

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** VT Individual 2024  
**Project Name/Number:** /

## Filing at a Glance

Company: MVP Health Plan, Inc.  
 Product Name: VT Individual 2024  
 State: VermontGMCB  
 TOI: H16I Individual Health - Major Medical  
 Sub-TOI: H16I.005C Individual - Other  
 Filing Type: GMCB Rate  
 Date Submitted: 05/09/2023  
 SERFF Tr Num: MVPH-133660955  
 SERFF Status: Assigned  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Effective: 01/01/2024  
 Date Requested:  
 Author(s): Barbara Storti, Christopher Pontiff, Bryan Bennett, Julia Dorr  
 Reviewer(s): Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Michael Barber, Laura Beliveau, Jennifer DaPolito  
  
 Disposition Date:  
 Disposition Status:  
 Effective Date:  
  
 State Filing Description:

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## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 12.76%	Filing Status Changed: 05/10/2023
	State Status Changed:
Deemer Date:	Created By: Julia Dorr
Submitted By: Julia Dorr	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	Plans are proposed to be sold on the state of Vermont's exchange.

### Filing Description:

These rates are for individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2024.

## Company and Contact

### Filing Contact Information

Christopher Pontiff,	CPontiff@mvphealthcare.com
625 State Street	518-386-7696 [Phone]
Schenectady, NY 12305	

### Filing Company Information

MVP Health Plan, Inc.	CoCode: 95521	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Maintenance Organization
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1640868	State ID Number:

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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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## Post Submission Update Request Processed On 05/10/2023

**Status:** Allowed  
**Created By:** Julia Dorr  
**Processed By:** Geoffrey Battista  
**Comments:**

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Written Premium for this Program	\$110581598	\$124697327
Product:	NEW	
Product Name	VT Individual HMO	
HIOS Product ID	77566VT004	
Number of Covered Lives	11602	

SERFF Tracking #:

MVPH-133660955

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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Product Name: VT Individual 2024

Project Name/Number: /

### Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 19.250%  
 Effective Date of Last Rate Revision: 01/01/2023  
 Filing Method of Last Filing: SERFF  
 SERFF Tracking Number of Last Filing: MVPH-133238186

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	12.760%	12.760%	\$14,115,729	8,470	\$110,581,598	15.540%	7.700%

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## Rate Review Detail

### COMPANY:

Company Name: MVP Health Plan, Inc.  
 HHS Issuer Id: 77566

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual HMO	77566VT004		11602

Trend Factors:

### FORMS:

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: VT EXCHANGE COC

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 165,128  
 Benefit Change: Increase  
 Percent Change Requested: Min: 7.7 Max: 15.54 Avg: 12.76

### PRIOR RATE:

Total Earned Premium: 110,581,598.00  
 Total Incurred Claims: 102,577,259.00  
 Annual \$: Min: 415.71 Max: 1,138.38 Avg: 794.27

### REQUESTED RATE:

Projected Earned Premium: 124,697,327.00  
 Projected Incurred Claims: 113,698,552.00  
 Annual \$: Min: 450.17 Max: 1,286.76 Avg: 895.66

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MVPH-133660955

**State Tracking #:**

**Company Tracking #:**

**State:**

VermontGMCB

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## URRT

### State Determination

**Review Status:**

Incomplete

**SERFF Tracking #:**

MVPH-133660955

**State Tracking #:****Company Tracking #:****State:**

VermontGMCB

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## URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>Unified-Rate-Review-VT-Indv-2024_20230508101822.xml</i>
Actuarial Memorandum	<i>2024-Federal-Act-Memo-Vermont-Exchange-Individual.pdf</i>
Actuarial Memorandum - Redacted	<i>2024-Federal-Act-Memo-Vermont-Exchange-Individual-Redacted.pdf</i>
Consumer Justification Narrative	<i>Consumer-Disclosure-Form-2024-VT-Exchange-Individual.pdf</i>
Other Supporting Documents	<i>Unified-Rate-Review-VT-Indv-2024.pdf</i>



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Company Tracking #:

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***Attachment Unified-Rate-Review-VT-Indv-2024\_20230508101822.xml is not a PDF document and cannot be reproduced here.***



## Contact Information

### **Company Identifying Information**

Company Legal Name:	MVP Health Plan, Inc.
HIOS Issuer ID:	77566
NAIC Number:	95521

### **Primary Contact Information**

Contact Name:	Christopher Pontiff, FSA, MAAA Senior Director, Commercial Pricing, Network & Trend
Contact Title:	Actuary
Primary Contact Phone #:	1-800-777-4793, ext. 17696
Primary Contact Address:	625 State Street Schenectady, NY 12301-2207
Primary Contact E-mail:	Cpontiff@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2024 Vermont Individual Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2024 premium rates for the State of Vermont's individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2024 and 12/31/2024. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 12.8%, with increases ranging from 7.7% to 15.5%.

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

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, and an increase to contribution to reserve assumptions. Premium rate increases are varying by plan due to benefit modifications of several benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

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

The book of business affected by this rate filing is 8,470 policyholders, 8,470 subscribers and 11,602 members based on February 2023 membership.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Individual data for Vermont members over the time period 1/1/2022 – 12/31/2022, completed through 3/31/2023.

MVP does not project to rebate consumers for 2022 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from individuals over the experience period.

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

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

The Risk adjustment reflected in the experience period is for the merged market and includes High Cost Risk Pool recoveries per the URRT instructions.

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

	<b>Allowed</b>	<b>Incurred</b>
Claims Processed Through Claim System	\$113,346,364	\$96,410,157
Experience Period Costs Not Processed Through Claims System	\$2,780,903	\$2,780,903
IBNR	\$1,769,235	\$1,503,955
<b>Total</b>	<b>\$117,896,502</b>	<b>\$100,695,015</b>

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

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

**Medical Trend Factors**

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

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years and COVID-19, the utilization trends produced by the model were not considered reliable. However, the regulatory actuary in the 2020 rate filing performed an analysis that found that “a reasonable range for market wide utilization trend to be 1% to 4%”. MVP has maintained this same trend in the filing each year. Because MVP believes that their data still lacks necessary stability and L&E’s view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

**Rx Trend Factors**

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

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

MVP is assuming that the individual market risk pool membership base of 165,128 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

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

#### *Morbidity Adjustment- Impact of COVID Testing*

MVP is assuming a 10% reduction in Covid testing costs in the projection period due to a utilization decrease. We expect demand for testing to decrease once cost sharing is reinstated. This factor is decreasing the experience period allowed claim cost by 0.04%.

#### *Morbidity Adjustment- Impact of COVID Vaccines*

It is expected commercial payers will have to pay the full ingredient cost of Covid vaccines by 2024. MVP is taking 2022 experience and increasing it by \$130/\$40, the expected ingredient cost in 2024 over what we pay currently<sup>1</sup>. The factor is increasing the experience period allowed claim cost by 0.3%.

#### *Plan Design Changes- Impact of Hearing Aids as EHB*

Hearing aids have been added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and determined this mandate would increase the experience period allowed claim cost by 0.05%.

#### *Other- Impact of Leap Year*

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

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

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period.

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

Based on the Interim Risk Transfer results for 2022 provided by CMS, MVP is expected to pay \$13,309,301 into the individual market transfer pool for 2022. This is \$80.60 on a PMPM basis or 13.2% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$124.62 PMPM).

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

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

### **Market-Wide Adjusted Index Rate**

The experience period index rate of \$713.97 is equal to the individual market allowed claim data for the time period, 1/1/2022 – 12/31/2022, completed through 3/31/2023.

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<sup>1</sup> <https://www.kff.org/coronavirus-covid-19/issue-brief/how-much-could-covid-19-vaccines-cost-the-u-s-after-commercialization/>

The actual market adjusted index rate for the projection period equals \$972.17. However, due to the rounding of factors present in the URRT, the value in the file reflects \$972.41. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. Note that this is a true expectation of allowed costs and is not equivalent to the adjusted claim cost for pricing on Exhibit 7 of the rate filing.

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

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

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

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

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ. The actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios to develop an equivalent Plan Adjusted Index Rate. The total of this adjustment is 9.8%.

The total adjustment made is the product of the three values (AV, induced demand, and difference in paid to allowed ratio).

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

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

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

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366) and a \$500 acupuncture allowance. The wellness benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. The cost of these benefits is included in the experience period claims as well as the plan AVs so an adjustment is not required.

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

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member

under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.581.

<b>Catastrophic Plan Level Adjustment</b>	
	<b>HHS Age Factor</b>
Ages 0-29, Meeting Subscriber Qualifications	1.051
Single Risk Pool Total	1.809
Catastrophic Adjustment	0.581

**Non-Claim Expense Plan Level Adjustments**

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

*Federal Taxes PMPM based*

A total of \$0.46 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.21 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.25 PMPM for the Patient Centered Outcome Research Fee.

*State Taxes PMPM Based*

\$2.37 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP’s behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP’s market share from 2022 to 2024.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP’s rates are \$13.54 per covered child and \$2.74 per covered adult for 2024, followed by an estimate of \$15.05 per covered child and \$3.00 per covered adult for 2025. Based on a blend of MVP’s child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.44 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.38%.

*Federal Fees Premium based – National High Cost Reinsurance Pool (HCRP) Charge*

In the 2024 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members’ paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2024 will be 0.55%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$52.74 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP’s historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP’s total administrative expense was spent on QI. Therefore, \$3.16 PMPM of the \$52.74 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2020, 2021, and 2022 SHCEs compared to the available admin expense built into the rates for the same time period.

<b>Combined VT AR42 and AR44</b>	<b>Year</b>	<b>Exchange Available Admin PMPM</b>	<b>SHCE Admin PMPM*</b>
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44
Individual	2022	\$47.10	\$48.26
Small Group	2022	\$38.75	\$39.63
Combined	2022	\$42.20	\$43.07

*\*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

#### *Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2024. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### *Bad Debt Expense*

A plan level adjustment equal to 0.30% of premium was added to account for non-payment of premium risk.

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

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

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

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

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2023. The SCF = weighted average contract size / weighted average load ratio.

#### **Projection Period Membership**

MVP's projection period membership equals the February 2023 enrollment of the population eligible to purchase these products, or 11,602 members. On Worksheet 2 of the URRT, members are mapped based on their February 2023 benefit to the same benefits for 2024.

MVP is aware that the Medicaid continuous enrollment provision will not continue in 2024. We have decided not to assume a membership or morbidity change for this. We expect the impact to be the same as the overall market wide morbidity impact which we do not have data to support.

Guidance on loading for silver plans was implemented by the Green Mountain Care Board starting in 2024. Based on this, MVP has calculated pricing AVs for on-exchange silver plans using the weighted average benefit richness of silver members, inclusive of the CSR-adjusted benefits. Our current proposed relativities do not indicate there is a further



incentive for members to move to a different metal level. We studied the migration of silver CSR members to other plans over time. We also compared the premium relativities of other metal levels to silver as proposed and in prior years. Based on this information, we did not make a membership shift in response to the change in CSR loading.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.2%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.7%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2024:

<b>Target Loss Ratio for 2024 VT Exchange</b>	
A) Claims Expense	\$831.86
B) Taxes/Assessments	\$11.31
C) Quality Improvement	\$3.16
D) Premium	\$912.33
<hr/>	
E) Traditional Loss Ratio = $A / D$	91.2%
F) Federal Loss Ratio = $[A + C] / [D - B]$	92.7%

**Actuarial Certification**

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

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

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

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

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



\_\_\_\_\_  
Christopher Pontiff, FSA, MAAA  
Senior Director, Commercial Pricing, Network & Trend Actuary  
MVP Health Care, Inc.

05/09/2023

Date



## Contact Information

### **Company Identifying Information**

Company Legal Name:	MVP Health Plan, Inc.
HIOS Issuer ID:	77566
NAIC Number:	95521

### **Primary Contact Information**

Contact Name:	Christopher Pontiff, FSA, MAAA Senior Director, Commercial Pricing, Network & Trend
Contact Title:	Actuary
Primary Contact Phone #:	1-800-777-4793, ext. 17696
Primary Contact Address:	625 State Street Schenectady, NY 12301-2207
Primary Contact E-mail:	Cpontiff@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2024 Vermont Individual Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2024 premium rates for the State of Vermont's individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2024 and 12/31/2024. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 12.8%, with increases ranging from 7.7% to 15.5%.

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

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, and an increase to contribution to reserve assumptions. Premium rate increases are varying by plan due to benefit modifications of several benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

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

The book of business affected by this rate filing is 8,470 policyholders, 8,470 subscribers and 11,602 members based on February 2023 membership.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Individual data for Vermont members over the time period 1/1/2022 – 12/31/2022, completed through 3/31/2023.

MVP does not project to rebate consumers for 2022 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from individuals over the experience period.

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

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

The Risk adjustment reflected in the experience period is for the merged market and includes High Cost Risk Pool recoveries per the URRT instructions.

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

	Allowed	Incurred
Claims Processed Through Claim System	\$113,346,364	\$96,410,157
Experience Period Costs Not Processed Through Claims System	\$2,780,903	\$2,780,903
IBNR	\$1,769,235	\$1,503,955
<b>Total</b>	<b>\$117,896,502</b>	<b>\$100,695,015</b>

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

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

**Medical Trend Factors**

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

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years and COVID-19, the utilization trends produced by the model were not considered reliable. However, the regulatory actuary in the 2020 rate filing performed an analysis that found that “a reasonable range for market wide utilization trend to be 1% to 4%”. MVP has maintained this same trend in the filing each year. Because MVP believes that their data still lacks necessary stability and L&E’s view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

**Rx Trend Factors**

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

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

MVP is assuming that the individual market risk pool membership base of 165,128 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

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

#### *Morbidity Adjustment- Impact of COVID Testing*

MVP is assuming a 10% reduction in Covid testing costs in the projection period due to a utilization decrease. We expect demand for testing to decrease once cost sharing is reinstated. This factor is decreasing the experience period allowed claim cost by 0.04%.

#### *Morbidity Adjustment- Impact of COVID Vaccines*

It is expected commercial payers will have to pay the full ingredient cost of Covid vaccines by 2024. MVP is taking 2022 experience and increasing it by \$130/\$40, the expected ingredient cost in 2024 over what we pay currently<sup>1</sup>. The factor is increasing the experience period allowed claim cost by 0.3%.

#### *Plan Design Changes- Impact of Hearing Aids as EHB*

Hearing aids have been added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and determined this mandate would increase the experience period allowed claim cost by 0.05%.

#### *Other- Impact of Leap Year*

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

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

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period.

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

Based on the Interim Risk Transfer results for 2022 provided by CMS, MVP is expected to pay \$13,309,301 into the individual market transfer pool for 2022. This is \$80.60 on a PMPM basis or 13.2% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$124.62 PMPM).

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

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

### **Market-Wide Adjusted Index Rate**

The experience period index rate of \$713.97 is equal to the individual market allowed claim data for the time period, 1/1/2022 – 12/31/2022, completed through 3/31/2023.

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<sup>1</sup> <https://www.kff.org/coronavirus-covid-19/issue-brief/how-much-could-covid-19-vaccines-cost-the-u-s-after-commercialization/>

The actual market adjusted index rate for the projection period equals \$972.17. However, due to the rounding of factors present in the URRT, the value in the file reflects \$972.41. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. Note that this is a true expectation of allowed costs and is not equivalent to the adjusted claim cost for pricing on Exhibit 7 of the rate filing.

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

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

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

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

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ. The actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios to develop an equivalent Plan Adjusted Index Rate. The total of this adjustment is 9.8%.

The total adjustment made is the product of the three values (AV, induced demand, and difference in paid to allowed ratio).

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

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

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

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366) and a \$500 acupuncture allowance. The wellness benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. The cost of these benefits is included in the experience period claims as well as the plan AVs so an adjustment is not required.

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

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member

under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.581.

<b>Catastrophic Plan Level Adjustment</b>	
	<b>HHS Age Factor</b>
Ages 0-29, Meeting Subscriber Qualifications	1.051
Single Risk Pool Total	1.809
Catastrophic Adjustment	0.581

**Non-Claim Expense Plan Level Adjustments**

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

*Federal Taxes PMPM based*

A total of \$0.46 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.21 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.25 PMPM for the Patient Centered Outcome Research Fee.

*State Taxes PMPM Based*

\$2.37 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP’s behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP’s market share from 2022 to 2024.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP’s rates are \$13.54 per covered child and \$2.74 per covered adult for 2024, followed by an estimate of \$15.05 per covered child and \$3.00 per covered adult for 2025. Based on a blend of MVP’s child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.44 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.38%.

*Federal Fees Premium based – National High Cost Reinsurance Pool (HCRP) Charge*

In the 2024 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members’ paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2024 will be 0.55%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$52.74 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP’s historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP’s total administrative expense was spent on QI. Therefore, \$3.16 PMPM of the \$52.74 PMPM administrative expense is attributable to QI.



The following table summarizes the administrative expenses for small group and individual lines of business from the 2020, 2021, and 2022 SHCEs compared to the available admin expense built into the rates for the same time period.

<b>Combined VT AR42 and AR44</b>	<b>Year</b>	<b>Exchange Available Admin PMPM</b>	<b>SHCE Admin PMPM*</b>
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44
Individual	2022	\$47.10	\$48.26
Small Group	2022	\$38.75	\$39.63
Combined	2022	\$42.20	\$43.07

*\*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

#### *Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2024. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### *Bad Debt Expense*

A plan level adjustment equal to 0.30% of premium was added to account for non-payment of premium risk.

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

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

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

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

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2023. The SCF = weighted average contract size / weighted average load ratio.

#### **Projection Period Membership**

MVP's projection period membership equals the February 2023 enrollment of the population eligible to purchase these products, or 11,602 members. On Worksheet 2 of the URRT, members are mapped based on their February 2023 benefit to the same benefits for 2024.

MVP is aware that the Medicaid continuous enrollment provision will not continue in 2024. We have decided not to assume a membership or morbidity change for this. We expect the impact to be the same as the overall market wide morbidity impact which we do not have data to support.

Guidance on loading for silver plans was implemented by the Green Mountain Care Board starting in 2024. Based on this, MVP has calculated pricing AVs for on-exchange silver plans using the weighted average benefit richness of silver members, inclusive of the CSR-adjusted benefits. Our current proposed relativities do not indicate there is a further

incentive for members to move to a different metal level. We studied the migration of silver CSR members to other plans over time. We also compared the premium relativities of other metal levels to silver as proposed and in prior years. Based on this information, we did not make a membership shift in response to the change in CSR loading.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.2%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.7%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2024:

<b>Target Loss Ratio for 2024 VT Exchange</b>	
A) Claims Expense	\$831.86
B) Taxes/Assessments	\$11.31
C) Quality Improvement	\$3.16
D) Premium	\$912.33
<hr/>	
E) Traditional Loss Ratio = $A / D$	91.2%
F) Federal Loss Ratio = $[A + C] / [D - B]$	92.7%

**Actuarial Certification**

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

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

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

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

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Christopher Pontiff, FSA, MAAA  
Senior Director, Commercial Pricing, Network & Trend Actuary  
MVP Health Care, Inc.

05/09/2023

Date



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2024 ACA Individual Exchange Rate Filing

### **About Us**

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

### **Why We Are Changing Our Premiums**

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2024 Individual Exchange rates for effective dates of coverage between January 1, 2024 and December 31, 2024. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

**-Increases in base period experience.** Premium rates are increasing by **3.4%** because our estimate of 2023 claims are higher than expected compared to the previous year.

**-Increases in cost and utilization of services.** The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by **7.5%** because of this estimated trend in 2024.

**-Impact of the Federal Risk Adjustment Program.** The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of lower-risk members, so it is required to pay into the program. MVP's individual payment has become less, decreasing premium rates by approximately **0.2%**.

