in the initial year of the COVID-19 pandemic but have since seen its trend rate dampen. In conferring with our medical directors, there is evidence that the lack of access to care, loss of coverage, and reduced provider capacity may have suppressed mental health utilization in 2021. Considering this, we expect the year-over-year trend rate is below the level expected through CY 2024. We select a utilization trend of 4.2 percent for these services, which corresponds to the average of the year-over-year trend, 24-month measures, and 48-month measures.

For all other professional services, an increase in evaluation and management visits and facility services underlie the high year-over-year trend. As with facility services, we consider the recent trends to be partially influenced by the return of services deferred during the COVID-19 pandemic. Considering this, we believe a balance of short- and long-term measures best projects future trend. We select a utilization trend of 2.2 percent for these services, which corresponds to the average of the year-over-year trend, 24-month measures, and 48-month measures.

We provide the historical professional utilization trends through August 2022, and our selected trends for future periods in the table below.

Professional Trend						
	Mental Health		All Other		Total Professional	
Year Ended	PMPM	Annualized Trend	PMPM	Annualized Trend	PMPM	Annualized Trend
August 2020	\$13.65		\$113.90		\$127.55	
August 2021	\$15.54	13.9%	\$126.79	11.3%	\$142.33	11.6%
August 2022	\$15.87	2.1%	\$132.40	4.4%	\$148.27	4.2%
December 2023	\$16.77	4.2%	\$136.28	2.2%	\$153.04	2.4%
December 2024	\$17.47	4.2%	\$139.26	2.2%	\$156.73	2.4%

Exhibit 2B, pages 6 to 9, shows the normalized professional time series and regressions.

4.1.2.3. Pharmaceuticals

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 injections 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 all injections and project the growth in the share of services that will be with biosimilar. We apply the overall outpatient cost trend to each category to project the cost per

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services. With varying utilization of services trends, the average projected cost per service reflects the change in mix, which is included in the total utilization trend below.

Exhibit 2C, pages 1 to 3 show the experience services per 1,000 members for each of the four pharmaceutical categories and the 24 and 36-month regressions. Exhibit 2C, page 4, 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 4.6 percent rate through calendar year 2024.

Trends for Injections	
Most Recent Year over Year	2.8%
Two-Year	4.5%
36-month regression on Monthly data	4.4%
24-month regression on Monthly data	4.4%
24-month regression on rolling 12 data	6.8%

The biosimilars utilization as a percentage of total services for injections with biosimilar equivalent and biosimilars had been increasing logarithmically over the past few years but slowed down in recent months.

Percentage of Biosimilar Services	
YE 201908	7.6%
YE 202008	12.0%
YE 202108	33.3%
YE 202208	48.2%

We do not expect the percentage to continue increase 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 60 percent for calendar year 2024.

4.1.3. Total Medical Trend

The total medical trend factors are the product of the utilization trend and the unit cost trend factors.

Annual Medical Trend – Blue Cross VT Managed Care				
Category	Facility	Professional	Pharmaceuticals	Total
Unit Cost	5.4%	4.2%	5.3%	
Utilization	2.4%	2.4%	1.9%	
Total Medical Trend	7.8%	6.7%	7.3%	7.5%

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Component	Blue Cross VT Managed Care	Blue Cross VT Non- Managed Care
Total Annual Medical Trend	7.5%	7.6%

These represent the annualized trend from year-ended August 2021 to calendar year 2023. Due to the non-uniform trend assumptions for unit cost trend, we will apply monthly trend factors to bring the renewal experience period through the rating period. Exhibit 2G shows the monthly factors.

4.2. Retail Pharmacy Trend

Consistent with previous Large Group Rating Program filings, we base our cost trend calculation on Average Wholesale Price (AWP) and apply a separate factor in the rating formula to account for contracting changes. We analyze the components of trend (cost and utilization) separately for brand and generic drugs. We estimate the impact of brand drugs going generic based on the brand drugs that are likely to lose patent in the projection period. Specialty drugs are very high-cost drugs with low utilization. Because of their relative infrequency, we consider it 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

Exhibit 2D provides the monthly and the 12-month rolling data for non-specialty drugs, along with the corresponding year-over-year and exponential regression trends. There are separate developments for generic cost, brand cost, and overall non-specialty utilization. We use the number of days supply in the utilization development, 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 benefit. We exclude these two categories from the non-specialty trend calculations as they would skew the results. We adjust the data for pharmacy working days, which are different from medical working days.

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, we offered members 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.

Exhibit 2D, page 3, shows monthly cost per day supply, adjustment calculation, the 24-month regressions and the 36-month regressions.

We select a 24 percent non-specialty utilization trend, which corresponds to the approximate average of the regressions on monthly, rolling costs, year-over-year and two-year trends.

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Generic Cost Trend

Exhibit 3D, page 1, shows monthly Average Wholesale Price (AWP) cost per days supply and the 24-month regressions. We select 1.9 percent for the generic cost trend, which corresponds to the average of the 24-month regressions and the year over year result. We consider this to be a reasonable long-term outlook for generic cost trend.

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

The mix of new and older brands affects the monthly AWP cost per day supply for brand drugs. Brands that have been in the market for one to two years are, 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. We also exclude devices, vaccines, over the counter, compounds, and certain categories of drugs where we do not consider past experience to be representative of future trends from the trend analysis. We apply the selected trend to all brand drugs, including devices and vaccines.

Exhibit 2D, page 2, shows the monthly cost per day supply and the 24-month regressions.

We select 10.6 percent for the brand cost trend, which is slightly lower than the average of the 24-month regression result on monthly data, the 24-month regression on rolling 12-month data, and the most recent year over year trend. This result is consistent with recent filings, and we consider it to be an adequate, yet not excessive, outlook of future trends.

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. Therefore, the concept of cost trend does not apply to compounds.

We also do not expect over-the-counter and COVID-19 drugs to follow the overall brand cost trend, and we select a 0 percent cost trend for OTC drugs.

Specialty Drugs

Exhibit 2E shows the calculation of specialty trend for all specialty drugs. We select a 15.8 percent specialty trend. 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.

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Total Pharmacy Trend

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

- Generics: Drugs that have been generic since at least October 2019
- New generics: Generic drugs that have been on the market for fewer than 36 months (launched October 2019 through September 2022)
- Brands going Generic: brands that we expect to become available in generic form in the projection period, based on a list from our pharmacy benefit manager
- Vaccines
- Over the Counter (OTC)
- Compounds
- Devices, such as continuous glucose monitoring and insulin pens
- COVID-19 vaccines and at-home tests
- All other Brands

As shown on Exhibit 2F, we trend the days supply for each category forward at the same rate of 2.4 percent and calculate the total non-specialty allowed drug trend as 8.1 percent¹⁰.

Using the PMPM claims as weights between non-specialty and specialty claims for the 12 months ended September 2022, we apply the annual trends for 28 months. For drug claims in the year ended September 2022, we apply to AWP the contracted discounts and dispensing fees for both the experience period and CY 2024 to calculate the total effective trend based on anticipated discount improvements:

Allowed Pharmacy Trend	
Category	Annual Trend
Generic	4.3%
Brand	13.3%
Brands Going Generic	-34.6%
Specialty	15.8%
Total (Contract Adjusted) ¹¹	12.4%

Please note that we apply contract changes separately from trend to accurately capture the timing for each renewal.

Exhibit 3K contains the contract adjustment factors that we will apply to the drug claims in a group's renewal. These factors assume that both the experience period and rating period are 12 months. For cases where this is not true, or for periods not provided in the exhibit, we will calculate an appropriate factor using an analogous methodology.

4.3. Overall Total Trend

Using the claims experience¹² for the groups included in the manual rate (see section 6.1), we calculate the overall allowed trend as follows:

¹⁰ The non-specialty trend prior to contract adjustments is [REDACTED].

¹¹ The total trend prior to the contract adjustment is [REDACTED].

¹² We use claims incurred October 1, 2021, through September 30, 2022, projected to calendar year 2024.

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Category	Allowed PMPM	Allowed Trend
Medical	\$640.05	10.3%
Pharmacy	\$133.06	12.4%
Total	\$773.10	10.6%

4.4. Leveraged Trends

We will continue to use the leverage formulas from the Q3 2022 Large Group Filing. The formulas for leverage are below:

Leverage Formulas	
Medical	$-0.0631 \times (AV) + 1.0641$
Drug Card	$-0.0845 \times (AV) + 1.0850$
Drug - CDHP 100% Wellness	$-0.0517 \times (AV) + 1.0529$
Drug - All Other CDHP	$-0.0802 \times (AV) + 1.0805$

Exhibits 3I and 3J provide examples of leverage factors.

Applying the leverage factors for benefits present in the year ended August 2022 for the groups included in the manual rate, we calculate the following paid trends:

Category	Paid PMPM	Paid Trend
Medical	\$ 574.83	11.6%
Pharmacy	\$ 121.17	13.0%
Total	\$ 696.10	11.9% ¹³

4.5. Medicare Secondary Trends

Medicare Secondary plans cover two categories of services: Medicare-covered services which are subject to member cost share (deductible/coinsurance) and services which are not covered by Medicare. We do not adjust services subject to Medicare cost sharing for network, as Medicare sets the allowed charges, whereas we do adjust the services not covered by Medicare using the contract factors described above to bring all charges to a single network.

For Medicare claims, we use cost and utilization trends from the filed 2023 TVHP Medigap Blue Rate filing (BCVT-133401584).

Category	Allowed Trend
Inpatient	1.3%
Outpatient	2.3%
Professional	0.5%

¹³ The paid trend without the pharmacy contract adjustment is [REDACTED].

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The trends used for services not covered by Medicare are the same as the trends developed for use with active benefits. We use the same pharmacy trends for Medicare Secondary plans as we use for active plans.

4.6. Vision Trend

All large groups benefits include vision exams for both adult and children. Large groups can also purchase a rider to cover frames and lenses. Due to the different coverage options and limitation in the vision data to identify the cost of the exam and the materials, we calculate the trends for the large groups with exam only coverage.

Year Ended	Paid PMPM
August 2020	\$0.40
August 2021	\$0.40
August 2022	\$0.40

We expect 2023 and 2024 to remain at the level experienced in the most recent three years ended August; we therefore select a 0.0 percent overall vision paid trend.

While the data for groups with coverage for exam and materials is not fully credible for trend development, we observed the following PMPM paid claims results. We believe that the overall 0.0 percent trend for vision benefits is therefore reasonable for both exam and material benefits.

Year Ended	Average Membership	Paid PMPM
August 2020	1,115	\$2.66
August 2021	1,389	\$2.39
August 2022	1,292	\$2.01

4.7. Prior Experience Period Trend Factors

We trend prior experience periods to the most current experience period using observed trends and apply the trend factors in section 4 to trend from the most current experience period to the rating period. Exhibit 2G contains the trend factors applicable to prior periods. For months following our trend base (that is, after August 2022, the observed trend is set to the trend factors in section 4. There are separate observed trend factors for active medical, Medicare Primary medical, and pharmacy.

To develop the observed medical trend factors, we calculate a monthly utilization trend. We apply actual cost increases to calculate the total observed medical trend. The observed pharmacy trend is the allowed claims trend of the trend experience base described in section 4. Historical trend factors for Medicare Primary medical claims are the approved trends for prior periods from the filed 2023 TVHP Medigap Blue Rate filing (BCVT-133401584).

5. Benefit Factors

To determine standardized claims rate relationships, also called relativities, Blue Cross VT creates models that simulate the impact of member benefits for all types of plans. The models determine the

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allowed charges for the 12 months of claims included in the study and “re-adjudicate” the claims, thereby simulating the impact of member cost sharing for a given benefit plan.

The claims data used in the models is from the Blue Cross VT data warehouse. To ensure accuracy, the claims data has been reconciled against internal reserving, enrollment, and other financial reports. The starting point of the analysis is allowed charges as determined by the Blue Cross VT claims adjudication system. The claims data includes benefit service codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance) for each claim.

The models for active employees and Medicare primary employees use different experience periods. The models for active employees use incurred allowed charges from September 2021 to August 2022, paid through October 2022. We trend the allowed charges 28 months to the 12-month period that begins January 1, 2024. The models for Medicare primary employees use incurred allowed charges from January 2021 to December 2021, paid through October 2022. The majority of the Medicare primary experience comes from one group that changed coverage in January 2022; therefore, we used the most recent 12 months for which that group was present. We trend the allowed charges 36 months to the 12-month period that begins January 1, 2024. The majority of the business that will be renewed using these relativity factors has a January 1 renewal date; the rating formula adjusts the trend for non-January renewals (see section 6.1).

The data includes claims from Blue Cross VT Cost Plus groups, Blue Cross VT ASO groups, Blue Cross VT association health plans, Blue Cross VT insured large groups, Blue Cross VT insured small groups, and TVHP insured large groups. Combining these homogeneous populations creates greater consistency and credibility within the relativity factor development. We combine CDHP and non-CDHP claims. We exclude claims from certain large ASO groups, as the rich benefits offered by those groups are not in line with the leaner offerings of most insured large groups. We also exclude groups that have special benefits. This predominantly refers to groups that have specific reimbursement with particular providers outside of Blue Cross VT’s contracts and/or claims processing function. We exclude claims from groups that do not have pharmacy coverage through Blue Cross VT. We create separate models for active members and Medicare Primary members.

For each benefit plan, the models produce the simulated PMPM values of the benefits. We divide the PMPM for each plan by the average trended paid claims rate from the model experience period to produce its benefit relativity value (BRV). We calculate relativities for medical-only plans, Rx-only plans, and integrated CDHP plans for both active employees and Medicare Primary employees.

5.1. Models for Active Employees

Benefit Relativity Model: Medical

We use the total medical trend by type of service to project to the rating period. We calculate cost trends for each type of service using the discrete unit cost trend method above, while applying the separate utilization trends developed for facility and professional services (see section 4.1.2).

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Using the contracted reimbursement schedules, we calculate network factors that represent the different network contracts. Using these factors, we can include all claims in each of the three.¹⁴ networks by adjusting each claim to the basis of a single network. This enables us to combine all the experience for each plan design.

We categorize claims according to how benefits are paid and generate one record for each member, date of service, and type of service. We assign each record a cost share (deductible/coinsurance, copay, covered in full) for each plan modeled. For all products, we assign claims for preventive mandated benefits a “covered in full” cost share independently of the product that is being modeled.

The model tests one benefit design at a time. It determines the member portion of the allowed charges, and from this, a total simulated paid PMPM for each benefit design. The model considers the impact of copay, deductible, coinsurance, out-of-pocket maximum, and preventive mandated benefits. If the average allowed cost of a category is less than the assigned copay, we assume that the member paid the full cost of the service.

Blue Cross VT offers products on several different networks based on the two provider contracts (Blue Cross VT Managed Care and Blue Cross VT Non-Managed Care). Depending on the network, there may be more than one tier of coverage (generally referred to as in-network and out-of-network) and different networks may have different providers in each tier. Below is a chart showing which providers are in which tiers on many of Blue Cross VT’s common networks. Providers who accept the indicated provider contract are considered to be in-network. For providers in the BlueCard® network and non-participating providers, ‘In’ indicates coverage for these providers on the in-network tier of coverage, and ‘Out’ indicates coverage for these providers on the out-of-network tier of coverage.

Network Name	Provider Contract	BlueCard Providers	Non-Participating Providers
VHP Select	Blue Cross VT Managed Care	N/A	N/A
VHP	Blue Cross VT Managed Care	Out	Out
EPO PCP	Blue Cross VT Managed Care	In	N/A
VHP Open Access	Blue Cross VT Managed Care	In	Out
EPO	Blue Cross VT Non-Managed Care	In	N/A
PPO	Blue Cross VT Non-Managed Care	In	Out
Indemnity	Blue Cross VT Non-Managed Care	In	In

If Blue Cross VT were to quote a product not on one of the networks listed above, or one featuring different provider networks for selected services, we would modify the base data in the BRV models to correspond to the desired changes (for example, excluding certain providers or modifying allowed amounts) before simulating the benefit impact.

We use BRVs in two places in the rating formula described in Section 3. We calculate the average experience period seasonally-adjusted benefit relativity factor (line K in Exhibit 1A) using BRVs for the

¹⁴ Although we will only quote benefits on Blue Cross VT Managed and Non-Managed contracts in all rating periods covered by this filing, some of the benefits in the experience include claims incurred on the TVHP Managed network.

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benefits in the experience period and the projected claims for the rating period (line B1 in Exhibit 1C) using BRVs for the benefits in the rating period.

Exhibits 3B and 3C display the relativities for active employees for some medical products currently in our book of business.

Benefit Induced Utilization: Medical

We use factors for the impact of induced utilization (IU) developed by the federal Department of Health and Human Services (HHS) for use with Qualified Health Plans, to which we found the curve of best fit $IU = AV^2 - AV + 1.24$, where AV is the actuarial value of the benefit plan. HHS created their IU factors for combined medical/pharmacy AV, but as we develop BRVs separately for medical and pharmacy plans, we will apply the formula to medical-only AVs. We normalize the curve such that the average AV underlying the base BRV experience period returns a utilization adjustment of 1.00. In other words, if a simulated benefit has an AV less than the average AV, then utilization will be reduced (i.e., factor < 1.00). If a simulated benefit has an AV greater than the average AV, then the benefit will have induced utilization (i.e., factor > 1.00).

Benefit Relativity Model: Pharmacy

We use the total trend by type of drug, for brand, generic, and specialty drugs as described above (section 4.2) to project to the rating period.

Within the model, we assign all pharmacy scripts, including specialty, to one of six categories: retail generic, retail preferred brand, retail non-preferred brand, mail generic, mail preferred brand, and mail non-preferred brand. We apply flags to identify several categories of drugs that are either required to be covered in full (ACA contraceptives and vaccines) or for which a group may purchase a rider to offer additional coverage (some fertility drugs) or exclusion (lifestyle drugs). We also flag drugs for which a group may offer special cost-sharing arrangements, such as diabetic medications and wellness drugs. We assign these flags by National Drug Codes as reported to us by our current PBM.

We adjust the experience period data to reflect the major brands that we expect to become generic between 2021 and 2024. The list comes from a report provided by an external pharmacy vendor.

For these brands, in the first six months (the exclusivity period), we reduce the Average Wholesale Price (AWP) by 10 percent and keep the brand discount. For the months after the exclusivity period, we reduce the AWP by 10 percent and change the discount to the generic discount. The 10 percent reduction in AWP is based on industry standard assumptions, supported by our own analysis of AWP changes for drugs that have moved from brand to generic over the past several years.

We generate one record for each member and date of service combination. One record can have more than one script category. The model tests one benefit design at a time. It determines the member portion of the allowed charges and a total simulated paid PMPM for each benefit design. The model considers the impact of the deductible, coinsurance, copays, and out-of-pocket maximum (OOPM). The model excludes contraceptives and vaccines from the cost sharing. If the average allowed cost of a category is less than the applied copay, we assume that the member pays only the full cost of the script. With Vermont Act 171, all pharmacy benefits effective January 1, 2023, or later will have an OOPM of \$1,500. It is possible that this limit will increase effective January 1, 2024, following the IRS rules for Health Savings Accounts and High Deductible Health Plans. The exhibits include the \$1,500 OOPM on

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pharmacy benefits. Effective January 2022, 8 V.S.A. § 4089i(h) provides a statutory month limit on member out-of-pocket spending on prescription insulin medications of \$100 per month's supply. The exhibits include the impact of this limit.

Exhibit 3D displays the relativities for active employees for some pharmacy products currently in our book of business.

Benefit Induced Utilization: Pharmacy

We performed an independent analysis to measure the correlation between the benefit design and the quantity of pharmacy prescriptions consumed. We adjust the pharmacy benefits in two ways. First, the generic utilization varies with the benefit design. We use claims and membership data from January 2019 through October 2022 to create a table to adjust the base generic utilization up or down depending on the difference in the generic and brand copays of the member's drug plan. Exhibit 3A displays the adjustments by brand/generic copay differential for generic and brand scripts.

Second, we perform a separate analysis to adjust for the overall pharmacy benefit. We assign a modeled actuarial value to every benefit in the experience period. The correlation uses the actuarial value as the independent variable and days supply as the dependent variable. A linear equation best fits the data. We normalize the curve such that the actuarial value underlying the base BRV benefit returns a utilization adjustment of 1.00. The resulting formula is *Pharmacy Utilization* [REDACTED].

Although we use two steps to calculate the induced utilization, we are not adjusting the data twice. The adjustment for difference in generic/brand copays changes the mixture of scripts (i.e., generic dispensing rate) without adjusting the overall frequency of scripts. The richness or leanness of the plan, as measured by the actuarial value, drives an adjustment to the overall frequency of scripts without changing the mixture of scripts.

Claims incurred on a CDHP historically have a lower cost per script than claims incurred on a drug card, but the model includes claims from both CDHPs and drug cards. We calculate a factor for each benefit type by taking the ratio of the cost per script for that type and the cost per script from all claims in the model. For CDHPs, the factor for this filing is [REDACTED] and for drug cards the factor is [REDACTED].

Benefit Relativity Model: Integrated (CDHP)

The CDHP model combines both the medical and pharmacy models described above. There is one record for each member, date of service and type of service combination. The model calculates separate medical and pharmacy actuarial values and makes the appropriate utilization adjustment for each.

Exhibit 3E displays the relativities for active employees for some CDHP products currently in our book of business.

5.2. Tier Factors

Each BRV model generates a BRV for different contract tiers as well as the overall PMPM described in the sections above. The models perform this calculation by re-adjudicating claims across families in addition to member-based readjudication. We apply the tiered BRVs to each benefit's member distribution by tier to calculate the average BRV for the experience benefits and to the group's member distribution by tier to calculate the average BRV for the rating benefits.

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We use the same tier factors developed in the previous filing to spread the required premium across tiers. Exhibit 3L displays these factors.

There are separate factors for stacked plans with family multipliers of two, two-and-a-half, and three for deductibles and out-of-pocket maximums. The aggregate and hybrid factors assume a family multiplier of two. If a group requests a benefit with a non-standard multiplier, out-of-pocket maximum, tier structure, or individual out-of-pocket maximum (for a hybrid plan) that is not in the exhibit, we will use identical data, assumptions and methodology as described above to calculate appropriate tier factors for the requested benefit.

5.3. Models For Age 65+ Medicare Secondary Plans

Benefit Relativity Model: Medical

Medicare Primary rate tiers are only available on the Blue Cross VT Non-Managed Care network. To develop benefit relativity values for Medicare Secondary plans, we use the same method as we do for the active factors. For the claims base, we use allowed charges incurred between January 2021 and December 2021, paid through October 2022, for members whose primary insurance is Medicare. Given the scarcity of Medicare Primary members in the BRV experience (fewer than 1,000 member months), we also include Medicare Primary members from groups who we exclude from the development of the active BRVs (e.g., large ASO groups). If the underwriter believes that these claims are not representative of a given group's characteristics (for example, due to demographics or morbidity), we will develop relativities using an analogous method with more representative experience.

Medicare Secondary plans cover two categories of services: Medicare-covered services which are subject to member cost share (deductible/coinsurance) and services which are not covered by Medicare. We do not adjust services subject to Medicare cost sharing for network, as Medicare determines the allowed charges, whereas we adjust the services not covered by Medicare using the contract factors described above to bring all charges to a single network.

We trend the allowed charges to the 12-month period that begins January 1, 2024. We use the total medical trend by type of service as described in section 4.5.

As with the active benefits, the model simulates the effects of a benefit design on the trended allowed charges and calculates a simulated paid PMPM. The model divides this paid PMPM by the Medicare Primary manual rate (without the adjustment for changes to the pharmacy contract) to produce the benefit relativity value. Unlike the active benefits, we do not make an adjustment for induced utilization due to the richness of the benefit. As Medicare is the primary insurance for these plans and Medicare-covered claims make up 87 percent of the trended allowed charges, we do not believe that the richness of the secondary insurance will have any influence on utilization.

Exhibit 3F displays the relativities for some Medicare Secondary medical products currently in our book of business.

Benefit Relativity Model: Pharmacy

To calculate relativities for pharmacy benefits for plans that are secondary to Medicare, we use the same methodology as for active employees. We use allowed charges incurred between January 2021 and December 2021, paid through October 2022, for members whose primary insurance is Medicare

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(including members in large ASO groups, as with the medical experience). If the underwriter believes that these claims are not representative of a given group’s characteristics (for example, due to demographics or morbidity), we will develop relativities using an analogous method with more representative experience.

We trend the allowed charges to the 12-month period that begins January 1, 2024, using the same trends as used for active members. We assign pharmacy scripts to the same categories as for the active members and adjust allowed charges for brands going generic between the experience period and the rating period. The model produces a simulated paid PMPM for each benefit design and adjusts for the impact of induced utilization on the mixture and frequency of scripts as described for the active relativities above. We divide the adjusted paid PMPM by the Medicare Primary manual rate (without the adjustment for changes to the pharmacy contract) to produce the relativity.

Exhibit 3G displays the relativities for some Medicare Secondary pharmacy products currently in our book of business.

Benefit Relativity Model: Integrated (CDHP)

The Medicare Secondary CDHP model combines both the medical and pharmacy Medicare Secondary models described above. We create one record for each member, date of service, and type of service combination. The model calculates separate medical and pharmacy actuarial values and makes the appropriate utilization adjustments for each.

Exhibit 3H displays the relativities for some Medicare Secondary CDHP products currently in our book of business.

5.4. Formulary & Pharmacy Options

Blue Cross VT offers groups a selection of formularies. Groups can select either the Blue Cross VT Formulary or the National Performance Formulary. Groups electing the National Performance Formulary receive greater rebates than those on the Blue Cross VT Formulary. To calculate the impact of the change, we identify rebate-eligible claims for the large groups impacted by this filing. We calculate rebate totals under the contracted terms of each formulary. For groups changing formularies, we apply the below factors to projected rebates. We adjust the factors proportionately if the experience period includes a mix of formularies.

Experience Formulary	Rating Formulary	Rebate Multiplier
Blue Cross VT Formulary	National Performance	█
National Performance	Blue Cross VT Formulary	█

The National Performance Formulary covers different drugs than the Blue Cross VT Formulary. To reflect the difference in covered drugs between the two formularies, we apply a factor to the drug BRV for the Blue Cross VT Formulary. Using the claims in the drug BRV model, we compare the average cost per script, including the impact of brand and generic dispensing rates, for both formularies. We compare the cost per script for each formulary to the cost per script for all claims in the model to calculate adjustment factors for each formulary.

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Formulary	Adjustment Factor
Blue Cross VT Formulary	
National Performance Formulary	

5.5. Riders

Blue Cross VT files riders with the Vermont Department of Financial Regulation (DFR) that allow large groups to add or modify covered services. These riders include, but are not limited to, the Benefit Enhancement Rider, Acupuncture Benefits Rider, and Wellness Drug Rider. For riders that modify covered services, we use the benefit relativity model to price the rider. For riders that cover an optional service, we develop allowed charges from groups offering that coverage and adjust to the group’s benefit or use a reasonable approximation of allowed charges if no experience data exists. If, in the underwriter’s professional judgment, the election of a rider will create material anti-selection, the underwriter will modify the rate as necessary to reflect appropriate rates for the rider they are rating, as described in section 3.

5.6. Rate Smoothing Charges

Blue Cross VT offers groups the option to apply the composite rate change to each tier’s rate change. There is no charge to smooth rate changes by tier within a benefit if the change by tiers varies by less than two percentage points. If the tiered rate changes vary between two and five percentage points, there is a charge of 0.2 percent applied to the total of the absolute values of the rate deviation by tier. We do not allow rate smoothing if the rate increases by tier vary by more than five percentage points.

If a group offering multiple benefits elects to apply the same rate change across benefits, the charge begins at 0.2 percent of the total of the absolute values of the rate deviation by benefit and increases continuously by 0.1 percent for every percentage point deviation. We do not allow benefit smoothing if the rate change by benefit varies by more than five percentage points.

6. Other Factors Applicable to All Large Groups

6.1. Manual Rate

We calculate the manual rate for active members from medical and pharmacy paid claims PMPM incurred between November 1, 2021, through October 31, 2022. Both medical and pharmacy claims include claims paid through December 31, 2022. We use claims from the groups impacted by this filing, trended to calendar year 2024 using the trends and pharmacy contract adjustments described in section 4. We cap claims at \$120,000¹⁵ and add expected claims above \$120,000. We calculate the expected large claims using the method described in section 6.2.

We calculate a separate manual rate for Medicare Primary members using the paid claims PMPM from the BRV experience period, trended to calendar year 2024 using the Medicare Primary trends described in section 4.5 and the pharmacy contract adjustments described in section 4.2. We make no adjustments to the Medicare Primary manual rate for large claims.

¹⁵ Selected using the highest level a group in the manual rate membership base would be pooled at using the table in Exhibit 6B.

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Calculation of the Manual Rate (Actives)			
Claim Type		Medical	Pharmacy
Incurred and Paid Experience Paid Claims, capped at \$120,000	A	\$25,990,940	\$6,698,971
Estimated Cost Sharing on COVID-19 Medical Claims	B	\$231,462	N/A
Estimated IBNR	C	\$173,368	\$389
Expected Claims above \$120,000	D	\$5,090,531	\$392,371
Experience Adjustment Factor	E	1.0000	1.0000
Demographic Normalization	F	0.9991	0.9991
Overall Paid Trend Factor	G	1.2530	1.3027
Projected Total Paid Claims	$H = (A - B + C + D) \times E \times F \times G$	\$38,839,051	\$9,230,646
Total Member Months	I	63,497	63,497
Medical/Pharmacy Manual Rate	$J = H / I$	\$611.67	\$145.37
2024 Manual Rate	$K = J_1 + J_2$	\$757.04	
Q4 2022 Approved Manual Rate	L	\$691.99	
Manual Rate Increase	$M = K / L - 1$	9.4%	

Calculation of the Manual Rate (Medicare Primary)			
Claim Type		Medical	Pharmacy
BRV Experience Paid Claims	A	\$11,056,813	\$22,141,777
Paid Trend Factor	B	1.1105	1.3838
Projected Total Paid Claims	$C = A \times B$	\$12,278,619	\$30,639,264
Total Member Months	D	79,991	79,991
Medical/Pharmacy Manual Rate	$E = C / D$	\$153.50	\$383.03
2024 Manual Rate	$F = E_1 + E_2$	\$536.53	
Q3 2022 Approved Manual Rate	G	\$437.93	
Manual Rate Increase	$H = G / F - 1$	22.5%	

We use a different method of calculating the manual rate for active and Medicare Primary members. We develop the active manual rate from the experience of active members in the large groups covered by this filing. There are not enough Medicare Primary members in large groups to develop a credible manual rate with only large group experience, so we base the Medicare Primary manual rate on the larger set of claims in the BRV experience, which includes Medicare Primary members from ASO groups as well as large groups.

For groups that only offer medical-only Medicare Primary coverage, we use the medical-only Medicare Primary manual rate in the table above, and adjust the benefit relativity factor to be based only on medical claims.

Changes in the experience base, an update to the trends detailed in this filing, and an additional year of trend cause the changes in both manual rates.

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Active Manual Rate Development	PMPM	PMPM Change	Impact
2023 Manual Rate	\$691.99		
Update Experience		\$0.87	0.1%
Update Trend		-\$11.18	-1.6%
Trend to 2024		\$75.36	11.1%
2024 Manual Rate	\$757.07		

Medicare Primary Manual Rate Development	PMPM	PMPM Change	Impact
2023 Manual Rate	\$437.93		
Update Experience		\$35.35	8.1%
Update Trend		\$16.09	3.7%
Trend to 2024		\$47.16	10.8%
2024 Manual Rate	\$536.53		

While the experience used for the 2024 Medicare Primary manual rate shares substantial overlap with the experience used for the 2023 Medicare Primary manual rate, we identified drug claims with \$2.67 million in AWP that were erroneously excluded from the BRV model and the Medicare Primary manual rate. In this filing we corrected the issue that caused the exclusion of this claims, which accounts for the large impact of the update to experience for the 2024 manual rate.

We adjust the manual rate to reflect a group’s particular characteristics, as demonstrated in Exhibit 4A. We make an adjustment for the average age/gender factor (line B) of the group. For active and Medicare primary members, we use factors from the SOA’s report *Health Care Costs – From Birth to Death*¹⁶. We normalize the factors such that the membership in the manual rate experience period has an age/gender factor of one. We assign an industry factor (line C) to each group based on the Standard Industrial Classification code. See Exhibit 4B for the schedule of industry factors. We normalize the industry factors such that the manual rate has a factor of one. We do not apply an industry adjustment to the manual rate for Medicare Primary members. We normalize for the average benefit relativity factor in the experience base by applying the ratio of the manual rate base average over the benefit relativity model average. In 2024, this factor is 0.9912 (line F).

We then multiply the manual rate by an adjustment factor to reflect structural changes between the experience period to the rating period. This adjustment modifies the manual claims to reflect such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the manual rate appropriate for the estimation of the expected claims in the rating period.

For groups with a projection period other than calendar year 2024, we adjust the manual rate for trend to reflect the group’s projection period (line D). Finally, we calculate a contract conversion factor (line E)

¹⁶ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

The factors for the age curve are in Chart 1 (for actives) and Chart 21 (for Medicare Primary) of the databook linked on the page.

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based on member distribution and tier factors in order to convert from a PMPM to a single rate basis. This factor is necessary because the rating formula blends the adjusted manual rate (line S of Exhibit 1A) with the projected single contract rate (line R of Exhibit 1A), which is not on a PMPM basis.

6.2. Large Claims Factors

Blue Cross VT uses the formula and factors in Milliman’s 2021 *Health Cost Guidelines – Reinsurance* to calculate expected claims above the pooling limit. The contents of the *Guidelines* are proprietary and confidential. This filing provides a general description of the formula but will not include any of the factors.

The formula develops expected claim costs above a particular pooling point separately for children and adults on a PMPM basis. The basis for each rate is a starting claim cost that varies with the pooling point and the out-of-pocket limit for the benefit. Milliman calculates the starting claim costs using national data, and the formula applies factors to adjust to our Vermont service area and the details of our contracts with local providers. The formula applies an adjustment for demographics and a trend factor to adjust the starting claim costs for the experience period of the renewal. There are also adjustments to the starting claim costs for the network of the benefit to account for claims from out-of-network providers, if appropriate for the benefit. The formula includes an adjustment factor that controls for known, ongoing high claimants, which the underwriter may add to premium through underwriting judgment. To avoid double counting such claimants, we apply a five percent reduction to the estimated claims above the pooling point based on recent large group experience.

We multiply the adjusted adult and child claim rates by benefit by the number of adult and child member months in the experience for that benefit to develop the total expected claims above the pooling level.

6.3. Administrative Charges

The sources of administrative expense data in this filing are the Blue Cross VT data warehouse and accounting records. The experience period for this filing is January 2021 to December 2021. We use actual Blue Cross VT and TVHP administrative expenses for the experience period on a GAAP reporting basis.

The Blue Cross VT cost accounting system allocates administrative expenses to lines of business. We use Blue Cross VT insured large group, Blue Cross VT Cost Plus, and TVHP insured large group information for the base administrative charges.¹⁷

The table below reflects reclassifications of the base data, including the removal of federal fees (we add these to premium rates separately; see section 6.9), GMCB billback (we add these to premium rates separately; see section 6.8), and fees paid to vendors for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products (participation in this service is optional; we assign these fees to groups who select the service). We also remove any expenses incurred due to one-time, non-recurring events, such as the expenses related to enabling full-time remote work

¹⁷ Per unit per month costs for Cost Plus members with Medicare Supplement plans are set equal to the corresponding values for conventionally funded Medicare Supplement members.

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and the startup costs of new programs and new vendor relationships, as these costs are not expected to continue to occur in the projection period. Blue Cross VT had higher pension benefit expenses in 2021 due to the loss incurred in 2020. To ensure that these do not flow through premiums, we excluded pension costs in excess of the current expected long-term annual expenses. Finally, we adjusted the allocation of overhead among lines of business to reflect a consistent percentage of premium or premium equivalent, which is a more appropriate (i.e., lower, in the case of this filing) basis for pricing purposes.

Reconciliation of Experience Base Administrative Expense to Reported GAAP Expenses		
	Total Large Group	
	Total Dollars	PMPM
Reported Expenses	\$7,467,611	\$100.56
Commissions	-\$864,891	-\$11.65
Reclassification Items	-\$548,987	-\$7.39
Reallocations	-\$2,192,729	-\$29.53
Total	\$3,861,005	\$51.99

Projection Factors

We project the base administrative charges 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.

We calculate PMPM admin charges with experience period enrollment and projected enterprise-wide 2023 enrollment. When projecting the 2023 enrollment, we include the observed membership losses and movement to new administrative solutions outside of Blue Cross VT's core operating platform in 2022, and expected growth due to the anticipated Medicaid redetermination initiative and its expected impact on ACA membership. 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 reduced enrollment. We therefore apply a net increase of 3.3 percent to the base PMPM charges to account for the reduction in membership on core operating platform. The table below shows the calculation.

Development of Enterprise Membership Adjustment	
	Members
Experience Period	175,033
Projected 2023 Enrollment	167,185
Adjustment for Enterprise Membership	= $1 + 0.7(175,033/167,185 - 1) - 1 = 3.3\%$

To calculate the projected base administrative charges, we increase the reweighted base experience PMPM by 4.0 percent for two years of trend and by 3.3 percent for the impact of membership.

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Projected Administrative Charges Calculation			
		Large Group	Cost Plus Med Supp
Experience Base Administrative Charges PMPM	A	\$51.99	\$33.25
Trend Projection	B	1.1249	1.1249
Impact of Membership changes	C	1.0329	1.0329
Projected Base Administrative Charges for January 2024 (Exhibit 5A)	$D = A \times B \times C$	\$60.41	\$38.63

Charges for Group Accounts

Exhibit 5A shows the administrative charge PMPM values used by the rating formula to produce account-specific administrative charges.

The administrative charges do not include amounts for special items or unique services not part of Blue Cross VT’s standard scope of administrative services (e.g., special booklets, certificates, or reports). Charges for such services will be determined and applied separately on an account-specific basis. The filed charges also do not include commissions based on the commission scale applicable to the account. The rating formula calculates and applies commissions separately.

6.4. Net Cost of Reinsurance

Blue Cross VT purchased reinsurance for claims in excess of \$1,000,000 for 2023, and we expect to purchase similar reinsurance in future years with limits approximately equal to the 2023 limit. We estimate that the target loss ratio for the reinsurance is approximately 75 percent, which implies a cost of reinsurance of approximately 33 percent of claims above the reinsurance limit. For each pricing period starting quarter, we use the total allowed trend from 2022 to 2024 and a leverage factor for the \$1,000,000 reinsurance limit from Milliman’s 2021 *Health Cost Guidelines – Reinsurance* to calculate the expected annual claim cost above the reinsurance limit, then multiply the cost by 33 percent to determine the annual cost of reinsurance. We divide this by 12 to produce the PMPM cost of reinsurance. The table below shows these PMPM’s based on pricing period starting quarter. If a renewal requires a factor for a pricing period not in the table, we will use identical data, assumptions, and methodology as described above to calculate the net cost of reinsurance.

Pricing Period Starting Quarter						
Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
\$2.38	\$2.50	\$2.64	\$2.77	\$2.92	\$3.07	\$3.23

6.5. Pharmacy Rebates

We calculate pharmacy rebates by taking the experience period rebates and trending them using the total trend for brands eligible for rebates (see table below). There is a lag between the receipt of pharmacy rebates and the time of the original claims. For months in the experience for which we do not have detailed rebate information, we include an estimated rebate amount in the calculation.

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Claim Type	Experience Period Allowed Charges	Projected Allowed Charges after Contract Changes
Brand Going Generic		
Brand		
Specialty		
Total		
Total Trend for Drugs Eligible for rebates		

6.6. Payment Reform Initiatives

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 OneCare VT (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.

6.7. Contribution to Reserve

As recommended by management, we include the following contribution to reserve factors in the rate calculation:

Contribution to Reserve	
Insured Groups	3.0% of premium
Cost Plus Groups	0.75% of equivalent premium

Attachment A is a memo from Blue Cross VT senior management regarding the contribution to reserve. We consider the above-listed contribution to reserve factors to be reasonable.

6.8. State Mandates and Assessments

Vermont Vaccine Purchasing Program Payments

The Vermont Vaccine Purchasing Program¹⁸ 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 ages 0 to 64. On May 4, 2022, the Vermont Vaccine Purchasing Program released a memo that included the rates for April 1, 2022 – March 31, 2023. The memo did not include an estimate of charges beyond March 31, 2023, so we use the approved state fiscal year 2023 rates throughout the projection period.

¹⁸ <http://www.vtvaccine.org/>

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New Hampshire Purchasing Program Payments

The New Hampshire Purchasing Program¹⁹ offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers, and other payers. The assessment for 2023 is \$8.50 for each child that is a New Hampshire resident. The current best estimate of the 2024 rate is \$9.85 per assessable life per month. We will use the new rate once it is approved.

New York State Health Care Reform Act

Blue Cross VT pays the New York GME Covered Lives Assessment²⁰ for all members who are New York residents as part of the New York State Health Care Reform Act. The assessment varies based on the county of residence. We will use the new rates once they are approved.

Maine Guaranteed Access Reinsurance Association

Blue Cross VT pays the Maine Guaranteed Access Reinsurance Association Assessment²¹. The 2019 assessment is \$4.00 per member per month for each member that is a Maine resident. We will use any new rates once they are approved.

Health Care Claims Tax

The Health Care Claims Tax of 0.999 percent applies to all claims or capitations incurred by members with Vermont zip codes. We use the percentage of current members with Vermont ZIP codes to estimate the percentage of rating period claims expected to be incurred by Vermont members. Act 73 of 2021 extended the 0.199 percent assessment for the Health IT Fund through July 1, 2023, and we expect the legislature to continue to extend the tax.

Blueprint

Blue Cross VT participates in the Vermont Blueprint for Health program. The current assessments for this program, applied to members who are attributed to a Blueprint provider as of the month the renewal is produced, are \$2.77 PMPM for the Community Health Team and \$3.00 PMPM for the Patient Centered Medical Homes (PCMH). PCMH are eligible for up to \$0.50 for performance. We project that our total PMPM for PCMH will be \$3.21. We base the projected performance payment on the average payment for large groups in the year ended October 2022. We will incorporate any updates made to the Blueprint Manual²² in renewals.

Green Mountain Care Board Billback

The Green Mountain Care Board assesses Blue Cross VT a billback. We apply billback amounts from the administrative charges experience period described in section 6.3 to projected member months to develop the charge of \$2.72 PMPM.

Other Assessments

We include other state mandates and assessments in the calculation as applicable.

¹⁹ <https://nhvaccine.org/>

²⁰ <https://www.health.ny.gov/regulations/hcra/gmecl.htm>

²¹ <http://www.mgara.org/>

²² <http://blueprintforhealth.vermont.gov/>

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6.9. Federal Assessments

Patient-Centered Outcomes Research Institute Fee:

This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012, and before October 1, 2029. We provide the estimated fees in the table below. We will update this estimate if we receive additional information.

PCORI	
Plan Year Ending Between	Fee Amount
October 2021 - September 2022	\$2.79 PMPY
October 2022 - September 2023	\$3.00 PMPY
October 2023 - September 2024	\$3.22 PMPY
October 2024 - September 2025	\$3.47 PMPY

Other Assessments

We include other federal mandates and assessments in the calculation as applicable.

6.10. Hearing Aids

In 2024, hearing aids will become an essential health benefit for fully insured large groups. Since we do not have credible experience for hearing aid costs, we develop an estimated allowed charge from demographic data. We apply the experience medical paid-to-allowed ratio in section 4 to the allowed cost to calculate an estimated paid cost of \$1.50 PMPM, which we include in the rates.

7. Factors applicable only to specific Products

7.1. Stop Loss Coverage for Cost Plus products

Cost Plus groups assume the risk for the claims incurred by their members. To protect themselves from high claims, they must purchase both Individual Stop Loss (ISL) and Aggregate Stop Loss (ASL) from Blue Cross VT.²³.

7.1.1. Individual Stop Loss

We develop ISL charges using the same formula and factors as described in section 6.2. We develop the charges for the rating period, rather than the experience period. They include a load for a 70 percent loss ratio. We use stacked tier factors to spread the charges across the different contract tiers, even when the benefit itself is aggregate, as the accumulation of the family cost sharing for the benefit does not have a meaningful impact on claims above the ISL attachment point.

7.1.2. Aggregate Stop Loss

The aggregate stop loss factors are unchanged from the Q3 2022 Large Group filing (BCVT-133154621).

²³ With the exception that with the approval of Blue Cross VT's Executive staff, Cost Plus groups can shop their stop loss in accordance with strict guidelines set forth by Blue Cross VT.

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8. Medical Loss Ratio Projection

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2024. Using the manual rate as a proxy for projected claims, we project a 2024 MLR of 88.9 percent. The credibility-adjusted MLR for Large Group was 90.1 percent in 2020 and 89.5 percent in 2021. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2021 values for various quantities (e.g., HCQ, commissions).

9. Act 193 Information

This information is included in the template filed in SERFF with this filing (*VT Rx Data Template - BCBSVT - 2024 Large Group.xlsx*).

The data in the template is based on actual and projected experience for the groups included in the manual rate.

10. Actuarial Opinion

I, Martine Lemieux, Actuarial Director of Financial Integrity, am an employee of Blue Cross Blue Shield of Vermont. I have experience in the area of insured health care programs.

Section 11 lists applicable limitations and disclosures.

It is my opinion that the rating formula and factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The formula and factors will produce premium rates that are reasonable in relation to the benefits provided and will not be excessive inadequate or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.


Martine Lemieux, F.S.A., M.A.A.A.

February 10, 2023

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11. Disclosures

Information Date: The analysis provided in the report is based on information as known on January 31, 2023.

Scope: The purpose of this filing is to establish the formula, manual rate, and accompanying factors that will be used for renewals of Blue Cross and Blue Shield of Vermont large group plans. 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 a redacted version of 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: 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 projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.