**-Changes in the cost of doing business.** As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the individual market. These changes are worth approximately **1.3%** of a premium increase.

**-Impact of the Leap Year.** MVP is increasing rates by approximately **0.3%** to account for 2024 being a leap year (and having an additional day).

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 12.8%, ranging from 7.7% to 15.5%. There are 8,470 policyholders, 8,470 subscribers and 11,602 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9<sup>th</sup>. For information about providing public comment, please visit <https://ratereview.vermont.gov/public-comment>

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	<b>Unified Rate Review v6.0</b>																			<i>To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.            To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.            To validate, select the Validate button or Ctrl + Shift + I.            To finalize, select the Finalize button or Ctrl + Shift + F.</i>
2																				
3	Company Legal Name:	MVP Health Plan, Inc.																		
4	HIOS Issuer ID:	77566	State:	VT																
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Individual																
6																				
7																				
8	<b>Market Level Calculations (Same for all Plans)</b>																			
9																				
10																				
11	<b>Section I: Experience Period Data</b>																			
12	Experience Period:	1/1/2022	to	12/31/2022																
13			Total		PMPM															
14	Allowed Claims		\$117,896,502.29		\$713.97															
15	Reinsurance		\$0.00		\$0.00															
16	Incurred Claims in Experience Period		\$100,695,015.18		\$609.80															
17	Risk Adjustment		-\$13,309,300.53		-\$80.60															
18	Experience Period Premium		\$110,600,624.00		\$669.79															
19	Experience Period Member Months		165,128																	
20																				
21	<b>Section II: Projections</b>																			
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims													
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM													
24	Inpatient Hospital	\$108.32	1.123	1.010	1.059	1.010	\$131.41													
25	Outpatient Hospital	\$329.87	1.125	1.010	1.051	1.010	\$397.87													
26	Professional	\$167.69	1.066	1.010	1.031	1.010	\$188.00													
27	Other Medical	\$1.38	1.000	1.010	1.000	1.010	\$1.41													
28	Capitation	\$16.84	1.032	1.000	1.032	1.000	\$17.94													
29	Prescription Drug	\$89.86	1.057	1.028	1.057	1.028	\$106.10													
30	Total	\$713.96					<b>\$842.72</b>													
31																				
32	Morbidity Adjustment				1.003															
33	Demographic Shift				1.000															
34	Plan Design Changes				1.000															
35	Other				1.003															
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2024		\$847.79															
37																				
38	Manual EHB Allowed Claims PMPM				\$0.00															
39	Applied Credibility %				100.00%															
40																				
41	<b>Projected Period Totals</b>																			
42	Projected Index Rate for	1/1/2024			\$847.79	\$118,032,714.96														
43	Reinsurance				\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge				-\$124.62	-\$17,350,094.88														
45	Exchange User Fees				0.00%	\$0.00														
46	Market Adjusted Index Rate				\$972.41	\$135,382,809.84														
47																				
48	Projected Member Months				139,224															
49																				
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
51																				

**Product-Plan Data Collection**

Company Legal Name: **MVP Health Plan, Inc.**  
 HIOS Issuer ID: **77566** State: **VT**  
 Effective Date of Rate Change(s): **1/1/2024** Market: **Individual**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + V.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations																		
Section I: General Product and Plan Information																		
Field #	Individual																	
1.1 Product ID	77566VT004000																	
1.2 Plan Name	(2024)																	
1.3 Plan ID (Standard Component ID)	5 (2024)	S (2024)	N (2024)	003-N (2024)	S (2024)	004-S (2024)	002-N (2024)	N (2024)	(2024)	II (2024)	II (2024)	S (2024)	003-S (2024)	S (2024)	N (2024)	N (2024)	(2024)	
1.4 Plan ID (Standard Component ID)	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040003	77566VT0040005	77566VT0040006	77566VT0040004	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	77566VT0040013
1.5 Metal	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Catastrophic	
1.6 AV Metal Value	0.901	0.813	0.815	0.803	0.707	0.713	0.720	0.717	0.707	0.719	0.719	0.620	0.630	0.648	0.631	0.635	0.628	
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	
1.10 Effective Date of Proposed Rates	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	
1.11 Cumulative Rate Change % (over 12 mos prior)	13.03%	14.03%	12.09%	14.51%	11.47%	10.49%	8.14%	15.54%	7.70%	8.04%	8.60%	8.62%	9.78%	9.64%	8.37%	10.16%	10.98%	8.29%
1.12 Product Rate Increase %	12.76%																	
1.13 Submission Level Rate Increase %	12.76%																	

Worksheet 1 Totals																			
Section II: Experience Period and Current Plan Level Information																			
2.1 Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040003	77566VT0040005	77566VT0040006	77566VT0040004	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	77566VT0040013
2.2 Allowed Claims	\$117,896,502	\$13,528,527	\$17,320,342	\$3,788,835	\$11,716,960	\$5,271,630	\$4,387,601	\$1,419,038	\$35,539,888	\$543,185	\$570,680	\$716,178	\$1,626,968	\$5,355,276	\$5,878,636	\$2,121,299	\$3,703,128	\$4,412,991	\$1,423
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$17,201,487	\$749,640	\$2,754,612	\$971,819	\$1,509,345	\$619,492	\$503,776	\$239,944	\$3,105,899	\$93,134	\$191,820	\$204,196	\$400,642	\$1,775,749	\$1,601,605	\$971,475	\$987,954	\$1,173,511	\$684
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$100,695,015	\$12,778,887	\$14,565,730	\$3,217,016	\$10,201,615	\$4,652,138	\$3,883,825	\$1,179,093	\$32,433,988	\$449,861	\$378,660	\$511,982	\$1,226,326	\$3,579,527	\$4,277,011	\$1,403,824	\$2,715,174	\$3,239,420	\$738
2.7 Risk Adjustment Transfer Amount	-\$13,309,301	\$1,955,385	-\$1,871,920	-\$804,402	\$928,669	\$649,549	-\$40,668	-\$50,526	-\$1,351,824	-\$32,624	-\$287,451	-\$468,723	-\$889,772	-\$3,094,954	-\$2,683,519	-\$1,345,254	-\$1,753,926	-\$2,175,713	\$8,432
2.8 Premium	\$110,600,624	\$7,860,127	\$17,750,878	\$4,656,113	\$7,340,670	\$4,820,394	\$3,380,909	\$1,408,096	\$32,261,359	\$291,670	\$587,879	\$804,951	\$1,800,705	\$7,632,455	\$7,141,798	\$3,242,495	\$4,869,919	\$5,427,227	\$13,679
2.9 Experience Period Member Months	165,128	9,302	24,719	6,167	10,431	6,391	4,522	1,335	44,828	440	1,039	1,363	3,144	13,955	13,364	5,634	10,191	10,151	38
2.10 Current Enrollment	11,602	555	1,498	375	554	570	362	202	3,390	35	52	105	229	1,000	954	475	546	694	6
2.11 Current Premium PMPM	\$794.27	\$1,059.08	\$891.92	\$941.65	\$885.12	\$835.12	\$837.29	\$830.84	\$834.52	\$735.14	\$708.77	\$690.80	\$681.74	\$644.60	\$641.30	\$681.74	\$651.36	\$636.76	\$415.71
2.12 Loss Ratio	103.50%	130.07%	91.73%	83.52%	123.37%	85.05%	119.86%	86.85%	104.93%	173.66%	126.11%	152.27%	134.62%	78.89%	95.93%	73.99%	107.92%	99.61%	3.34%
Per Member Per Month																			
2.13 Allowed Claims	\$713.97	\$1,454.37	\$700.69	\$614.37	\$1,122.71	\$824.85	\$970.28	\$733.35	\$792.81	\$1,234.51	\$549.26	\$525.44	\$517.48	\$439.88	\$376.52	\$483.12	\$433.02	\$37.44	\$37.44
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$104.17	\$80.59	\$111.44	\$92.72	\$144.70	\$96.93	\$111.41	\$124.00	\$69.28	\$212.10	\$184.62	\$149.81	\$127.25	\$119.84	\$127.35	\$128.89	\$115.15	\$18.01	\$18.01
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$609.80	\$1,273.78	\$588.25	\$521.65	\$978.01	\$727.92	\$858.87	\$609.35	\$713.51	\$1,021.41	\$364.64	\$375.63	\$390.95	\$356.50	\$320.04	\$426.17	\$354.23	\$317.87	\$319.43
2.18 Risk Adjustment Transfer Amount	-\$80.60	\$20.21	-\$75.73	-\$130.45	\$89.03	\$101.63	-\$8.99	-\$10.16	-\$30.16	-\$7.15	-\$27.66	-\$34.89	-\$283.01	-\$212.78	-\$200.80	-\$238.77	-\$212.82	-\$213.49	\$21.88
2.19 Premium	\$669.79	\$845.96	\$718.10	\$755.00	\$703.74	\$754.25	\$725.54	\$727.70	\$719.67	\$662.89	\$665.81	\$590.57	\$572.74	\$546.93	\$534.41	\$575.52	\$557.07	\$532.60	\$359.97

Section III: Plan Adjustment Factors																		
3.1 Plan ID (Standard Component ID)	77566VT0040001																	
3.2 Market Adjusted Index Rate	5972.41																	
3.3 AV and Cost Sharing Design of Plan	1.1744	0.9683	1.0042	1.0088	0.8543	0.8603	0.8459	0.8804	0.7512	0.7674	0.7756	0.7512	0.6518	0.6623	0.6757	0.6586	0.6575	0.6435
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.6 Administrative Expense	4.28%	5.15%	4.97%	4.95%	5.79%	5.75%	5.84%	5.63%	6.33%	6.40%	6.34%	6.53%	7.44%	7.33%	7.20%	7.37%	7.38%	12.25%
3.7 Taxes and Fees	1.16%	1.21%	1.20%	1.20%	1.24%	1.24%	1.24%	1.23%	1.28%	1.27%	1.27%	1.28%	1.33%	1.32%	1.32%	1.33%	1.33%	1.59%
3.8 Profit & Risk Load	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%	1.80%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$1,231.13	\$1,025.24	\$1,061.06	\$1,065.69	\$911.19	\$917.18	\$902.72	\$937.28	\$808.14	\$824.29	\$832.54	\$808.14	\$708.73	\$719.18	\$732.67	\$715.56	\$714.45	\$430.81
3.11 Age Calibration Factor	1.0000																	
3.12 Geographic Calibration Factor	1.0000																	
3.13 Tobacco Calibration Factor	1.0000																	
3.14 Calibrated Plan Adjusted Index Rate	\$1,231.13	\$1,025.24	\$1,061.06	\$1,065.69	\$911.19	\$917.18	\$902.72	\$937.28	\$808.14	\$824.29	\$832.54	\$808.14	\$708.73	\$719.18	\$732.67	\$715.56	\$714.45	\$430.81

Section IV: Projected Plan Level Information																			
4.1 Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040003	77566VT0040005	77566VT0040006	77566VT0040004	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	77566VT0040013
4.2 Allowed Claims	\$136,059,897	\$7,221,494	\$18,305,087	\$4,582,382	\$6,785,705	\$6,642,756	\$4,218,733	\$2,354,100	\$39,506,917	\$407,889	\$606,006	\$1,223,666	\$2,668,756	\$11,314,522	\$10,794,054	\$5,374,398	\$6,177,729	\$7,852,278	\$39,426
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$35,758,727	\$505,505	\$3,358,983	\$702,021	\$1,010,717	\$1,625,148	\$1,009,824	\$593,403	\$8,753,403	\$136,969	\$194,831	\$384,476	\$896,168	\$4,598,222	\$4,283,081	\$2,066,994	\$2,472,327	\$3,150,334	\$16,322
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$100,301,170	\$6,715,989	\$14,946,103	\$3,880,361	\$5,758,988	\$5,017,608	\$3,208,909	\$1,760,697	\$30,753,514	\$270,920	\$411,175	\$839,190	\$1,772,588	\$6,716,300	\$6,510,974	\$3,307,405	\$3,705,402	\$4,701,944	\$23,104
4.7 Risk Adjustment Transfer Amount	-\$887,682	-\$1,975,492	-\$1,871,920	-\$512,884	-\$761,191	-\$664,199	-\$424,136	-\$232,719	-\$4,064,826	-\$35,809	-\$54,347	-\$110,919	-\$234,291	-\$887,723	-\$860,584	-\$437,154	-\$489,739	-\$624,477	-\$3,054
4.8 Premium	\$114,698,585	\$8,192,522	\$18,423,379	\$4,773,604	\$7,080,935	\$6,230,973	\$3,983,156	\$2,187,832	\$38,119,359	\$339,329	\$514,232	\$1,048,751	\$2,220,181	\$8,902,956	\$8,322,403	\$4,175,260	\$4,887,179	\$5,948,557	\$31,004
4.9 Projected Member Months	139,224	6,660	17,976	4,500	6,648	6,840	4,344	2,424	40,680	420	624	1,260	2,748	12,000	11,448	5,700	6,552	8,328	72
4.10 Loss Ratio	90.00%	91.88%	90.87%	91.07%	91.10%	90.12%	90.16%	90.06%	90.31%	89.26%	89.41%	89.48%							

**Rating Area Data Collection**

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000

SERFF Tracking #:

MVPH-133660955

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2024

Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 Actuarial Memorandum Vermont Exchange Individual.pdf Actuarial Memo Dataset 2024 INDV_SERFF.pdf Actuarial Memo Dataset 2024 INDV_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans 2024.pdf Non-Standard AVC Screenshots 2024 VT.pdf Wakely - VT Standard Plan Designs - AV Certification_2023-03-30.pdf Rate Increase Exhibit 2023-2024 INDV_SERFF.pdf Rate Increase Exhibit 2023-2024 INDV_SERFF.xlsx VT 2024 Exchange Rate Filing INDV_SERFF.pdf VT 2024 Exchange Rate Filing INDV_SERFF.xlsx Consumer-Disclosure-Form-2024-VT-Exchange-Individual.pdf VT Rx Data 2024 INDV_SERFF.pdf VT Rx Data 2024 INDV_SERFF.xlsx Unified-Rate-Review-VT-Indv-2024.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Civil Union Rating Requirements
<b>Comments:</b>	MVP's rating rules satisfy 8 V.S.A. § 4724.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Certification of Compliance - 2024 VT.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



SERFF Tracking #:

MVPH-133660955

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

VT Individual 2024

Project Name/Number:

/

***Attachment Actuarial Memo Dataset 2024 INDV\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2023-2024 INDV\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2024 Exchange Rate Filing INDV\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT Rx Data 2024 INDV\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-VT-Indv-2024.xlsm is not a PDF document and cannot be reproduced here.***



## Contact Information

### **Company Information**

Company Legal Name:	MVP Health Plan, Inc.
HIOS Issuer ID:	77566
NAIC Number:	95521

### **Primary Contact Information**

Contact Name:	Christopher Pontiff, FSA, MAAA Senior Director, Commercial Pricing, Network & Trend Actuary
Contact Title:	
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## **ACTUARIAL MEMORANDUM**

### **2024 Vermont Individual Exchange Filing**

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

This memorandum details the methods and assumptions underlying the proposed 2024 premium rates for the State of Vermont's Individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2024 and 12/31/2024. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 12.8%, with increases ranging from 7.7% to 15.5%.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2023, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2023 to 2024. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

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

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

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

The book of business affected by this rate filing is 8,470 policyholders, 8,470 subscribers and 11,602 members based on February 2023 membership.

#### **Experience Period Claims**

MVP historical claim data was the basis of the premium rate development. All ACA compliant Individual data is included in the experience period data set. The claim data is assumed to be fully credible.

The experience period for the historical claims is incurred dates of service between 1/1/22 and 12/31/22, paid through 2/28/23. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/23.

Please see Exhibit 3 for a summary of MVP’s experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP’s experience period data are discussed below.

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

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

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period.

Line 4 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 1.8% which is our best estimate of ultimate liabilities as of 3/31/23. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

<b>Incurred Month</b>	<b>Paid Claims</b>	<b>Incurred Claims</b>	<b>IBNR Factor</b>
202212	\$18,211,516	\$19,193,037	1.054
202211	\$16,714,473	\$17,322,906	1.036
202210	\$18,629,912	\$19,962,840	1.072
202209	\$15,745,369	\$15,922,114	1.011
202208	\$17,689,240	\$17,868,631	1.010
202207	\$17,196,684	\$17,476,872	1.016
202206	\$17,427,673	\$17,467,389	1.002
202205	\$17,299,783	\$17,342,327	1.002
202204	\$17,055,835	\$17,078,435	1.001
202203	\$17,459,308	\$17,462,993	1.000
202202	\$14,493,506	\$14,482,313	0.999
202201	\$15,014,176	\$15,010,911	1.000
<b>Total</b>	<b>\$202,937,477</b>	<b>\$206,590,768</b>	<b>1.018</b>

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

Line 6 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims include any claims which are paid through the pharmacy portion of the member’s benefits.

Experience period Rx rebates are reflected in line 7 of Exhibit 3.

Line 8 of Exhibit 3 reflects MVP’s ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Line 9 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP’s General Ledger and are not processed through MVP’s claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP’s experience period claims.

<b>Summary of Experience Period Non-FFS and Capitation Amounts</b>	
--	--

Other Medical Expenses not in claim warehouse	\$5.38
Net Reinsurance Expense	\$1.09
Medical Home and PCP Incentive	\$3.56
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$10.03</b>

\*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 9 of Exhibit 3 = (line 5 of Exhibit 3 + line 8 of Exhibit 3) \* 1.149% + the applicable value shown above.

Line 10 of Exhibit 3 represents MVP’s best estimate of the costs incurred to cover members in the rating pool during the experience period after making the adjustments described above. It is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 5 of Exhibit 3), the pharmacy incurred claims net of rebates (line 8 of Exhibit 3), and the capitation and non-FFS medical expenses (line 9 of Exhibit 3).

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

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

*Line 11- Adjustment for Waived Cost Share Due to COVID-19*

MVP is removing \$1.40 PMPM to account for cost sharing related to the COVID-19 pandemic including treatment, visits, and testing that was waived during the experience period. Cost sharing will shift back to the members in 2024 with the unwinding of the public health emergency.

*Line 12- Adjustment for COVID Testing*

MVP is assuming a 10% reduction in Covid testing costs in the projection period due to a utilization decrease, resulting in the removal of \$0.31 PMPM. We expect demand for testing to decrease once cost sharing is reinstated.

*Line 13- Adjustment for COVID Vaccines*

It is expected commercial payers will have to pay the full ingredient cost of Covid vaccines by 2024. MVP is taking 2022 experience and increasing it by \$130/\$40, the expected ingredient cost in 2024 over what we pay currently<sup>1</sup>. This results in an additional \$2.29 PMPM.

*Line 14- Adjustment for Hearing Aids as EHB*

Hearing aids have been added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and determined this mandate would result in an additional \$0.34 PMPM.

*Line 15- Adjustment for Abortions Covered in Full*

Vermont has mandated coverage of abortions without cost sharing except before the deductible on HDHPs. MVP analyzed its historical VT experience and determined this is worth \$0.02 PMPM.

*Line 16- Adjustment for Telemedicine Benefit Expansion*

Telemedicine is now covered in full on all plans. The Consolidation Appropriations Act of 2023 allowed the extension of safe harbor before the deductible for all telehealth, even for HDHPs. Our benefit relativity model accounts for this so the expansion of telemedicine for all HDHPs is reflected in the AV of the plan. Based on the cost share MVP took in 2022, this benefit is an additional \$0.02 PMPM on the rate.