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Example Calculation of Projected Single Claims Rate for Active Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$1,600,000	\$320,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	\$182,000	\$36,400		B
COVID-19 Related Claims	\$14,000	\$2,000		C
Capped Claims	\$1,404,000	\$281,600		$D = A - B - C$
Completion Factor	1.005	1.001		E
Completed Capped Claims	\$1,410,000	\$281,882		$F = D \times E$
Expected Claims above \$100,000 Pooling Limit	\$168,000	\$33,600		G
Experience Adjustment Factor	1.000	1.000		H
Adjusted Experience Period Claims	\$1,578,000	\$315,482		$I = (F + G) \times H$
Experience Period Member Months	4,000	4,000		J
Adjusted Experience Period Claims PMPM	\$394.50	\$78.87		$K = I \div J$
Average Experience Period Seasonally Adjusted Benefit Relativity Factor	0.768	0.768		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$513.46	\$102.65		$N = K \times M \div L$
Trend	1.090	1.106		O
Trend Months	18	18		P
Trend Factor	1.138	1.163		$Q = O \wedge (P/12)$
Projected Single Contract Rate	\$584.31	\$119.40	\$703.71	$R = N \times Q$
Adjusted Manual Rate			\$881.15	S
Credibility factor			48%	T
Benefit-Adjusted Projected Single Claims Rate			\$795.22	$U = (R \times T) + \{S \times (1 - T)\}$
Credibility Calculation				
Active Member Months		4,000	a	
Member Months for Full Credibility at \$70,000 Pooling Limit		17,055	b	
Credibility		48%	c = (a / b) ^ 0.5	

Example Calculation of Projected Single Claims Rate for Medicare Primary Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$16,000	\$24,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	N/A	N/A		B
COVID-19 Related Claims	\$400	\$0		C
Capped Claims	\$15,600	\$24,000		$D = A - B - C$
Completion Factor	1.011	1.001		E
Completed Capped Claims	\$15,800	\$24,024		$F = D \times E$
Expected Claims above \$100,000 Pooling Limit	N/A	N/A		G
Experience Adjustment Factor	1.000	1.000		H
Adjusted Experience Period Claims	\$15,800	\$24,024		$I = (F + G) \times H$
Experience Period Member Months	96	96		J
Adjusted Experience Period Claims PMPM	\$164.58	\$250.25		$K = I \div J$
Average Experience Period Seasonal Adjusted Benefit Relativity Factor	0.900	0.900		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$182.87	\$278.06		$N = K * M \div L$
Trend	1.043	1.106		O
Trend Months	18	18		P
Trend Factor	1.065	1.163		$Q = O ^ (P/12)$
Projected Single Contract Rate	\$194.79	\$323.42	\$518.21	$R = N \times Q$
Adjusted Manual Rate			\$568.38	S
Credibility factor			11%	T
Benefit-Adjusted Projected Single Claims Rate			\$562.99	$U = (R \times T) + \{ S \times (1 - T)\}$
Credibility Calculation				
Medicare Primary Member Months		96		a
Member Months for Full Credibility		8,325		b
Credibility		11%		$c = (a / b) ^ 0.5$

Example Calculation of Projected Single Claims Rate for Active Members with Multiple Experience Periods

Benefit-Adjusted Projected Single Claims Rate:

Period Category Experience Period Start Experience Period End	A		B		C		Manual
	Medical	Pharmacy	Medical	Pharmacy	Medical	Pharmacy	
7/1/2022	7/1/2022	7/1/2021	7/1/2021	7/1/2020	7/1/2020		
6/30/2023	6/30/2023	6/30/2022	6/30/2022	6/30/2021	6/30/2021		
Paid Claims in Experience Period	\$1,600,000	\$320,000	\$1,500,000	\$300,000	\$1,360,000	\$272,000	A
Claims over \$100,000 Pooling Limit	\$182,000	\$36,400	\$321,000	\$64,200	\$80,000	\$16,000	B
COVID-19 Related Claims	\$0	\$0	\$0	\$0	\$8,000	\$2,000	C
Capped Claims	\$1,418,000	\$283,600	\$1,179,000	\$235,800	\$1,272,000	\$254,000	D = A - B - C
Completion Factor	1.005	1.001	1.001	1.000	1.000	1.000	E
Completed Capped Claims	\$1,430,000	\$283,884	\$1,180,000	\$236,000	\$1,270,000	\$254,000	F = D x E
Expected Claims above \$100,000 Pooling Limit	\$168,000	\$33,600	\$212,000	\$42,400	\$200,000	\$40,000	G
Experience Adjustment Factor	1.000	1.000	1.000	1.000	1.000	1.000	H
Adjusted Experience Period Claims	\$1,598,000	\$317,484	\$1,392,000	\$278,400	\$1,470,000	\$294,000	I = (F + G) x H
Experience Period Member Months	4,000	4,000	4,100	4,100	3,900	3,900	J
Adjusted Experience Period Claims PMPM	\$399.50	\$79.37	\$339.51	\$67.90	\$376.92	\$75.38	K = I ÷ J
Average Experience Period Med/Rx Total Seasonally Adjusted Benefit Relativity Factor	0.768	0.768	0.750	0.750	0.760	0.760	L
Demographic Normalization	1.000	1.000	1.002	1.002	0.998	0.998	M
Benefit-Adjusted Experience Period Single Claims Rate	\$519.97	\$103.30	\$453.59	\$90.72	\$494.96	\$98.99	N = K * M ÷ L
Trend to Period A			1.198	1.119	1.641	1.249	O
Trend	1.090	1.106	1.090	1.106	1.090	1.106	P
Trend Months	18	18	18	18	18	18	Q
Trend Factor	1.138	1.163	1.363	1.302	1.868	1.452	R = O x P ^ (Q/12)
Projected Single Contract Rate	\$591.72	\$120.16	\$618.22	\$118.12	\$924.57	\$143.76	\$881.15 S = N x R
Credibility Calculation							Manual
Starting Residual	100.0%		46.6%		21.4%		10.1%
Active Member Months	4,000		4,100	4,100	3,900	3,900	T = 1 - Σ Y
Member Months for Full Credibility at \$70,000 Pooling Limit	14,002		14,002	14,002	14,002	14,002	U
Credibility	53.4%		54.1%	54.1%	52.8%	52.8%	V
Med/Rx Weights ¹	78.3%	21.7%	78.3%	21.7%	78.3%	21.7%	W = (T / U) ^ 0.5
Rating Credibility	53.4%		25.2%		11.3%		10.1% X Y = Σ T x W x X _i
Projected Single Contract Rate	\$591.72	\$120.16	\$618.22	\$118.12	\$924.57	\$143.76	\$881.15
Credibility	53.4%		25.2%		11.3%		10.1%
Benefit-Adjusted Projected Single Claims Rate	\$316.26	\$64.22	\$155.73	\$29.76	\$104.23	\$16.21	\$88.89
Σ Benefit-Adjusted Projected Single Claims Rate	\$775.30						\$88.89 Z α β = Z x α γ = Σ β

(1) Claim weights underlying BRV model

**Example Calculation of Required Premium by Product and Tier
Illustrative Only**

From Exhibit 1A : Active Benefit-Adjusted Projected Single Claims Rate (\$) **\$795.22**
Medicare Primary Benefit-Adjusted Projected Single Claims Rate (\$) **\$562.99**

Plan A			Single	2-Person	Family	Medicare Primary
Members per contract			1.000	2.000	3.940	1.000
BRV:	A		0.929	1.859	2.585	0.984
Projected Claims:	B1 = A x S		\$739.00	\$1,478.00	\$2,055.72	\$553.98
Payment Reform Initiatives	B2		\$2.25	\$4.50	\$8.87	
Projected Rx Rebate:	B3		-\$28.00	-\$56.00	-\$110.32	-\$28.00
Net Cost of Reinsurance:	B4		\$2.64	\$5.28	\$10.40	
Hearing Aids	B5		\$1.50	\$3.00	\$5.91	\$1.50
Mandates and Assessments						
Vaccines for Vermonters	C1		\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2		\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.999% * B1		\$7.38	\$14.77	\$20.54	\$5.53
GMCB Billback	C4		\$2.72	\$5.44	\$10.72	\$2.72
NH Vaccines	C5		\$0.01	\$0.02	\$0.04	
NY GME	C6		\$0.02	\$0.04	\$0.08	
MGARA	C7		\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8		\$0.29	\$0.58	\$1.14	\$0.29
Administrative Charge	D		\$60.41	\$120.83	\$238.03	\$60.41
Commission (% premium)	E	3.00%				
Contribution to Reserve	F	3.00%				
Required Premium:		$H = [\sum(B_i) + \sum(C_i) + D] / (1 - E - F)$	\$847.59	\$1,695.18	\$2,419.84	\$637.21
Plan B						
			Single	2-Person	Family	Medicare Secondary
Members per contract			1.000	2.000	3.938	1.000
BRV:	A		1.023	2.046	2.846	1.046
Projected Claims:	B1 = A x S		\$813.51	\$1,627.02	\$2,262.99	\$588.89
Payment Reform Initiatives	B2		\$2.25	\$4.50	\$8.87	
Projected Rx Rebate:	B3		-\$28.00	-\$56.00	-\$110.32	-\$28.00
Net Cost of Reinsurance:	B4		\$2.64	\$5.28	\$10.40	
Hearing Aids	B5		\$1.50	\$3.00	\$5.91	\$1.50
Mandates and Assessments						
Vaccines for Vermonters	C1		\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2		\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.999% * B1		\$8.13	\$16.25	\$22.61	\$5.88
GMCB Billback	C4		\$2.72	\$5.44	\$10.72	\$2.72
NH Vaccines	C5		\$0.01	\$0.02	\$0.04	
NY GME	C6		\$0.02	\$0.04	\$0.08	
MGARA	C7		\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8		\$0.29	\$0.58	\$1.14	\$0.29
Administrative Charge	D		\$60.41	\$120.83	\$238.03	\$60.41
Commission (% premium)	E	3.00%				
Contribution to Reserve	F	3.00%				
Required Premium:		$H = [\sum(B_i) + \sum(C_i) + D] / (1 - E - F)$	\$927.65	\$1,855.30	\$2,642.55	\$674.71

UNIT COST TREND SUMMARY

	Inpatient					Outpatient					Professional						Total				VT / G/ MCB		All Other	
	G/ MCB	NH	BlueCard	Other	Total	G/ MCB	NH	BlueCard	Other	Total	G/ MCB	Community	NH	BlueCard	Other	Total	VT / G/ MCB	NH	BlueCard	Other	Total	VT / G/ MCB	All Other	
VHP	Exp Period				32,964,271					86,736,320						50,439,044					170,139,635			
	CY 2022				33,766,412					88,823,053						51,096,116					173,685,581			
	YE 202306				35,761,874					94,739,068						52,814,875					183,315,816			
	CY 2023				37,400,951					99,314,512						54,129,196					190,844,659			
	CY 2024				40,330,968					107,719,639						56,665,656					204,716,263			
Exp % of Total				100.0%					100.0%						100.0%					100.0%				
Prj % of Total				100.0%					100.0%						100.0%					100.0%				
CY 2023 / CY 2022				10.8%					11.8%						5.9%					9.9%		14.3%	4.9%	
CY 2024 / CY 2023				7.8%					8.5%						4.7%					7.3%		9.6%	4.4%	
Annual Cost Trend				8.3%					8.9%						4.8%					7.6%		10.4%	4.3%	
IND	Exp Period				32,964,271					86,736,320						50,439,044					170,139,635			
	CY 2022				33,723,876					88,910,812						51,096,116					173,730,804			
	YE 202306				35,718,063					94,823,041						52,814,875					183,355,979			
	CY 2023				37,373,782					99,450,331						54,153,498					190,977,611			
	CY 2024				40,281,523					107,959,607						56,746,384					204,987,515			
Exp % of Total				100.0%					100.0%						100.0%					100.0%				
Prj % of Total				100.0%					100.0%						100.0%					100.0%				
CY 2023 / CY 2022				10.8%					11.9%						6.0%					9.9%		14.3%	5.0%	
CY 2024 / CY 2023				7.8%					8.6%						4.8%					7.3%		9.5%	4.7%	
Annual Cost Trend				8.3%					9.0%						4.9%					7.7%		10.3%	4.6%	

MEDICAL UTILIZATION TREND CALCULATION

Month	ASF Normalization Factors		Working Day Normalization Factor		FWA Normalization	IU Normalization	Total Normalization
	Monthly ASF	ASF Normalization	Working Days	Working Day Normalization	Factor	Factor	Factor
Sep-18	0.9670	1.0027	19	1.1140	0.9824	0.9930	1.0898
Oct-18	0.9666	1.0031	23	0.9203	0.9824	0.9930	0.9006
Nov-18	0.9654	1.0044	20	1.0583	0.9824	0.9930	1.0370
Dec-18	0.9666	1.0031	19	1.1140	0.9824	0.9930	1.0902
Jan-19	0.9665	1.0033	22	0.9621	0.9824	0.9930	0.9417
Feb-19	0.9660	1.0038	20	1.0583	0.9824	0.9930	1.0364
Mar-19	0.9676	1.0022	21	1.0079	0.9824	0.9930	0.9854
Apr-19	0.9689	1.0008	22	0.9621	0.9824	0.9930	0.9394
May-19	0.9693	1.0003	22	0.9621	0.9824	0.9930	0.9389
Jun-19	0.9693	1.0004	20	1.0583	0.9824	0.9930	1.0328
Jul-19	0.9698	0.9999	21	1.0079	0.9824	0.9930	0.9832
Aug-19	0.9692	1.0005	22	0.9621	0.9824	0.9930	0.9390
Sep-19	0.9812	0.9882	21	1.0079	0.9824	1.0009	0.9794
Oct-19	0.9694	1.0002	22	0.9621	0.9824	1.0009	0.9463
Nov-19	0.9675	1.0023	19	1.1140	0.9824	1.0009	1.0980
Dec-19	0.9692	1.0005	21	1.0079	0.9824	1.0009	0.9916
Jan-20	0.9624	1.0076	22	0.9621	0.9839	1.0009	0.9547
Feb-20	0.9627	1.0072	20	1.0583	0.9839	1.0009	1.0498
Mar-20	0.9654	1.0044	22	0.9621	0.9839	1.0009	0.9517
Apr-20	0.9647	1.0051	22	0.9621	0.9839	1.0009	0.9524
May-20	0.9682	1.0015	20	1.0583	0.9839	1.0009	1.0438
Jun-20	0.9677	1.0020	22	0.9621	0.9839	1.0009	0.9494
Jul-20	0.9689	1.0008	22	0.9621	0.9839	1.0009	0.9483
Aug-20	0.9696	1.0001	21	1.0079	0.9839	1.0009	0.9928
Sep-20	0.9692	1.0004	21	1.0079	0.9839	0.9989	0.9910
Oct-20	0.9697	1.0000	22	0.9621	0.9915	0.9989	0.9529
Nov-20	0.9699	0.9998	19	1.1140	0.9915	0.9989	1.1031
Dec-20	0.9693	1.0004	21	1.0079	0.9915	0.9989	0.9986
Jan-21	0.9675	1.0023	19	1.1140	1.0013	0.9989	1.1168
Feb-21	0.9675	1.0022	20	1.0583	1.0013	0.9989	1.0609
Mar-21	0.9693	1.0004	23	0.9203	1.0013	0.9989	0.9208
Apr-21	0.9698	0.9999	22	0.9621	1.0013	0.9989	0.9622
May-21	0.9707	0.9989	20	1.0583	1.0013	0.9989	1.0574
Jun-21	0.9712	0.9984	22	0.9621	1.0013	0.9989	0.9608
Jul-21	0.9720	0.9976	21	1.0079	1.0013	0.9989	1.0057
Aug-21	0.9724	0.9971	22	0.9621	1.0013	0.9989	0.9595
Sep-21	0.9728	0.9968	21	1.0079	1.0013	1.0000	1.0060
Oct-21	0.9751	0.9944	21	1.0079	1.0013	1.0000	1.0037
Nov-21	0.9744	0.9951	20	1.0583	1.0013	1.0000	1.0546
Dec-21	0.9758	0.9937	22	0.9621	1.0013	1.0000	0.9573
Jan-22	0.9663	1.0035	21	1.0079	1.0000	1.0000	1.0115
Feb-22	0.9653	1.0045	20	1.0583	1.0000	1.0000	1.0631
Mar-22	0.9661	1.0037	23	0.9203	1.0000	1.0000	0.9237
Apr-22	0.9666	1.0032	21	1.0079	1.0000	1.0000	1.0111
May-22	0.9674	1.0023	21	1.0079	1.0000	1.0000	1.0102
Jun-22	0.9674	1.0023	22	0.9621	1.0000	1.0000	0.9644
Jul-22	0.9697	0.9999	19	1.1140	1.0000	1.0000	1.1140
Aug-22	0.9696	1.0000	23	0.9203	1.0000	1.0000	0.9203

YE August 2022 Average: 21.2

MEDICAL UTILIZATION TREND CALCULATION

Month	Monthly Adjusted Allowed Claims PMPM				Rolling Adjusted Allowed Claims PMPM			
	Facility	Professional, All Mental Health	Professional, All Other	Total Allowed Claims	Facility	Professional, All Mental Health	Professional, All Other	Total Allowed Claims
Sep-18	\$323.51	\$11.47	\$139.24	\$474.22				
Oct-18	\$312.79	\$11.84	\$137.76	\$462.39				
Nov-18	\$316.68	\$11.94	\$137.83	\$466.46				
Dec-18	\$409.25	\$11.33	\$160.28	\$580.86				
Jan-19	\$379.75	\$12.24	\$139.02	\$531.01				
Feb-19	\$351.28	\$11.96	\$132.38	\$495.62				
Mar-19	\$354.51	\$12.97	\$135.53	\$503.01				
Apr-19	\$329.24	\$13.03	\$130.46	\$472.72				
May-19	\$321.71	\$13.75	\$127.88	\$463.33				
Jun-19	\$363.16	\$12.97	\$127.97	\$504.10				
Jul-19	\$352.48	\$12.98	\$127.70	\$493.16				
Aug-19	\$303.85	\$11.53	\$119.51	\$434.89	\$343.26	\$12.34	\$134.51	\$490.11
Sep-19	\$306.30	\$12.67	\$124.09	\$443.06	\$341.76	\$12.44	\$133.27	\$487.46
Oct-19	\$328.21	\$14.44	\$133.48	\$476.13	\$342.95	\$12.66	\$132.92	\$488.53
Nov-19	\$335.38	\$13.30	\$136.16	\$484.85	\$344.44	\$12.77	\$132.80	\$490.00
Dec-19	\$338.01	\$11.78	\$132.85	\$482.63	\$338.67	\$12.80	\$130.59	\$482.06
Jan-20	\$289.28	\$14.31	\$124.33	\$427.92	\$331.17	\$12.97	\$129.37	\$473.51
Feb-20	\$322.85	\$13.12	\$125.92	\$461.89	\$328.81	\$13.07	\$128.83	\$470.71
Mar-20	\$215.81	\$12.87	\$93.53	\$322.21	\$317.35	\$13.06	\$125.36	\$455.77
Apr-20	\$179.40	\$14.22	\$58.41	\$252.04	\$305.01	\$13.16	\$119.43	\$437.59
May-20	\$254.21	\$14.64	\$90.37	\$359.22	\$299.44	\$13.23	\$116.34	\$429.01
Jun-20	\$309.48	\$14.21	\$114.59	\$438.27	\$294.91	\$13.33	\$115.21	\$423.45
Jul-20	\$331.89	\$14.22	\$115.59	\$461.70	\$293.05	\$13.44	\$114.19	\$420.68
Aug-20	\$304.14	\$14.05	\$116.19	\$434.38	\$293.05	\$13.65	\$113.90	\$420.59
Sep-20	\$316.26	\$15.33	\$126.09	\$457.68	\$293.84	\$13.87	\$114.05	\$421.76
Oct-20	\$268.28	\$15.66	\$119.78	\$403.72	\$288.84	\$13.97	\$112.88	\$415.69
Nov-20	\$255.51	\$16.13	\$115.69	\$387.33	\$282.10	\$14.20	\$111.13	\$407.43
Dec-20	\$308.81	\$15.67	\$125.85	\$450.33	\$279.55	\$14.53	\$110.50	\$404.58
Jan-21	\$331.61	\$17.17	\$129.60	\$478.38	\$283.18	\$14.78	\$110.97	\$408.92
Feb-21	\$321.59	\$15.97	\$126.88	\$464.44	\$283.12	\$15.02	\$111.06	\$409.20
Mar-21	\$297.81	\$16.97	\$129.02	\$443.81	\$289.99	\$15.26	\$114.05	\$419.41
Apr-21	\$343.06	\$15.84	\$128.65	\$487.55	\$303.70	\$15.50	\$119.93	\$439.13
May-21	\$393.68	\$15.68	\$145.13	\$554.49	\$315.41	\$15.58	\$124.51	\$455.50
Jun-21	\$310.62	\$14.67	\$127.65	\$452.93	\$315.50	\$15.62	\$125.59	\$456.70
Jul-21	\$292.46	\$13.90	\$123.56	\$429.93	\$312.20	\$15.59	\$126.23	\$454.02
Aug-21	\$293.14	\$13.58	\$123.15	\$429.87	\$311.24	\$15.54	\$126.79	\$453.57
Sep-21	\$350.66	\$15.71	\$139.89	\$506.26	\$314.16	\$15.57	\$127.95	\$457.69
Oct-21	\$318.26	\$15.65	\$139.86	\$477.77	\$318.23	\$15.57	\$129.62	\$463.42
Nov-21	\$350.72	\$16.29	\$148.15	\$515.16	\$326.03	\$15.59	\$132.29	\$473.91
Dec-21	\$264.34	\$14.75	\$118.87	\$397.96	\$322.27	\$15.51	\$131.69	\$469.47
Jan-22	\$260.97	\$16.25	\$118.34	\$395.56	\$315.34	\$15.45	\$130.52	\$461.31
Feb-22	\$324.53	\$16.06	\$125.33	\$465.92	\$315.75	\$15.47	\$130.30	\$461.52
Mar-22	\$328.79	\$16.80	\$142.27	\$487.86	\$318.42	\$15.48	\$131.56	\$465.46
Apr-22	\$322.29	\$15.69	\$134.06	\$472.04	\$316.90	\$15.47	\$132.03	\$464.40
May-22	\$327.83	\$16.82	\$139.42	\$484.07	\$312.15	\$15.59	\$131.74	\$459.47
Jun-22	\$302.61	\$16.01	\$127.22	\$445.84	\$311.37	\$15.69	\$131.62	\$458.68
Jul-22	\$371.11	\$15.43	\$136.55	\$523.09	\$318.26	\$15.80	\$132.66	\$466.72
Aug-22	\$312.18	\$14.79	\$122.18	\$449.15	\$319.51	\$15.87	\$132.40	\$467.78

Annual Trend	2.7%	2.1%	4.4%	3.1%
Selected Trend	1.3%	4.2%	2.2%	

MEDICAL UTILIZATION TREND CALCULATION

Utilization Trend Calculation - Facility - 24 Month

Month	Membership	Adjusted Allowed Claims PMPM	Logistic Regression		Linear Regression		Holt-Winters' Multiplicative		Holt-Winters' Additive	
			Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM
Sep-20	23,590	\$316.26	\$302.29		\$304.22		\$321.26		\$324.71	
Oct-20	23,634	\$268.28	\$303.24		\$305.17		\$276.74		\$284.18	
Nov-20	23,710	\$255.51	\$304.23		\$306.15		\$272.57		\$293.39	
Dec-20	23,707	\$308.81	\$305.19		\$307.10		\$297.30		\$275.33	
Jan-21	24,390	\$331.61	\$306.18		\$308.09		\$316.41		\$286.37	
Feb-21	24,279	\$321.59	\$307.18		\$309.07		\$318.88		\$314.93	
Mar-21	24,229	\$297.81	\$308.08		\$309.96		\$298.96		\$305.43	
Apr-21	24,221	\$343.06	\$309.08		\$310.94		\$337.60		\$324.49	
May-21	24,284	\$393.68	\$310.05		\$311.89		\$384.22		\$353.30	
Jun-21	24,395	\$310.62	\$311.06		\$312.88		\$307.31		\$300.77	
Jul-21	24,547	\$292.46	\$312.04		\$313.83		\$293.85		\$326.32	
Aug-21	24,521	\$293.14	\$313.06	\$307.68	\$314.81	\$309.55	\$291.27	\$309.81	\$295.85	\$307.18
Sep-21	24,526	\$350.66	\$314.08	\$308.66	\$315.79	\$310.51	\$324.12	\$310.09	\$334.97	\$308.11
Oct-21	24,461	\$318.26	\$315.06	\$309.64	\$316.74	\$311.47	\$277.10	\$310.02	\$295.40	\$308.98
Nov-21	24,352	\$350.72	\$316.09	\$310.62	\$317.73	\$312.42	\$268.49	\$309.60	\$306.12	\$310.01
Dec-21	24,475	\$264.34	\$317.08	\$311.60	\$318.68	\$313.38	\$308.83	\$310.53	\$291.42	\$311.26
Jan-22	29,996	\$260.97	\$318.11	\$312.69	\$319.66	\$314.44	\$330.30	\$312.04	\$300.07	\$312.17
Feb-22	30,064	\$324.53	\$319.15	\$313.77	\$320.64	\$315.48	\$326.28	\$312.90	\$325.25	\$313.25
Mar-22	30,170	\$328.79	\$320.09	\$314.83	\$321.53	\$316.50	\$304.01	\$313.13	\$315.44	\$314.07
Apr-22	30,318	\$322.29	\$321.13	\$315.88	\$322.52	\$317.51	\$346.94	\$314.50	\$335.37	\$315.31
May-22	30,442	\$327.83	\$322.14	\$316.91	\$323.47	\$318.49	\$396.58	\$317.00	\$362.94	\$316.95
Jun-22	30,716	\$302.61	\$323.19	\$317.93	\$324.45	\$319.47	\$314.91	\$317.52	\$307.38	\$317.26
Jul-22	30,836	\$371.11	\$324.20	\$318.94	\$325.40	\$320.43	\$298.72	\$317.52	\$332.31	\$317.98
Aug-22	30,892	\$312.18	\$325.26	\$319.93	\$326.38	\$321.37	\$297.91	\$317.63	\$304.75	\$318.37
Sep-22	30,892		\$326.32	\$320.91	\$327.37	\$322.30	\$344.36	\$319.55	\$344.30	\$319.50
Oct-22	30,892		\$327.34	\$321.88	\$328.32	\$323.20	\$304.06	\$321.13	\$304.10	\$319.83
Nov-22	30,892		\$328.41	\$322.83	\$329.30	\$324.10	\$316.66	\$324.30	\$313.95	\$320.25
Dec-22	30,892		\$329.44	\$323.77	\$330.25	\$324.98	\$291.48	\$322.57	\$297.40	\$320.25
Jan-23	30,892		\$330.51	\$324.80	\$331.24	\$325.94	\$300.39	\$320.08	\$307.11	\$320.79
Feb-23	30,892		\$331.59	\$325.83	\$332.22	\$326.89	\$321.65	\$320.54	\$323.88	\$321.52
Mar-23	30,892		\$332.56	\$326.86	\$333.11	\$327.85	\$322.81	\$322.08	\$324.12	\$322.24
Apr-23	30,892		\$333.64	\$327.89	\$334.09	\$328.81	\$340.74	\$321.60	\$343.49	\$322.93
May-23	30,892		\$334.69	\$328.93	\$335.04	\$329.77	\$368.35	\$319.34	\$371.56	\$323.70
Jun-23	30,892		\$335.78	\$329.98	\$336.02	\$330.73	\$314.69	\$319.32	\$317.42	\$324.53
Jul-23	30,892		\$336.84	\$331.03	\$336.98	\$331.69	\$342.47	\$322.96	\$342.58	\$325.39
Aug-23	30,892		\$337.94	\$332.09	\$337.96	\$332.66	\$311.23	\$324.07	\$313.45	\$326.11
Sep-23	30,892		\$339.03	\$333.15	\$338.94	\$333.62	\$351.12	\$324.64	\$352.70	\$326.81
Oct-23	30,892		\$340.10	\$334.21	\$339.89	\$334.59	\$310.01	\$325.13	\$312.51	\$327.51
Nov-23	30,892		\$341.21	\$335.28	\$340.88	\$335.55	\$322.86	\$325.65	\$322.35	\$328.21
Dec-23	30,892		\$342.28	\$336.35	\$341.83	\$336.52	\$297.17	\$326.12	\$305.80	\$328.91
Jan-24	30,892		\$343.40	\$337.42	\$342.81	\$337.48	\$306.25	\$326.61	\$315.51	\$329.61
Feb-24	30,892		\$344.51	\$338.50	\$343.79	\$338.45	\$338.11	\$327.15	\$342.28	\$330.31
Mar-24	30,892		\$345.56	\$339.58	\$344.71	\$339.41	\$329.09	\$327.67	\$332.52	\$331.01
Apr-24	30,892		\$346.68	\$340.67	\$345.70	\$340.38	\$347.35	\$328.22	\$351.89	\$331.71
May-24	30,892		\$347.78	\$341.76	\$346.65	\$341.35	\$375.48	\$328.82	\$379.96	\$332.41
Jun-24	30,892		\$348.91	\$342.85	\$347.63	\$342.31	\$320.78	\$329.33	\$325.82	\$333.11
Jul-24	30,892		\$350.00	\$343.95	\$348.58	\$343.28	\$349.09	\$329.88	\$350.99	\$333.81
Aug-24	30,892		\$351.14	\$345.05	\$349.57	\$344.25	\$317.23	\$330.38	\$321.85	\$334.51
Sep-24	30,892		\$352.29	\$346.16	\$350.55	\$345.22	\$357.87	\$330.94	\$361.10	\$335.21
Oct-24	30,892		\$353.39	\$347.26	\$351.50	\$346.18	\$315.97	\$331.44	\$320.91	\$335.91
Nov-24	30,892		\$354.54	\$348.37	\$352.48	\$347.15	\$329.06	\$331.95	\$330.75	\$336.61
Dec-24	30,892		\$355.66	\$349.49	\$353.43	\$348.12	\$302.86	\$332.43	\$314.20	\$337.31

Utilization Trend	3.86%	3.48%	1.97%	2.51%
RMSE (root mean square error)	32.42	32.37	34.39	26.17

MEDICAL UTILIZATION TREND CALCULATION

Utilization Trend Calculation - Professional - Mental Health - 48 Month

Month	Membership	Adjusted Allowed Claims PMPM	Logistic Regression		Linear Regression		Holt-Winters' Multiplicative		Holt-Winters' Additive	
			Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM
Sep-18	23,016	\$11.47	\$12.08		\$12.04		\$11.40		\$11.41	
Oct-18	23,203	\$11.84	\$12.17		\$12.14		\$12.14		\$12.05	
Nov-18	23,518	\$11.94	\$12.26		\$12.24		\$11.81		\$11.93	
Dec-18	23,506	\$11.33	\$12.34		\$12.34		\$11.14		\$10.90	
Jan-19	24,224	\$12.24	\$12.43		\$12.44		\$12.73		\$12.78	
Feb-19	24,294	\$11.96	\$12.52		\$12.54		\$11.94		\$11.72	
Mar-19	24,328	\$12.97	\$12.60		\$12.63		\$12.67		\$12.50	
Apr-19	24,256	\$13.03	\$12.69		\$12.73		\$13.22		\$12.59	
May-19	24,316	\$13.75	\$12.78		\$12.82		\$13.58		\$13.39	
Jun-19	24,285	\$12.97	\$12.87		\$12.92		\$12.95		\$12.86	
Jul-19	24,422	\$12.98	\$12.96		\$13.02		\$12.74		\$12.60	
Aug-19	24,394	\$11.53	\$13.05	\$12.57	\$13.12	\$12.59	\$11.82	\$12.36	\$12.19	\$12.25
Sep-19	24,045	\$12.67	\$13.14	\$12.65	\$13.22	\$12.68	\$12.52	\$12.45	\$13.32	\$12.41
Oct-19	24,113	\$14.44	\$13.24	\$12.74	\$13.32	\$12.78	\$13.27	\$12.54	\$13.51	\$12.53
Nov-19	24,383	\$13.30	\$13.33	\$12.83	\$13.42	\$12.88	\$13.83	\$12.71	\$14.12	\$12.71
Dec-19	24,338	\$11.78	\$13.42	\$12.92	\$13.51	\$12.97	\$12.70	\$12.83	\$12.57	\$12.85
Jan-20	24,070	\$14.31	\$13.52	\$13.01	\$13.61	\$13.07	\$13.61	\$12.90	\$13.68	\$12.92
Feb-20	23,953	\$13.12	\$13.62	\$13.10	\$13.71	\$13.17	\$13.53	\$13.04	\$13.36	\$13.06
Mar-20	23,930	\$12.87	\$13.71	\$13.19	\$13.81	\$13.27	\$14.17	\$13.16	\$13.83	\$13.17
Apr-20	23,873	\$14.22	\$13.81	\$13.28	\$13.91	\$13.36	\$13.73	\$13.20	\$13.01	\$13.20
May-20	23,729	\$14.64	\$13.90	\$13.38	\$14.00	\$13.46	\$14.58	\$13.28	\$14.30	\$13.28
Jun-20	23,678	\$14.21	\$14.00	\$13.47	\$14.10	\$13.56	\$13.80	\$13.35	\$13.76	\$13.35
Jul-20	23,584	\$14.22	\$14.10	\$13.57	\$14.20	\$13.66	\$13.84	\$13.44	\$13.71	\$13.44
Aug-20	23,561	\$14.05	\$14.20	\$13.66	\$14.30	\$13.76	\$12.75	\$13.52	\$13.38	\$13.55
Sep-20	23,590	\$15.33	\$14.30	\$13.76	\$14.40	\$13.85	\$14.58	\$13.70	\$15.36	\$13.71
Oct-20	23,634	\$15.66	\$14.40	\$13.86	\$14.50	\$13.95	\$16.04	\$13.93	\$15.94	\$13.91
Nov-20	23,710	\$16.13	\$14.50	\$13.95	\$14.60	\$14.05	\$15.26	\$14.04	\$15.78	\$14.05
Dec-20	23,707	\$15.67	\$14.60	\$14.05	\$14.69	\$14.15	\$14.61	\$14.21	\$14.97	\$14.25
Jan-21	24,390	\$17.17	\$14.71	\$14.15	\$14.79	\$14.25	\$17.47	\$14.54	\$17.03	\$14.54
Feb-21	24,279	\$15.97	\$14.82	\$14.26	\$14.89	\$14.35	\$16.39	\$14.78	\$16.40	\$14.80
Mar-21	24,229	\$16.97	\$14.91	\$14.36	\$14.98	\$14.45	\$16.91	\$15.01	\$16.75	\$15.04
Apr-21	24,221	\$15.84	\$15.02	\$14.46	\$15.08	\$14.55	\$17.82	\$15.35	\$16.68	\$15.35
May-21	24,284	\$15.68	\$15.12	\$14.56	\$15.18	\$14.65	\$17.28	\$15.58	\$16.68	\$15.55
Jun-21	24,395	\$14.67	\$15.23	\$14.66	\$15.28	\$14.74	\$15.57	\$15.73	\$15.29	\$15.68
Jul-21	24,547	\$13.90	\$15.34	\$14.77	\$15.38	\$14.84	\$14.85	\$15.80	\$14.56	\$15.74
Aug-21	24,521	\$13.58	\$15.45	\$14.87	\$15.48	\$14.94	\$13.22	\$15.83	\$13.50	\$15.74
Sep-21	24,526	\$15.71	\$15.56	\$14.98	\$15.58	\$15.04	\$14.37	\$15.81	\$15.10	\$15.72
Oct-21	24,461	\$15.65	\$15.66	\$15.08	\$15.67	\$15.14	\$15.88	\$15.80	\$16.09	\$15.73
Nov-21	24,352	\$16.29	\$15.78	\$15.18	\$15.77	\$15.23	\$15.48	\$15.82	\$15.83	\$15.74
Dec-21	24,475	\$14.75	\$15.89	\$15.29	\$15.87	\$15.33	\$14.83	\$15.83	\$15.08	\$15.75
Jan-22	29,996	\$16.25	\$16.00	\$15.41	\$15.97	\$15.44	\$16.65	\$15.78	\$16.48	\$15.71
Feb-22	30,064	\$16.06	\$16.12	\$15.53	\$16.07	\$15.54	\$15.53	\$15.71	\$15.62	\$15.65
Mar-22	30,170	\$16.80	\$16.22	\$15.64	\$16.16	\$15.65	\$16.68	\$15.71	\$16.52	\$15.65
Apr-22	30,318	\$15.69	\$16.34	\$15.76	\$16.26	\$15.75	\$17.09	\$15.68	\$16.49	\$15.65
May-22	30,442	\$16.82	\$16.45	\$15.87	\$16.36	\$15.85	\$15.94	\$15.68	\$16.51	\$15.65
Jun-22	30,716	\$16.01	\$16.57	\$15.98	\$16.46	\$15.95	\$16.16	\$15.73	\$15.95	\$15.71
Jul-22	30,836	\$15.43	\$16.68	\$16.09	\$16.55	\$16.05	\$15.81	\$15.80	\$15.65	\$15.79
Aug-22	30,892	\$14.79	\$16.80	\$16.20	\$16.65	\$16.14	\$14.72	\$15.89	\$14.87	\$15.87
Sep-22	30,892		\$16.92	\$16.31	\$16.75	\$16.24	\$16.03	\$16.01	\$16.37	\$15.97
Oct-22	30,892		\$17.04	\$16.42	\$16.85	\$16.33	\$16.43	\$16.06	\$16.97	\$16.05
Nov-22	30,892		\$17.16	\$16.53	\$16.95	\$16.42	\$16.39	\$16.12	\$16.99	\$16.14
Dec-22	30,892		\$17.28	\$16.64	\$17.05	\$16.51	\$15.06	\$16.12	\$15.95	\$16.20
Jan-23	30,892		\$17.40	\$16.75	\$17.15	\$16.61	\$16.87	\$16.14	\$17.56	\$16.29
Feb-23	30,892		\$17.53	\$16.87	\$17.25	\$16.70	\$16.17	\$16.19	\$16.85	\$16.39
Mar-23	30,892		\$17.64	\$16.99	\$17.34	\$16.80	\$16.93	\$16.22	\$17.47	\$16.47
Apr-23	30,892		\$17.77	\$17.11	\$17.44	\$16.90	\$16.89	\$16.20	\$17.26	\$16.53
May-23	30,892		\$17.89	\$17.22	\$17.53	\$17.00	\$17.87	\$16.28	\$17.79	\$16.64
Jun-23	30,892		\$18.02	\$17.35	\$17.63	\$17.09	\$17.10	\$16.36	\$17.03	\$16.73
Jul-23	30,892		\$18.15	\$17.47	\$17.73	\$17.19	\$16.75	\$16.44	\$16.69	\$16.82
Aug-23	30,892		\$18.28	\$17.59	\$17.83	\$17.29	\$15.91	\$16.53	\$16.05	\$16.92
Sep-23	30,892		\$18.41	\$17.71	\$17.93	\$17.39	\$17.25	\$16.64	\$17.60	\$17.02
Oct-23	30,892		\$18.54	\$17.84	\$18.03	\$17.49	\$17.67	\$16.74	\$18.20	\$17.12
Nov-23	30,892		\$18.67	\$17.96	\$18.13	\$17.58	\$17.62	\$16.84	\$18.22	\$17.22
Dec-23	30,892		\$18.80	\$18.09	\$18.22	\$17.68	\$16.18	\$16.94	\$17.18	\$17.32
Jan-24	30,892		\$18.93	\$18.22	\$18.32	\$17.78	\$18.12	\$17.04	\$18.79	\$17.43
Feb-24	30,892		\$19.07	\$18.35	\$18.42	\$17.88	\$17.36	\$17.14	\$18.07	\$17.53
Mar-24	30,892		\$19.20	\$18.48	\$18.52	\$17.98	\$18.17	\$17.24	\$18.70	\$17.63
Apr-24	30,892		\$19.33	\$18.61	\$18.62	\$18.08	\$18.12	\$17.34	\$18.49	\$17.73
May-24	30,892		\$19.47	\$18.74	\$18.71	\$18.17	\$19.16	\$17.45	\$19.02	\$17.84
Jun-24	30,892		\$19.61	\$18.87	\$18.81	\$18.27	\$18.33	\$17.55	\$18.26	\$17.94
Jul-24	30,892		\$19.74	\$19.00	\$18.91	\$18.37	\$17.95	\$17.65	\$17.92	\$18.04
Aug-24	30,892		\$19.88	\$19.14	\$19.01	\$18.47	\$17.04	\$17.75	\$17.27	\$18.14
Sep-24	30,892		\$20.03	\$19.27	\$19.11	\$18.57	\$18.47	\$17.85	\$18.83	\$18.25
Oct-24	30,892		\$20.17	\$19.41	\$19.21	\$18.67	\$18.91	\$17.95	\$19.43	\$18.35
Nov-24	30,892		\$20.31	\$19.54	\$19.31	\$18.76	\$18.85	\$18.06	\$19.45	\$18.45
Dec-24	30,892		\$20.45	\$19.68	\$19.40	\$18.86	\$17.31	\$18.15	\$18.41	\$18.55

Utilization Trend	8.69%	6.90%	5.86%	6.92%
RMSE (root mean square error)	0.97	0.95	0.71	0.53

MEDICAL UTILIZATION TREND CALCULATION

Utilization Trend Calculation - Professional - Mental Health - 24 Month

Month	Membership	Adjusted Allowed Claims PMPM	Logistic Regression		Linear Regression		Holt-Winters' Multiplicative		Holt-Winters' Additive	
			Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM
Sep-20	23,590	\$15.33	\$15.72		\$15.74		\$15.37		\$15.35	
Oct-20	23,634	\$15.66	\$15.71		\$15.74		\$15.55		\$15.47	
Nov-20	23,710	\$16.13	\$15.71		\$15.74		\$15.99		\$16.20	
Dec-20	23,707	\$15.67	\$15.71		\$15.73		\$15.29		\$15.14	
Jan-21	24,390	\$17.17	\$15.70		\$15.73		\$16.85		\$17.12	
Feb-21	24,279	\$15.97	\$15.70		\$15.72		\$15.89		\$16.47	
Mar-21	24,229	\$16.97	\$15.70		\$15.72		\$16.85		\$16.88	
Apr-21	24,221	\$15.84	\$15.69		\$15.72		\$15.83		\$15.84	
May-21	24,284	\$15.68	\$15.69		\$15.71		\$16.00		\$16.33	
Jun-21	24,395	\$14.67	\$15.69		\$15.71		\$15.08		\$14.83	
Jul-21	24,547	\$13.90	\$15.68		\$15.71		\$14.37		\$14.01	
Aug-21	24,521	\$13.58	\$15.68	\$15.70	\$15.70	\$15.72	\$13.98	\$15.59	\$13.43	\$15.58
Sep-21	24,526	\$15.71	\$15.67	\$15.69	\$15.70	\$15.72	\$15.46	\$15.59	\$15.20	\$15.57
Oct-21	24,461	\$15.65	\$15.67	\$15.69	\$15.70	\$15.72	\$15.82	\$15.62	\$15.80	\$15.60
Nov-21	24,352	\$16.29	\$15.67	\$15.69	\$15.69	\$15.71	\$16.20	\$15.63	\$16.22	\$15.60
Dec-21	24,475	\$14.75	\$15.66	\$15.68	\$15.69	\$15.71	\$15.63	\$15.66	\$15.28	\$15.61
Jan-22	29,996	\$16.25	\$15.66	\$15.68	\$15.68	\$15.70	\$16.76	\$15.68	\$16.30	\$15.56
Feb-22	30,064	\$16.06	\$15.66	\$15.68	\$15.68	\$15.70	\$15.45	\$15.64	\$15.56	\$15.49
Mar-22	30,170	\$16.80	\$15.65	\$15.67	\$15.68	\$15.70	\$16.57	\$15.63	\$16.88	\$15.51
Apr-22	30,318	\$15.69	\$15.65	\$15.67	\$15.67	\$15.69	\$15.54	\$15.61	\$15.69	\$15.50
May-22	30,442	\$16.82	\$15.65	\$15.66	\$15.67	\$15.69	\$15.54	\$15.57	\$16.17	\$15.51
Jun-22	30,716	\$16.01	\$15.64	\$15.66	\$15.67	\$15.68	\$15.01	\$15.56	\$15.85	\$15.59
Jul-22	30,836	\$15.43	\$15.64	\$15.66	\$15.66	\$15.68	\$14.64	\$15.56	\$15.32	\$15.68
Aug-22	30,892	\$14.79	\$15.63	\$15.65	\$15.66	\$15.68	\$14.64	\$15.59	\$14.94	\$15.77
Sep-22	30,892		\$15.63	\$15.65	\$15.65	\$15.67	\$16.84	\$15.71	\$16.44	\$15.87
Oct-22	30,892		\$15.63	\$15.65	\$15.65	\$15.67	\$16.87	\$15.80	\$16.58	\$15.94
Nov-22	30,892		\$15.62	\$15.64	\$15.65	\$15.67	\$17.50	\$15.92	\$17.14	\$16.02
Dec-22	30,892		\$15.62	\$15.64	\$15.64	\$15.66	\$16.20	\$15.96	\$16.14	\$16.08
Jan-23	30,892		\$15.62	\$15.64	\$15.64	\$15.66	\$17.96	\$16.07	\$17.63	\$16.20
Feb-23	30,892		\$15.61	\$15.63	\$15.64	\$15.66	\$17.44	\$16.23	\$16.94	\$16.31
Mar-23	30,892		\$15.61	\$15.63	\$15.63	\$15.65	\$18.21	\$16.37	\$17.81	\$16.39
Apr-23	30,892		\$15.61	\$15.63	\$15.63	\$15.65	\$16.96	\$16.49	\$16.69	\$16.47
May-23	30,892		\$15.60	\$15.62	\$15.62	\$15.65	\$17.66	\$16.66	\$17.17	\$16.55
Jun-23	30,892		\$15.60	\$15.62	\$15.62	\$15.64	\$16.51	\$16.79	\$16.26	\$16.59
Jul-23	30,892		\$15.59	\$15.61	\$15.62	\$15.64	\$15.69	\$16.87	\$15.59	\$16.61
Aug-23	30,892		\$15.59	\$15.61	\$15.61	\$15.63	\$15.05	\$16.91	\$15.10	\$16.62
Sep-23	30,892		\$15.59	\$15.61	\$15.61	\$15.63	\$17.15	\$16.93	\$16.74	\$16.65
Oct-23	30,892		\$15.58	\$15.60	\$15.61	\$15.63	\$17.18	\$16.96	\$16.88	\$16.67
Nov-23	30,892		\$15.58	\$15.60	\$15.60	\$15.62	\$17.82	\$16.99	\$17.43	\$16.70
Dec-23	30,892		\$15.58	\$15.60	\$15.60	\$15.62	\$16.50	\$17.01	\$16.44	\$16.72
Jan-24	30,892		\$15.57	\$15.59	\$15.59	\$15.62	\$18.29	\$17.04	\$17.93	\$16.75
Feb-24	30,892		\$15.57	\$15.59	\$15.59	\$15.61	\$17.76	\$17.06	\$17.24	\$16.77
Mar-24	30,892		\$15.57	\$15.59	\$15.59	\$15.61	\$18.54	\$17.09	\$18.11	\$16.80
Apr-24	30,892		\$15.56	\$15.58	\$15.58	\$15.60	\$17.27	\$17.12	\$16.98	\$16.82
May-24	30,892		\$15.56	\$15.58	\$15.58	\$15.60	\$17.98	\$17.14	\$17.47	\$16.85
Jun-24	30,892		\$15.55	\$15.57	\$15.58	\$15.60	\$16.81	\$17.17	\$16.56	\$16.87
Jul-24	30,892		\$15.55	\$15.57	\$15.57	\$15.59	\$15.97	\$17.19	\$15.88	\$16.90
Aug-24	30,892		\$15.55	\$15.57	\$15.57	\$15.59	\$15.32	\$17.22	\$15.40	\$16.92
Sep-24	30,892		\$15.54	\$15.56	\$15.56	\$15.59	\$17.45	\$17.24	\$17.04	\$16.95
Oct-24	30,892		\$15.54	\$15.56	\$15.56	\$15.58	\$17.48	\$17.27	\$17.18	\$16.97
Nov-24	30,892		\$15.54	\$15.56	\$15.56	\$15.58	\$18.14	\$17.29	\$17.73	\$17.00
Dec-24	30,892		\$15.53	\$15.55	\$15.55	\$15.57	\$16.79	\$17.32	\$16.73	\$17.02

Utilization Trend	-0.28%	-0.28%	4.61%	3.32%
RMSE (root mean square error)	0.87	0.87	0.49	0.32