<sup>1</sup> <https://www.kff.org/coronavirus-covid-19/issue-brief/how-much-could-covid-19-vaccines-cost-the-u-s-after-commercialization/>

### *Line 17- Adjustment for Leap Year*

Because the rating period is a leap year and the experience period is not a leap year, the rating period will have one more day than the experience period. Assuming claims are uniformly distributed among all days in the year, MVP is adjusting the experience period claim expense upward by 0.27% (366 days / 365 days), or \$1.67 PMPM.

### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 2023 and 2024 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2023. Due to the unusually large increases in hospital budgets last year, we are using approved 2022 increases as the best estimate of future budgeted changes for 2024. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 10.9% for 2023 and 4.8% for 2024.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business and COVID-19. During the 2020 filing, "L&E [Lewis & Ellis Actuaries and Consultants] performed a series of independent trend calculations using market wide utilization data from 2015 to 2018" and found that "After assessing all the market wide results, L&E believes that a reasonable range for market wide utilization trend to be 1% to 4%" (L&E Actuarial Memo, SERFF # MVPH-131934219, page 7). MVP has maintained this same trend in the filing each year. Because MVP believes that their data still lacks necessary stability and L&E's view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

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

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

The average annual allowed trend factor applied to FFS medical claims in this filing is 8.9%. The annual paid leveraging factor is 0.8% which results in an average annual paid FFS medical trend of 9.8%. This can be found on line 19 of Exhibit 3.

### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. In addition to the market trend data provided by the PBM, MVP is also reflecting its best estimate of known contract changes for 2023 and 2024. Those contract changes are reflected in the unit cost trends shown on Exhibit 2a.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2023 and 2024 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (29.5%) and applied that percentage to the rating period allowed claims. This represents MVP’s best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 8.6%, and the average annual paid Rx trend net of Rx rebates is 9.2% which can be found in line 20 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 21 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [ line 5 \* line 19 + line 8 \* line 20 ] / [ line 5 + line 8 ]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 23 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 24 and 25 of Exhibit 3 represent MVP’s best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 25 can be found below. Expenses captured in the “Other Medical Expense not in warehouse” line include student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts	
Other Medical Expenses not in claim warehouse	\$5.38
Net Reinsurance Expense	\$0.75
Medical Home and PCP Incentive	\$3.56
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$9.69</b>

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2024 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

**Federal Risk Adjustment Program**

Based on the Interim Risk Transfer results for 2022 provided by CMS, MVP is expected to pay \$13,309,301 into the individual market transfer pool for 2022. This is \$80.60 on a PMPM basis or 13.2% of experience period claims prior to market-wide adjustments. To calculate line 27 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 26 of Exhibit 3, which is the best estimate of the rating period claim expense. This results in an estimated payment of \$97.11 PMPM or \$16,036,327 using experience period membership.

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

Line 28 of Exhibit 3 represents MVP’s projected paid index rate after adjustments for 2024. This is the starting net claim cost that will be used to set 2024 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 7)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 28 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

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

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

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

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

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

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.7793) can be found in Exhibit 7.

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

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

##### *Federal Taxes PMPM based*

A total of \$0.46 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.21 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.25 PMPM for the Patient Centered Outcome Research Fee.

##### *State Taxes PMPM Based*

\$2.37 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's market share from 2022 to 2024.

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

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$13.54 per covered child and \$2.74 per covered adult for 2024, followed by an estimate of \$15.05 per covered child and \$3.00 per covered adult for 2025. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.44 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.38%.

##### *Federal Fees Premium based – National High Cost Reinsurance Pool (HCRP) Charge*

In the 2024 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.



Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2024 will be 0.55%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$52.74 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP’s historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP’s total administrative expense was spent on QI. Therefore, \$3.16 PMPM of the \$52.74 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2020, 2021, and 2022 SHCEs compared to the available admin expense built into the rates for the same time period.

<b>Combined VT AR42 and AR44</b>	<b>Year</b>	<b>Exchange Available Admin PMPM</b>	<b>SHCE Admin PMPM*</b>
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44
Individual	2022	\$47.10	\$48.26
Small Group	2022	\$38.75	\$39.63
Combined	2022	\$42.20	\$43.07

*\*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

*Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2024. This charge is added to premium rates to meet statutory reserve requirements for MVP’s VT block of business and protect against adverse experience relative to pricing assumptions.

*Bad Debt Expense*

A plan level adjustment equal to 0.30% of premium was added to account for non-payment of premium risk.

**Rider FRVT366 (Wellness Benefit in Addition to EHBs)**

Members purchasing a non-standard plan will receive MVP’s Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in reimbursements for wellness-related activities. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 7.

**Acupuncture Allowance (Benefit in Addition to EHBs)**

MVP is including a \$500 acupuncture allowance in its benefits in 2024. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 7.

**Catastrophic Plan Adjustment**

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

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.581 and is reflected in the “Induced Utilization Factor” adjustment of Exhibit 7 for this plan.

<b>Catastrophic Plan Level Adjustment</b>	
	<b>HHS Age Factor</b>
Ages 0-29, Meeting Subscriber Qualifications	1.051
Single Risk Pool Total	1.809
Catastrophic Adjustment	0.581

**Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2023. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

**Silver CSR Loading**

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

Guidance on silver loading was implemented by the Green Mountain Care Board starting in 2024. Based on this, MVP has calculated pricing AVs for on-exchange silver plans using the weighted average benefit richness of silver members, inclusive of the CSR-adjusted benefits. These AVs can be found on Exhibit 7 of the rate filing. Our current proposed relativities do not indicate there is a further incentive for members to move to a different metal level. We studied the migration of silver CSR members to other plans over time. We also compared the premium relativities of other metal levels to silver as proposed and in prior years. Based on this information, we did not make a membership shift in response to the change in CSR loading.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.2%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.7%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2024:

**Target Loss Ratio for 2024 VT Exchange**

A) Claims Expense	\$831.86
B) Taxes/Assessments	\$11.31
C) Quality Improvement	\$3.16
D) Premium	\$912.33
<hr/>	
E) Traditional Loss Ratio = $A) / D)$	91.2%
F) Federal Loss Ratio = $[A) + C]) / [D) - B])]$	92.7%

MVP does not anticipate having to rebate members for 2022 per the ACA minimum MLR requirements.

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

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2023, the Federal URRT, and the Federal Actuarial Memorandum.

*Projection Period Enrollment*

MVP's projection period membership equals the February 2023 enrollment of the population eligible to purchase these products, or 11,602 members. On Worksheet 2 of the URRT, members are mapped based on their February 2023 benefit to the same benefits for 2024.

MVP is aware that the Medicaid continuous enrollment provision will not continue in 2024. We have decided not to assume a membership or morbidity change for this. We expect the impact to be the same as the overall market wide morbidity impact which we do not have data to project or support.

**Actuarial Certification**

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

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

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2024 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If

such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2024 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Christopher Pontiff, FSA, MAAA  
Senior Director, Commercial Pricing, Network & Trend Actuary  
MVP Health Care, Inc.

05/09/2023

Date

Actuarial Memorandum Dataset Supplement - Plan Year 2024  
 Please provide Company specific inputs for any cells shaded in blue.

**Instructions:**

- The issuer must complete the Actuarial Memorandum Dataset Supplement and submit with the filing.
- Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum.
- This includes cells where the spreadsheet contains sample input (red entries are just proxy values that help illustrate what should be provided).
- This document applies to all issuers, new and existing.
- Please submit in Excel format under the Supporting Documentation Tab in the Form/Rate filing.
- Remember to scroll to the right - there is information requested through Column N.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	MVP Health Plan, Inc.
HQS ID	77988
SERFF Filing Number	MVA123000665
Date of Submission	6/9/2024
Proposed Effective Date	1/1/2024

Average Annual Premium	\$9,531
Before Rate Change	\$10,748
After Rate Change	

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	12.76%	12.76% N/A
Proposed Minimum Rate Change	7.70%	7.70% N/A
Proposed Maximum Rate Change	15.54%	15.54% N/A

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

N/A

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing
Base Period Experience	1.000	1.116	1.116
Large Claim Adjustment	0.993	1.000	1.007
Adjustment for Insulin Cap	1.000	1.000	1.000
Adjustment for High Cost Claimant in 2021 AY	0.990	1.000	1.010
Adjustment for COVID Services	0.993	1.000	1.007
Adjustment for Waived Cost Share Due to COVID	1.000	0.999	0.999
Adjustment for COVID Testing	1.000	1.004	1.004
Adjustment for COVID Vaccines	1.000	1.001	1.001
Adjustment for Hearing Aids as EHE	1.000	1.000	1.000
Adjustment for Abortions Covered in Full	1.000	1.000	1.000
Adjustment for Telemedicine Benefits Expense	1.000	1.000	1.000
Adjustment for Leap Year	1.000	1.003	1.003
Pricing Trend	1.209	1.200	0.993
Risk Adjustment Reversion	1.134	1.132	0.998
Experience Period Benefit and AV Change	1.003	1.000	0.997
SG&A	1.053	1.049	0.997
Total PMPM Taxes/Assessments	1.032	1.033	1.001
Total % of Premium Taxes/Assessments	1.005	1.010	1.004
Margin	1.022	1.019	1.017
Single Conversion Factor	1.044	1.045	1.001
CSR Defunding	1.032	1.000	0.969
			1.000
			1.000
<b>Total Rate Change</b>			1.128

e.o. previous filing experience period index rate compared to the current filing experience index rate

The change in this factor is based on the change the trend assumption in previous filing and current filing (e.o. 1.075^2 / 1.08^2)

The change in this factor is based on the change in the risk adjustment reversion assumptions between previous filing and current filing.

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B18

N/A

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	2,350	3,956	0
Increase of 5.01% to 10.00%	3,663	5,154	0
Increase of 10.01% to 14.99%	2,657	3,390	0
Increase of 15.00% or more			
<b>Total</b>	8,670	11,602	0

**History of Rate Changes**

Est. Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2020	8.40%	10.86%
2021	7.30%	-2.70%
2022	17.03%	12.85%
2023	17.37%	19.25%

**Retention**

	PMPM in effect during the experience period 11/1/2022 - 10/31/2022	PMPM from Most Recent Approved Rate Filing 11/1/2023 - 10/31/2023	Proposed PMPM for Effective Date 11/1/2024 - 10/31/2024	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$4.17	\$4.03	\$4.11	167.56%	178.61%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$47.10	\$51.49	\$52.74	11.97%	2.48%
Profit/Risk Margin	\$9.27	\$1.28	\$18.12	73.89%	1,154.87%
Total	\$60.54	\$56.78	\$80.02	32.17%	40.93%
Variable	\$33.09	\$34.07	\$40.79	23.28%	79.62%
Non-Variable	\$27.45	\$24.07	\$39.23	42.89%	15.14%
Total	\$60.54	\$56.78	\$80.02	32.17%	40.93%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	6.83%	6.90%	1.25%	97.83%	147.99%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.11%	8.41%	5.89%	-17.21%	-8.12%
Profit/Risk Margin	1.49%	1.80%	1.80%	28.52%	1028.00%
Total	9.14%	7.07%	8.93%	-2.28%	26.34%
Variable	5.00%	2.83%	4.50%	-8.85%	61.03%
Non-Variable	4.13%	4.23%	4.38%	5.64%	3.22%
Total	9.14%	7.07%	8.93%	-2.28%	26.34%
Check	TRUE	TRUE	TRUE		

**Trend & Projection Assumptions**

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

Monthly Trend Analysis Based on Experience Data Time Period Used for Rate Development (ACA Only)

Month	Member Months	Monthly Incurred Claims \$ PMPM <sup>(1)</sup>	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM <sup>(1)</sup>	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,301	\$639.51				1.00	1.00	\$430.51			
Feb-2020	15,921	\$493.56				1.00	1.00	\$424.41			
Mar-2020	15,712	\$317.88				1.00	1.00	\$375.87			
Apr-2020	15,619	\$323.79				1.00	1.00	\$321.89			
May-2020	15,330	\$409.00				1.01	1.00	\$405.24			
Jun-2020	15,268	\$599.25				1.01	1.00	\$599.18			
Jul-2020	15,339	\$511.48			33.01%	1.01	1.00	\$506.44			29.51%
Aug-2020	15,328	\$469.98			225.75%	1.01	1.00	\$465.08			218.79%
Sep-2020	15,211	\$506.26			338.96%	1.01	1.00	\$501.32			333.52%
Oct-2020	14,997	\$508.25			27.04%	1.01	1.00	\$502.23			71.46%
Nov-2020	14,811	\$454.12			-0.26%	1.01	1.00	\$448.61			-0.52%
Dec-2020	14,508	\$246.91		40.00%	-30.62%	1.02	1.00	\$239.58		38.48%	-3.47%
Jan-2021	15,300	\$461.82		27.28%	-13.47%	0.99	1.02	\$457.85		26.39%	-13.82%
Feb-2021	15,174	\$414.05		13.46%	-12.86%	0.99	1.02	\$409.03		12.91%	-12.88%
Mar-2021	15,068	\$641.00		13.19%	1.84%	0.99	1.03	\$632.13		12.82%	2.31%
Apr-2021	15,086	\$548.49		2.30%	44.97%	0.99	1.03	\$541.30		1.89%	44.21%
May-2021	15,102	\$558.04		5.97%	129.79%	0.99	1.00	\$550.47		5.38%	127.47%
Jun-2021	15,028	\$562.89		10.70%	47.28%	0.99	1.03	\$555.83		10.49%	46.28%
Jul-2021	14,980	\$567.15		22.29%	23.07%	0.99	1.03	\$558.48		21.71%	22.64%
Aug-2021	15,013	\$562.97		41.95%	-13.95%	0.99	1.02	\$544.39		40.23%	-14.27%
Sep-2021	15,007	\$620.89		27.18%	18.29%	0.99	1.02	\$609.05		26.41%	16.56%
Oct-2021	15,014	\$566.21		24.41%	19.31%	1.00	1.00	\$543.92		23.34%	8.86%
Nov-2021	14,728	\$544.91		15.57%	9.72%	1.00	1.03	\$532.03		14.27%	6.63%
Dec-2021	14,492	\$608.39		18.67%	21.25%	1.00	1.03	\$548.94	19.02%	19.27%	2.61%
Jan-2022	14,899	\$473.42		19.53%	-7.26%	1.00	1.03	\$462.06	15.93%	5.73%	-12.71%
Feb-2022	14,805	\$510.19		21.51%	-3.45%	0.99	1.04	\$495.11	20.41%	-5.39%	-18.00%
Mar-2022	14,451	\$614.84		15.51%	-2.70%	0.99	1.04	\$596.45	14.37%	-4.98%	-34.38%
Apr-2022	14,328	\$599.48		11.97%	-0.73%	1.00	1.04	\$580.13	10.74%	-3.06%	7.31%
May-2022	14,181	\$633.02		10.44%	5.18%	0.99	1.04	\$612.36	9.08%	2.74%	24.34%
Jun-2022	13,913	\$613.27		11.21%	-6.09%	0.99	1.04	\$603.66	9.66%	-8.03%	60.91%
Jul-2022	13,699	\$631.97		11.21%	8.81%	0.99	1.05	\$609.74	9.53%	6.40%	27.93%
Aug-2022	13,429	\$611.83		10.45%	15.09%	0.99	1.05	\$541.97	8.65%	12.85%	-17.15%
Sep-2022	13,213	\$562.68		7.96%	12.41%	0.99	1.05	\$542.24	5.74%	10.66%	-11.28%
Oct-2022	13,010	\$676.80		8.53%	14.18%	0.99	1.05	\$651.85	6.65%	12.52%	-9.04%
Nov-2022	12,831	\$584.34		7.83%	6.19%	0.99	1.05	\$571.07	5.93%	4.76%	14.73%
Dec-2022	12,619	\$703.48		6.33%	20.20%	0.99	1.05	\$675.35	4.44%	18.89%	57.30%

Last Month in Experience Period  
Add more rows if needed

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

N/A

Please provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

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

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	413,454,802	413,454,802
Authorized Control Level	111,961,135	111,961,135
RBC Ratio	369.28%	369.28%

**Loss Ratio**

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2018	12/31/2018	130,620	57,368,979	29,591,849	95.3%
Historical Year -3	1/1/2019	12/31/2019	168,973	62,455,340	28,376,469	93.3%
Historical Year -2	1/1/2020	12/31/2020	184,115	83,504,441	105,155,072	88.9%
Historical Year -1	1/1/2021	12/31/2021	180,000	109,925,269	109,735,359	103.0%
Historical Year 0	1/1/2022	12/31/2022	165,126	114,004,316	110,803,653	103.1%
<b>Historical Totals</b>			<b>828,776</b>	<b>456,268,385</b>	<b>469,459,373</b>	<b>97.2%</b>

Expected Incurred Claims	Act-E Claims Ratio
52,492,136	109.3%
79,661,055	103.1%
83,812,465	99.7%
86,170,742	113.3%
100,280,122	113.7%
422,757,121	107.9%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
497,662	659,595	98.7%
672,214	170,048	94.3%
463,970	1,753,931	90.9%
467,298	723,194	104.2%
458,652	692,738	104.2%
2,567,765	4,288,506	98.6%

Interim Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Future Year 1	1/1/2024	12/31/2024	139,224	113,686,552	124,697,327	91.2%

17,238,248	90.1%
113,686,552	100.0%

72,250	65,833	84.4%
440,527	1,553,467	92.7%

Anticipated Pricing Loss Ratio (no adjustments)	91.2%
Anticipated LR using Federally-prescribed MLR methodology	92.7%

**Note:**  
 The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.  
 The interim time period the time periods available in the current year.  
 The future year should represent the 12 months immediately following the rate effective date.

**Consumer Adjusted Premium Rate Development**

Section II of WS2 of the URRT requires that the issuer provide the Actuarial Value and cost-sharing design of the plan. Provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT.) Please see the example below:

Actuarial value and Cost-Sharing Design of the Plan (Plan ID (Standard Component ID) (From Line 3 of the URRT))	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040003	77566VT0040005	77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	77566VT0040013
AV and Cost-Sharing Design of Plan (From Line 3 of the URRT)	1.174	0.968	1.004	1.009	0.854	0.860	0.846	0.890	0.751	0.757	0.775	0.751	0.652	0.652	0.676	0.659	0.658	0.374
Cost-Allowed Ratio (Cost-Sharing only)	0.630	0.617	0.647	0.651	0.755	0.761	0.748	0.778	0.694	0.679	0.686	0.694	0.603	0.615	0.620	0.599	0.598	
Used Induced utilization factors	1.350	1.080	1.080	1.080	1.090	1.090	1.090	1.090	1.030	1.030	1.030	1.030	1.000	1.000	1.000	1.000	1.000	0.961
Calculated	1.070	0.862	0.915	0.915	0.778	0.778	0.778	0.778	0.694	0.699	0.706	0.694	0.603	0.615	0.620	0.599	0.598	0.340

In the text box, please state where in the filing it is located.  
 Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing. The "Calculated" value above does not tie out to the "AV and Cost Sharing Design" line item of WS2 of the URRT because this includes the paid-to-allowed normalization factor, as ordered.