MEDICAL UTILIZATION TREND CALCULATION

Utilization Trend Calculation - Professional - All Other - 48 Month

Month	Membership	Adjusted Allowed Claims PMPM	Logistic Regression		Linear Regression		Holt-Winters' Multiplicative		Holt-Winters' Additive	
			Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM
Sep-18	23,016	\$139.24	\$125.70		\$127.48		\$140.07		\$139.24	
Oct-18	23,203	\$137.76	\$125.70		\$127.46		\$140.98		\$139.61	
Nov-18	23,518	\$137.83	\$125.70		\$127.43		\$140.35		\$139.48	
Dec-18	23,506	\$160.28	\$125.71		\$127.41		\$150.36		\$137.82	
Jan-19	24,224	\$139.02	\$125.71		\$127.39		\$138.70		\$153.62	
Feb-19	24,294	\$132.38	\$125.71		\$127.37		\$134.80		\$138.83	
Mar-19	24,328	\$135.53	\$125.71		\$127.35		\$123.09		\$129.83	
Apr-19	24,256	\$130.46	\$125.72		\$127.33		\$109.98		\$123.33	
May-19	24,316	\$127.88	\$125.72		\$127.30		\$132.64		\$143.25	
Jun-19	24,285	\$127.97	\$125.72		\$127.28		\$140.79		\$126.53	
Jul-19	24,422	\$127.70	\$125.72		\$127.26		\$137.11		\$129.45	
Aug-19	24,394	\$119.51	\$125.73	\$125.71	\$127.24	\$127.36	\$131.64	\$134.94	\$122.09	\$135.19
Sep-19	24,045	\$124.09	\$125.73	\$125.72	\$127.22	\$127.34	\$140.24	\$134.98	\$132.27	\$134.63
Oct-19	24,113	\$133.48	\$125.73	\$125.72	\$127.19	\$127.31	\$136.40	\$134.61	\$124.46	\$133.38
Nov-19	24,383	\$136.16	\$125.73	\$125.72	\$127.17	\$127.29	\$135.98	\$134.26	\$135.19	\$133.04
Dec-19	24,338	\$132.85	\$125.74	\$125.72	\$127.15	\$127.27	\$148.85	\$134.18	\$136.15	\$132.92
Jan-20	24,070	\$124.33	\$125.74	\$125.72	\$127.13	\$127.25	\$129.20	\$133.39	\$126.19	\$130.64
Feb-20	23,953	\$125.92	\$125.74	\$125.73	\$127.11	\$127.23	\$123.67	\$132.48	\$124.11	\$129.42
Mar-20	23,930	\$93.53	\$125.74	\$125.73	\$127.08	\$127.20	\$116.69	\$131.96	\$123.35	\$128.88
Apr-20	23,873	\$58.41	\$125.75	\$125.73	\$127.06	\$127.18	\$97.26	\$130.94	\$81.31	\$125.43
May-20	23,729	\$90.37	\$125.75	\$125.73	\$127.04	\$127.16	\$95.08	\$127.86	\$71.16	\$119.49
Jun-20	23,678	\$114.59	\$125.75	\$125.74	\$127.02	\$127.14	\$99.38	\$124.44	\$88.95	\$116.39
Jul-20	23,584	\$115.59	\$125.75	\$125.74	\$127.00	\$127.12	\$103.99	\$121.69	\$116.03	\$115.26
Aug-20	23,561	\$116.19	\$125.75	\$125.74	\$126.97	\$127.10	\$104.40	\$119.43	\$109.97	\$114.24
Sep-20	23,590	\$126.09	\$125.76	\$125.74	\$126.95	\$127.07	\$117.15	\$117.50	\$128.94	\$113.94
Oct-20	23,634	\$119.78	\$125.76	\$125.75	\$126.93	\$127.05	\$122.56	\$116.32	\$126.45	\$114.09
Nov-20	23,710	\$115.69	\$125.76	\$125.75	\$126.91	\$127.03	\$122.68	\$115.17	\$121.49	\$112.90
Dec-20	23,707	\$125.85	\$125.76	\$125.75	\$126.89	\$127.01	\$129.19	\$113.46	\$115.66	\$111.14
Jan-21	24,390	\$129.60	\$125.77	\$125.75	\$126.86	\$126.99	\$116.43	\$112.39	\$119.17	\$110.56
Feb-21	24,279	\$126.88	\$125.77	\$125.76	\$126.84	\$126.96	\$117.46	\$111.88	\$129.38	\$111.02
Mar-21	24,229	\$129.02	\$125.77	\$125.76	\$126.82	\$126.94	\$107.68	\$111.12	\$124.32	\$111.12
Apr-21	24,221	\$128.65	\$125.77	\$125.76	\$126.80	\$126.92	\$95.31	\$110.93	\$116.81	\$114.09
May-21	24,284	\$145.13	\$125.78	\$125.76	\$126.78	\$126.90	\$124.96	\$113.43	\$141.44	\$119.95
Jun-21	24,395	\$127.65	\$125.78	\$125.77	\$126.76	\$126.87	\$143.84	\$117.17	\$143.78	\$124.52
Jul-21	24,547	\$123.56	\$125.78	\$125.77	\$126.73	\$126.85	\$138.84	\$120.09	\$129.14	\$125.61
Aug-21	24,521	\$123.15	\$125.78	\$125.77	\$126.71	\$126.83	\$131.11	\$122.30	\$117.95	\$126.24
Sep-21	24,526	\$139.89	\$125.79	\$125.77	\$126.69	\$126.81	\$139.30	\$124.16	\$135.90	\$126.83
Oct-21	24,461	\$139.86	\$125.79	\$125.78	\$126.67	\$126.79	\$140.18	\$125.63	\$140.26	\$127.99
Nov-21	24,352	\$148.15	\$125.79	\$125.78	\$126.65	\$126.77	\$140.16	\$127.08	\$141.59	\$129.65
Dec-21	24,475	\$118.87	\$125.79	\$125.78	\$126.62	\$126.74	\$153.33	\$129.11	\$148.14	\$132.33
Jan-22	29,996	\$118.34	\$125.80	\$125.78	\$126.60	\$126.72	\$134.01	\$130.64	\$112.22	\$131.39
Feb-22	30,064	\$125.33	\$125.80	\$125.79	\$126.58	\$126.70	\$126.05	\$131.24	\$118.11	\$130.23
Mar-22	30,170	\$142.27	\$125.80	\$125.79	\$126.56	\$126.67	\$115.25	\$131.52	\$122.75	\$129.97
Apr-22	30,318	\$134.06	\$125.80	\$125.79	\$126.54	\$126.65	\$105.55	\$131.80	\$130.05	\$130.99
May-22	30,442	\$139.42	\$125.80	\$125.79	\$126.52	\$126.63	\$131.46	\$132.29	\$146.86	\$131.70
Jun-22	30,716	\$127.22	\$125.81	\$125.80	\$126.49	\$126.61	\$139.63	\$132.12	\$138.08	\$131.40
Jul-22	30,836	\$136.55	\$125.81	\$125.80	\$126.47	\$126.58	\$135.77	\$131.96	\$128.70	\$131.31
Aug-22	30,892	\$122.18	\$125.81	\$125.80	\$126.45	\$126.56	\$133.86	\$132.19	\$130.94	\$132.24
Sep-22	30,892		\$125.81	\$125.80	\$126.43	\$126.54	\$143.01	\$132.65	\$134.95	\$132.22
Oct-22	30,892		\$125.82	\$125.80	\$126.41	\$126.52	\$143.56	\$133.09	\$135.32	\$131.94
Nov-22	30,892		\$125.82	\$125.81	\$126.38	\$126.50	\$145.29	\$133.65	\$137.04	\$131.72
Dec-22	30,892		\$125.82	\$125.81	\$126.36	\$126.48	\$147.44	\$133.50	\$137.02	\$131.07
Jan-23	30,892		\$125.82	\$125.81	\$126.34	\$126.46	\$140.84	\$134.08	\$130.36	\$132.55
Feb-23	30,892		\$125.83	\$125.81	\$126.32	\$126.44	\$140.12	\$135.24	\$130.15	\$133.53
Mar-23	30,892		\$125.83	\$125.82	\$126.30	\$126.42	\$134.04	\$136.77	\$127.59	\$133.91
Apr-23	30,892		\$125.83	\$125.82	\$126.27	\$126.39	\$115.93	\$137.59	\$115.38	\$132.68
May-23	30,892		\$125.83	\$125.82	\$126.25	\$126.37	\$129.46	\$137.41	\$128.16	\$131.14
Jun-23	30,892		\$125.84	\$125.82	\$126.23	\$126.35	\$131.26	\$136.72	\$126.79	\$130.20
Jul-23	30,892		\$125.84	\$125.83	\$126.21	\$126.33	\$133.41	\$136.52	\$128.27	\$130.16
Aug-23	30,892		\$125.84	\$125.83	\$126.19	\$126.31	\$128.85	\$136.10	\$122.66	\$129.47
Sep-23	30,892		\$125.84	\$125.83	\$126.16	\$126.29	\$143.62	\$136.15	\$135.42	\$129.51
Oct-23	30,892		\$125.85	\$125.83	\$126.14	\$126.26	\$144.17	\$136.20	\$135.79	\$129.55
Nov-23	30,892		\$125.85	\$125.84	\$126.12	\$126.24	\$145.90	\$136.25	\$137.51	\$129.59
Dec-23	30,892		\$125.85	\$125.84	\$126.10	\$126.22	\$148.06	\$136.31	\$137.49	\$129.63
Jan-24	30,892		\$125.85	\$125.84	\$126.08	\$126.20	\$141.44	\$136.36	\$130.83	\$129.67
Feb-24	30,892		\$125.86	\$125.84	\$126.05	\$126.18	\$140.71	\$136.41	\$130.62	\$129.71
Mar-24	30,892		\$125.86	\$125.84	\$126.03	\$126.15	\$134.61	\$136.45	\$128.06	\$129.75
Apr-24	30,892		\$125.86	\$125.85	\$126.01	\$126.13	\$116.42	\$136.49	\$115.85	\$129.79
May-24	30,892		\$125.86	\$125.85	\$125.99	\$126.11	\$130.01	\$136.54	\$128.63	\$129.83
Jun-24	30,892		\$125.87	\$125.85	\$125.97	\$126.09	\$131.81	\$136.59	\$127.26	\$129.87
Jul-24	30,892		\$125.87	\$125.85	\$125.95	\$126.07	\$133.97	\$136.63	\$128.74	\$129.90
Aug-24	30,892		\$125.87	\$125.86	\$125.92	\$126.04	\$129.40	\$136.68	\$123.13	\$129.94
Sep-24	30,892		\$125.87	\$125.86	\$125.90	\$126.02	\$144.23	\$136.73	\$135.89	\$129.98
Oct-24	30,892		\$125.87	\$125.86	\$125.88	\$126.00	\$144.78	\$136.78	\$136.26	\$130.02
Nov-24	30,892		\$125.88	\$125.86	\$125.86	\$125.98	\$146.52	\$136.83	\$137.98	\$130.06
Dec-24	30,892		\$125.88	\$125.87	\$125.84	\$125.96	\$148.69	\$136.88	\$137.96	\$130.10

Utilization Trend	0.02%	-0.21%	1.50%	-0.70%
RMSE (root mean square error)	15.58	15.53	14.85	11.42

MEDICAL UTILIZATION TREND CALCULATION

Utilization Trend Calculation - Professional - All Other - 24 Month

Month	Membership	Adjusted Allowed Claims PMPM	Logistic Regression		Linear Regression		Holt-Winters' Multiplicative		Holt-Winters' Additive	
			Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM	Fitted PMPM	Rolling 12 PMPM
Sep-20	23,590	\$126.09	\$125.40		\$125.58		\$125.63		\$128.41	
Oct-20	23,634	\$119.78	\$125.74		\$125.94		\$120.87		\$125.01	
Nov-20	23,710	\$115.69	\$126.09		\$126.30		\$119.26		\$126.61	
Dec-20	23,707	\$125.85	\$126.43		\$126.66		\$121.47		\$116.01	
Jan-21	24,390	\$129.60	\$126.79		\$127.02		\$124.85		\$118.53	
Feb-21	24,279	\$126.88	\$127.15		\$127.39		\$124.10		\$121.69	
Mar-21	24,229	\$129.02	\$127.47		\$127.72		\$127.19		\$131.71	
Apr-21	24,221	\$128.65	\$127.83		\$128.09		\$127.19		\$127.16	
May-21	24,284	\$145.13	\$128.17		\$128.45		\$142.63		\$138.21	
Jun-21	24,395	\$127.65	\$128.53		\$128.81		\$126.05		\$124.00	
Jul-21	24,547	\$123.56	\$128.88		\$129.17		\$122.84		\$126.96	
Aug-21	24,521	\$123.15	\$129.24	\$127.33	\$129.53	\$127.57	\$122.13	\$125.47	\$119.24	\$125.30
Sep-21	24,526	\$139.89	\$129.61	\$127.67	\$129.90	\$127.93	\$132.12	\$126.02	\$135.84	\$125.94
Oct-21	24,461	\$139.86	\$129.96	\$128.02	\$130.26	\$128.29	\$126.46	\$126.48	\$133.03	\$126.61
Nov-21	24,352	\$148.15	\$130.33	\$128.37	\$130.62	\$128.64	\$123.78	\$126.84	\$135.76	\$127.37
Dec-21	24,475	\$118.87	\$130.68	\$128.72	\$130.98	\$129.00	\$130.80	\$127.60	\$127.38	\$128.29
Jan-22	29,996	\$118.34	\$131.05	\$129.11	\$131.35	\$129.40	\$134.20	\$128.49	\$128.18	\$129.08
Feb-22	30,064	\$125.33	\$131.41	\$129.50	\$131.71	\$129.79	\$131.94	\$129.18	\$129.38	\$129.70
Mar-22	30,170	\$142.27	\$131.75	\$129.88	\$132.04	\$130.17	\$135.10	\$129.82	\$138.52	\$130.40
Apr-22	30,318	\$134.06	\$132.12	\$130.25	\$132.41	\$130.54	\$134.40	\$130.46	\$134.58	\$131.05
May-22	30,442	\$139.42	\$132.48	\$130.62	\$132.77	\$130.91	\$151.08	\$131.49	\$145.45	\$131.87
Jun-22	30,716	\$127.22	\$132.85	\$130.98	\$133.13	\$131.27	\$132.92	\$132.03	\$130.02	\$132.28
Jul-22	30,836	\$136.55	\$133.21	\$131.34	\$133.49	\$131.63	\$128.94	\$132.42	\$132.37	\$132.68
Aug-22	30,892	\$122.18	\$133.59	\$131.69	\$133.86	\$131.98	\$128.47	\$132.80	\$125.37	\$132.98
Sep-22	30,892		\$133.96	\$132.04	\$134.22	\$132.33	\$142.19	\$133.69	\$141.30	\$133.52
Oct-22	30,892		\$134.32	\$132.38	\$134.58	\$132.67	\$138.93	\$134.64	\$138.11	\$133.95
Nov-22	30,892		\$134.70	\$132.72	\$134.94	\$133.00	\$141.35	\$135.95	\$140.20	\$134.37
Dec-22	30,892		\$135.07	\$133.06	\$135.30	\$133.33	\$129.68	\$135.77	\$130.64	\$134.52
Jan-23	30,892		\$135.45	\$133.42	\$135.67	\$133.69	\$131.43	\$135.53	\$132.24	\$134.84
Feb-23	30,892		\$135.83	\$133.79	\$136.03	\$134.05	\$134.10	\$135.70	\$134.36	\$135.25
Mar-23	30,892		\$136.17	\$134.15	\$136.36	\$134.40	\$144.53	\$136.49	\$143.89	\$135.70
Apr-23	30,892		\$136.56	\$134.52	\$136.73	\$134.76	\$139.81	\$136.94	\$139.60	\$136.12
May-23	30,892		\$136.93	\$134.89	\$137.09	\$135.12	\$151.40	\$136.98	\$150.50	\$136.55
Jun-23	30,892		\$137.31	\$135.26	\$137.45	\$135.48	\$135.72	\$137.21	\$135.65	\$137.02
Jul-23	30,892		\$137.68	\$135.63	\$137.81	\$135.84	\$138.45	\$138.01	\$138.27	\$137.51
Aug-23	30,892		\$138.07	\$136.00	\$138.18	\$136.20	\$130.69	\$138.19	\$130.86	\$137.97
Sep-23	30,892		\$138.46	\$136.38	\$138.54	\$136.56	\$148.33	\$138.70	\$147.10	\$138.45
Oct-23	30,892		\$138.84	\$136.76	\$138.90	\$136.92	\$144.91	\$139.20	\$143.91	\$138.93
Nov-23	30,892		\$139.23	\$137.13	\$139.27	\$137.28	\$147.41	\$139.71	\$146.00	\$139.42
Dec-23	30,892		\$139.60	\$137.51	\$139.62	\$137.64	\$135.22	\$140.17	\$136.43	\$139.90
Jan-24	30,892		\$140.00	\$137.89	\$139.99	\$138.00	\$137.03	\$140.63	\$138.04	\$140.38
Feb-24	30,892		\$140.39	\$138.27	\$140.35	\$138.36	\$139.79	\$141.11	\$140.16	\$140.87
Mar-24	30,892		\$140.76	\$138.65	\$140.70	\$138.72	\$150.64	\$141.62	\$149.69	\$141.35
Apr-24	30,892		\$141.15	\$139.03	\$141.06	\$139.08	\$145.70	\$142.11	\$145.39	\$141.83
May-24	30,892		\$141.54	\$139.42	\$141.42	\$139.44	\$157.75	\$142.64	\$156.30	\$142.32
Jun-24	30,892		\$141.94	\$139.80	\$141.79	\$139.80	\$141.40	\$143.11	\$141.45	\$142.80
Jul-24	30,892		\$142.32	\$140.19	\$142.14	\$140.16	\$144.22	\$143.59	\$144.06	\$143.28
Aug-24	30,892		\$142.72	\$140.58	\$142.51	\$140.52	\$136.12	\$144.04	\$136.66	\$143.77
Sep-24	30,892		\$143.12	\$140.97	\$142.88	\$140.89	\$154.47	\$144.55	\$152.89	\$144.25
Oct-24	30,892		\$143.51	\$141.36	\$143.23	\$141.25	\$150.89	\$145.05	\$149.71	\$144.73
Nov-24	30,892		\$143.91	\$141.75	\$143.60	\$141.61	\$153.47	\$145.56	\$151.80	\$145.22
Dec-24	30,892		\$144.31	\$142.14	\$143.95	\$141.97	\$140.76	\$146.02	\$142.23	\$145.70

Utilization Trend	3.32%	3.17%	4.15%	3.99%
RMSE (root mean square error)	8.43	8.42	8.33	6.40

MEDICAL UTILIZATION TREND CALCULATION - PHARMACEUTICALS

Services Trend - Pharmaceuticals Processed through the Medical Benefit												
Month	MONTHLY DATA - TOTAL SERVICES						ROLLING 12					
	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Other High Cost Injections	All Other Pharmaceuticals	Total Services	Members	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Other High Cost Injections	All Other Pharmaceuticals	Total Services
Sep-18	23,016	0	34	92	1,460	1,586						
Oct-18	23,203	0	46	102	1,684	1,832						
Nov-18	23,518	0	53	114	1,598	1,765						
Dec-18	23,506	0	63	113	1,777	1,953						
Jan-19	24,224	0	53	117	1,903	2,073						
Feb-19	24,294	0	46	101	1,421	1,568						
Mar-19	24,328	1	59	100	1,574	1,734						
Apr-19	24,256	3	37	149	1,615	1,804						
May-19	24,316	4	45	168	1,521	1,738						
Jun-19	24,285	14	35	119	1,586	1,754						
Jul-19	24,422	15	34	147	1,593	1,789						
Aug-19	24,394	7	33	146	1,506	1,692						
Sep-19	24,045	7	41	139	1,450	1,637	287,762	44	538	1,468	19,238	21,288
Oct-19	24,113	10	41	138	1,634	1,823	288,791	51	545	1,515	19,228	21,339
Nov-19	24,383	8	45	106	1,486	1,645	289,701	61	540	1,551	19,178	21,330
Dec-19	24,338	3	53	107	1,574	1,737	290,566	69	532	1,543	19,066	21,210
Jan-20	24,070	11	63	79	1,340	1,493	291,398	72	522	1,537	18,863	20,994
Feb-20	23,953	5	26	58	1,440	1,529	291,244	83	532	1,499	18,900	20,414
Mar-20	23,930	6	43	76	1,073	1,198	290,903	88	512	1,456	18,319	20,375
Apr-20	23,873	7	61	57	686	811	290,505	93	496	1,432	17,818	19,839
May-20	23,729	8	53	66	1,021	1,148	290,122	97	520	1,340	16,889	18,846
Jun-20	23,678	4	75	85	1,475	1,639	289,535	101	528	1,238	16,389	18,256
Jul-20	23,584	8	60	93	1,499	1,660	288,928	91	568	1,204	16,278	18,141
Aug-20	23,561	8	61	70	1,499	1,660	288,090	84	594	1,150	16,184	18,012
Sep-20	23,590	10	51	87	1,340	1,488	287,257	85	622	1,074	15,927	17,708
Oct-20	23,634	12	61	90	1,553	1,716	286,802	88	632	1,022	15,817	17,559
Nov-20	23,710	11	42	76	1,050	1,179	286,323	90	652	974	15,736	17,452
Dec-20	23,707	20	49	82	1,484	1,635	285,650	93	649	944	15,300	16,986
Jan-21	24,390	27	49	88	1,222	1,386	285,019	110	645	919	15,210	16,884
Feb-21	24,279	22	34	81	1,273	1,410	285,339	126	631	928	15,092	16,777
Mar-21	24,229	31	42	105	1,654	1,832	285,665	143	639	951	14,925	16,658
Apr-21	24,221	36	41	97	1,675	1,849	285,964	168	638	980	15,506	17,292
May-21	24,284	22	47	82	1,628	1,779	286,312	197	618	1,020	16,495	18,330
Jun-21	24,395	14	41	111	1,588	1,754	286,867	211	612	1,036	17,103	18,962
Jul-21	24,547	24	24	95	1,404	1,547	287,584	221	578	1,062	17,216	19,077
Aug-21	24,521	23	23	98	1,260	1,394	288,547	237	542	1,064	17,121	18,964
Sep-21	24,526	25	17	89	1,515	1,646	289,507	252	508	1,082	17,133	18,971
Oct-21	24,461	24	24	74	1,426	1,548	290,443	267	470	1,084	17,307	19,128
Nov-21	24,352	29	31	91	1,660	1,811	291,270	279	433	1,068	17,180	18,960
Dec-21	24,475	24	34	93	1,385	1,536	291,912	297	422	1,083	17,790	19,592
Jan-22	29,996	21	21	118	1,533	1,693	292,680	301	407	1,094	17,690	19,493
Feb-22	30,064	25	25	120	1,518	1,688	298,286	295	379	1,124	18,002	19,800
Mar-22	30,170	34	30	115	2,194	2,373	304,071	298	370	1,164	18,246	20,078
Apr-22	30,318	23	28	134	1,883	2,068	310,012	301	358	1,174	18,786	20,619
May-22	30,442	26	21	140	2,073	2,260	316,109	288	345	1,211	18,994	20,838
Jun-22	30,716	23	43	132	1,873	2,071	322,267	292	319	1,269	19,438	21,319
Jul-22	30,836	18	26	141	1,877	2,062	328,588	301	321	1,290	19,723	21,635
Aug-22	30,892	32	26	144	2,020	2,223	334,877	295	323	1,336	20,196	22,150
YE 201908	287,762	44	538	1,468	19,238	21,288	341,248	305	327	1,392	20,955	22,979
YE 202008	287,257	85	622	1,074	15,927	17,708						
YE 202108	289,507	252	504	1,082	17,133	18,971						
YE 202208	341,248	305	327	1,392	20,955	22,979						

MEDICAL UTILIZATION TREND CALCULATION - PHARMACEUTICALS

Services Trend - Pharmaceuticals Processed through the Medical Benefit										
Month	MONTHLY DATA					ROLLING 12				
	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Other High Cost Injections	All Other Pharmaceuticals	Total Services	Biosimilar Equivalent	Injections with Biosimilar Equivalent	Other High Cost Injections	All Other Pharmaceuticals	Total Services
Sep-18	0.00	1.48	4.00	63.43	68.91					
Oct-18	0.00	1.98	4.40	72.58	78.96					
Nov-18	0.00	2.25	4.85	67.95	75.05					
Dec-18	0.00	2.68	4.81	75.60	83.09					
Jan-19	0.00	2.19	4.83	78.56	85.58					
Feb-19	0.00	1.89	4.16	58.49	64.54					
Mar-19	0.04	2.43	4.11	64.70	71.28					
Apr-19	0.12	1.53	6.14	66.58	74.37					
May-19	0.16	1.85	6.91	62.55	71.48					
Jun-19	0.58	1.44	4.90	65.31	72.23					
Jul-19	0.61	1.39	6.02	65.23	73.25					
Aug-19	0.29	1.35	5.99	61.74	69.36					
Sep-19	0.29	1.71	5.78	60.30	68.08	0.15	1.87	5.10	66.85	73.98
Oct-19	0.41	1.70	5.72	67.76	75.60	0.21	1.86	5.35	66.20	73.63
Nov-19	0.33	1.85	4.35	60.94	67.47	0.24	1.83	5.31	65.62	73.00
Dec-19	0.12	2.18	4.40	64.67	71.37	0.25	1.79	5.27	64.73	72.05
Jan-20	0.46	2.62	3.28	55.67	62.03	0.28	1.83	5.15	62.83	70.09
Feb-20	0.21	1.09	2.42	60.12	63.83	0.30	1.76	5.01	62.97	70.04
Mar-20	0.25	1.80	3.18	44.84	50.06	0.32	1.71	4.93	61.33	68.29
Apr-20	0.29	2.56	2.39	28.74	33.97	0.33	1.79	4.62	58.21	64.96
May-20	0.34	2.23	2.78	43.03	48.38	0.35	1.82	4.28	56.60	63.05
Jun-20	0.17	3.17	3.59	62.29	69.22	0.31	1.97	4.17	56.34	62.79
Jul-20	0.34	2.54	3.94	63.56	70.39	0.29	2.06	3.99	56.18	62.52
Aug-20	0.34	2.59	2.97	53.01	58.91	0.30	2.17	3.74	55.45	61.65
Sep-20	0.42	2.16	3.69	56.80	63.08	0.31	2.20	3.56	55.15	61.22
Oct-20	0.51	2.58	3.81	65.71	72.61	0.31	2.28	3.40	54.96	60.95
Nov-20	0.46	1.77	3.21	44.29	49.73	0.33	2.27	3.30	53.56	59.46
Dec-20	0.84	2.07	3.46	62.60	68.97	0.39	2.26	3.22	53.37	59.24
Jan-21	1.11	2.01	3.61	50.10	56.83	0.44	2.21	3.25	52.89	58.80
Feb-21	0.91	1.40	3.34	52.43	58.08	0.50	2.24	3.33	52.25	58.31
Mar-21	1.28	1.73	4.33	68.27	75.62	0.59	2.23	3.43	54.22	60.47
Apr-21	1.49	1.69	4.00	69.16	76.34	0.69	2.16	3.56	57.61	64.02
May-21	0.91	1.94	3.88	67.05	73.27	0.74	2.13	3.61	59.62	66.10
Jun-21	0.57	1.68	4.55	65.11	71.91	0.77	2.01	3.69	59.86	66.34
Jul-21	0.98	0.98	3.87	57.21	63.04	0.82	1.88	3.69	59.34	65.72
Aug-21	0.94	0.94	3.59	51.40	56.86	0.87	1.74	3.74	59.18	65.53
Sep-21	1.02	0.69	3.63	61.76	67.10	0.92	1.62	3.73	59.59	65.86
Oct-21	0.98	0.98	3.03	58.28	63.27	0.96	1.49	3.67	58.98	65.09
Nov-21	1.19	1.27	3.74	68.16	74.37	1.02	1.45	3.71	60.94	67.12
Dec-21	0.98	1.39	3.80	56.58	62.75	1.03	1.39	3.74	60.44	66.60
Jan-22	0.70	0.70	3.94	51.12	56.45	0.99	1.27	3.77	60.35	66.38
Feb-22	0.83	0.83	4.00	50.48	56.15	0.98	1.22	3.83	60.01	66.03
Mar-22	1.13	0.99	3.81	72.71	78.65	0.97	1.16	3.79	60.60	66.51
Apr-22	0.76	0.92	4.43	62.11	68.22	0.91	1.09	3.83	60.09	65.92
May-22	0.86	0.69	4.61	68.08	74.24	0.91	0.99	3.94	60.32	66.15
Jun-22	0.75	1.41	4.28	60.98	67.42	0.92	0.98	3.92	60.02	65.84
Jul-22	0.59	0.85	4.58	60.86	66.87	0.88	0.97	3.99	60.31	66.14
Aug-22	1.04	0.85	4.67	65.39	71.96	0.89	0.96	4.08	61.41	67.34

Annual Trend	2.5%	-45.0%	9.1%	3.8%	2.8%
Two-Year Trend	73.7%	-33.5%	4.5%	5.2%	4.5%

MEDICAL UTILIZATION TREND CALCULATION - PHARMACEUTICALS

Month	Total Services		Logistic Regression		
	Monthly Data	Rolling Data	24 Months on Monthly	36 Months on Monthly	24 Months on Rolling
Sep-18	68.91		58.10	57.58	52.86
Oct-18	78.96		58.30	57.78	53.15
Nov-18	75.05		58.51	58.00	53.44
Dec-18	83.09		58.72	58.20	53.73
Jan-19	85.58		58.93	58.42	54.03
Feb-19	64.54		59.15	58.63	54.33
Mar-19	71.28		59.34	58.82	54.60
Apr-19	74.37		59.56	59.04	54.91
May-19	71.48		59.77	59.25	55.20
Jun-19	72.23		59.99	59.47	55.51
Jul-19	73.25		60.20	59.68	55.81
Aug-19	69.36	73.98	60.42	59.90	56.12
Sep-19	68.08	73.89	60.64	60.12	56.43
Oct-19	75.60	73.63	60.85	60.33	56.74
Nov-19	67.47	73.00	61.08	60.55	57.05
Dec-19	71.37	72.05	61.29	60.76	57.36
Jan-20	62.03	70.09	61.51	60.99	57.68
Feb-20	63.83	70.04	61.74	61.21	58.00
Mar-20	50.06	68.29	61.95	61.42	58.30
Apr-20	33.97	64.96	62.17	61.65	58.63
May-20	48.38	63.05	62.39	61.86	58.94
Jun-20	69.22	62.79	62.62	62.09	59.27
Jul-20	70.39	62.52	62.84	62.31	59.59
Aug-20	58.91	61.65	63.07	62.54	59.92
Sep-20	63.08	61.22	63.30	62.77	60.25
Oct-20	72.61	60.95	63.53	62.99	60.58
Nov-20	49.73	59.46	63.76	63.22	60.92
Dec-20	68.97	59.24	63.98	63.45	61.24
Jan-21	56.83	58.80	64.22	63.68	61.59
Feb-21	58.08	58.31	64.45	63.91	61.93
Mar-21	75.62	60.47	64.66	64.13	62.24
Apr-21	76.34	64.02	64.90	64.36	62.59
May-21	73.27	66.10	65.13	64.59	62.92
Jun-21	71.91	66.34	65.36	64.83	63.27
Jul-21	63.04	65.72	65.59	65.06	63.61
Aug-21	56.86	65.53	65.83	65.29	63.97
Sep-21	67.10	65.86	66.07	65.53	64.32
Oct-21	63.27	65.09	66.31	65.77	64.67
Nov-21	74.37	67.12	66.55	66.01	65.03
Dec-21	62.75	66.60	66.78	66.24	65.38
Jan-22	56.45	66.38	67.03	66.48	65.75
Feb-22	56.15	66.03	67.27	66.73	66.11
Mar-22	78.65	66.51	67.49	66.95	66.44
Apr-22	68.22	65.92	67.74	67.19	66.81
May-22	74.24	66.15	67.98	67.43	67.17
Jun-22	67.42	65.84	68.23	67.68	67.55
Jul-22	66.87	66.14	68.47	67.92	67.91
Aug-22	71.96	67.34	68.72	68.17	68.29

Annual Trend 2.8% 4.4% 4.4% 6.8%
Two-Year Trend 4.5%

Logistic Regression-24 Months on Monthly	Logistic Regression-36 Months on Monthly	Logistic Regression-24 Months on Rolling
1.000	0.358	1.000
0.000	5.221	0.000
0.043	0.121	0.052
0.998	22.000	1.856
		34.000
		38.654
		22.000

MEDICAL UTILIZATION TREND CALCULATION - 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
YE 201908	0.15	1.87	2.02	7.6%
YE 202008	0.30	2.17	2.46	12.0%
YE 202108	0.87	1.74	2.61	33.3%
YE 202208	0.89	0.96	1.85	48.2%
CY 2023	1.08	0.89	1.96	54.9%
CY 2024	1.23	0.82	2.05	59.9%
Selected Service per 1,000 Trend			4.6%	
Expected Growth in Biosimilar Percentage			5.0%	
Months to Trend from YE 202208 to CY 2023			16	
Months to Trend from CY 2023 to CY 2024			12	

Overall Trend - Pharmaceuticals Processed through the Medical Benefit

		Biosimilar Equivalent	Injections with Biosimilar Equivalent	Other High Cost Injections	All Other Pharmaceuticals	Total Services
YE 202208	PMPM	\$4.79	\$8.16	\$29.68	\$2.69	\$45.33
	Services per 1,000	0.89	0.96	4.08	61.41	67.34
	Cost Per Service	\$5,364.66	\$8,526.37	\$7,276.66	\$43.87	\$673.18
	Cost per Service Trend	10.7%	10.7%	10.7%	10.7%	-11.9%
From YE 202208 to CY 2023	Number of Services Trend	28.7%	-9.9%	4.6%	4.6%	-5.8%
	CY 2023 Cost Per Service	\$6,142.63	\$9,762.84	\$8,331.89	\$50.24	\$764.17
	CY 2023 Services per 1,000	1.08	0.89	4.33	65.17	71.47
	CY 2023 PMPM	\$6.62	\$8.64	\$36.07	\$3.27	\$54.61
	Cost per Service Trend	8.5%	8.5%	8.5%	8.5%	7.8%
From CY 2023 to CY 2024	Number of Services Trend	14.1%	-7.0%	4.6%	4.6%	4.6%
	CY 2024 Cost Per Service	\$6,862.49	\$10,589.08	\$9,037.03	\$54.49	\$823.44
	CY 2024 Services per 1,000	1.23	0.82	4.53	68.15	74.73
	CY 2024 PMPM	\$8.20	\$8.71	\$40.91	\$3.71	\$61.53

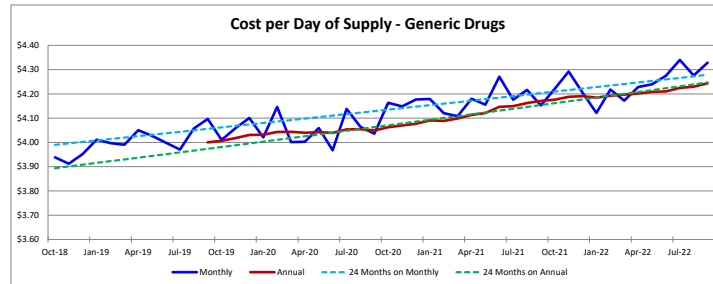
Components	Trend
Pure Cost	8.9%
Utilization and Mix	4.6%
Total	14.0%

PHARMACY TREND DEVELOPMENT

Generic Drugs - Cost Trend

Incurred Date	Monthly Data				Rolling 12				Exponential Fit	
	Supply	AWP Cost	Cost/Supply	Monthly Cost Trend	Supply	AWP Cost	Cost/Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Oct-18	628,541	\$2,475,583	\$3.94						\$3.99	\$3.89
Nov-18	591,065	\$2,312,299	\$3.91						\$4.00	\$3.90
Dec-18	625,637	\$2,472,686	\$3.95						\$4.00	\$3.91
Jan-19	628,771	\$2,522,214	\$4.01						\$4.01	\$3.92
Feb-19	569,902	\$2,277,937	\$4.00						\$4.01	\$3.92
Mar-19	636,120	\$2,538,254	\$3.99						\$4.02	\$3.93
Apr-19	638,089	\$2,584,373	\$4.05						\$4.03	\$3.94
May-19	636,568	\$2,563,267	\$4.03						\$4.03	\$3.94
Jun-19	604,811	\$2,418,369	\$4.00						\$4.04	\$3.95
Jul-19	653,371	\$2,594,146	\$3.97						\$4.04	\$3.96
Aug-19	626,464	\$2,541,810	\$4.06						\$4.05	\$3.97
Sep-19	608,458	\$2,492,711	\$4.10		7,447,797	\$29,793,649	\$4.00		\$4.06	\$3.97
Oct-19	664,146	\$2,663,455	\$4.01	1.8%	7,483,402	\$29,981,521	\$4.01		\$4.06	\$3.98
Nov-19	604,055	\$2,451,734	\$4.06	3.8%	7,496,392	\$30,120,956	\$4.02		\$4.07	\$3.99
Dec-19	680,400	\$2,790,084	\$4.10	3.8%	7,551,155	\$30,438,355	\$4.03		\$4.07	\$4.00
Jan-20	647,325	\$2,602,816	\$4.02	0.2%	7,569,709	\$30,518,956	\$4.03		\$4.08	\$4.00
Feb-20	576,628	\$2,390,834	\$4.15	3.7%	7,576,435	\$30,631,853	\$4.04		\$4.09	\$4.01
Mar-20	738,887	\$2,956,621	\$4.00	0.3%	7,679,202	\$31,050,220	\$4.04		\$4.09	\$4.02
Apr-20	600,882	\$2,405,176	\$4.00	-1.2%	7,641,995	\$30,871,023	\$4.04		\$4.10	\$4.03
May-20	571,055	\$2,318,045	\$4.06	0.8%	7,576,482	\$30,625,801	\$4.04		\$4.10	\$4.03
Jun-20	640,640	\$2,541,881	\$3.97	-0.8%	7,612,311	\$30,749,313	\$4.04		\$4.11	\$4.04
Jul-20	639,826	\$2,646,905	\$4.14	4.2%	7,598,566	\$30,802,072	\$4.05		\$4.12	\$4.05
Aug-20	621,226	\$2,524,999	\$4.06	0.2%	7,593,328	\$30,785,260	\$4.05		\$4.12	\$4.06
Sep-20	630,457	\$2,544,550	\$4.04	-1.5%	7,615,327	\$30,837,099	\$4.05	1.2%	\$4.13	\$4.06
Oct-20	644,943	\$2,685,036	\$4.16	3.8%	7,596,124	\$30,858,680	\$4.06	1.4%	\$4.14	\$4.07
Nov-20	633,477	\$2,627,968	\$4.15	2.2%	7,625,546	\$31,034,913	\$4.07	1.3%	\$4.14	\$4.08
Dec-20	700,699	\$2,926,914	\$4.18	1.9%	7,645,845	\$31,171,743	\$4.08	1.1%	\$4.15	\$4.09
Jan-21	648,820	\$2,711,291	\$4.18	3.9%	7,647,340	\$31,280,219	\$4.09	1.5%	\$4.15	\$4.09
Feb-21	598,603	\$2,466,412	\$4.12	-0.6%	7,669,315	\$31,355,797	\$4.09	1.1%	\$4.16	\$4.10
Mar-21	719,760	\$2,956,937	\$4.11	2.7%	7,650,188	\$31,356,113	\$4.10	1.4%	\$4.17	\$4.11
Apr-21	669,094	\$2,796,835	\$4.18	4.4%	7,718,400	\$31,747,772	\$4.11	1.8%	\$4.17	\$4.12
May-21	645,620	\$2,682,839	\$4.16	2.4%	7,792,965	\$32,112,567	\$4.12	1.9%	\$4.18	\$4.12
Jun-21	698,875	\$2,984,790	\$4.27	7.6%	7,851,200	\$32,555,476	\$4.15	2.7%	\$4.18	\$4.13
Jul-21	635,332	\$2,653,117	\$4.18	0.9%	7,846,906	\$32,561,688	\$4.15	2.4%	\$4.19	\$4.14
Aug-21	675,296	\$2,847,263	\$4.22	3.7%	7,900,976	\$32,884,052	\$4.16	2.7%	\$4.20	\$4.15
Sep-21	675,676	\$2,805,504	\$4.15	2.9%	7,946,195	\$33,145,006	\$4.17	3.0%	\$4.20	\$4.15
Oct-21	684,371	\$2,889,241	\$4.22	1.4%	7,985,623	\$33,349,212	\$4.18	2.8%	\$4.21	\$4.16
Nov-21	674,591	\$2,895,586	\$4.29	3.5%	8,026,737	\$33,616,830	\$4.19	2.9%	\$4.22	\$4.17
Dec-21	724,374	\$3,045,793	\$4.20	0.7%	8,050,412	\$33,735,709	\$4.19	2.8%	\$4.22	\$4.18
Jan-22	829,245	\$3,417,846	\$4.12	-1.4%	8,230,837	\$34,442,264	\$4.18	2.3%	\$4.23	\$4.19
Feb-22	766,878	\$3,234,494	\$4.22	2.4%	8,399,112	\$35,210,346	\$4.19	2.5%	\$4.23	\$4.19
Mar-22	884,935	\$3,692,178	\$4.17	1.6%	8,564,287	\$35,945,586	\$4.20	2.4%	\$4.24	\$4.20
Apr-22	850,124	\$3,594,532	\$4.23	1.2%	8,745,317	\$36,743,284	\$4.20	2.1%	\$4.25	\$4.21
May-22	866,748	\$3,674,848	\$4.24	2.0%	8,966,445	\$37,735,293	\$4.21	2.1%	\$4.25	\$4.22
Jun-22	876,368	\$3,746,114	\$4.27	0.1%	9,143,938	\$38,496,617	\$4.21	1.5%	\$4.26	\$4.22
Jul-22	857,336	\$3,720,838	\$4.34	3.9%	9,365,942	\$39,564,338	\$4.22	1.8%	\$4.27	\$4.23
Aug-22	919,047	\$3,929,763	\$4.28	1.4%	9,609,693	\$40,646,738	\$4.23	1.6%	\$4.27	\$4.24
Sep-22	869,931	\$3,765,281	\$4.33	4.2%	9,803,949	\$41,606,515	\$4.24	1.7%	\$4.28	\$4.25

1.7% 1.8% 2.2%



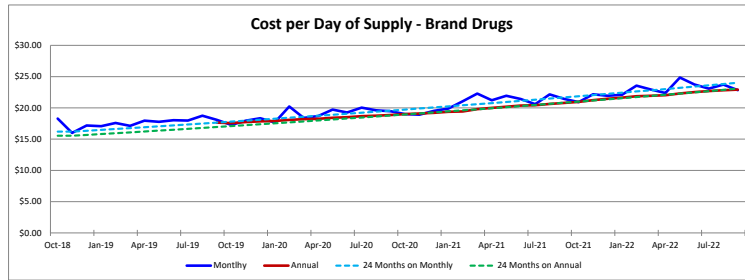
Regressions	24 Months on Monthly		24 Months on Annual	
		1.000	0.480	1.000
	0.000	0.487	0.000	0.111
	0.474	0.011	0.964	0.003
	19.839	22.000	586.260	22.000

PHARMACY TREND DEVELOPMENT

Brand Drugs - Cost Trend

Incurred Date	Monthly Data				Rolling 12				Exponential Fit	
	Supply	AWP Cost	Cost/Supply	Monthly Cost Trend	Supply	AWP Cost	Cost/Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Oct-18	42,979	\$785,653	\$18.28						\$16.20	\$15.55
Nov-18	43,456	\$695,112	\$16.00						\$16.20	\$15.55
Dec-18	46,644	\$801,442	\$17.18						\$16.34	\$15.68
Jan-19	39,119	\$668,102	\$17.08						\$16.48	\$15.82
Feb-19	39,823	\$700,564	\$17.59						\$16.63	\$15.96
Mar-19	39,545	\$676,886	\$17.12						\$16.76	\$16.08
Apr-19	40,488	\$727,293	\$17.96						\$16.91	\$16.22
May-19	43,427	\$771,937	\$17.78						\$17.05	\$16.36
Jun-19	38,977	\$702,728	\$18.03						\$17.20	\$16.50
Jul-19	42,735	\$768,072	\$17.97						\$17.34	\$16.65
Aug-19	43,283	\$811,268	\$18.74						\$17.50	\$16.79
Sep-19	42,129	\$761,662	\$18.08		502,605	\$8,870,718	\$17.65		\$17.65	\$16.94
Oct-19	41,653	\$719,845	\$17.28	-5.5%	501,279	\$8,804,910	\$17.56		\$17.80	\$17.08
Nov-19	43,741	\$785,752	\$17.96	12.3%	501,564	\$8,895,550	\$17.74		\$17.95	\$17.23
Dec-19	48,517	\$890,046	\$18.35	6.8%	503,437	\$8,984,154	\$17.85		\$18.11	\$17.38
Jan-20	37,224	\$658,241	\$17.68	3.5%	501,542	\$8,974,294	\$17.89		\$18.27	\$17.53
Feb-20	37,538	\$758,822	\$20.21	14.9%	499,257	\$9,032,552	\$18.09		\$18.42	\$17.69
Mar-20	51,382	\$945,147	\$18.39	7.5%	511,094	\$9,300,814	\$18.20		\$18.58	\$17.83
Apr-20	37,447	\$699,786	\$18.69	4.0%	508,053	\$9,273,307	\$18.25		\$18.74	\$17.99
May-20	39,984	\$788,695	\$19.73	11.0%	504,610	\$9,290,064	\$18.41		\$18.90	\$18.14
Jun-20	40,220	\$774,641	\$19.26	6.8%	505,853	\$9,361,977	\$18.51		\$19.06	\$18.30
Jul-20	41,088	\$823,638	\$20.05	11.5%	504,206	\$9,417,543	\$18.68		\$19.22	\$18.46
Aug-20	42,306	\$829,407	\$19.60	4.6%	503,229	\$9,435,682	\$18.75		\$19.39	\$18.62
Sep-20	39,213	\$763,327	\$19.47	7.7%	500,313	\$9,437,346	\$18.86	6.9%	\$19.56	\$18.78
Oct-20	44,573	\$847,469	\$19.01	10.0%	503,233	\$9,564,970	\$19.01	8.2%	\$19.73	\$18.94
Nov-20	41,716	\$788,997	\$18.91	5.3%	501,208	\$9,568,215	\$19.09	7.6%	\$19.90	\$19.11
Dec-20	48,120	\$939,668	\$19.53	6.4%	500,811	\$9,617,837	\$19.20	7.6%	\$20.07	\$19.27
Jan-21	39,937	\$794,221	\$19.89	12.5%	503,524	\$9,753,816	\$19.37	8.3%	\$20.25	\$19.44
Feb-21	37,104	\$781,895	\$21.07	4.2%	503,090	\$9,776,889	\$19.43	7.4%	\$20.42	\$19.61
Mar-21	45,199	\$1,007,336	\$22.29	21.2%	496,907	\$9,839,079	\$19.80	8.8%	\$20.58	\$19.77
Apr-21	43,759	\$928,494	\$21.22	13.5%	503,219	\$10,067,787	\$20.01	9.6%	\$20.76	\$19.94
May-21	42,509	\$932,591	\$21.94	11.2%	505,744	\$10,211,684	\$20.19	9.7%	\$20.94	\$20.11
Jun-21	46,140	\$987,852	\$21.41	11.2%	511,664	\$10,424,894	\$20.37	10.1%	\$21.12	\$20.29
Jul-21	36,680	\$755,173	\$20.59	2.7%	507,256	\$10,356,430	\$20.42	9.3%	\$21.30	\$20.46
Aug-21	40,996	\$908,396	\$22.16	13.0%	505,946	\$10,435,419	\$20.63	10.0%	\$21.49	\$20.64
Sep-21	43,412	\$930,604	\$21.44	10.1%	510,145	\$10,602,696	\$20.78	10.2%	\$21.68	\$20.82
Oct-21	41,073	\$859,416	\$20.92	10.1%	506,645	\$10,614,644	\$20.95	10.2%	\$21.86	\$21.00
Nov-21	46,204	\$1,024,546	\$22.17	17.2%	511,133	\$10,850,193	\$21.23	11.2%	\$22.05	\$21.18
Dec-21	47,043	\$1,032,153	\$21.94	12.4%	510,056	\$10,942,678	\$21.45	11.7%	\$22.24	\$21.36
Jan-22	53,926	\$1,191,776	\$22.10	11.1%	524,045	\$11,340,233	\$21.64	11.7%	\$22.43	\$21.55
Feb-22	50,409	\$1,187,065	\$23.55	11.7%	537,350	\$11,745,403	\$21.86	12.5%	\$22.63	\$21.74
Mar-22	57,068	\$1,308,059	\$22.92	2.8%	549,219	\$12,046,126	\$21.93	10.8%	\$22.81	\$21.91
Apr-22	58,804	\$1,315,348	\$22.37	5.4%	564,264	\$12,432,980	\$22.03	10.1%	\$23.01	\$22.10
May-22	53,833	\$1,337,777	\$24.85	13.3%	575,588	\$12,838,166	\$22.30	10.5%	\$23.20	\$22.29
Jun-22	60,393	\$1,433,928	\$23.74	10.9%	589,841	\$13,284,242	\$22.52	10.5%	\$23.41	\$22.49
Jul-22	57,083	\$1,317,036	\$23.07	12.1%	610,244	\$13,846,105	\$22.69	11.1%	\$23.61	\$22.68
Aug-22	63,429	\$1,504,357	\$23.72	7.0%	632,677	\$14,442,066	\$22.83	10.7%	\$23.81	\$22.88
Sep-22	62,433	\$1,425,606	\$22.83	6.5%	651,698	\$14,937,068	\$22.92	10.3%	\$24.02	\$23.08

10.3% 10.8% 10.9%



Regressions

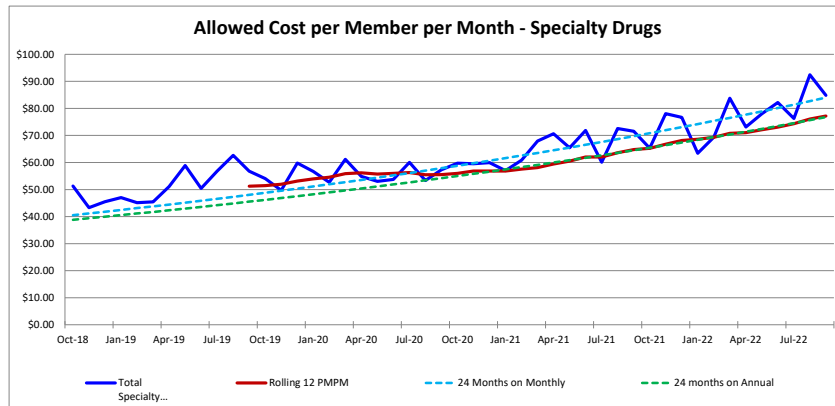
24 Months on Monthly	
1.000	0.000
0.000	1.596
0.736	0.037
61.358	22.000