**Risk Adjustment**

Time Period	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filings
Time Period	1/1/2022	1/1/2023	1/1/2024		
Total Risk adjustment (Dollar amount)	(\$13,329,301)	(\$15,496,943)	(\$13,520,972)	-15.69%	-22.79%
Membership Member Months	166,126	180,312	139,224	29.49%	13.00%
PMPM (\$80.60)		(\$85.95)	(\$97.11)	12.70%	13.97%
Premium	\$13,650,653	\$154,194,362	\$124,897,527	-9.90%	
As a % of Premium	-12%	-11%	-11%		

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

**CSR Enrollment**

Time Period	Enrollment (member months) During the Experience Period	Emerging Enrollment (member months) in Most Recent Approved Rate Filing	Projected Enrollment (member months) Assumed in Current Rate Filing
Time Period	01/01/2022-12/31/2022	01/01/2023-02/28/2023	01/01/2024-12/31/2024
93% AV Variant	7,811	937	1,244
87% AV Variant	22,538	1,692	20,164
77% AV Variant (if applicable)	12,881	937	11,244
72% AV Variant	5,632	493	5,795
70% AV Variant	9,017	835	10,020

**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only): wned Basis<sup>(1)</sup>,  Incurred *(1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").*

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,970	\$99.46					1.00	1.00	1.00	\$99.46			
Feb-2020	15,921	\$108.83					1.00	1.00	1.00	\$108.83			
Mar-2020	15,812	\$69.83					1.00	1.00	1.00	\$69.83			
Apr-2020	15,619	\$83.28					1.00	1.00	1.00	\$83.28			
May-2020	15,330	\$114.27					1.00	1.01	1.00	\$114.27			
Jun-2020	15,268	\$186.28				257.78%	1.00	1.01	1.00	\$184.38			248.04%
Jul-2020	15,339	\$92.56				404.47%	1.00	1.01	1.00	\$91.64			393.60%
Aug-2020	15,328	\$87.89				256.62%	1.00	1.01	1.00	\$87.03			252.55%
Sep-2020	15,211	\$104.37				-69.37%	1.00	1.01	1.00	\$103.35			-69.46%
Oct-2020	14,997	\$48.52				-85.77%	1.00	1.01	1.00	\$47.95			-85.79%
Nov-2020	14,811	\$80.44				-83.47%	1.00	1.01	1.00	\$79.46			-83.53%
Dec-2020	14,509	\$86.11		-42.40%		-67.81%	1.00	1.02	1.00	\$84.96		-42.96%	-68.16%
Jan-2021	15,300	\$111.61		-36.63%		78.54%	0.99	1.02	1.00	\$110.65		-37.02%	77.91%
Feb-2021	15,174	\$65.81		-38.09%		62.42%	0.99	1.02	1.00	\$65.10		-38.34%	62.66%
Mar-2021	15,068	\$163.09		-30.61%		532.58%	0.99	1.03	1.00	\$160.84		-30.96%	535.34%
Apr-2021	15,096	\$112.34		-4.39%		124.23%	0.99	1.03	1.00	\$111.27		-4.81%	122.50%
May-2021	15,102	\$137.67		26.97%		503.42%	0.99	1.03	1.00	\$135.80		26.45%	496.38%
Jun-2021	15,026	\$111.35		96.71%		28.01%	0.99	1.03	1.00	\$109.95		96.17%	27.18%
Jul-2021	14,980	\$125.00		89.36%		44.31%	0.99	1.03	1.00	\$123.09		88.30%	43.80%
Aug-2021	15,013	\$114.48		136.13%		-48.18%	0.99	1.02	1.00	\$112.70		134.62%	-48.38%
Sep-2021	15,007	\$128.96		72.27%		7.52%	0.99	1.02	1.00	\$126.51		71.24%	5.98%
Oct-2021	15,014	\$92.03		30.68%		-35.33%	1.00	1.03	1.00	\$90.00		29.63%	-36.59%
Nov-2021	14,728	\$77.00		-8.20%		-47.64%	1.00	1.03	1.00	\$75.18		-9.15%	-49.04%
Dec-2021	14,492	\$143.40	18.87%	-6.01%		-48.86%	1.00	1.03	1.00	\$139.66	17.92%	-7.48%	-50.42%
Jan-2022	14,859	\$91.84	15.99%	-18.13%		-25.66%	0.99	1.03	1.00	\$89.64	15.02%	-19.48%	-27.52%
Feb-2022	14,605	\$105.22	24.01%	-30.37%		68.24%	0.99	1.04	1.00	\$102.11	22.91%	-31.78%	64.54%
Mar-2022	14,451	\$84.81	8.13%	-33.96%		-33.15%	0.99	1.04	1.00	\$81.94	7.11%	-35.47%	-34.24%
Apr-2022	14,328	\$114.24	5.65%	-24.75%		-9.28%	1.00	1.04	1.00	\$110.56	4.53%	-26.54%	-11.59%
May-2022	14,181	\$171.96	6.17%	19.38%		40.47%	0.99	1.04	1.00	\$166.35	4.86%	16.48%	37.21%
Jun-2022	13,913	\$55.48	8.47%	-16.06%		119.17%	0.99	1.04	1.00	\$53.58	7.01%	-17.86%	115.18%
Jul-2022	13,689	\$151.66	7.54%	11.09%		143.04%	0.99	1.05	1.00	\$146.33	5.92%	8.60%	140.29%
Aug-2022	13,429	\$91.51	0.56%	-2.04%		-76.06%	0.99	1.05	1.00	\$49.69	-1.05%	-3.91%	-76.33%
Sep-2022	13,213	\$80.89	-5.06%	12.57%		-51.98%	0.99	1.05	1.00	\$77.92	-6.64%	10.77%	-52.53%
Oct-2022	13,010	\$118.63	-6.20%	5.72%		-81.20%	0.99	1.05	1.00	\$114.26	-7.83%	4.22%	-81.39%
Nov-2022	12,831	\$63.80	-6.62%	-45.82%		7.49%	0.99	1.05	1.00	\$61.37	-8.25%	-46.55%	6.59%
Last Month in Experience Period	Dec-2022	12,619	\$143.83	-10.72%	-4.20%	69.97%	0.99	1.05	1.00	\$138.08	-12.32%	-5.46%	67.91%

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only): wned Basis<sup>(1)</sup>,  Incurred *(1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").*

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,970	\$191.33					1.00	1.00	1.00	\$191.33			
Feb-2020	15,921	\$176.37					1.00	1.00	1.00	\$175.91			
Mar-2020	15,812	\$159.30					1.00	1.00	1.00	\$158.55			
Apr-2020	15,619	\$112.87					1.00	1.00	1.00	\$112.14			
May-2020	15,330	\$162.46					1.00	1.01	1.00	\$160.97			
Jun-2020	15,268	\$227.33				18.17%	1.00	1.01	1.00	\$225.01			-20.35%
Jul-2020	15,339	\$232.30				267.75%	1.00	1.01	1.00	\$230.01			259.75%
Aug-2020	15,328	\$234.92				553.05%	1.00	1.01	1.00	\$232.62			544.91%
Sep-2020	15,211	\$230.51				275.04%	1.00	1.01	1.00	\$228.26			273.86%
Oct-2020	14,997	\$276.10				101.42%	1.00	1.01	1.00	\$272.83			100.83%
Nov-2020	14,811	\$196.97				5.54%	1.00	1.01	1.00	\$194.58			4.99%
Dec-2020	14,509	\$250.70		90.80%		15.93%	1.00	1.02	1.00	\$247.34		88.66%	14.70%
Jan-2021	15,300	\$199.86		68.79%		-42.14%	0.99	1.02	1.00	\$198.14		67.60%	-42.36%
Feb-2021	15,174	\$202.10		44.63%		-26.86%	0.99	1.02	1.00	\$199.95		43.93%	-26.80%
Mar-2021	15,068	\$275.71		36.56%		-23.50%	0.99	1.03	1.00	\$271.89		35.90%	-23.16%
Apr-2021	15,096	\$234.69		-0.51%		47.50%	0.99	1.03	1.00	\$231.63		-0.89%	46.79%
May-2021	15,102	\$244.39		1.10%		80.62%	0.99	1.03	1.00	\$241.08		0.73%	78.82%
Jun-2021	15,026	\$257.96		-1.04%		40.35%	0.99	1.03	1.00	\$254.72		-1.26%	39.38%
Jul-2021	14,980	\$249.13		11.14%		23.90%	0.99	1.03	1.00	\$245.32		10.63%	23.35%
Aug-2021	15,013	\$255.09		25.32%		4.01%	0.99	1.02	1.00	\$251.14		24.60%	3.62%
Sep-2021	15,007	\$291.06		19.69%		35.61%	0.99	1.02	1.00	\$285.54		18.95%	33.62%
Oct-2021	15,014	\$266.05		32.36%		36.47%	1.00	1.03	1.00	\$260.17		31.21%	33.66%
Nov-2021	14,728	\$267.04		27.27%		36.79%	1.00	1.03	1.00	\$260.72		25.80%	32.29%
Dec-2021	14,492	\$298.16	24.38%	32.21%		19.02%	1.00	1.03	1.00	\$290.40	23.40%	30.03%	15.53%
Jan-2022	14,859	\$222.64	24.91%	19.42%		-11.88%	0.99	1.03	1.00	\$217.30	23.87%	17.38%	-13.92%
Feb-2022	14,605	\$243.46	25.26%	9.62%		-26.44%	0.99	1.04	1.00	\$236.27	24.13%	7.42%	-27.95%
Mar-2022	14,451	\$305.04	20.64%	9.18%		-26.16%	0.99	1.04	1.00	\$295.42	19.43%	6.69%	-27.57%
Apr-2022	14,328	\$288.63	17.06%	7.77%		27.79%	1.00	1.04	1.00	\$279.32	15.74%	5.25%	24.39%
May-2022	14,181	\$247.86	13.76%	2.31%		48.06%	0.99	1.04	1.00	\$239.77	12.36%	-0.04%	44.71%
Jun-2022	13,913	\$302.22	14.04%	-2.26%		40.50%	0.99	1.04	1.00	\$291.88	12.44%	-4.35%	38.00%
Jul-2022	13,689	\$274.22	14.26%	7.81%		-6.05%	0.99	1.05	1.00	\$264.48	12.53%	5.43%	-7.11%
Aug-2022	13,429	\$293.79	14.78%	16.17%		14.13%	0.99	1.05	1.00	\$283.40	12.90%	13.90%	12.82%
Sep-2022	13,213	\$258.20	11.29%	8.18%		-5.56%	0.99	1.05	1.00	\$248.82	9.41%	6.40%	-6.55%
Oct-2022	13,010	\$325.03	13.57%	9.55%		28.17%	0.99	1.05	1.00	\$313.04	11.60%	7.95%	27.03%
Nov-2022	12,831	\$304.50	12.14%	19.90%		7.88%	0.99	1.05	1.00	\$292.89	10.17%	18.28%	6.88%
Last Month in Experience Period	Dec-2022	12,619	\$330.67	11.35%	23.12%	82.13%	0.99	1.05	1.00	\$317.45	9.38%	21.58%	80.07%



Trend & Projection Assumptions For Physician Claims

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,970	\$106.33					1.00	1.00	1.00	\$106.33			
Feb-2020	15,921	\$98.02					1.00	1.00	1.00	\$97.76			
Mar-2020	15,812	\$86.84					1.00	1.00	1.00	\$86.43			
Apr-2020	15,619	\$73.61					1.00	1.00	1.00	\$73.13			
May-2020	15,330	\$79.49					1.00	1.01	1.00	\$78.76			
Jun-2020	15,268	\$115.53				-28.10%	1.00	1.01	1.00	\$114.36			-29.98%
Jul-2020	15,339	\$122.74				127.50%	1.00	1.01	1.00	\$121.53			122.63%
Aug-2020	15,328	\$111.84				352.67%	1.00	1.01	1.00	\$110.74			346.84%
Sep-2020	15,211	\$112.23				179.59%	1.00	1.01	1.00	\$111.14			178.53%
Oct-2020	14,997	\$117.52				33.48%	1.00	1.01	1.00	\$116.13			33.12%
Nov-2020	14,811	\$117.63				-3.19%	1.00	1.01	1.00	\$116.20			-3.70%
Dec-2020	14,509	\$131.46		62.11%	24.47%	24.47%	1.00	1.02	1.00	\$129.70	60.24%		23.13%
Jan-2021	15,300	\$108.40		47.18%	19.24%	0.99	1.02	1.00	\$107.47		46.11%		18.76%
Feb-2021	15,174	\$101.90		36.45%	-7.13%	0.99	1.02	1.00	\$100.81		35.77%		-7.04%
Mar-2021	15,068	\$138.84		35.27%	-17.72%	0.99	1.03	1.00	\$136.92		34.60%		-17.32%
Apr-2021	15,098	\$141.26		25.67%	31.06%	0.99	1.03	1.00	\$139.42		25.18%		30.42%
May-2021	15,102	\$126.07		14.50%	99.44%	0.99	1.03	1.00	\$123.37		14.09%		97.46%
Jun-2021	15,026	\$127.61		8.55%	62.52%	0.99	1.03	1.00	\$126.01		8.32%		61.35%
Jul-2021	14,980	\$128.35		19.37%	-0.88%	0.99	1.03	1.00	\$126.38		18.82%		-1.32%
Aug-2021	15,013	\$121.57		29.35%	-24.62%	0.99	1.02	1.00	\$119.69		28.62%		-24.91%
Sep-2021	15,007	\$135.92		18.94%	-8.00%	0.99	1.02	1.00	\$133.34		18.23%		-9.33%
Oct-2021	15,014	\$132.76		8.94%	10.06%	1.00	1.03	1.00	\$129.83		7.99%		7.77%
Nov-2021	14,728	\$136.90		10.07%	33.17%	1.00	1.03	1.00	\$133.67		8.79%		29.35%
Dec-2021	14,492	\$140.65	21.14%	14.81%	27.73%	1.00	1.03	1.00	\$136.99	20.18%	12.91%		23.98%
Jan-2022	14,859	\$107.75	20.94%	3.27%	-5.35%	0.99	1.03	1.00	\$105.16	19.94%	1.50%		-7.51%
Feb-2022	14,605	\$104.32	20.80%	-6.13%	-43.01%	0.99	1.04	1.00	\$101.24	19.73%	-8.00%		-44.13%
Mar-2022	14,451	\$142.40	16.24%	-3.91%	-44.50%	0.99	1.04	1.00	\$137.91	15.11%	-6.10%		-45.56%
Apr-2022	14,328	\$128.53	9.59%	-2.90%	-9.93%	1.00	1.04	1.00	\$124.38	8.39%	-5.14%		-12.34%
May-2022	14,181	\$127.65	6.27%	-8.12%	63.91%	0.99	1.04	1.00	\$123.48	4.97%	-10.22%		60.12%
Jun-2022	13,913	\$128.00	5.41%	-14.07%	38.66%	0.99	1.04	1.00	\$123.62	3.96%	-15.90%		36.17%
Jul-2022	13,689	\$129.73	5.10%	-3.86%	11.50%	0.99	1.05	1.00	\$125.16	3.52%	-5.98%		10.23%
Aug-2022	13,429	\$125.95	4.71%	6.53%	-14.21%	0.99	1.05	1.00	\$121.50	3.02%	4.44%		-15.20%
Sep-2022	13,213	\$130.90	2.67%	1.65%	2.31%	0.99	1.05	1.00	\$126.15	0.94%	-0.05%		1.41%
Oct-2022	13,010	\$151.45	2.72%	8.78%	25.57%	0.99	1.05	1.00	\$145.87	0.95%	7.16%		24.41%
Nov-2022	12,831	\$144.38	1.84%	16.24%	52.68%	0.99	1.05	1.00	\$138.88	0.04%	14.66%		51.28%
Dec-2022	12,619	\$144.15	1.36%	25.19%	67.99%	0.99	1.05	1.00	\$138.39	-0.45%	23.61%		66.14%

Last Month in Experience Period

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

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualize d Rolling 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,970	\$6.12				1.00	1.00	1.00	\$6.12				
Feb-2020	15,921	\$6.52				1.00	1.00	1.00	\$6.50				
Mar-2020	15,812	\$10.19				1.00	1.00	1.00	\$10.14				
Apr-2020	15,619	\$10.44				1.00	1.00	1.00	\$10.37				
May-2020	15,330	\$12.18				1.00	1.01	1.00	\$12.06				
Jun-2020	15,268	\$13.91			554.85%	1.00	1.01	1.00	\$13.77				539.42%
Jul-2020	15,339	\$13.41			349.80%	1.00	1.01	1.00	\$13.28				341.06%
Aug-2020	15,328	\$14.34			160.98%	1.00	1.01	1.00	\$14.20				157.83%
Sep-2020	15,211	\$14.58			81.04%	1.00	1.01	1.00	\$14.44				80.30%
Oct-2020	14,997	\$13.57			34.10%	1.00	1.01	1.00	\$13.41				33.74%
Nov-2020	14,811	\$13.37			-1.20%	1.00	1.01	1.00	\$13.20				-1.70%
Dec-2020	14,509	\$15.87		107.40%	4.26%	1.00	1.02	1.00	\$15.65	105.46%		3.13%	
Jan-2021	15,300	\$8.09		43.84%	-41.86%	0.99	1.02	1.00	\$8.02	42.87%		-42.19%	
Feb-2021	15,174	\$8.53		-1.54%	-63.67%	0.99	1.02	1.00	\$8.44	-2.07%		-63.71%	
Mar-2021	15,068	\$11.38		-20.00%	-81.87%	0.99	1.03	1.00	\$11.15	-20.44%		-81.79%	
Apr-2021	15,006	\$10.88		-31.67%	-53.14%	0.99	1.03	1.00	\$10.74	-31.97%		-53.30%	
May-2021	15,102	\$9.81		-40.19%	-1.87%	0.99	1.03	1.00	\$9.78	-40.42%		-2.68%	
Jun-2021	15,026	\$11.15		-50.54%	71.69%	0.99	1.03	1.00	\$11.01	-50.65%		70.52%	
Jul-2021	14,980	\$11.73		-36.48%	30.08%	0.99	1.03	1.00	\$11.55	-36.76%		29.48%	
Aug-2021	15,013	\$11.52		-18.79%	32.07%	0.99	1.02	1.00	\$11.34	-19.23%		31.54%	
Sep-2021	15,007	\$11.22		-11.21%	35.55%	0.99	1.02	1.00	\$11.00	-11.72%		33.62%	
Oct-2021	15,014	\$11.73		-1.49%	22.07%	1.00	1.03	1.00	\$11.47	-2.32%		19.59%	
Nov-2021	14,728	\$11.54		14.66%	1.00%	1.00	1.03	1.00	\$11.27	13.38%		-1.89%	
Dec-2021	14,492	\$13.84	-8.62%	42.89%	33.96%	1.00	1.03	1.00	\$13.48	-9.31%	40.54%	29.93%	
Jan-2022	14,859	\$9.15	-9.23%	17.91%	0.10%	0.99	1.03	1.00	\$8.93	-9.98%	15.90%	-2.25%	
Feb-2022	14,605	\$9.00	-10.26%	-0.11%	-26.45%	0.99	1.04	1.00	\$8.73	-11.08%	-2.11%	-27.89%	
Mar-2022	14,451	\$11.30	-11.00%	0.38%	-60.37%	0.99	1.04	1.00	\$10.94	-11.88%	-1.88%	-61.09%	
Apr-2022	14,328	\$10.95	-11.25%	-4.52%	-32.76%	1.00	1.04	1.00	\$10.59	-12.23%	-6.71%	-34.54%	
May-2022	14,181	\$10.89	-9.21%	-10.83%	15.77%	0.99	1.04	1.00	\$10.53	-10.31%	-12.86%	13.08%	
Jun-2022	13,913	\$12.29	-6.73%	-21.33%	80.43%	0.99	1.04	1.00	\$11.87	-8.02%	-23.01%	77.10%	
Jul-2022	13,689	\$13.56	-4.44%	-3.28%	90.70%	0.99	1.05	1.00	\$13.08	-5.89%	-5.44%	88.45%	
Aug-2022	13,429	\$14.14	-0.35%	20.46%	111.62%	0.99	1.05	1.00	\$13.64	-2.39%	18.87%	109.15%	
Sep-2022	13,213	\$15.09	4.38%	32.73%	147.50%	0.99	1.05	1.00	\$14.54	2.58%	20.44%	144.88%	
Oct-2022	13,010	\$16.32	8.96%	55.57%	136.96%	0.99	1.05	1.00	\$15.72	7.03%	53.19%	134.88%	
Nov-2022	12,831	\$15.23	13.06%	76.48%	85.45%	0.99	1.05	1.00	\$14.64	11.02%	74.03%	83.79%	
Dec-2022	12,619	\$15.40	15.70%	99.62%	45.35%	0.99	1.05	1.00	\$14.79	13.62%	97.13%	43.76%	