24 Months on Annual	
1.000	0.000
0.000	0.164
0.996	0.004
5842.230	22.000

PHARMACY TREND DEVELOPMENT - SPECIALTY TREND CALCULATION

Incurred Date	Monthly Data			Rolling 12			Exponential Fit	
	Members	Contract Adjusted Allowed Charges	Total Specialty PMPM	Members	Contract Adjusted Allowed Charges	Rolling 12 PMPM	Monthly Data	Rolling 12 Data
Oct-18	23,203	\$1,190,460	\$51.31				\$40.51	\$38.81
Nov-18	23,518	\$1,018,367	\$43.30				\$41.16	\$39.38
Dec-18	23,506	\$1,069,970	\$45.52				\$41.79	\$39.95
Jan-19	24,224	\$1,139,706	\$47.05				\$42.46	\$40.55
Feb-19	24,294	\$1,096,203	\$45.12				\$43.13	\$41.15
Mar-19	24,328	\$1,105,631	\$45.45				\$43.75	\$41.70
Apr-19	24,256	\$1,239,033	\$51.08				\$44.45	\$42.32
May-19	24,316	\$1,432,217	\$58.90				\$45.13	\$42.93
Jun-19	24,285	\$1,224,320	\$50.41				\$45.85	\$43.57
Jul-19	24,422	\$1,386,831	\$56.79				\$46.56	\$44.20
Aug-19	24,394	\$1,528,680	\$62.67				\$47.30	\$44.86
Sep-19	24,045	\$1,365,755	\$56.80				\$48.05	\$45.53
Oct-19	24,113	\$1,302,817	\$54.03	288,791	\$14,797,173	\$51.24	\$48.79	\$46.18
Nov-19	24,383	\$1,212,064	\$49.71	290,566	\$15,103,226	\$51.98	\$49.57	\$46.87
Dec-19	24,338	\$1,454,933	\$59.78	291,398	\$15,488,190	\$53.15	\$50.33	\$47.55
Jan-20	24,070	\$1,364,004	\$56.67	291,244	\$15,712,488	\$53.95	\$51.13	\$48.26
Feb-20	23,953	\$1,261,072	\$52.65	290,903	\$15,877,356	\$54.58	\$51.95	\$48.97
Mar-20	23,930	\$1,463,942	\$61.18	290,505	\$16,235,667	\$55.89	\$52.72	\$49.66
Apr-20	23,873	\$1,309,473	\$54.85	290,122	\$16,306,107	\$56.20	\$53.56	\$50.40
May-20	23,729	\$1,258,312	\$53.03	289,535	\$16,132,202	\$55.72	\$54.39	\$51.12
Jun-20	23,678	\$1,272,574	\$53.74	288,928	\$16,180,456	\$56.00	\$55.25	\$51.88
Jul-20	23,584	\$1,416,638	\$60.07	288,090	\$16,210,263	\$56.27	\$56.10	\$52.63
Aug-20	23,561	\$1,256,108	\$53.31	287,257	\$15,937,691	\$55.48	\$57.00	\$53.41
Sep-20	23,590	\$1,351,299	\$57.28	286,802	\$15,923,235	\$55.52	\$57.90	\$54.21
Oct-20	23,634	\$1,412,102	\$59.75	286,323	\$16,032,520	\$55.99	\$58.80	\$54.99
Nov-20	23,710	\$1,411,831	\$59.55	285,650	\$16,232,287	\$56.83	\$59.73	\$55.81
Dec-20	23,707	\$1,420,859	\$59.93	285,019	\$16,198,213	\$56.83	\$60.65	\$56.61
Jan-21	24,390	\$1,389,688	\$56.98	285,339	\$16,223,897	\$56.86	\$61.62	\$57.46
Feb-21	24,279	\$1,478,335	\$60.89	285,665	\$16,441,160	\$57.55	\$62.60	\$58.31
Mar-21	24,229	\$1,645,630	\$67.92	285,964	\$16,622,848	\$58.13	\$63.50	\$59.10
Apr-21	24,221	\$1,710,945	\$70.64	286,312	\$17,024,320	\$59.46	\$64.51	\$59.98
May-21	24,284	\$1,588,643	\$65.42	286,867	\$17,354,650	\$60.50	\$65.50	\$60.84
Jun-21	24,395	\$1,752,959	\$71.86	287,584	\$17,835,035	\$62.02	\$66.55	\$61.75
Jul-21	24,547	\$1,474,899	\$60.08	288,547	\$17,893,296	\$62.01	\$67.57	\$62.64
Aug-21	24,521	\$1,778,908	\$72.55	289,507	\$18,416,096	\$63.61	\$68.65	\$63.57
Sep-21	24,526	\$1,755,001	\$71.56	290,443	\$18,819,798	\$64.80	\$69.74	\$64.52
Oct-21	24,461	\$1,596,949	\$65.29	291,270	\$19,004,645	\$65.25	\$70.82	\$65.45
Nov-21	24,352	\$1,900,588	\$78.05	291,912	\$19,493,402	\$66.78	\$71.94	\$66.42
Dec-21	24,475	\$1,876,498	\$76.67	292,680	\$19,949,041	\$68.16	\$73.05	\$67.38
Jan-22	29,996	\$1,901,909	\$63.41	298,286	\$20,461,263	\$68.60	\$74.22	\$68.38
Feb-22	30,064	\$2,085,062	\$69.35	304,071	\$21,067,990	\$69.29	\$75.40	\$69.40
Mar-22	30,170	\$2,526,464	\$83.74	310,012	\$21,948,825	\$70.80	\$76.48	\$70.33
Apr-22	30,318	\$2,217,244	\$73.13	316,109	\$22,455,124	\$71.04	\$77.70	\$71.38
May-22	30,442	\$2,374,275	\$77.99	322,267	\$23,240,756	\$72.12	\$78.89	\$72.41
Jun-22	30,716	\$2,524,861	\$82.20	328,588	\$24,012,658	\$73.08	\$80.15	\$73.49
Jul-22	30,836	\$2,352,685	\$76.30	334,877	\$24,890,445	\$74.33	\$81.39	\$74.55
Aug-22	30,892	\$2,855,612	\$92.44	341,248	\$25,967,149	\$76.09	\$82.68	\$75.66
Sep-22	30,888	\$2,619,792	\$84.82	347,610	\$26,831,940	\$77.19	\$84.00	\$76.79

Trend: 19.1% 20.4% 19.0%
Biosimilar Adjustment: 0.969



24 Months on Monthly		24 Months on Rolling 12	
1.001	0.000	1.000	0.000
0.000	3.187	0.000	0.394
0.697	0.074	0.992	0.009
50.519	22.000	2897.544	22.000

PHARMACY TREND DEVELOPMENT
SUMMARY

		Generic	New Generics	Brands Going Generic	Brand	Vaccines	Over the Counter	Devices	Compounds	COVID-19	Non-Specialty Total	Specialty	Total Pharmacy
Experience Period Member Months	m	9,583,241	220,708	81,340	835,020	5,428	90,595	190,819	3,395	42,344	11,052,890	127,627	347,610
Experience Period Days Supply	a												11,180,517
Experience Period Allowed Charge per Supply	b												\$210.23
Experience Period Total Allowed Charges	c = a x b										\$22,099,234	\$26,831,597	\$48,930,830
Experience Period PMPM	d = c / m										\$63.57	\$77.19	\$140.76
Utilization Trend	e	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	
Calculated Annual Trend	f	1.9%	1.9%	0.0%	10.6%	10.6%	0.0%	10.6%	0.0%	0.0%	2.4%	15.8%	
Impact on Cost of Brands going Generic	g												
Projected Generic/New Generic Mix	h												
Projected Allowed Charge per Supply	i = b x ((1+f)^(27/12)) x g												
Projected Total Allowed Charges before Contract Changes	j = i x a x ((1+e)^(27/12))												
Projection Period PMPM	k = j / m												
Annual Trend before Contract Changes	l = (k/d)^((12/27))-1		1.7%	-34.6%			13.1%					15.8%	
Reduction of Projected Claims due to Contract Changes	n												
Projected Total Allowed Charges after Contract Changes	o = n x j												
Projected PMPM after Contract Changes	p = o / m												
Impact of Contract Changes on Projected Pharmacy PMPM	q = p / k												
Effective Annual Trend	r = (p/d)^((12/27))-1										8.1%		12.4%

MONTHLY TREND FACTORS

Month	Medical - Blue Cross VT	Medical - Blue Cross VT Non-	Medical - TVHP Managed	Pharmacy	Medicare Primary Medical
	Managed	Managed			
August 2019	1.0000	1.0000	1.0000	1.0000	1.0000
September 2019	0.9925	0.9925	0.9925	1.0047	1.0019
October 2019	1.0501	1.0501	1.0501	1.0068	1.0038
November 2019	1.0885	1.0886	1.0885	1.0122	1.0056
December 2019	1.0801	1.0802	1.0801	1.0273	1.0075
January 2020	0.9611	0.9611	0.9611	1.0332	1.0094
February 2020	0.9948	0.9944	0.9949	1.0417	1.0113
March 2020	0.7149	0.7146	0.7150	1.0644	1.0132
April 2020	0.5767	0.5765	0.5768	1.0643	1.0151
May 2020	0.7960	0.7957	0.7961	1.0572	1.0170
June 2020	0.9842	0.9839	0.9844	1.0626	1.0190
July 2020	1.0293	1.0289	1.0294	1.0658	1.0209
August 2020	0.9753	0.9756	0.9761	1.0600	1.0228
September 2020	1.0071	1.0074	1.0080	1.0631	1.0247
October 2020	0.8924	0.8927	0.8931	1.0712	1.0266
November 2020	0.8763	0.8766	0.8770	1.0811	1.0286
December 2020	1.0211	1.0215	1.0220	1.0841	1.0305
January 2021	1.1113	1.1117	1.1122	1.0900	1.0330
February 2021	1.0891	1.0908	1.0901	1.0963	1.0355
March 2021	1.0579	1.0595	1.0588	1.1034	1.0380
April 2021	1.1386	1.1403	1.1396	1.1299	1.0405
May 2021	1.2880	1.2900	1.2891	1.1498	1.0431
June 2021	1.0725	1.0741	1.0734	1.1756	1.0456
July 2021	1.0445	1.0461	1.0454	1.1679	1.0481
August 2021	1.0294	1.0331	1.0324	1.1814	1.0507
September 2021	1.2071	1.2114	1.2106	1.1921	1.0532
October 2021	1.1407	1.1448	1.1441	1.1899	1.0558
November 2021	1.2501	1.2546	1.2537	1.2067	1.0583
December 2021	0.9748	0.9783	0.9777	1.2191	1.0609
January 2022	1.2089	1.2133	1.2124	1.2431	1.0627
February 2022	1.4160	1.4228	1.4202	1.2479	1.0645
March 2022	1.4811	1.4882	1.4854	1.2579	1.0664
April 2022	1.4610	1.4680	1.4653	1.2538	1.0682
May 2022	1.5108	1.5180	1.5152	1.2616	1.0700
June 2022	1.4526	1.4596	1.4569	1.2673	1.0719
July 2022	1.7048	1.7129	1.7098	1.2855	1.0737
August 2022	1.4723	1.4793	1.4766	1.3090	1.0756
September 2022	1.3997	1.4064	1.4038	1.3239	1.0774
October 2022	1.4535	1.4604	1.4578	1.3371	1.0793
November 2022	1.4576	1.4645	1.4619	1.3504	1.0811
December 2022	1.4614	1.4684	1.4657	1.3639	1.0830
January 2023	1.5293	1.5366	1.5337	1.3775	1.0848
February 2023	1.5328	1.5401	1.5373	1.3912	1.0867
March 2023	1.5362	1.5435	1.5406	1.4051	1.0886
April 2023	1.5399	1.5472	1.5443	1.4191	1.0904
May 2023	1.5433	1.5505	1.5477	1.4332	1.0923
June 2023	1.5465	1.5538	1.5510	1.4475	1.0942
July 2023	1.5631	1.5721	1.5693	1.4619	1.0961
August 2023	1.5665	1.5756	1.5727	1.4765	1.0979
September 2023	1.5583	1.5673	1.5644	1.4912	1.0998
October 2023	1.6051	1.6144	1.6114	1.5061	1.1017
November 2023	1.6091	1.6184	1.6154	1.5211	1.1036
December 2023	1.6134	1.6227	1.6197	1.5363	1.1055
January 2024	1.6701	1.6790	1.6749	1.5516	1.1074
February 2024	1.6739	1.6828	1.6787	1.5670	1.1093
March 2024	1.6776	1.6865	1.6824	1.5827	1.1112
April 2024	1.6816	1.6906	1.6864	1.5984	1.1131
May 2024	1.6852	1.6942	1.6900	1.6144	1.1150
June 2024	1.6888	1.6978	1.6936	1.6304	1.1170
July 2024	1.7065	1.7175	1.7133	1.6467	1.1189
August 2024	1.7102	1.7212	1.7170	1.6631	1.1208
September 2024	1.7014	1.7124	1.7082	1.6797	1.1227
October 2024	1.7527	1.7639	1.7596	1.6964	1.1246
November 2024	1.7571	1.7683	1.7640	1.7133	1.1266
December 2024	1.7617	1.7729	1.7686	1.7304	1.1285
January 2025	1.8252	1.8359	1.8302	1.7477	1.1305
February 2025	1.8293	1.8401	1.8344	1.7651	1.1324
March 2025	1.8333	1.8441	1.8384	1.7827	1.1343
April 2025	1.8377	1.8485	1.8427	1.8004	1.1363
May 2025	1.8416	1.8525	1.8467	1.8184	1.1382
June 2025	1.8455	1.8564	1.8506	1.8365	1.1402

BLUE CROSS AND BLUE SHIELD OF VERMONT
 2024 LARGE GROUP RATING PROGRAM FILING
 BENEFIT PLAN RELATIVE VALUE FACTORS

EXHIBIT 3B

Vermont Freedom Plan (VFP) and Comprehensive (COMP)

index	Product	In-Network Benefits							Out-of-Network Benefits			Relativity Factor
		Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER ¹ Copay	AMB Copay	Deductible	Coinsurance	Out-of-Pocket	Active
1	VFP	\$200	20%	\$800	\$20	\$20			\$400	30%	\$1,600	0.9980
2	VFP	\$300	10%	\$1,300	\$10	\$30	\$100	\$50	\$600	30%	\$2,600	0.9828
3	VFP	\$500	20%	\$1,500	\$20	\$20			\$1,000	30%	\$3,000	0.9453
4	VFP	\$500	20%	\$1,500	\$20	\$40	\$250	\$250	\$1,000	30%	\$3,000	0.9448
5	VFP	\$500	20%	\$1,750	\$20	\$20			\$1,000	30%	\$3,500	0.9358
6	VFP	\$1,000	20%	\$2,300	\$20	\$20	\$100		\$2,000	30%	\$4,600	0.9073
7	VFP	\$1,000	0%	\$2,350	\$25	\$25	\$50	\$50	\$2,000	30%	\$3,500	0.9464
8	VFP	\$1,000	20%	\$3,500	\$25	\$40			\$2,000	30%	\$7,000	0.8547
9	VFP	\$1,000	0%	\$2,000	\$30	\$50	\$150		\$2,000	30%	\$4,000	0.9264
10	VFP	\$1,500	20%	\$3,000	\$25	\$45	\$250	\$250	\$3,000	30%	\$6,000	0.8636
11	VFP	\$2,000	30%	\$3,500	\$20	\$20	\$500		\$3,000	50%	\$6,000	0.8393
12	VFP	\$2,000	20%	\$4,000	\$40	\$40	\$150		\$4,000	30%	\$8,000	0.8255
13	VFP	\$2,500	20%	\$5,000	\$20	\$20			\$5,000	30%	\$10,000	0.7973
14	VFP	\$2,500	20%	\$5,150	\$20	\$40			\$5,000	30%	\$10,300	0.7788
15	VFP	\$2,500	20%	\$6,000	\$20	\$30			\$5,000	30%	\$12,000	0.7717
16	VFP	\$3,000	0%	\$3,000	\$30	\$40	\$200		\$6,000	30%	\$6,000	0.8505
17	VFP	\$3,000	0%	\$4,000	\$30	\$50	\$150		\$6,000	30%	\$8,000	0.8287
18	VFP	\$4,000	0%	\$5,000	\$30	\$50	\$150		\$8,000	30%	\$10,000	0.7961
19	VFP	\$4,000	20%	\$6,000	\$40	\$40	\$150		\$8,000	30%	\$12,000	0.7605
20	VFP	\$5,000	0%	\$5,000	\$25	\$25			\$10,000	30%	\$10,000	0.7559
21	COMP	\$2,000	10%	\$3,000								0.8210
22	COMP	\$3,000	0%	\$3,000								0.7945
23	COMP	\$5,000	0%	\$5,000								0.7085
24	COMP	\$6,550	0%	\$6,550								0.6615
25	COMP	\$6,850	0%	\$6,850								0.6538
26	COMP	\$7,350	0%	\$7,350								0.6416

1. ER Copay: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are then covered at 100%.

BLUE CROSS AND BLUE SHIELD OF VERMONT
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EXHIBIT 3C

Vermont Health Partnership (VHP) Medical Plans

index	Product	VHP In-Network Benefits							VHP Out-of-Network Benefits			Relativity Factor
		IP	OP	PCP	SCP	ER	AMB	OOPM	Deductible	Coinsurance	Out-of-Pocket	Active
1	VHP ¹	\$0	\$0	\$10	\$20	\$50	\$50	\$9,450	\$500	30%	\$18,900	0.9555
2	VHP ¹	\$250	\$100	\$15	\$25	\$50	\$50	\$9,450	\$500	30%	\$18,900	0.9438
3	VHP ¹	\$250	\$125	\$20	\$40	\$150	\$0	\$9,450	\$500	30%	\$18,900	0.9234
4	VHP ¹	\$250	\$250	\$20	\$20	\$200	\$100	\$9,450	\$1,000	30%	\$18,900	0.9306
5	VHP ¹	\$500	\$250	\$20	\$30	\$100	\$0	\$9,450	\$500	30%	\$18,900	0.9290
6	VHP ¹	\$750	\$750	\$20	\$30	\$50	\$50	\$9,450	\$500	30%	\$18,900	0.9196

PCP	Primary Care Physician Copay
SCP	Specialist Physician Copay
IP	Inpatient Care Deductible (max of 3/yr per family)
OP	Outpatient Surgery Copay
ER	Emergency Room Copay
AMB	Ambulance Copay
OOPM	Per ACA, all copays accumulate toward the Out of Pocket Maximum

1. All VHP Plans have a DME rider benefit of: \$100 deductible, 20% coinsurance, built into the relativity.
2. ER Copay: the displayed member copay goes toward the facility allowed charges.
 Associated physician and ancillary charges are the covered at 100%.

BLUE CROSS AND BLUE SHIELD OF VERMONT
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 BENEFIT PLAN RELATIVE VALUE FACTORS

EXHIBIT 3D

Prescription Drug Cards

Index	Type	Deductible	Copay (\$) / Coinsurance (%)						Diabetic Supplies	Relativity	
			Retail (\$)			Mail Order (\$)					
			Generic	Preferred Brand	Retail Non-Preferred Brand	Generic	Preferred Brand	Mail Order Non-Preferred Brand			
1	CM1	\$100	\$5	40%	60%	\$10	40%	60%	\$1,500	SAAO	0.2284
2	CM2	\$0	\$5	\$50	50%	\$10	\$100	50%	\$1,500	SAAO	0.2120
3	CM2	\$100	\$5	\$50	50%	\$10	\$100	50%	\$1,500	SAAO	0.2052
4	COI	\$0	30%	30%	40%	30%	30%	40%	\$1,500	SAAO	0.2374
5	COI	\$0	50%	50%	50%	50%	50%	50%	\$1,500	SAAO	0.2285
6	COP	\$0	\$10	\$20	\$40	\$20	\$40	\$80	\$1,500	SAAO	0.2540
7	COP	\$0	\$10	\$25	\$50	\$20	\$50	\$100	\$1,500	SAAO	0.2454
8	COP	\$0	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	SAAO	0.2376
9	COP	\$0	\$10	\$30	\$60	\$20	\$60	\$120	\$1,500	SAAO	0.2371
10	COP	\$0	\$10	\$35	\$60	\$20	\$70	\$120	\$1,500	SAAO	0.2295
11	COP	\$0	\$15	\$25	\$40	\$30	\$50	\$80	\$1,500	SAAO	0.2493
12	COP	\$0	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	0.2412
13	COP	\$0	\$15	\$35	\$50	\$30	\$70	\$100	\$1,500	SAAO	0.2332
14	COP	\$0	\$20	\$40	\$60	\$40	\$80	\$120	\$1,500	SAAO	0.2299
15	COP	\$0	\$20	\$40	\$80	\$40	\$80	\$160	\$1,500	SAAO	0.2290
16	COP	\$0	\$25	\$50	\$75	\$50	\$100	\$150	\$1,500	SAAO	0.2199
17	COP	\$0	\$5	\$15	\$30	\$10	\$30	\$60	\$1,500	SAAO	0.2631
18	COP	\$0	\$5	\$30	\$50	\$10	\$60	\$100	\$1,500	SAAO	0.2378
19	COP	\$50	\$10	\$25	\$50	\$20	\$50	\$100	\$1,500	SAAO	0.2425
20	COP	\$50	\$5	\$10	\$25	\$10	\$20	\$50	\$1,500	SAAO	0.2674
21	COP	\$100	\$10	\$15	\$30	\$20	\$30	\$60	\$1,500	SAAO	0.2571
22	COP	\$100	\$10	\$25	\$45	\$20	\$50	\$90	\$1,500	SAAO	0.2402
23	COP	\$100	\$10	\$30	\$45	\$20	\$60	\$90	\$1,500	SAAO	0.2326
24	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	100%	0.2366
25	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	SAAO	0.2323
26	COP	\$100	\$10	\$40	\$60	\$20	\$80	\$120	\$1,500	SAAO	0.2171
27	COP	\$100	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	0.2367
28	COP	\$100	\$15	\$40	\$60	\$30	\$80	\$120	\$1,500	SAAO	0.2212
29	COP	\$100	\$5	\$20	\$40	\$10	\$40	\$80	\$1,500	SAAO	0.2463
30	COP	\$150	\$20	\$80	\$100	\$40	\$160	\$200	\$1,500	SAAO	0.1941

* **Type:** COI = coinsurance; COP = copay; CM1 = combined (COP/COI/COI); CM2 = combined (COP/COP/COI)

* **Diabetic:** If "100%" then Diabetic medications and supplies are covered at 100% of allowed charges;

If "SAAO" then Diabetic medications and supplies are subject to cost sharing same as any other prescription drug.

BLUE CROSS AND BLUE SHIELD OF VERMONT
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EXHIBIT 3E

BCBSVT Indemnity Consumer Driven Health Plans (CDHPs)

index	Product	In-Network							Relativity Factor
		Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit ¹	Wellness Rx ²	Drugs After Deductible ³	Diabetic Supplies	Active
1	CDHP	\$1,500	0%	\$1,500	\$1,500	N/A	N/A	SAAO	1.1218
2	CDHP	\$1,500	20%	\$2,500	\$1,500	N/A	N/A	SAAO	1.0623
3	CDHP	\$2,000	0%	\$2,000	\$1,500	N/A	N/A	SAAO	1.0770
4	CDHP	\$2,000	20%	\$4,000	\$1,500	N/A	N/A	SAAO	0.9993
5	CDHP	\$2,500	0%	\$2,500	\$1,500	0%	N/A	SAAO	1.0531
6	CDHP	\$2,500	0%	\$2,500	\$1,500	N/A	N/A	SAAO	1.0395
7	CDHP	\$2,500	0%	\$3,500	\$1,500	0%	\$10/\$30/\$50	SAAO	1.0488
8	CDHP	\$2,500	10%	\$3,500	\$1,500	0%	N/A	SAAO	1.0191
9	CDHP	\$2,500	20%	\$3,500	\$1,500	N/A	N/A	SAAO	0.9944
10	CDHP	\$2,500	20%	\$5,000	\$1,500	0%	N/A	SAAO	0.9780
11	CDHP	\$2,600	20%	\$5,000	\$1,500	0%	N/A	SAAO	0.9745
12	CDHP	\$2,700	20%	\$5,000	\$1,500	0%	N/A	SAAO	0.9712
13	CDHP	\$3,000	0%	\$3,000	\$1,500	N/A	\$10/\$35/\$50	SAAO	1.0076
14	CDHP	\$3,000	0%	\$3,000	\$1,500	0%	N/A	SAAO	1.0227
15	CDHP	\$3,000	0%	\$3,000	\$1,500	N/A	N/A	SAAO	1.0076
16	CDHP	\$3,000	20%	\$5,000	\$1,500	0%	N/A	SAAO	0.9623
17	CDHP	\$3,500	0%	\$3,500	\$1,500	0%	N/A	SAAO	0.9960
18	CDHP	\$4,000	0%	\$4,000	\$1,500	0%	N/A	SAAO	0.9724
19	CDHP	\$4,000	20%	\$6,650	\$1,500	0%	N/A	SAAO	0.9124
20	CDHP	\$5,000	0%	\$5,000	\$1,500	0%	N/A	SAAO	0.9321
21	CDHP	\$5,000	0%	\$5,000	\$1,500	N/A	N/A	SAAO	0.9136
22	CDHP	\$6,000	0%	\$6,000	\$1,500	0%	N/A	SAAO	0.8990
23	CDHP	\$6,000	0%	\$6,000	\$1,500	N/A	N/A	SAAO	0.8792
24	CDHP	\$6,500	0%	\$6,500	\$1,500	0%	N/A	SAAO	0.8844
25	CDHP	\$6,500	0%	\$6,500	\$1,500	N/A	N/A	SAAO	0.8643
26	CDHP	\$7,000	0%	\$7,000	\$1,500	0%	N/A	SAAO	0.8711
27	CDHP	\$7,000	0%	\$7,000	\$1,500	N/A	N/A	SAAO	0.8504
28	CDHP	\$7,500	0%	\$7,500	\$1,500	0%	N/A	SAAO	0.8587
29	CDHP	\$7,500	0%	\$7,500	\$1,500	N/A	N/A	SAAO	0.8377

1. The **Rx OOPM** Limit is as described in Vermont Act 171.

2. **Wellness Rx**: if applicable, cost sharing rules apply *before* the deductible is satisfied.

The member's cost share for **Wellness Rx** accumulates toward the Out-of-Pocket Maximum.

3. **All other drugs** are subject to deductible. Once the deductible is met, drugs are subject to the **Drugs After Deductible** cost share until the Out-of-Pocket Maximum is met.