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

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

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualize d Rolling 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2020	15,970	\$19.46				1.00	1.00	1.00	\$19.46				
Feb-2020	15,921	\$17.76				1.00	1.00	1.00	\$17.72				
Mar-2020	15,812	\$24.91				1.00	1.00	1.00	\$24.79				
Apr-2020	15,619	\$22.76				1.00	1.00	1.00	\$22.62				
May-2020	15,330	\$21.90				1.00	1.01	1.00	\$21.70				
Jun-2020	15,268	\$23.64			46.36%	1.00	1.01	1.00	\$23.40				42.88%
Jul-2020	15,339	\$26.25			45.24%	1.00	1.01	1.00	\$25.99				42.34%
Aug-2020	15,328	\$25.56			37.95%	1.00	1.01	1.00	\$25.31				36.16%
Sep-2020	15,211	\$24.61			56.72%	1.00	1.01	1.00	\$24.37				55.98%
Oct-2020	14,997	\$27.79			38.83%	1.00	1.01	1.00	\$27.46				38.42%
Nov-2020	14,811	\$26.04			16.61%	1.00	1.01	1.00	\$25.72				15.99%
Dec-2020	14,509	\$31.25		53.20%	53.08%	1.00	1.02	1.00	\$30.83	51.52%		51.43%	
Jan-2021	15,300	\$21.31		29.93%	2.13%	0.99	1.02	1.00	\$21.13	28.96%		1.66%	
Feb-2021	15,174	\$23.79		13.46%	-11.42%	0.99	1.02	1.00	\$23.54	12.81%		-11.38%	
Mar-2021	15,068	\$27.20		17.88%	-47.77%	0.99	1.03	1.00	\$26.82	17.25%		-47.50%	
Apr-2021	15,096	\$27.37		9.57%	0.08%	0.99	1.03	1.00	\$27.01	9.14%		-0.31%	
May-2021	15,102	\$25.16		2.58%	20.68%	0.99	1.03	1.00	\$24.82	2.22%		19.55%	
Jun-2021	15,026	\$28.54		-9.66%	58.27%	0.99	1.03	1.00	\$28.18	-9.84%		57.12%	
Jul-2021	14,980	\$30.38		8.00%	32.42%	0.99	1.03	1.00	\$29.92	7.53%		31.76%	
Aug-2021	15,013	\$30.57		19.95%	58.70%	0.99	1.02	1.00	\$30.10	19.27%		58.06%	
Sep-2021	15,007	\$29.38		18.99%	54.25%	0.99	1.02	1.00	\$28.82	18.77%		52.06%	
Oct-2021	15,014	\$33.10		27.74%	50.21%	1.00	1.03	1.00	\$32.37	26.66%		47.12%	
Nov-2021	14,728	\$32.37		39.92%	26.12%	1.00	1.03	1.00	\$31.60	38.28%		22.49%	
Dec-2021	14,492	\$35.98	18.44%	56.28%	58.75%	1.00	1.03	1.00	\$35.04	17.47%	53.68%	54.01%	
Jan-2022	14,859	\$24.04	18.60%	30.21%	-3.41%	0.99	1.03	1.00	\$23.47	17.59%	27.97%	-5.64%	
Feb-2022	14,605	\$25.55	16.73%	13.63%	-34.13%	0.99	1.04	1.00	\$24.79	15.64%	11.35%	-35.43%	
Mar-2022	14,451	\$32.83	17.69%	15.00%	-56.59%	0.99	1.04	1.00	\$31.79	16.50%	12.41%	-57.42%	
Apr-2022	14,328	\$31.44	17.21%	5.64%	-10.38%	1.00	1.04	1.00	\$30.42	15.90%	3.22%	-12.76%	
May-2022	14,181	\$32.55	18.35%	-2.35%	64.99%	0.99	1.04	1.00	\$31.49	16.89%	-4.58%	61.21%	
Jun-2022	13,913	\$31.64	17.49%	-14.01%	82.27%	0.99	1.04	1.00	\$30.56	15.86%	-15.84%	79.04%	
Jul-2022	13,689	\$33.36	16.87%	-2.00%	39.50%	0.99	1.05	1.00	\$32.19	15.10%	-0.25%	37.91%	
Aug-2022	13,429	\$39.77	17.22%	24.55%	36.34%	0.99	1.05	1.00	\$38.37	15.79%	22.10%	34.76%	
Sep-2022	13,213	\$37.14	18.28%	25.01%	76.36%	0.99	1.05	1.00	\$35.79	16.26%	22.89%	74.46%	
Oct-2022	13,010	\$40.55	18.43%	38.84%	110.19%	0.99	1.05	1.00	\$39.05	16.36%	36.76%	108.30%	
Nov-2022	12,831	\$40.80	18.57%	49.54%	64.17%	0.99	1.05	1.00	\$39.24	16.47%	47.51%	62.69%	
Dec-2022	12,619	\$40.30	18.06%	69.82%	48.43%	0.99	1.05	1.00	\$38.68	15.96%	67.71%	46.78%	

**Trend & Projection Assumptions For RX Specialty Claims**

Historical Experience (ACA Only): 1 Basis<sup>(1)</sup>; **Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allow

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualize d Rolling 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen der Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normaliz ed Rolling 12 Mo Trend	Normaliz ed Annualized Rolling 6 Mo Trend	Normaliz ed Annualized Rolling 3 Mo Trend
	Jan-2020		15,970	\$30.49					1.00	1.00	1.00	\$30.49	
	Feb-2020		15,921	\$40.77					1.00	1.00	1.00	\$40.66	
	Mar-2020		15,812	\$49.76					1.00	1.00	1.00	\$49.53	
	Apr-2020		15,619	\$44.31					1.00	1.00	1.00	\$44.03	
	May-2020		15,330	\$42.12					1.00	1.01	1.00	\$41.74	
	Jun-2020		15,268	\$51.62			69.60%	1.00	1.01	1.00	\$51.09		65.65%
	Jul-2020		15,339	\$46.77			17.89%	1.00	1.01	1.00	\$46.31		15.49%
	Aug-2020		15,328	\$48.09			33.25%	1.00	1.01	1.00	\$47.61		31.49%
	Sep-2020		15,211	\$42.84			-0.84%	1.00	1.01	1.00	\$42.42		-1.28%
	Oct-2020		14,997	\$47.11			-6.81%	1.00	1.01	1.00	\$46.55		-7.07%
	Nov-2020		14,811	\$42.40			-33.31%	1.00	1.01	1.00	\$41.89		-33.65%
	Dec-2020		14,509	\$54.11		18.10%	17.86%	1.00	1.02	1.00	\$53.39	16.86%	16.58%
	Jan-2021		15,300	\$43.88		2.14%	6.28%	0.99	1.02	1.00	\$43.51	1.38%	5.86%
	Feb-2021		15,174	\$43.41		-6.45%	29.05%	0.99	1.02	1.00	\$42.94	-6.97%	29.17%
	Mar-2021		15,068	\$56.20		8.27%	-0.23%	0.99	1.03	1.00	\$55.43	7.70%	0.27%
	Apr-2021		15,096	\$53.08		10.57%	40.68%	0.99	1.03	1.00	\$52.38	10.13%	40.01%
	May-2021		15,102	\$47.49		14.03%	52.51%	0.99	1.03	1.00	\$46.85	13.62%	50.99%
	Jun-2021		15,026	\$57.48		14.95%	47.46%	0.99	1.03	1.00	\$56.76	14.71%	46.41%
	Jul-2021		14,980	\$54.05		25.50%	17.72%	0.99	1.03	1.00	\$53.22	24.92%	17.19%
	Aug-2021		15,013	\$50.97		36.34%	15.48%	0.99	1.02	1.00	\$50.18	35.57%	15.06%
	Sep-2021		15,007	\$55.82		23.53%	7.31%	0.99	1.02	1.00	\$54.76	22.79%	5.75%
	Oct-2021		15,014	\$51.81		17.58%	-0.97%	1.00	1.03	1.00	\$50.67	16.58%	-3.00%
	Nov-2021		14,728	\$51.35	16.86%	16.52%	-8.30%	1.00	1.03	1.00	\$50.14	15.21%	-10.92%
	Dec-2021		14,492	\$65.37	16.86%	19.23%	19.91%	1.00	1.03	1.00	\$63.67	15.93%	17.25%
	Jan-2022		14,859	\$55.14	15.96%	12.28%	37.42%	0.99	1.03	1.00	\$53.82	14.96%	10.32%
	Feb-2022		14,605	\$59.78	18.31%	12.76%	64.78%	0.99	1.04	1.00	\$58.01	17.18%	10.43%
	Mar-2022		14,451	\$75.22	20.28%	26.13%	61.98%	0.99	1.04	1.00	\$72.85	19.01%	23.16%
	Apr-2022		14,328	\$62.76	20.09%	35.17%	75.77%	1.00	1.04	1.00	\$60.74	18.70%	31.95%
	May-2022		14,181	\$78.92	24.31%	52.15%	109.91%	0.99	1.04	1.00	\$76.35	22.70%	48.55%
	Jun-2022		13,913	\$80.12	26.80%	55.91%	85.45%	0.99	1.04	1.00	\$77.38	24.93%	52.55%
	Jul-2022		13,689	\$66.43	27.32%	64.03%	69.73%	0.99	1.05	1.00	\$64.09	25.31%	60.45%
	Aug-2022		13,429	\$72.81	30.35%	65.63%	4.90%	0.99	1.05	1.00	\$70.23	28.15%	62.48%
	Sep-2022		13,213	\$77.58	31.05%	49.81%	-8.66%	0.99	1.05	1.00	\$74.76	28.76%	47.42%
	Oct-2022		13,010	\$61.70	31.87%	40.90%	-21.75%	0.99	1.05	1.00	\$59.43	29.54%	38.92%
	Nov-2022		12,831	\$62.57	32.00%	13.20%	-28.13%	0.99	1.05	1.00	\$60.18	29.66%	11.74%
	Dec-2022		12,619	\$65.50	29.80%	-1.91%	-41.16%	0.99	1.05	1.00	\$62.88	27.51%	-3.09%

Last Month in Experience Period



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

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2024 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 190,000 covered MVP commercial members. The data reflects claims paid for 2021 incurred dates, paid as of December 31st, 2022. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

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

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

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

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

- VT secondary Rx OOP max
- Aggregate Family Deductible
- Safe harbor prescription drug benefits excluded from the plan deductible

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

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77%, and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

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

- Safe harbor prescription drug benefits excluded from the plan deductible

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

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	83.88%	80.89%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	83.24%	80.27%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	69.16%	70.12%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	71.01%	72.00%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	71.53%	72.53%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	72.86%	73.88%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	76.04%	77.16%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	76.76%	77.89%
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	84.72%	87.65%
Silver 2 HDHP Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	84.75%	87.68%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	90.83%	94.15%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	90.84%	94.16%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	69.07%	70.05%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	70.93%	71.94%

Actuarial Adjustment factor for Gold 3 Plan:  $0.9924 = 83.24\% / 83.88\%$   
Final Federal AV for Gold 3 Plan:  $80.89\% \times 0.9924 = 80.27\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.0267 = 71.01\% / 69.16\%$   
Final Federal AV for Silver 2 Plan:  $70.12\% \times 1.0267 = 72.00\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.0186 = 72.86\% / 71.53\%$   
Final Federal AV for Silver 2 73% Plan:  $72.53\% \times 1.0186 = 73.88\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.0095 = 76.76\% / 76.04\%$   
Final Federal AV for Silver 2 77% Plan:  $77.16\% \times 1.0095 = 77.89\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.0004 = 84.75\% / 84.72\%$   
Final Federal AV for Silver 2 87% Plan:  $87.65\% \times 1.0004 = 87.68\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.0001 = 90.84\% / 90.83\%$   
Final Federal AV for Silver 2 94% Plan:  $94.15\% \times 1.0001 = 94.16\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.0269 = 70.93\% / 69.07\%$   
Final Federal AV for Silver 2 II Plan:  $70.05\% \times 1.0269 = 71.94\%$

#### CERTIFICATION

I, Christopher Pontiff, Senior Director, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2024 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

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



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Christopher Pontiff, FSA, MAAA  
Senior Director, Commercial Pricing, Network & Trend Actuary  
MVP Health Care

3/9/2023  
Date

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,250.00	\$700.00
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%
MOOP (\$)	\$8,400.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Bronze 1  
**Name:** FRVT-HMO-SB-001-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Generic:** \$25  
**VBID:** \$3

Output\*

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2024 AV Calculator**

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.54%

Bronze

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1562 seconds



**User Inputs for Plan Parameters**

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

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

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

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
<b>Drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$27.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Bronze 5  
**Name:** FRVT-HMO-SB-005-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

Output:

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 63.12%  
 Metal Tier: Bronze

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.332 seconds

**User Inputs for Plan Parameters**

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

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

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$850.00	\$350.00				
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%				
MOOP (\$)						
MOOP if Separate (\$)	\$6,600.00	\$1,500.00				

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

Plan Description: [MVP VT Plus] Gold 2  
 Name: FRVT-HMO-G-002-N  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2024\_1e

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Calculation Successful.

81.53%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.1289 seconds

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$3,000.00
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: [MVP VT Plus] Gold 3 HDHP  
 Name: FRVT-HMOH-SG-003  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2024\_1e

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 80.89% 0.99224 80.27%  
 Metal Tier: Gold AV Adj AV Final

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.293 seconds

**User Inputs for Plan Parameters**

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

<b>HSA/HRA Options</b> <input type="checkbox"/>	<b>Tiered Network Option</b> <input type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$850.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$7,500.00	\$1,500.00

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible? <input type="checkbox"/> All	Copay applies only after deductible? <input type="checkbox"/> All
<b>Medical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		\$300.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 1

**Name:** FRVT-HMO-SS-001-N

**Plan HIOS ID:**

**Issuer HIOS ID:**

**AVC Version:** 2024\_1e

**Generic:** \$5

**VBID:** \$1

**Output:**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2024 AV Calculator**

Calculation Successful.

71.67%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$650.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,500.00	\$1,500.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

- Set a Maximum on Specialty Rx Coinsurance Payments?
- Specialty Rx Coinsurance Maximum:
- Set a Maximum Number of Days for Charging an IP Copay?
- # Days (1-10):
- Begin Primary Care Cost-Sharing After a Set Number of Visits?
- # Visits (1-10):
- Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
- # Copays (1-10):

**Plan Description:** [MVP VT Plus] Silver 1 CSR 73  
**Name:** FRVT-HMO-S1-001-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Generic:** \$5  
**VBID:** \$1

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.  
 73.88%  
 Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2188 seconds

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$900.00	\$450.00	
Coinsurance (% , Insurer's Cost Share)	70.00%	60.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,000.00	\$1,500.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		\$200.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 1 CSR 77  
**Name:** FRVT-HMO-S1-004-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e  
**Generic:** \$5  
**VBID:** \$1

Output:

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.  
 Actuarial Value: 77.73%  
 Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds  
**Draft 2024 AV Calculator**

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$300.00	\$300.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	60.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$2,800.00	\$750.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

Plan Description: [MVP VT Plus] Silver 1 CSR 87

Name: FRVT-HMO-S1-002-N

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2024\_1e

Generic: \$5

VBID: \$1

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

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

87.35%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.207 seconds

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	95.00%	95.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$1,800.00	\$700.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 1 CSR 94  
**Name:** FRVT-HMO-S1-003-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Generic:** \$5  
**VBID:** \$1

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.83%  
 Metal Tier: Platinum  
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:  
 Calculation Time: 0.2188 seconds



**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$850.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$7,500.00	\$1,500.00	

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Reflective Silver 1

**Name:** FRVT-HMO-SS-001-N II

**Plan HIOS ID:**

**Issuer HIOS ID:**

**AVC Version:** 2024\_1e

**Generic:** \$5

**VBID:** \$1

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Calculation Successful.

71.67%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,725.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,725.00
MOOP if Separate (\$)			

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 2 HDHP  
**Name:** FRVT-HMOH-S-002-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Output:**

Status/Error Messages:

Actuarial Value: 70.12%    1.0267    72.00%  
 Metal Tier: Silver    AV Adj    AV Final

Additional Notes:

Calculation Successful.

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1953 seconds

**Draft 2024 AV Calculator**

User Inputs for Plan Parameters

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

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,900.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$4,900.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description: [MVP VT Plus] Silver 2 HDHP 73  
 Name: FRVT-HMOH-S2-001-N  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2024\_1e

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

72.53% 1.0186 73.88%

AV Adj AV Final

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.168 seconds

Draft 2024 AV Calculator

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,550.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,550.00
MOOP if Separate (\$)		

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 2 HDHP CSR 77  
**Name:** FRVT-HMOH-S2-004-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

77.16% 1.0095 77.89%

AV Adj AV Final

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

Calculation Time:

0.2188 seconds

**Draft 2024 AV Calculator**

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,600.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$1,600.00
MOOP if Separate (\$)		

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Silver 2 HDHP CSR 87  
**Name:** FRVT-HMOH-S2-002-N  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Output\*** Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.65% 1.0004 87.68%  
 Metal Tier: Gold AV Adj AV Final

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.3242 seconds  
**Draft 2024 AV Calculator**

User Inputs for Plan Parameters

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

<b>HSA/HRA Options</b> <input type="checkbox"/>	<b>Tiered Network Option</b> <input type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$600.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$600.00
MOOP if Separate (\$)		

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

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

Options for Additional Benefit Design Limits:

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

Plan Description: [MVP VT Plus] Silver 2 CSR 94  
 Name: FRVT-HMOH-S2-003-N  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2024\_1e

Output:

Status/Error Messages:

Actuarial Value: 94.15% 1.0001 94.16%  
 Metal Tier: Platinum AV Adj AV Final

Additional Notes:

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

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.3086 seconds

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,750.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,750.00			
MOOP if Separate (\$)						

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** [MVP VT Plus] Reflective Silver 2 HDHP  
**Name:** FRVT-HMOH-S-002-N II  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.05% 1.0269 71.94%  
 Metal Tier: Silver AV Adj AV Final

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time: 0.2031 seconds  
**Draft 2024 AV Calculator**

**User Inputs for Plan Parameters**

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

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** MVP VT Secure  
**Name:** MVP VT Secure  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2024\_1e

**Output**

**Status/Error Messages:**

Actuarial Value:  
Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.  
62.76%

**Additional Notes:**

Calculation Time:

0.2656 seconds

**Final 2024 AV Calculator**



# State of Vermont

## Actuarial Value Certification for 2024 Standard Plan Designs

March 30, 2023

Prepared by:  
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## Executive Summary

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group markets. In 2023, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2023 standard plan designs are all continuing in 2024.

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

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2024 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2024 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

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

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

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

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

In addition to the standard plans, the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

## Regulatory Background

The ACA allows for a de minimis range around the target AVs for each metal level. The 2024 draft NBPP proposed a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a Gold plan. Consistent with the final 2023 NBPP, the 2024 draft NBPP proposed a smaller range for On-Exchange Silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange Silver plans would continue to be subject to the -2% to +2% range. The plan designs presented here comply with the proposed AV ranges. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Plans that meet these criteria include HDHPs and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.

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

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

While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

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

## **CSR Loading**

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

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

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

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

## **Chiropractic and Physical Therapy Copays**

Act No. 7<sup>2</sup> requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). All of the Silver and Bronze Deductible plans are in compliance. HDHPs are exempt from the requirement since they are deductible and coinsurance based.

## **Limiting Out-of-Pocket Expenses for Insulin**

Bill S.296<sup>3</sup>, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. This act limits a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost-sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. We have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range for 2024. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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

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

## **Addition of Hearing Aid Coverage to EHBs**

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

## **Actuarial Value Considerations**

A summary of Vermont's standard plan designs is in Appendix E. Five of the standard plan designs (and the cost-sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

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

Both Silver plans and all three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost-sharing reduction plan designs have similar features. While most plans have some subtleties in their design that are not supported by the AVC, CCIO has stated and regulations dictate that modifications should be made only for substantial differences. The five potential substantial differences that Wakely considered include:

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

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate.<sup>5</sup> The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs, although the family stacked AV will be higher in most instances. Most HDHPs use the aggregate application of deductible and MOOPs, which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the 2024 single limit of \$9,450, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,450. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,500 and \$3,000 for individual and family coverage in 2023, 2024 amounts not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,500 and \$3,000 for individual and family coverage in 2023) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,500 for individual or \$3,000 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,500 or \$3,000, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater.

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

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



Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- The 2024 plan designs for all plans except the HDHPs and the Bronze Deductible plan with Pharmacy Limit include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2024 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, as well as the CSR 87% and 95% plans, and therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, a specific adjustment has been made to the AVs for those plans.
- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents, and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible and MOOP are met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on high-level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, we requested that they review the appropriateness of this adjustment for the 2024 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

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

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

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

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP, the three free PCP and MH/SA office visits, and Vermont’s prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

**Table 1: Adjusted Acceptable Federal Actuarial Values**

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

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

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

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

## Methodology

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

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

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

### Vermont-Specific Adjustment Model

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

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation

System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the number of records included. The data used included:

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

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

**Table 2: Model Structures**

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

### Adjusted AV Calculations

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

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.
3. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays and/or different coinsurance amounts, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
4. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.

5. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$9,450.
6. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit<sup>6</sup> and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

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

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

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

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

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

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

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

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

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

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

### **Insulin Out-of-Pocket Limit**

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

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

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

<b>Metal</b>	<b>Increase to AV</b>
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%



The following methodology was used to develop the impacts:

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

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

## Disclosures and Limitations

**Responsible Actuary.** Julie Peper and Darren Johnson are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Darren is a Members of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report. Alex Jarocki also contributed significantly to this report.

**Intended Users.** This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected

actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

**Conflict of Interest.** Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the state of Vermont.

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- The draft 2024 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

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

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

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

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

**Contents of Actuarial Report.** This document and the supporting exhibits constitute the entirety of actuarial report and supersede any previous communications on the project.

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

## Appendix A: Actuarial Certification

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

I, Darren Johnson, am associated with the firm of Wakely Consulting Group, LLC (Wakely), an HMA company, am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2024 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

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

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2024 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

*Darren Johnson*

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Darren Johnson, FSA, MAAA  
March 30, 2023

## Appendix B: Summary of Plan Design Changes from 2023 Designs

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

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

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

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

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

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

## Appendix D: Comments Relative to Applicable ASOPs

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

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

### **ASOP 23: DATA QUALITY**

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

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

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



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

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

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

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

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

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

#### **ASOP 25: CREDIBILITY PROCEDURES**

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

#### **ASOP 41: ACTUARIAL COMMUNICATIONS**

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

#### 3.1 General Requirements for Actuarial Communications

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3 Exceptions to the MVC – Not applicable.

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

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

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

## Appendix E: Standard Plan Designs

### Deductible Plan Designs

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

### Deductible Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$4,000	\$3,000	\$2,900	\$1,250	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$9,300	\$6,700	\$6,300	\$2,450	\$1,000
Rx MOOP	\$1,500	\$1,300	\$1,200	\$450	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Chiropractic	\$50	\$50	\$35	\$12	\$6
Physical Therapy	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2024 Federal AVC, Adjusted if Necessary	<b>70.7%</b>	<b>73.7%</b>	<b>77.3%</b>	<b>88.0%</b>	<b>94.9%</b>

### HDHP Plan Designs

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

### HDHP Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$2,000	\$1,750	\$1,550	\$550
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$7,050	\$5,800	\$4,650	\$1,550	\$550
Rx MOOP	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	35%	30%	30%	0%	0%
Outpatient	35%	30%	30%	0%	0%
ER	35%	30%	30%	0%	0%
Radiology (MRI, CT, PET)	35%	30%	30%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	15%	10%	10%	0%	0%
MH/SA Office Visit	15%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Chiropractic	35%	30%	30%	0%	0%
Physical Therapy	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	0%	0%
Ambulance	35%	30%	30%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
<b>Actuarial Value</b>					
2024 Federal AVC, Adjusted if Necessary	<b>71.3%</b>	<b>73.5%</b>	<b>77.5%</b>	<b>87.5%</b>	<b>94.3%</b>

Appendix F: Summary of Adjustments Considered and Final Adjusted AVs

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



## Appendix G: Screen Shots and AV Development

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

### BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 64.8%

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

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier Bronze

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

Name: 2024 Bronze No RX Limit Option 3  
 Plan HIOS ID: 2024 Bronze No RX Limit Option 3  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

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

**Additional Notes:**

Calculation Time: 0.4453 seconds  
 Draft 2024 AV Calculator

### SILVER HDHP – EMBEDDED MOOP

AV from AVC = 73.6%

Adjusted AV = 71.3%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Silver

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

  

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

  

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

  

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

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

**Silver HDHP – Embedded MOOP, Continued**

HDHP Model – Normalization:

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

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

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

	Medical	Rx		
Individual Deductible	2,100	2,100		
Family Deductible	4,200	4,200		
Individual Out-of-Pocket	7,050	7,050		
Family Out-of-Pocket	14,100	14,100		
Coinsurance (50% or Less)	32%	25%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.60%

**Silver HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

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

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

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

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

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

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			71.28%

### BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 64.9%

Adjusted AV = 63.0%

AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

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

Additional Notes:

Calculation Time: 0.3203 seconds  
 Draft 2024 AV Calculator

**Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Normalization:

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

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

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

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

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

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			64.92%

**Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

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



**SILVER DEDUCTIBLE**

AV from AVC = 69.8%

**Adjustments**

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

Adjusted AV = 70.7%

**AVC Screen Shot:**

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

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

Additional Notes:

Calculation Time: 0.1953 seconds  
 Draft 2024 AV Calculator

**Silver Deductible, Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

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

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

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			65.58%

**Silver Deductible, Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

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

**Results**

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

**BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)**

AV from AVC = 61.3%

**Adjustments**

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

Adjusted AV = 62.0%

**AVC Screen Shot:**

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

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

Additional Notes:

Calculation Time: 0.1406 seconds  
 Draft 2024 AV Calculator

**Bronze Deductible (Continuing, with pharmacy limit), Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

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

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			61.56%

**Bronze Deductible (Continuing, with pharmacy limit), Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

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

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			62.35%

### SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 76.7%

Adjusted AV = 73.5%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Desired Metal Tier: Silver

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

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

Additional Notes:

Calculation Time:

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0.3047 seconds

**Silver HDHP – Embedded MOOP CSR – 73%, Continued**

HDHP Model – Normalization:

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

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

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

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

		Medical	Rx		
Individual Deductible		2,000	2,000		
Family Deductible		4,000	4,000		
Individual Out-of-Pocket		5,800	5,800		
Family Out-of-Pocket		11,600	11,600		
Coinsurance (50% or Less)		27%	25%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			75.65%



**Silver HDHP – Embedded MOOP CSR – 73%, Continued**

HDHP Model – Adjusted Actuarial Value:

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

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

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

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

	Medical	Rx		
Individual Deductible	2,000	1,500		
Family Deductible	4,000	3,000		
Individual Out-of-Pocket	5,800	1,500		
Family Out-of-Pocket	11,600	3,000		
Coinsurance (50% or Less)	27%	25%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; margin: 10px 0;">Calculate</div>				

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			73.49%

### SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.6%

Adjusted AV = 77.5%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		70.00%			
		\$4,650.00			

  

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

  

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**  
 Name: 2024 Silver HDHP 77  
 Plan HIOS ID: 2024 Silver HDHP 77  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.  
 Actuarial Value: 79.55%  
 Metal Tier:  
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1914 seconds  
 Draft 2024 AV Calculator

**Silver HDHP – Embedded MOOP CSR – 77%, Continued**

HDHP Model – Normalization:

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

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

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

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

	Medical	Rx		
Individual Deductible	1,750	1,750		
Family Deductible	3,500	3,500		
Individual Out-of-Pocket	4,650	4,650		
Family Out-of-Pocket	9,300	9,300		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			79.55%

**Silver HDHP – Embedded MOOP CSR – 77%, Continued**

HDHP Model – Adjusted Actuarial Value:

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

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

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

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

	Medical	Rx		
Individual Deductible	1,750	1,500		
Family Deductible	3,500	3,000		
Individual Out-of-Pocket	4,650	1,500		
Family Out-of-Pocket	9,300	3,000		
Coinsurance (50% or Less)	27%	26%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			77.49%

### SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.9%

Adjusted AV = 87.5%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,550.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,550.00			
MOOP if Separate (\$)						

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

Name: 2024 Silver HDHP 87  
 Plan HIOS ID: 2024 Silver HDHP 87  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.94%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.293 seconds  
 Draft 2024 AV Calculator

**Silver HDHP – Embedded MOOP CSR – 87%, Continued**

HDHP Model – Normalization:

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

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

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

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

	Medical	Rx
Individual Deductible	1,550	1,550
Family Deductible	3,100	3,100
Individual Out-of-Pocket	1,550	1,550
Family Out-of-Pocket	3,100	3,100
Coinsurance (50% or Less)	0%	0%

Costs that Accumulate

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

**Calculate**

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.95%

**Silver HDHP – Embedded MOOP CSR – 87%, Continued**

HDHP Model – Adjusted Actuarial Value:

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

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

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

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

	Medical	Rx		
Individual Deductible	1,550	1,550		
Family Deductible	3,100	3,100		
Individual Out-of-Pocket	1,550	1,550		
Family Out-of-Pocket	3,100	3,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			87.49%

### SILVER HDHP – EMBEDDED MOOP CSR – 94%

AV from AVC = 94.6%

Adjusted AV = 94.3%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$550.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$550.00			
MOOP if Separate (\$)						

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

Name: 2024 Silver HDHP 94  
 Plan HIOS ID: 2024 Silver HDHP 94  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.58%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.5 seconds  
 Draft 2024 AV Calculator



**Silver HDHP – Embedded MOOP CSR – 94%, Continued**

HDHP Model – Normalization:

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

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

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

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

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #4a86e8; color: white; text-decoration: none;">Calculate</div>				

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.28%

**Silver HDHP – Embedded MOOP CSR – 94%, Continued**

HDHP Model – Adjusted Actuarial Value:

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

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

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

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

	Medical	Rx		
Individual Deductible	550	550		
Family Deductible	1,100	1,100		
Individual Out-of-Pocket	550	550		
Family Out-of-Pocket	1,100	1,100		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
				6

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.25%

## SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.1%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 70.47%/70.94% = 1.007 x 73.1% = 73.7% \* 1.001 (MH/SA Copay Adj) = 73.7%

Adjusted AV = 73.7%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$450.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,700.00				
MOOP if Separate (\$)					

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.12%  
 Metal Tier: Silver  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1562 seconds  
 Draft 2024 AV Calculator

**Silver Deductible CSR – 73%, Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

	Medical	Rx			
Individual Deductible	3,000	450			
Family Deductible	6,000	900			
Individual Out-of-Pocket	6,700	6,700			
Family Out-of-Pocket	13,400	13,400			
Coinsurance (50% or Less)	43%	32%			
Costs that Accumulate					
			OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			70.94%

**Silver Deductible CSR – 73%, Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

		Medical	Rx		
Individual Deductible		3,000	450		
Family Deductible		6,000	900		
Individual Out-of-Pocket		6,700	1,300		
Family Out-of-Pocket		13,400	2,600		
Coinsurance (50% or Less)		43%	32%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			71.47%

## SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 76.8%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.49%/72.04% = 1.006 x 76.8% = 77.2% \* 1.001 (MH/SA Copay Adj) = 77.3%

Adjusted AV = 77.3%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,900.00	\$350.00			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

Name: 2024 Silver Deduct 77  
 Plan HIOS ID: 2024 Silver Deduct 77  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.  
 Actuarial Value: 76.76%  
 Metal Tier:  
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.2344 seconds  
 Draft 2024 AV Calculator

**Silver Deductible CSR – 77%, Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

		Medical	Rx		
Individual Deductible		2,900	350		
Family Deductible		5,800	700		
Individual Out-of-Pocket		6,300	6,300		
Family Out-of-Pocket		12,600	12,600		
Coinsurance (50% or Less)		41%	29%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			72.04%

**Silver Deductible CSR – 77%, Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

		Medical	Rx		
Individual Deductible		2,900	350		
Family Deductible		5,800	700		
Individual Out-of-Pocket		6,300	1,200		
Family Out-of-Pocket		12,600	2,400		
Coinsurance (50% or Less)		41%	29%		

Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2

**Results**

		Medical	Rx	Total	
Allowed PMPM					
Plan PMPM					
				72.50%	



**SILVER DEDUCTIBLE CSR – 87%**

AV from AVC = 87.8%

**Adjustments**

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 84.66%/84.43% = 1.002 x 87.8%= 88.0%

Adjusted AV = 88.0%

**AVC Screen Shot:**

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$250.00			
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$2,450.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**  
 Name: 2024 Silver Deduct 87  
 Plan HIOS ID: 2024 Silver Deduct 87  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.76%  
 Metal Tier: Gold  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds  
 Draft 2024 AV Calculator

**Silver Deductible CSR – 87%, Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

		Medical	Rx		
Individual Deductible		1,250	250		
Family Deductible		2,500	500		
Individual Out-of-Pocket		2,450	2,450		
Family Out-of-Pocket		4,900	4,900		
Coinsurance (50% or Less)		31%	26%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	<input type="button" value="Calculate"/>				

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			84.43%

**Silver Deductible CSR – 87%, Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

	Medical	Rx		
Individual Deductible	1,250	250		
Family Deductible	2,500	500		
Individual Out-of-Pocket	2,450	450		
Family Out-of-Pocket	4,900	900		
Coinsurance (50% or Less)	31%	26%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			84.66%

## SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.8%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.82%/94.71% = 1.001 x 94.8% = 94.9%

Adjusted AV = 94.9%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$1,000.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

Name: 2024 Silver Deduct 94  
 Plan HIOS ID: 2024 Silver Deduct 94  
 Issuer HIOS ID: 2024  
 AVC Version: 2024\_1e

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.75%  
 Metal Tier: Platinum  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1797 seconds  
 Draft 2024 AV Calculator

**Silver Deductible CSR – 94%, Continued**

HDHP Model – Without Prescription Drug Adjustments:

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

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

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

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

		Medical	Rx		
Individual Deductible		250	0		
Family Deductible		500	0		
Individual Out-of-Pocket		1,000	1,000		
Family Out-of-Pocket		2,000	2,000		
Coinurance (50% or Less)		8%	14%		
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
	<input type="button" value="Calculate"/>				

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
Actuarial Value			94.71%

**Silver Deductible CSR – 94%, Continued**

HDHP Model – With Prescription Drug Adjustments:

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

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

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

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

	Medical	Rx		
Individual Deductible	250	0		
Family Deductible	500	0		
Individual Out-of-Pocket	1,000	200		
Family Out-of-Pocket	2,000	400		
Coinsurance (50% or Less)	8%	14%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
				2

**Results**

	Medical	Rx	Total
Allowed PMPM			
Plan PMPM			
			94.82%

MVP Health Care Derivation of 2024 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Individual Market as of February 2023

	NON-STANDARD PLANS								STANDARD PLANS								Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
	GOLD		SILVER		BRONZE		PLATINUM	GOLD		SILVER		BRONZE								
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP		On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP				
2024 Proposed Rates																				
Single Rate	\$1,113.81	\$1,108.97	\$979.61	\$844.62	\$943.56	\$870.14	\$746.72	\$747.87	\$1,286.76	\$1,071.43	\$952.33	\$844.62	\$958.57	\$861.51	\$751.77	\$740.76	\$765.77	\$450.17		
Couple Rate	\$2,227.62	\$2,217.94	\$1,959.22	\$1,689.24	\$1,887.12	\$1,740.28	\$1,493.44	\$1,495.74	\$2,573.52	\$2,142.86	\$1,904.66	\$1,689.24	\$1,917.14	\$1,723.02	\$1,503.54	\$1,481.52	\$1,531.54	\$900.34		
Adult and Child(ren) Rate	\$2,149.65	\$2,140.31	\$1,890.65	\$1,630.12	\$1,821.07	\$1,679.37	\$1,441.17	\$1,443.39	\$2,483.45	\$2,067.86	\$1,838.00	\$1,630.12	\$1,850.04	\$1,662.71	\$1,450.92	\$1,429.67	\$1,477.94	\$868.83		
Family Rate	\$3,129.81	\$3,116.21	\$2,752.70	\$2,373.38	\$2,651.40	\$2,445.09	\$2,098.28	\$2,101.51	\$3,615.80	\$3,010.72	\$2,676.05	\$2,373.38	\$2,693.58	\$2,420.84	\$2,112.47	\$2,081.54	\$2,151.81	\$1,264.98		
																	\$124,697,327	\$895.66	\$10,747.92	
2023 Approved Rates																				
Single Rate	\$972.69	\$989.35	\$847.85	\$777.56	\$872.57	\$801.21	\$672.82	\$678.90	\$1,138.38	\$939.60	\$854.37	\$784.21	\$867.56	\$797.40	\$685.66	\$674.76	\$706.61	\$415.71		
Couple Rate	\$1,945.38	\$1,978.70	\$1,695.70	\$1,555.12	\$1,745.14	\$1,602.42	\$1,345.64	\$1,357.80	\$2,276.76	\$1,879.20	\$1,708.74	\$1,568.42	\$1,735.12	\$1,594.80	\$1,371.32	\$1,349.52	\$1,413.22	\$831.42		
Adult and Child(ren) Rate	\$1,877.29	\$1,909.45	\$1,636.35	\$1,500.69	\$1,684.06	\$1,546.34	\$1,298.54	\$1,310.28	\$2,197.07	\$1,813.43	\$1,648.93	\$1,513.53	\$1,674.39	\$1,538.98	\$1,323.32	\$1,302.29	\$1,363.76	\$802.32		
Family Rate	\$2,733.26	\$2,780.07	\$2,382.46	\$2,184.94	\$2,451.92	\$2,251.40	\$1,890.62	\$1,907.71	\$3,198.85	\$2,640.28	\$2,400.78	\$2,203.63	\$2,437.84	\$2,240.69	\$1,926.70	\$1,896.08	\$1,985.57	\$1,168.15		
																	\$110,581,598	\$794.27	\$9,531.25	
2024 Proposed Rate Increases																				
Single Rate	14.5%	12.1%	15.5%	8.6%	8.1%	8.6%	11.0%	10.2%	13.0%	14.0%	11.5%	7.7%	10.5%	8.0%	9.6%	9.8%	8.4%	8.3%		
Couple Rate	14.5%	12.1%	15.5%	8.6%	8.1%	8.6%	11.0%	10.2%	13.0%	14.0%	11.5%	7.7%	10.5%	8.0%	9.6%	9.8%	8.4%	8.3%		
Adult and Child(ren) Rate	14.5%	12.1%	15.5%	8.6%	8.1%	8.6%	11.0%	10.2%	13.0%	14.0%	11.5%	7.7%	10.5%	8.0%	9.6%	9.8%	8.4%	8.3%		
Family Rate	14.5%	12.1%	15.5%	8.6%	8.1%	8.6%	11.0%	10.2%	13.0%	14.0%	11.5%	7.7%	10.5%	8.0%	9.6%	9.8%	8.4%	8.3%		
																	<b>12.76%</b>	<b>Total Revenue Change</b>		
February 2023 Contracts																				
Single Rate	228	170	2,028	106	90	35	371	342	248	701	362	26	188	16	445	548	281	6		
Couple Rate	70	68	511	20	38	16	94	58	80	254	73	2	59	8	122	127	58	0		
Adult and Child(ren) Rate	14	6	51	8	2	2	7	5	11	23	8	0	5	3	12	11	7	0		
Family Rate	39	14	67	14	8	7	30	20	31	60	12	1	12	3	64	47	17	0		
Total	<b>351</b>	<b>258</b>	<b>2,657</b>	<b>148</b>	<b>138</b>	<b>60</b>	<b>502</b>	<b>425</b>	<b>370</b>	<b>1,038</b>	<b>455</b>	<b>29</b>	<b>264</b>	<b>30</b>	<b>643</b>	<b>733</b>	<b>363</b>	<b>6</b>		
February 2023 Members																				
Single Rate	228	170	2,028	106	90	35	371	342	248	701	362	26	188	16	445	548	281	6		
Couple Rate	140	136	1,022	40	76	32	188	115	160	508	145	4	118	16	243	254	116	0		
Adult and Child(ren) Rate	33	12	112	18	4	8	16	12	29	57	19	0	12	7	31	27	15	0		
Family Rate	153	57	228	65	32	30	119	77	118	232	44	5	44	13	235	171	63	0		
Total	<b>554</b>	<b>375</b>	<b>3,390</b>	<b>229</b>	<b>202</b>	<b>105</b>	<b>694</b>	<b>546</b>	<b>555</b>	<b>1,498</b>	<b>570</b>	<b>35</b>	<b>362</b>	<b>52</b>	<b>954</b>	<b>1,000</b>	<b>475</b>	<b>6</b>		
2024 Proposed PMPY Revenue	\$12,174.15	\$12,666.04	\$11,570.49	\$8,886.43	\$10,781.25	\$9,002.71	\$8,480.46	\$8,610.37	\$14,365.53	\$12,204.78	\$11,170.53	\$9,501.25	\$11,101.51	\$9,188.99	\$8,434.95	\$8,491.78	\$8,865.78	\$5,402.04		
2023 Approved PMPY Revenue	\$10,631.68	\$11,299.80	\$10,014.23	\$8,180.88	\$9,970.10	\$8,289.55	\$7,641.18	\$7,816.30	\$12,709.00	\$10,703.09	\$10,021.49	\$8,821.69	\$10,047.49	\$8,505.19	\$7,693.19	\$7,735.18	\$8,180.85	\$4,988.52		