Medicare Secondary Vermont Freedom Plan (VFP) and Indemnity J-Plan (JPLAN)

index	Product	In-Network Benefits							Out-of-Network Benefits			Relativity Factor
		Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER ¹ Copay	AMB Copay	Deductible	Coinsurance	Out-of-Pocket	Medicare Secondary
1	JPLAN ²	\$100	20%	\$9,450	\$10	\$10						0.3184
2	JPLAN ²	\$100	20%	\$9,450	\$20	\$20						0.3073
3	VFP	\$0	0%	\$0	\$20	\$20	\$50		\$250	20%	\$1,000	0.3368
4	VFP	\$100	20%	\$500	\$10	\$10			\$200	30%	\$1,000	0.2921
5	VFP	\$1,000	0%	\$2,350	\$25	\$25	\$50	\$50	\$2,000	30%	\$3,500	0.2253
6	VFP	\$1,000	20%	\$3,500	\$25	\$40			\$2,000	30%	\$7,000	0.1928
7	VFP	\$500	20%	\$1,600	\$10	\$10			\$1,000	30%	\$3,000	0.2428

1. **ER Copay:** the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are then covered at 100%.
2. The J Plan deductible applies only to infusion therapy, DME and prosthetics ambulance.

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EXHIBIT 3G

Medicare Secondary Prescription Drug Cards

Index	Type	Deductible	Copay (\$) / Coinsurance (%)						OOPM	Diabetic Supplies	Medicare Secondary
			Retail Generic	Retail Preferred Brand	Retail Non-Preferred Brand	Mail Order Generic	Mail Order Preferred Brand	Mail Order Non-Preferred Brand			
1	COP	\$0	\$10	\$20	\$40	\$20	\$40	\$80	\$1,500	SAAO	0.8118
2	COP	\$0	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	0.7700
3	COP	\$0	\$5	\$30	\$50	\$10	\$60	\$100	\$1,500	SAAO	0.7855
4	COP	\$50	\$5	\$10	\$25	\$10	\$20	\$50	\$1,500	SAAO	0.8575
5	COP	\$100	\$10	\$30	\$45	\$20	\$60	\$90	\$1,500	SAAO	0.7598
6	COP	\$100	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	0.7590

* **Type:** COI = coinsurance; COP = copay; CM1 = combined (COP/COP/COI)

* **Diabetic:** If "100%" then Diabetic medications and supplies are covered at 100% of allowed charges;

If "SAAO" then Diabetic medications and supplies are subject to cost sharing same as any other prescription drug.

Medicare Secondary Consumer Driven Health Plans (CDHPs)

index	Product	In-Network							Relativity Factor
		Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit ¹	Wellness Rx ²	Drugs After Deductible ³	Diabetic Supplies	Medicare Secondary
1	CDHP	\$2,500	0%	\$2,500	\$1,500	0%	N/A	SAAO	0.9046
2	CDHP	\$3,500	0%	\$3,500	\$1,500	0%	N/A	SAAO	0.8703
3	CDHP	\$5,000	0%	\$5,000	\$1,500	N/A	\$5/\$20/\$40	SAAO	0.7448

1. The **Rx OOPM** Limit is as described in Vermont Act 171.
2. **Wellness Rx**: if applicable, cost sharing rules apply *before* the deductible is satisfied.
 The member's cost share for **Wellness Rx** accumulates toward the Out-of-Pocket Maximum.
3. **All other drugs** are subject to deductible. Once the deductible is met, drugs are subject to the **Drugs After Deductible** cost share until the Out-of-Pocket Maximum is met.

Vermont Freedom Plan (VFP) and Comprehensive (COMP)

index	Product	In-Network Benefits							Out-of-Network Benefits			Leverage Factor
		Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER ¹ Copay	AMB Copay	Deductible	Coinsurance	Out-of-Pocket	
1	VFP	\$200	20%	\$800	\$20	\$20			\$400	30%	\$1,600	1.0042
2	VFP	\$300	10%	\$1,300	\$10	\$30	\$100	\$50	\$600	30%	\$2,600	1.0047
3	VFP	\$500	20%	\$1,500	\$20	\$20			\$1,000	30%	\$3,000	1.0060
4	VFP	\$1,000	20%	\$3,500	\$25	\$40			\$2,000	30%	\$7,000	1.0095
5	VFP	\$1,000	0%	\$2,000	\$30	\$50	\$150		\$2,000	30%	\$4,000	1.0067
6	VFP	\$1,500	20%	\$3,000	\$25	\$45	\$250	\$250	\$3,000	30%	\$6,000	1.0092
7	VFP	\$2,000	30%	\$3,500	\$20	\$20	\$500		\$3,000	50%	\$6,000	1.0102
8	VFP	\$3,000	0%	\$4,000	\$30	\$50	\$150		\$6,000	30%	\$8,000	1.0106
9	VFP	\$4,000	0%	\$5,000	\$30	\$50	\$150		\$8,000	30%	\$10,000	1.0120
10	VFP	\$5,000	0%	\$5,000	\$25	\$25			\$10,000	30%	\$10,000	1.0138
11	COMP	\$2,000	10%	\$3,000								1.0112
12	COMP	\$5,000	0%	\$5,000								1.0163

1. ER Copay: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are the covered at 100%.

Vermont Health Partnership (VHP) Medical Plans

index	Product	VHP In-Network Benefits							VHP Out-of-Network Benefits			Leverage Factor
		Inpatient Care Deductible ²	Outpatient Surgery Copay	Office Copay	Specialist Copay	ER ³ Copay	AMB Copay	Out-of-Pocket	Deductible	Coinsurance	Out-of-Pocket	
1	VHP ¹	\$0	\$0	\$10	\$20	\$50	\$50	\$9,450	\$500	30%	\$18,900	1.0022
2	VHP ¹	\$250	\$100	\$15	\$25	\$50	\$50	\$9,450	\$500	30%	\$18,900	1.0026
3	VHP ¹	\$250	\$250	\$20	\$20	\$200	\$100	\$9,450	\$1,000	30%	\$18,900	1.0030
4	VHP ¹	\$750	\$750	\$20	\$30	\$50	\$50	\$9,450	\$500	30%	\$18,900	1.0036

1. All VHP Plans have a DME rider benefit of: \$100 deductible, 20% coinsurance, built into the relativity.

2. Maximum of 3/yr per family

3. ER Copay: the displayed member copay goes toward the facility allowed charges. Associated physician and ancillary charges are then covered at 100%.

BCBSVT Comprehensive Consumer Driven Health Plans (CDHPs)

index	Product	In-Network							Leverage Factor	
		Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit ¹	Wellness Rx ²	Drugs After Deductible ³	Diabetic Supplies	Medical	Rx
1	CDHP	\$1,500	0%	\$1,500	\$1,500	N/A	N/A	SAAO	1.0074	1.0062
2	CDHP	\$2,500	20%	\$5,000	\$1,500	0%	N/A	SAAO	1.0139	1.0039
3	CDHP	\$3,000	0%	\$3,000	\$1,500	N/A	N/A	SAAO	1.0117	1.0079
4	CDHP	\$5,000	0%	\$5,000	\$1,500	0%	N/A	SAAO	1.0160	1.0040
5	CDHP	\$6,000	0%	\$6,000	\$1,500	0%	N/A	SAAO	1.0177	1.0041
6	CDHP	\$7,500	0%	\$7,500	\$1,500	N/A	N/A	SAAO	1.0195	1.0092

1. The Rx OOPM Limit is as described in Vermont Act 171.

2. Wellness Rx: if applicable, cost sharing rules apply *before* the deductible is satisfied.

The member's cost share for Wellness Rx accumulates toward the Out-of-Pocket Maximum.

3. All other drugs are subject to deductible. Once the deductible is met, drugs are subject to the Drugs After Deductible cost share until the Out-of-Pocket Maximum is met.

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EXHIBIT 3J

Prescription Drug Cards

Index	Type	Deductible	Copay (\$) / Coinsurance (%)						OOPM	Diabetic Supplies	Leverage Factor
			Retail Generic	Retail Preferred Brand	Retail Non-Preferred Brand	Mail Order Generic	Mail Order Preferred Brand	Mail Order Non-Preferred Brand			
1	CM1	\$100	\$5	40%	60%	\$10	40%	60%	\$1,500	SAAO	1.0073
2	CM2	\$0	\$5	\$50	50%	\$10	\$100	50%	\$1,500	SAAO	1.0054
3	CM2	\$100	\$5	\$50	50%	\$10	\$100	50%	\$1,500	SAAO	1.0065
4	COI	\$0	30%	30%	40%	30%	30%	40%	\$1,500	SAAO	1.0061
5	COI	\$0	50%	50%	50%	50%	50%	50%	\$1,500	SAAO	1.0073
6	COP	\$0	\$10	\$20	\$40	\$20	\$40	\$80	\$1,500	SAAO	1.0047
7	COP	\$0	\$10	\$25	\$50	\$20	\$50	\$100	\$1,500	SAAO	1.0050
8	COP	\$0	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	SAAO	1.0052
9	COP	\$0	\$10	\$30	\$60	\$20	\$60	\$120	\$1,500	SAAO	1.0053
10	COP	\$0	\$10	\$35	\$60	\$20	\$70	\$120	\$1,500	SAAO	1.0055
11	COP	\$0	\$15	\$25	\$40	\$30	\$50	\$80	\$1,500	SAAO	1.0053
12	COP	\$0	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	1.0056
13	COP	\$0	\$15	\$35	\$50	\$30	\$70	\$100	\$1,500	SAAO	1.0058
14	COP	\$0	\$20	\$40	\$60	\$40	\$80	\$120	\$1,500	SAAO	1.0063
15	COP	\$0	\$20	\$40	\$80	\$40	\$80	\$160	\$1,500	SAAO	1.0064
16	COP	\$0	\$25	\$50	\$75	\$50	\$100	\$150	\$1,500	SAAO	1.0068
17	COP	\$0	\$5	\$15	\$30	\$10	\$30	\$60	\$1,500	SAAO	1.0035
18	COP	\$0	\$5	\$30	\$50	\$10	\$60	\$100	\$1,500	SAAO	1.0044
19	COP	\$50	\$10	\$25	\$50	\$20	\$50	\$100	\$1,500	SAAO	1.0054
20	COP	\$50	\$5	\$10	\$25	\$10	\$20	\$50	\$1,500	SAAO	1.0038
21	COP	\$100	\$10	\$15	\$30	\$20	\$30	\$60	\$1,500	SAAO	1.0051
22	COP	\$100	\$10	\$25	\$45	\$20	\$50	\$90	\$1,500	SAAO	1.0057
23	COP	\$100	\$10	\$30	\$45	\$20	\$60	\$90	\$1,500	SAAO	1.0059
24	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	100%	1.0054
25	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,500	SAAO	1.0059
26	COP	\$100	\$10	\$40	\$60	\$20	\$80	\$120	\$1,500	SAAO	1.0064
27	COP	\$100	\$15	\$30	\$45	\$30	\$60	\$90	\$1,500	SAAO	1.0061
28	COP	\$100	\$15	\$40	\$60	\$30	\$80	\$120	\$1,500	SAAO	1.0067
29	COP	\$100	\$5	\$20	\$40	\$10	\$40	\$80	\$1,500	SAAO	1.0049
30	COP	\$150	\$20	\$80	\$100	\$40	\$160	\$200	\$1,500	SAAO	1.0082

* **Type:** COI = coinsurance; COP = copay; CM1 = combined (COP/COI/COI); CM2 = combined (COP/COP/COI)

* **Diabetic:** If "100%" then Diabetic medications and supplies are covered at 100% of allowed charges;

If "SAAO" then Diabetic medications and supplies are subject to cost sharing same as any other prescription drug.

Tier Factors for Benefits with Separate Medical and Pharmacy Deductibles

Out-of-Pocket Range Type		2-Tier		3-Tier			4-Tier			
		Single	Family	Single	2-Person	Family	Subscriber & Single	Subscriber & Spouse	Subscriber & Children	Subscriber & Family
NA/Stacked	2x Family	1.000	2.341	1.000	2.000	2.782	1.000	2.000	1.706	2.871
NA/Stacked	2.5x Family	1.000	2.335	1.000	2.000	2.771	1.000	2.000	1.704	2.860
NA/Stacked	3x Family	1.000	2.333	1.000	2.000	2.768	1.000	2.000	1.704	2.856
\$0 - \$3,499	Hybrid	1.000	2.290	1.000	1.847	2.725	1.000	1.932	1.650	2.812
\$3,500 - \$4,999	Hybrid	1.000	2.243	1.000	1.787	2.663	1.000	1.877	1.619	2.748
\$5,000 - \$9,150	Hybrid	1.000	2.251	1.000	1.801	2.677	1.000	1.893	1.635	2.766

Tier Factors for Benefits with Integrated Medical and Pharmacy Deductibles

Out-of-Pocket Range Type		2-Tier		3-Tier			4-Tier			
		Single	Family	Single	2-Person	Family	Subscriber & Single	Subscriber & Spouse	Subscriber & Children	Subscriber & Family
NA/Stacked	2x Family	1.000	2.341	1.000	2.000	2.782	1.000	2.000	1.706	2.871
NA/Stacked	2.5x Family	1.000	2.335	1.000	2.000	2.771	1.000	2.000	1.704	2.860
NA/Stacked	3x Family	1.000	2.333	1.000	2.000	2.768	1.000	2.000	1.704	2.856
\$0 - \$3,499	Aggregate	1.000	2.229	1.000	1.764	2.697	1.000	1.850	1.577	2.791
\$3,500 - \$4,999	Aggregate	1.000	2.185	1.000	1.753	2.609	1.000	1.839	1.537	2.699
\$5,000 - \$9,150	Aggregate	1.000	2.158	1.000	1.702	2.589	1.000	1.794	1.523	2.678
\$0 - \$3,499	Hybrid	1.000	2.229	1.000	1.783	2.697	1.000	1.870	1.577	2.791
\$3,500 - \$4,999	Hybrid	1.000	2.209	1.000	1.760	2.632	1.000	1.854	1.559	2.722
\$5,000 - \$9,150	Hybrid	1.000	2.206	1.000	1.778	2.625	1.000	1.865	1.557	2.714

Example of Manual Rate Adjustment

Manual Rate	\$757.04
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	3/1/2024
Trend Factor	11.90%
Benefit Normalization Factor	0.9912

Group Information	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$757.04	\$536.53
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 11.9% for 2 months	1.0189	1.0285
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Benefit Normalization Factor	F	0.9912	N/A
Adjusted Manual Rate	G = A x B x C x D x E x F	\$881.15	\$568.38

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
01	Agricultural Production - Crops	0.9385
02	Agricultural Production - Livestock And Animal Specialties	0.9454
07	Agricultural Services	0.9389
08	Forestry	0.9443
09	Fishing, Hunting And Trapping	1.0204
10	Metal Mining	1.0749
12	Coal Mining	1.0826
13	Oil And Gas Extraction	0.9895
14	Mining And Quarrying Of Nonmetallic Minerals, Except Fuels	1.0522
15	Building Cnstrctn - General Contractors & Operative Builders	0.9577
16	Heavy Cnstrctn, Except Building Construction - Contractors	0.9520
17	Construction - Special Trade Contractors	0.9532
20	Food And Kindred Products	0.9077
21	Tobacco Products	0.9701
22	Textile Mill Products	0.9236
23	Apparel, Finished Prdcts From Fabrics & Similar Materials	0.9356
24	Lumber And Wood Products, Except Furniture	0.9683
25	Furniture And Fixtures	0.9236
26	Paper And Allied Products	0.9333
27	Printing, Publishing And Allied Industries	0.9146
28	Chemicals And Allied Products	0.9616
29	Petroleum Refining And Related Industries	0.9624
30	Rubber And Miscellaneous Plastic Products	0.9197
31	Leather And Leather Products	0.9487
32	Stone, Clay, Glass, And Concrete Products	0.9558
33	Primary Metal Industries	0.9416
34	Fabricated Metal Prdcts, Except Machinery & Transport Eqpmnt	0.9225
35	Industrial And Commercial Machinery And Computer Equipment	0.9197
36	Electronic, Elctrcl Eqpmnt & Cmpnts, Excpt Computer Eqpmnt	0.9056
37	Transportation Equipment	0.9509
38	Mesr/Anlyz/Cntrl Instrmnts; Photo/Med/Opt Gds; Watches/Clocks	0.9041
39	Miscellaneous Manufacturing Industries	0.9180
40	Railroad Transportation	0.9624
41	Local, Suburban Transit & Interurbn Hgwy Passenger Transport	1.0027
42	Motor Freight Transportation	1.0034
43	United States Postal Service	0.9313
44	Water Transportation	0.9818
45	Transportation By Air	0.9294
46	Pipelines, Except Natural Gas	0.9468
47	Transportation Services	0.9119
48	Communications	0.8881
49	Electric, Gas And Sanitary Services	0.9546
50	Wholesale Trade - Durable Goods	0.9338
51	Wholesale Trade - Nondurable Goods	0.9239
52	Building Matrials, Hrdwr, Garden Supply & Mobile Home Dealsr	0.9228
53	General Merchandise Stores	0.9223
54	Food Stores	0.9247
55	Automotive Dealers And Gasoline Service Stations	0.9954
56	Apparel And Accessory Stores	0.9236
57	Home Furniture, Furnishings And Equipment Stores	0.9158
58	Eating And Drinking Places	1.0458
59	Miscellaneous Retail	0.9536
60	Depository Institutions	0.9080
61	Nondepository Credit Institutions	0.8788
62	Security & Commodity Brokers, Dealers, Exchanges & Services	0.9084
63	Insurance Carriers	0.9313
64	Insurance Agents, Brokers And Service	0.9313
65	Real Estate	0.9546
67	Holding And Other Investment Offices	0.9080
70	Hotels, Rooming Houses, Camps, And Other Lodging Places	0.9957
72	Personal Services	0.9764
73	Business Services	0.9211
75	Automotive Repair, Services And Parking	0.9682
76	Miscellaneous Repair Services	0.9339
78	Motion Pictures	0.9463
79	Amusement And Recreation Services	1.0165

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
80	Health Services	1.0710
81	Legal Services	0.9662
82	Educational Services	0.9245
83	Social Services	1.0710
84	Museums, Art Galleries And Botanical And Zoological Gardens	0.9313
86	Membership Organizations	0.9784
87	Engineering, Accounting, Research, Management & Related Svcs	0.8840
88	Private Households	0.9313
89	Services, Not Elsewhere Classified	0.9352
91	Executive, Legislative & General Government, Except Finance	1.0710
92	Justice, Public Order And Safety	1.0710
93	Public Finance, Taxation And Monetary Policy	0.9872
94	Administration Of Human Resource Programs	0.9934
95	Administration Of Environmental Quality And Housing Programs	0.9857
96	Administration Of Economic Programs	0.9872
97	National Security And International Affairs	1.0175
99	Nonclassifiable Establishments	0.9313

PROJECTED 2023 MLR CALCULATION

Blue Cross VT

(A)	Manual Rate	\$757.04	Exhibit 4A
(B)	Rebates	\$35.79	Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$2.95	2021 MLR Filing, untrended
(D)	State Mandates and Assessments	\$15.87	Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$740.07	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$737.12	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.64	Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$60.41	Calculation as of January 2024, from Exhibit 5A
(I)	GMCB Billbacks	\$2.72	Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.29	Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$803.19	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$832.27	= (K) / (1 - 0.005 - 0.03)
(M)	Commissions	\$4.12	= (L) x 0.5% (from 2021 MLR filing)
(N)	Contribution to Reserve	\$24.97	= (L) x 3.0% (from Actuarial Memorandum, Section 6.7)
(O)	MLR Denominator	\$832.27	= (L)
(P)	MLR	88.9%	= (E) / (O)

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 LARGE GROUP RATING PROGRAM FILING

EXHIBIT 5A

Administrative Charges Development

Unit		Member	CP Medsup
Expense PUPM	A	\$51.99	\$33.25
Increase for Membership	B	3.3%	3.3%
Updated Expense PUPM	$C = A \times (1+B)$	\$53.71	\$34.35
Annual Trend	D	4.0%	4.0%
Monthly Trend Factor	$E = (1+D)^{(1/12)}$	1.0033	1.0033
Months of Trend to First Effective Period in 2023	F	24	24

Projection Periods		Member	CP Medsup
Effective Date			
Jan-23	$G = C \times E^F$	\$58.09	\$37.15
Feb-23	$H = G \times E$	\$58.28	\$37.27
Mar-23	$I = H \times E$	\$58.47	\$37.39
Apr-23	...	\$58.66	\$37.51
May-23		\$58.86	\$37.64
Jun-23		\$59.05	\$37.76
Jul-23		\$59.24	\$37.88
Aug-23		\$59.44	\$38.01
Sep-23		\$59.63	\$38.13
Oct-23		\$59.83	\$38.26
Nov-23		\$60.02	\$38.38
Dec-23		\$60.22	\$38.51
Jan-24		\$60.41	\$38.63
Feb-24		\$60.61	\$38.76
Mar-24		\$60.81	\$38.89
Apr-24		\$61.01	\$39.01
May-24		\$61.21	\$39.14
Jun-24		\$61.41	\$39.27
Jul-24		\$61.61	\$39.40
Aug-24		\$61.81	\$39.53
Sep-24		\$62.02	\$39.66
Oct-24		\$62.22	\$39.79

MEMBER MONTHS FOR FULL CREDIBILITY BY POOLING POINT

Pooling Limit	Member Months
\$30,000	8,325
\$35,000	9,182
\$40,000	9,990
\$45,000	10,747
\$50,000	11,462
\$55,000	12,142
\$60,000	12,786
\$65,000	13,406
\$70,000	14,002
\$75,000	14,573
\$80,000	15,117
\$85,000	15,633
\$90,000	16,127
\$95,000	16,600
\$100,000	17,055
\$105,000	17,497
\$110,000	17,923
\$115,000	18,338
\$120,000	18,745
\$125,000	19,140
\$130,000	19,523
\$135,000	19,897
\$140,000	20,266
\$145,000	20,624
\$150,000	20,974
\$155,000	21,313
\$160,000	21,643
\$165,000	21,969
\$170,000	22,289
\$175,000	22,600
\$180,000	22,905
\$185,000	23,199
\$190,000	23,486
\$195,000	23,766
\$200,000	24,039
\$205,000	24,307
\$210,000	24,570
\$215,000	24,827
\$220,000	25,077
\$225,000	25,323
\$230,000	25,563
\$235,000	25,799
\$240,000	26,032
\$245,000	26,259
\$250,000	26,480
\$255,000	26,695
\$260,000	26,905
\$265,000	27,111
\$270,000	27,316
\$275,000	27,517
\$280,000	27,712
\$285,000	27,903
\$290,000	28,086
\$295,000	28,262
\$300,000	28,438

POOLING POINT by MEMBERSHIP

Membership (Current Month)	Pooling Limit
0 to 299	\$100,000
300 to 499	\$120,000
500 to 999	\$140,000
1,000 to 1,499	\$175,000
1,500 to 1,999	\$200,000
2,000 to 2,499	\$220,000
2,500 to 2,999	\$250,000
3,000 to 3,999	\$275,000
4,000 to 4,999	\$315,000
5,000 to 7,499	\$350,000
7,500 to 9,999	\$400,000
10,000+	\$450,000

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 LARGE GROUP RATING PROGRAM FILING

EXHIBIT 6C

COVID-19 DIAGNOSIS and PROCEDURE CODES

Diagnosis, Procedure, or Vaccine	Diagnosis or Procedure Code
Coronavirus Diagnosis Code	B34.2
Coronavirus Diagnosis Code	B97.21
Coronavirus Diagnosis Code	B97.29
Coronavirus Diagnosis Code	U07.1
Suspected COVID-19, Exposure to Infectious Disease	Z03.818
Suspected exposure to COVID-19	Z20.822
Suspected COVID-19, Exposure to Infectious Disease	Z20.828
Screening for Infectious Disease	Z11.59
COVID-19 Test	U0001
COVID-19 Test	U0002
COVID-19 Test	U0003
COVID-19 Test	U0004
COVID-19 Test	U0005
COVID-19 Test	87635
Specimen Collection	C9803
Specimen Collection	G2023
Specimen Collection	G2024
COVID-19 Test	0202U
COVID-19 Test	0223U
COVID-19 Test	87426
COVID-19 Test	0225U
COVID-19 Test	87636
COVID-19 Test	87637
COVID-19 Test	87811
COVID-19 Test	0240U
COVID-19 Test	0241U
COVID-19 Antibody Test	86328
COVID-19 Antibody Test	86769
COVID-19 Antibody Test	0224U
COVID-19 Antibody Test	86408
COVID-19 Antibody Test	86409
COVID-19 Antibody Test	86413
COVID-19 Antibody Test	0226U
Paxlovid	J8499
Evusheld and Evusheld Administration	Q0220
Evusheld and Evusheld Administration	M0220
Evusheld and Evusheld Administration	M0221
Pfizer-BioNTech COVID-19 Vaccine	91300
Pfizer-BioNTech COVID-19 Vaccine	0001A
Pfizer-BioNTech COVID-19 Vaccine	0002A
Moderna, Inc. Moderna COVID-19 Vaccine	91301
Moderna, Inc. Moderna COVID-19 Vaccine	0011A
Moderna, Inc. Moderna COVID-19 Vaccine	0012A
J&J COVID-19 Vaccine	0031A
J&J COVID-19 Vaccine	91303