**MVP Health Care -- 2024 Individual Exchange Rate Filing**

MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2023 to 2024 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2024 Premium Rates



Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2024)	HYHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,500	\$3,000	Separate	\$10/\$50/50%	
FRVT-HMO-G-001-S (2024)	HYHMO	Gold	Standard	On Exchange	\$20 No DD*	\$55 No DD	30%	\$150	30%	\$75 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,500	\$3,000	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded	
FRVT-HMO-G-002-N (2024)	HYHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,500	\$3,000	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBD = \$1 #	
FRVT-HMO-H-G-003-N (2024)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2024)	HYHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,300	\$18,600	\$1,500	\$3,000	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMO-H-S-004-S (2024)	HDHMO	Silver	Standard	On Exchange	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMO-H-S-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,725	\$11,450	Embedded	0%	Embedded	Aggregate	\$5,725	\$11,450	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/50%/50%, VBD = \$1 #	
FRVT-HMO-S-001-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,500	\$3,000	Separate	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded	
VT-HMO-S-003-S II (2024)	HYHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,300	\$18,600	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMO-S-004-S II (2024)	HDHMO	Silver	Standard	Off Exchange	15%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100**	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-002-N II (2024)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,750	\$11,500	Embedded	0%	Embedded	Aggregate	\$5,750	\$11,500	\$1,500	\$3,000	Integrated	\$850/\$1700 Ded then \$5/50%/50%, VBD = \$1 #	
VT-HMO-S-001-N II (2024)	HYHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	50%	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,500	\$3,000	Separate	\$30 No DD / \$0 / \$0, Subject to Med Deductible	
FRVT-HMO-B-002-S (2024)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%	
FRVT-HMO-H-B-003-S (2024)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,500	\$3,000	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2024)	HMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,400	\$18,800	Embedded	0%	Embedded	Embedded	\$9,400	\$18,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible, VBD = \$3 #	
FRVT-HMO-B-005-N (2024)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,450	\$18,900	Embedded	0%	Embedded	Embedded	\$9,450	\$18,900	N/A	N/A	N/A	\$3 #	
FRVT-HMO-B-001-N (2024)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBD = \$3 #
FRVT-HMO-C-001 (2024)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$9,450	\$18,900	Embedded	0%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Subsidized Cost-Sharing Benefits (Non AI/AN)					In-Network Benefits																			
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy		
FRVT-HMO-S3-001-S (2024)	HYHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$3,000	\$6,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,300	\$2,600	Integrated	\$20 / \$70 / 50%, \$450 / \$900 Brand Ded		
FRVT-HMO-S3-002-S (2024)	HYHMO	Silver	Standard	On Exchange	\$10 No DD*	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,200	\$2,400	Embedded	40%	Embedded	Embedded	\$2,300	\$4,600	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded		
FRVT-HMO-S3-003-S (2024)	HYHMO	Silver	Standard	On Exchange	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,000	\$2,000	\$200	\$400	Integrated	\$5 / \$20 / 30%		
FRVT-HMO-S3-004-S (2024)	HYHMO	Silver	Standard	On Exchange	\$30 No DD*	\$60 No DD	50%	\$350	50%	\$100 No DD	\$2,900	\$5,800	Embedded	50%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$10 / \$60 / 50%, \$350 / \$700 Brand Ded		
FRVT-HMOH-S4-001-S (2024)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$5,800	\$11,600*	\$1,500	\$3,000	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible		
FRVT-HMOH-S4-002-S (2024)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Aggregate	0%	Aggregate	Aggregate	\$1,500	\$3,000	\$1,500	\$3,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible		
FRVT-HMOH-S4-003-S (2024)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$500	\$1,000	Aggregate	0%	Aggregate	Aggregate	\$500	\$1,000	\$500	\$1,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible		
FRVT-HMOH-S4-004-S (2024)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	30%	30%	30%	30%	30%	\$1,500	\$3,000	Aggregate	30%	Aggregate	Aggregate	\$4,400	\$8,800.00	\$1,500	\$3,000	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible		
FRVT-HMOH-S2-001-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,900	\$9,800	Embedded	0%	Embedded	Aggregate	\$4,900	\$9,800	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible		
FRVT-HMOH-S2-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,600	\$3,200	Embedded	0%	Embedded	Embedded	\$1,600	\$3,200	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible		
FRVT-HMOH-S2-003-N (2024)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$600	\$1,200	Embedded	0%	Embedded	Embedded	\$600	\$1,200	\$600	\$1,200	Integrated	0% / 0% / 0%, Subject to Med Deductible		
FRVT-HMOH-S2-004-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,550	\$7,100	Embedded	0%	Embedded	Aggregate	\$3,550	\$7,100	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible		
FRVT-HMO-S1-001-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	50%	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,500	\$13,000	\$1,500	\$3,000	Separate	\$650/1300 Ded then \$5/50%/50%, VBD = \$1 #		
FRVT-HMO-S1-002-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$5**	\$30	10%	\$50	10%	\$50	\$100 (Phys) \$50 (Fac)	\$50	\$300	\$600	Embedded	10%	Embedded	Embedded	\$2,800	\$5,600	\$750	\$1,500	Separate	\$5 / 20% / 40%, \$300 / \$600 Ded, VBD = \$1 #
FRVT-HMO-S1-003-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$30	5%	\$30	\$25 (Phys) \$80 (Fac)	\$25	\$0	\$600	Embedded	5%	Embedded	Embedded	\$1,800	\$3,600	\$700	\$1,400	Separate	\$5 / 5% / 5%, VBD = \$1 #
FRVT-HMO-S1-004-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$15**	\$40	30%	\$150	30%	\$150	\$200 (Phys)	\$250	\$900	\$1,800	Embedded	30%	Embedded	Embedded	\$6,000	\$12,000	\$1,500	\$3,000	Separate	\$5 / 40% / 40%, \$450 / \$900 Ded, VBD = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*					In-Network Benefits																		
Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy	
FRVT-HMO-PA2-001-S (2024)	HYHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,500	\$3,000	Separate	\$10/\$50/50%	
FRVT-HMO-GA2-001-S (2024)	HYHMO	Gold	Standard	On Exchange	\$20 No DD*	\$55 No DD	30%	\$150	30%	\$75 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,500	\$3,000	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded	
FRVT-HMO-GA2-002-N (2024)	HYHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Aggregate	20%	Aggregate	Aggregate	\$6,600	\$13,200	\$1,500	\$3,000	Integrated	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBD = \$1 #	
FRVT-HMOH-GA2-003-N (2024)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-GA2-003-S (2024)	HYHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,300	\$18,600	\$1,500	\$3,000	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMOH-SA2-004-S (2024)	HDHMO	Silver	Standard	On Exchange	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SA2-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,725	\$11,450	Embedded	0%	Embedded	Aggregate	\$5,725	\$11,450	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/50%/50%, VBD = \$1 #	
FRVT-HMO-GA2-001-N (2024)	HYHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,500	\$3,000	Separate	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMO-BA2-002-S (2024)	HYHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%	
FRVT-HMOH-BA2-003-S (2024)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,500	\$3,000	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMO-BA2-004-S (2024)	HYHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,400	\$18,800	Embedded	0%	Embedded	Embedded	\$9,400	\$18,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible, VBD = \$3 #	
FRVT-HMO-BA2-005-N (2024)	HYHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,450	\$18,900	Embedded	0%	Embedded	Embedded	\$9,450	\$18,900	N/A	N/A	N/A	\$3 #	
FRVT-HMO-BA2-001-N (2024)	HYHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBD = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)					In-Network Benefits																
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**Exhibit 1a – Comparison of 2023 to 2024 Benefits by Plan**

MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits														Pharmacy			
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family		Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-P-001-S (2023)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-P-001-S (2024)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,500	\$3,000	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2023)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
FRVT-HMO-G-001-S (2024)	HyHMO	Gold	Standard	\$20 No DD*	\$55 No DD	30%	\$150	30%	\$75 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,500	\$3,000	Separate	\$15/\$60/50% \$200/\$400 Brand Ded
FRVT-HMO-G-002-N (2023)	HyHMO	Gold	Non-Standard	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,500	\$3,000	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMO-G-002-N (2024)	HyHMO	Gold	Non-Standard	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,500	\$3,000	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2023)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2024)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,500	\$3,000	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-S-003-S (2023)	HyHMO	Silver	Standard	\$40 No DD	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMO-S-003-S (2024)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,300	\$18,600	\$1,500	\$3,000	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-S-004-S (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-004-S (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100**	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,725	\$11,450	Embedded	0%	Embedded	Aggregate	\$5,725	\$11,450	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S-001-N (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,500	\$3,000	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-003-S II (2023)	HyHMO	Silver	Standard	\$40 No DD	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMO-S-003-S II (2024)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,300	\$18,600	\$1,500	\$3,000	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-S-004-S II (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-S-004-S II (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100**	\$1,500	\$3,000	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-S-002-N II (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,528	\$11,056	Embedded	0%	Embedded	Aggregate	\$5,528	\$11,056	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-S-002-N II (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,750	\$11,500	Embedded	0%	Embedded	Aggregate	\$5,750	\$11,500	\$1,500	\$3,000	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-S-001-N II (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-S-001-N II (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,500	\$3,000	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-B-002-S (2023)	HMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMO-B-002-S (2024)	HMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$1240/60%, Subject to Med Deductible
FRVT-HMOH-B-003-S (2023)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,500	\$3,000	Integrated	\$1240/60%, Subject to Med Deductible
FRVT-HMOH-B-003-S (2024)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,500	\$3,000	Integrated	\$1240/60%, Subject to Med Deductible
FRVT-HMO-B-004-S (2023)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-B-004-S (2024)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,400	\$18,800	Embedded	0%	Embedded	Embedded	\$9,400	\$18,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-B-005-N (2023)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-005-N (2024)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,450	\$18,900	Embedded	0%	Embedded	Embedded	\$9,450	\$18,900	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2023)	HMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2024)	HMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2023)	HMO	Catastrophic	Standard	\$0*	\$0	0%	\$0	0%	\$0	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001 (2024)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$9,450	\$18,900	Embedded	0%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

  

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits														Pharmacy			
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family		Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S3-001-S (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$3,700	\$7,400	Embedded	50%	Embedded	Embedded	\$7,250	\$14,500	\$1,300	\$2,600	Integrated	\$20 / \$70 / 50%, \$450 / \$900 Brand Ded
FRVT-HMO-S3-001-S (2024)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$7,500	\$15,000	\$1,300	\$2,600	Integrated	\$20 / \$70 / 50%, \$450 / \$900 Brand Ded
FRVT-HMO-S3-002-S (2023)	HyHMO	Silver	Standard	\$10 No DD*	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,200	\$2,400	Embedded	40%	Embedded	Embedded	\$2,400	\$4,800	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded
FRVT-HMO-S3-002-S (2024)	HyHMO	Silver	Standard	\$10 No DD*	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,300	\$4,600	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$250 / \$500 Brand Ded
FRVT-HMO-S3-003-S (2023)	HyHMO	Silver	Standard	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,000	\$2,000	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2024)	HyHMO	Silver	Standard	\$5 No DD*	\$15 No DD	10%	\$75	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,000	\$2,000	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2023)	HyHMO	Silver	Standard	\$30 No DD*	\$60 No DD	50%	\$350	50%	\$100 No DD	\$2,900	\$5,800	Embedded	50%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$15 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-004-S (2024)	HyHMO	Silver	Standard	\$30 No DD*	\$60 No DD	50%	\$350	50%	\$100 No DD	\$2,900	\$5,800	Embedded	50%	Embedded	Embedded	\$6,300	\$12,600	\$1,200	\$2,400	Integrated	\$15 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMOH-S4-001-S (2023)	HDHMO	Silver	Standard	Ded then 10%	25%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$5,800	\$11,600*	\$1,500	\$3,000	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH-S4-001-S (2024)	HDHMO	Silver	Standard	Ded then 10%	30%	30%	30%	30%	30%	\$1,500	\$3,000	Aggregate	0%	Aggregate	Aggregate	\$1,500	\$3,000	\$1,500	\$3,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-002-S (2023)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Aggregate	0%	Aggregate	Aggregate	\$1,500	\$3,000	\$1,500	\$3,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-002-S (2024)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Aggregate	0%	Aggregate	Aggregate	\$1,500	\$3,000	\$1,500	\$3,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-003-S (2023)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-003-S (2024)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$500	\$1,000	Aggregate	0%	Aggregate	Aggregate	\$500	\$1,000	\$500	\$1,000	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible
FRVT-HMOH-S4-004-S (2023)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,700	\$3,400	Aggregate	25%	Stacked	Aggregate	\$4,600	\$9,200*	\$1,500	\$3,000	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible
FRVT-HMOH																					

**Exhibit 2a -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

Experience Period:	January 1, 2022 - December 31, 2022
Rating Period:	January 1, 2024 - December 31, 2024

	<b>2023</b>	<b>2024</b>	<b>Total</b>
<b>Months of Trend</b>	12	12	<b>24</b>

**Medical Trend Summary**

**2023 Annual Trend**

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	20.0%	12.3%	1.0%	13.4%
OP	54.8%	12.5%	1.0%	13.6%
PHY	25.2%	6.6%	1.0%	7.6%
<b>Medical Total</b>		<b>10.9%</b>	<b>1.0%</b>	<b>12.1%</b>

**2024 Annual Trend**

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	20.2%	5.9%	1.0%	6.9%
OP	55.5%	5.1%	1.0%	6.2%
PHY	24.2%	3.1%	1.0%	4.1%
<b>Medical Total</b>		<b>4.8%</b>	<b>1.0%</b>	<b>5.8%</b>

**Annual Allowed Medical Trend** **8.9%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	<b>Allowed-COB</b>	<b>Coinsurance</b>	<b>Copay</b>	<b>Deductible</b>	<b>Paid*</b>
Rating Period:	\$595.17	\$14.13	\$11.96	\$63.16	\$505.93
24 Months of Trend:	1.186	1.186	1.020	1.062	<b>1.205</b>
Projection Period:	\$705.74	\$16.75	\$12.20	\$67.07	\$609.72
Allowed Trend (Annual)	8.9%				
Paid Trend (Annual)	9.8%				
<b>Leveraging (Annual)</b>	<b>0.8%</b>				

**Rx Trend Summary**

	<b>2023 Trend</b>		<b>2024 Trend</b>		<b>Annualized Trend</b>	
	<b>Unit Cost</b>	<b>Utilization</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Unit Cost</b>	<b>Utilization</b>
Generic	4.5%	2.2%	-12.7%	3.0%	-4.4%	2.6%
Brand	3.1%	8.7%	3.4%	0.2%	3.2%	4.4%
Specialty	2.1%	8.8%	4.4%	8.1%	3.3%	8.4%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

<u>Rx Claim Information</u>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	13,354	852	172	14,378
Experience Period Allowed Cost per Script	\$17.99	\$532.98	\$4,860.05	\$106.39
Experience Period Deductible Per Script	\$1.97	\$16.18	\$59.62	\$3.50
Experience Period Copay Per Script	\$3.91	\$18.60	\$15.76	\$4.92
Experience Period Coinsurance Per Script	\$0.74	\$20.72	\$24.83	\$2.22
Experience Period Paid Cost Per Script	\$11.37	\$477.49	\$4,759.84	\$95.76
Experience Period Allowed PMPM	\$20.02	\$37.84	\$69.61	\$127.47
Experience Period Deductible PMPM	\$2.19	\$1.15	\$0.85	\$4.19
Experience Period Copay PMPM	\$4.35	\$1.32	\$0.23	\$5.89
Experience Period Coinsurance PMPM	\$0.83	\$1.47	\$0.36	\$2.66
Experience Period Paid PMPM	\$12.66	\$33.90	\$68.17	\$114.73
Experience Period Rx Rebates PMPM				(\$37.61)
Annual Util Trend	1.026	1.044	1.084	1.028
Annual Unit Cost Trend	0.956	1.032	1.033	1.057
Annual Allowed Trend	0.980	1.078	1.120	1.086
Annual Deductible Trend	1.031	1.031	1.031	1.075
Annual Paid Trend	0.950	1.079	1.120	1.090
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.092
Months of Trend	24	24	24	24
Projected Scripts / 1000	14,054	928	202	15,184
Projected Allowed Cost per Script	\$16.42	\$568.00	\$5,182.51	\$118.90
Projected Deductible Per Script	\$2.09	\$17.18	\$63.32	\$3.83
Projected Copay Per Script	\$3.91	\$18.60	\$15.76	\$4.96
Projected Coinsurance Per Script	\$0.68	\$22.08	\$26.48	\$2.33
Projected Paid Cost Per Script	\$9.75	\$510.14	\$5,076.95	\$107.78
Projected Allowed PMPM	\$19.23	\$43.94	\$87.28	\$150.45
Projected Deductible PMPM	\$2.45	\$1.33	\$1.07	\$4.84
Projected Copay PMPM	\$4.57	\$1.44	\$0.27	\$6.28
Projected Coinsurance PMPM	\$0.80	\$1.71	\$0.45	\$2.95
Projected Paid PMPM	\$11.42	\$39.47	\$85.50	\$136.38
Projected Rx Rebates				(\$44.39)
Net Projected Paid PMPM				\$92.00

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/22 - 12/31/22

Completed Through: 3/31/23

	<b>ACA Compliant Individual</b>
1 Member Months	165,128
2 FFS Paid Medical Claims	\$505.93
3 FFS Paid Pediatric Dental Claims	\$0.80
4 IBNR Factor	1.018
5 FFS Incurred Paid Medical Claims	\$515.84
6 FFS Incurred Rx Claims	\$114.73
7 Experience Period Rx Rebates	(\$37.61)
8 FFS Incurred Rx Claims (Net of Rebates)	\$77.12
9 Experience Period Capitation and Non-FFS Medical Costs	\$16.84
<b>10 Adjusted Experience Period Claim Expense</b>	<b>\$609.80</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
11 Adjustment for Waived Cost Share Due to COVID-19	(\$1.40)
12 Adjustment for COVID Testing	(\$0.31)
13 Adjustment for COVID Vaccines	\$2.29
14 Adjustment for Hearing Aids as EHB	\$0.34
15 Adjustment for Abortions Covered in Full	\$0.02
16 Adjustment for Telemedicine Benefit Expansion	\$0.02
17 Adjustment for Leap Year	\$1.67
<b>18 Experience Period Claim Expense After All Adjustments</b>	<b>\$612.43</b>
19 Annual FFS Medical projection factor	1.098
20 Annual FFS Rx projection factor	1.092
21 Annual FFS Claim trend projection factor	1.097
22 Months of Trend	24
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$716.82
24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$8.24
25 Projection Period Capitation and Non-FFS Medical Costs	\$9.69
<b>26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$734.75</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
27 Federal Risk Adjustment Program Impact	\$97.11
<b>28 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$831.86</b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	6,191	6,191	1.000	1.000
4	Double	1,658	3,313	1.998	2.000
4	Parent/Child(ren)	175	412	2.354	1.930
4	Family	446	1,686	3.780	2.810
<b>Single Conversion Factor</b>		<b>1.045</b>			

<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

<b>% of Premium Retention Components</b>	
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Broker Load	0.00%
Bad Debt	0.30%
Contribution to Reserves	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.80%</b>

<b>PMPM Retention Components</b>	
----------------------------------	--

General Administrative Load	\$52.74
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<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.38%
National High Cost Reinsurance Pool Charge	0.55%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.93%</b>

<b>% of Paid Claim Taxes and Assessments</b>	
--	--

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
<b>Total % of Paid Claim Taxes/Assessments</b>	<b>1.149%</b>

<b>PMPM Taxes and Assessments</b>	
-----------------------------------	--

HHS Risk Adjustment User Fee	\$0.21
PCORI Fee	\$0.25
18 VSA 9374(h) Billback	\$2.37
<b>Total PMPM Taxes/Assessments</b>	<b>\$2.83</b>

**Exhibit 6 -- 2024 Individual Exchange Premium Rates**  
MVP Health Plan, Inc. 2024 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2024 - December 31, 2024

2024 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$831.86
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7793
Adjusted Claim Cost for Pricing	\$1,067.50

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (\$274)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2023 Single Rate	Increase over 2023 Double Rate	Increase over 2023 P/C Rate	Increase over 2023 Family Rate
FRVT-HMO-P-001-S (2024)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.930	1.150	\$1,141.69	\$22.16	\$52.74	\$11.45	\$2.83	\$1,230.86	\$1,286.76	\$2,573.52	\$2,483.45	\$3,615.80	13.0%	13.0%	13.0%	13.0%
FRVT-HMO-G-001-S (2024)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.817	1.080	\$941.34	\$18.45	\$52.74	\$9.53	\$2.83	\$1,024.89	\$1,071.43	\$2,142.86	\$2,067.86	\$3,010.72	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-G-002-N (2024)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.847	1.080	\$976.28	\$19.09	\$52.74	\$9.87	\$2.83	\$1,060.80	\$1,108.97	\$2,217.94	\$2,140.31	\$3,116.21	12.1%	12.1%	12.1%	12.1%
FRVT-HMOH-G-003-N (2024)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.851	1.080	\$980.77	\$19.18	\$52.74	\$9.91	\$2.83	\$1,065.42	\$1,113.81	\$2,227.62	\$2,149.65	\$3,129.81	14.5%	14.5%	14.5%	14.5%
FRVT-HMO-S-003-S (2024)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMOH-S-004-S (2024)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-S-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-S-001-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
VT-HMO-S-003-S II (2024)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.664	1.030	\$730.31	\$14.54	\$52.74	\$7.51	\$2.83	\$807.93	\$844.62	\$1,689.24	\$1,630.12	\$2,373.38	7.7%	7.7%	7.7%	7.7%
VT-HMOH-S-004-S II (2024)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.679	1.030	\$746.03	\$14.83	\$52.74	\$7.66	\$2.83	\$824.09	\$861.51	\$1,723.02	\$1,662.71	\$2,420.84	8.0%	8.0%	8.0%	8.0%
VT-HMOH-S-002-N II (2024)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.686	1.030	\$754.05	\$14.98	\$52.74	\$7.74	\$2.83	\$832.34	\$870.14	\$1,740.28	\$1,679.37	\$2,445.09	8.6%	8.6%	8.6%	8.6%
FRVT-HMO-S-01-N II (2024)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.664	1.030	\$730.31	\$14.54	\$52.74	\$7.51	\$2.83	\$807.93	\$844.62	\$1,689.24	\$1,630.12	\$2,373.38	8.6%	8.6%	8.6%	8.6%
FRVT-HMO-B-002-S (2024)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.594	1.000	\$633.67	\$12.75	\$52.74	\$6.59	\$2.83	\$708.58	\$740.76	\$1,481.52	\$1,429.67	\$2,081.54	9.8%	9.8%	9.8%	9.8%
FRVT-HMOH-B-003-S (2024)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.603	1.000	\$643.92	\$12.94	\$52.74	\$6.69	\$2.83	\$719.11	\$751.77	\$1,503.54	\$1,450.92	\$2,112.47	9.6%	9.6%	9.6%	9.6%
FRVT-HMO-B-004-S (2024)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.615	1.000	\$656.94	\$13.19	\$52.74	\$6.81	\$2.83	\$732.50	\$765.77	\$1,531.54	\$1,477.94	\$2,151.81	8.4%	8.4%	8.4%	8.4%
FRVT-HMO-B-005-N (2024)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.600	1.000	\$640.29	\$12.88	\$52.74	\$6.65	\$2.83	\$715.38	\$747.87	\$1,495.74	\$1,443.39	\$2,101.51	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-B-001-N (2024)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.599	1.000	\$639.22	\$12.86	\$52.74	\$6.64	\$2.83	\$714.28	\$746.72	\$1,493.44	\$1,441.17	\$2,098.28	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-C-001 (2024)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.586	0.581	\$363.20	\$7.75	\$52.74	\$4.00	\$2.83	\$430.62	\$450.17	\$900.34	\$868.83	\$1,264.98	8.3%	8.3%	8.3%	8.3%
FRVT-HMO-S3-001-S (2024)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-S3-002-S (2024)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-S3-003-S (2024)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-S3-004-S (2024)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMOH-S4-001-S (2024)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-S4-002-S (2024)	HDHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-S4-003-S (2024)	HMO	Silver	Standard	On Exchange	Subsidized (94%)	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-S4-004-S (2024)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-S2-001-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMOH-S2-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMOH-S2-003-N (2024)	HMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMOH-S2-004-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-S1-001-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
FRVT-HMO-S1-002-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
FRVT-HMO-S1-003-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
FRVT-HMO-S1-004-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
FRVT-HMO-PA2-001-S (2024)	HyHMO	Platinum	Standard	On Exchange	All/AN	0.930	1.150	\$1,141.69	\$22.16	\$52.74	\$11.45	\$2.83	\$1,230.86	\$1,286.76	\$2,573.52	\$2,483.45	\$3,615.80	13.0%	13.0%	13.0%	13.0%
FRVT-HMO-GA2-001-S (2024)	HyHMO	Gold	Standard	On Exchange	All/AN	0.817	1.080	\$941.34	\$18.45	\$52.74	\$9.53	\$2.83	\$1,024.89	\$1,071.43	\$2,142.86	\$2,067.86	\$3,010.72	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-GA2-002-N (2024)	HyHMO	Gold	Non-Standard	On Exchange	All/AN	0.847	1.080	\$976.28	\$19.09	\$52.74	\$9.87	\$2.83	\$1,060.80	\$1,108.97	\$2,217.94	\$2,140.31	\$3,116.21	12.1%	12.1%	12.1%	12.1%
FRVT-HMOH-GA2-003-N (2024)	HDHMO	Gold	Non-Standard	On Exchange	All/AN	0.851	1.080	\$980.77	\$19.18	\$52.74	\$9.91	\$2.83	\$1,065.42	\$1,113.81	\$2,227.62	\$2,149.65	\$3,129.81	14.5%	14.5%	14.5%	14.5%
FRVT-HMO-SA2-003-S (2024)	HyHMO	Silver	Standard	On Exchange	All/AN	0.755	1.030	\$830.53	\$16.40	\$52.74	\$8.47	\$2.83	\$910.96	\$952.33	\$1,904.66	\$1,838.00	\$2,676.05	11.5%	11.5%	11.5%	11.5%
FRVT-HMOH-SA2-004-S (2024)	HDHMO	Silver	Standard	On Exchange	All/AN	0.761	1.030	\$836.34	\$16.50	\$52.74	\$8.53	\$2.83	\$916.93	\$958.57	\$1,917.14	\$1,850.04	\$2,693.58	10.5%	10.5%	10.5%	10.5%
FRVT-HMOH-SA2-002-N (2024)	HDHMO	Silver	Non-Standard	On Exchange	All/AN	0.748	1.030	\$822.37	\$16.25	\$52.74	\$8.39	\$2.83	\$902.57	\$943.56	\$1,887.12	\$1,821.07	\$2,651.40	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-SA2-001-N (2024)	HyHMO	Silver	Non-Standard	On Exchange	All/AN	0.778	1.030	\$855.91	\$16.87	\$52.74	\$8.71	\$2.83	\$937.05	\$979.61	\$1,959.22	\$1,890.65	\$2,752.70	15.5%	15.5%	15.5%	15.5%
FRVT-HMOH-BA2-002-S (2024)	HyHMO	Bronze	Standard	On Exchange	All/AN	0.594	1.000	\$633.67	\$12.75	\$52.74	\$6.59	\$2.83	\$708.58	\$740.76	\$1,481.52	\$1,429.67	\$2,081.54	9.8%	9.8%	9.8%	9.8%
FRVT-HMOH-BA2-003-S (2024)	HDHMO	Bronze	Standard	On Exchange	All/AN	0.603	1.000	\$643.92	\$12.94	\$52.74	\$6.69	\$2.83	\$719.11	\$751.77	\$1,503.54	\$1,450.92	\$2,112.47	9.6%	9.6%	9.6%	9.6%
FRVT-HMOH-BA2-004-S (2024)	HyHMO	Bronze	Standard	On Exchange	All/AN	0.615	1.000	\$656.94	\$13.19	\$52.74	\$6.81	\$2.83	\$732.50	\$765.77	\$1,531.54	\$1,477.94	\$2,151.81	8.4%	8.4%	8.4%	8.4%
FRVT-HMO-BA2-005-N (2024)	HyHMO	Bronze	Non-Standard	On Exchange	All/AN	0.600	1.000	\$640.29	\$12.88	\$52.74	\$6.65	\$2.83	\$715.38	\$747.87	\$1,495.74	\$1,443.39	\$2,101.51	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-BA2-001-N (2024)	HyHMO	Bronze	Non-Standard	On Exchange	All/AN	0.599	1.000	\$639.22	\$12.86	\$52.74	\$6.64	\$2.83	\$714.28	\$746.72	\$1,493.44	\$1,441.17	\$2,098.28	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-PA1-001-S (2024)	HyHMO	Platinum	Standard	On Exchange	All/AN	0.930	1.150	\$1,141.69	\$22.16	\$52.74	\$11.45	\$2.83	\$1,230.86	\$1,286.76	\$2,573.52	\$2,483.45	\$3,615.80	13.0%	13.0%	13.0%	13.0%
FRVT-HMO-GA1-001-S (2024)	HyHMO	Gold	Standard	On Exchange	All/AN	0.817	1.080	\$941.34	\$18.45	\$52.74	\$9.53	\$2.83	\$1,024.89	\$1,071.43	\$2,142.86	\$2,067.86	\$3,010.72	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-GA1-002-N (2024)	HyHMO	Gold	Non-Standard	On Exchange	All/AN	0.847	1.080	\$976.28	\$19.09	\$52.74	\$9.87	\$2.83	\$1,060.80	\$1,108.97	\$2,217.94	\$2,140.31	\$3,116.21	12.1%	12.1%	12.1%	12.1%
FRVT-HMOH-GA1-003-N (2024)	HDHMO	Gold	Non-Standard	On Exchange	All/AN	0.851	1.080	\$980.77	\$19.18	\$52.74	\$9.91	\$2.83	\$1,065.42	\$1,113.81	\$2,2						





## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2024 ACA Individual Exchange Rate Filing

### **About Us**

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

### **Why We Are Changing Our Premiums**

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2024 Individual Exchange rates for effective dates of coverage between January 1, 2024 and December 31, 2024. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

**-Increases in base period experience.** Premium rates are increasing by **3.4%** because our estimate of 2023 claims are higher than expected compared to the previous year.

**-Increases in cost and utilization of services.** The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by **7.5%** because of this estimated trend in 2024.

**-Impact of the Federal Risk Adjustment Program.** The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of lower-risk members, so it is required to pay into the program. MVP's individual payment has become less, decreasing premium rates by approximately **0.2%**.

**-Changes in the cost of doing business.** As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the individual market. These changes are worth approximately **1.3%** of a premium increase.

**-Impact of the Leap Year.** MVP is increasing rates by approximately **0.3%** to account for 2024 being a leap year (and having an additional day).

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 12.8%, ranging from 7.7% to 15.5%. There are 8,470 policyholders, 8,470 subscribers and 11,602 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9<sup>th</sup>. For information about providing public comment, please visit <https://ratereview.vermont.gov/public-comment>

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	MVP Health Care
HIOS ID	5 digit HIOS ID (if applicable)	77566
SERFF Filing Number	Filing number assigned by SERFF	MVPH-133660955
Market	Market type: Individual, Small Group, Large Group etc.	Individual
Product Name	Product name entered in SERFF	VT Individual 2024
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2021
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2021
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2022
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2022
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2024
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2024

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-133660955
Market	Individual
Product Name	VT Individual 2024

**Prescription Drug Costs as Percentage of Premium<sup>1</sup>**  
Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$17.24	\$0.71	\$19.53	\$0.49	\$18.77	\$0.47
(III) Non-Specialty Brand PMPM	\$31.34	\$0.96	\$36.82	\$1.02	\$42.75	\$1.19
Specialty PMPM	\$53.86	\$0.00	\$69.55	\$0.06	\$87.20	\$0.08
(B) Medical Rx PMPM	\$6.38		\$5.46		\$6.47	
Total (Medical and Rx) Premium PMPM	\$587.42		\$669.79		\$895.66	
(I) Non-Specialty Generic % of Premium	2.94%	0.12%	2.92%	0.07%	2.10%	0.05%
(I) Non-Specialty Brand % of Premium	5.33%	0.16%	5.50%	0.15%	4.77%	0.13%
Specialty Total % of Premium	9.17%	0.00%	10.38%	0.01%	9.74%	0.01%
(B) Medical Rx PMPM	1.09%		0.81%		0.72%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.02%	-0.05%	-0.82%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.16%	-0.01%	-0.72%	-0.02%
Specialty % of Premium Change vs Prior Period			1.21%	0.01%	-0.65%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.27%		-0.09%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$10.41	\$0.53	\$12.33	\$0.33	\$11.12	\$0.30
(III) Non-Specialty Brand PMPM	\$27.84	\$0.87	\$32.95	\$0.95	\$38.36	\$1.11
Specialty PMPM	\$52.52	\$0.00	\$68.11	\$0.06	\$85.42	\$0.08
(B) Medical Rx PMPM	\$6.33		\$5.40		\$6.41	
Total Medical and Rx Premium PMPM	\$587.42		\$669.79		\$895.66	
(I) Non-Specialty Generic % of Premium	1.77%	0.09%	1.84%	0.05%	1.24%	0.03%
(I) Non-Specialty Brand % of Premium	4.74%	0.15%	4.92%	0.14%	4.28%	0.12%
Specialty Total % of Premium	8.94%	0.00%	10.17%	0.01%	9.54%	0.01%
(B) Medical Rx PMPM	1.08%		0.81%		0.72%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.07%	-0.04%	-0.60%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.18%	-0.01%	-0.64%	-0.02%
Specialty % of Premium Change vs Prior Period			1.23%	0.01%	-0.63%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.27%		-0.09%	

<sup>1</sup> Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

- (i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:
  - (I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;
  - (II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and
  - (III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.
- (B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-133660955
Market	Individual
Product Name	VT Individual 2024

**Vermont Statute 8 V.S.A. § 4062**

- (2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:
- (ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ACTEMRA INJ 162/0.9	Tier 3	MarketPlace
ACTEMRA INJ ACTPEN	Tier 3	MarketPlace
ACTIMMUNE INJ 2MU/0.5	Tier 3	MarketPlace
ADCIRCA TAB 20MG	Tier 3	MarketPlace
ADEFOV DIPIV TAB 10MG	Tier 1	MarketPlace
ADEMPAS TAB 0.5MG	Tier 3	MarketPlace
ADEMPAS TAB 1.5MG	Tier 3	MarketPlace
ADEMPAS TAB 1MG	Tier 3	MarketPlace
ADEMPAS TAB 2.5MG	Tier 3	MarketPlace
ADEMPAS TAB 2MG	Tier 3	MarketPlace
ALYQ TAB 20MG	Tier 2	MarketPlace
AMBRISENTAN TAB 10MG	Tier 2	MarketPlace
AMBRISENTAN TAB 5MG	Tier 2	MarketPlace
AMJEVITA INJ 20/0.4ML	Tier 3	MarketPlace
AMJEVITA INJ 40/0.8ML	Tier 3	MarketPlace
AMJEVITA INJ 40/0.8ML	Tier 3	MarketPlace
AMPYRA TAB 10MG	Tier 3	MarketPlace
APOKYN INJ 10MG/ML	Tier 3	MarketPlace
APOMORPHINE INJ 30MG/3ML	Tier 2	MarketPlace
AUBAGIO TAB 14MG	Tier 3	MarketPlace
AUBAGIO TAB 7MG	Tier 3	MarketPlace
AUSTEDO TAB 12MG	Tier 2	MarketPlace
AUSTEDO TAB 6MG	Tier 2	MarketPlace
AUSTEDO TAB 9MG	Tier 2	MarketPlace
AVONEX PEN KIT 30MCG	Tier 2	MarketPlace
AVONEX PREFL KIT 30MCG	Tier 2	MarketPlace
BAFIERTAM CAP 95MG	Tier 2	MarketPlace
BARACLUDE SOL	Tier 3	MarketPlace
BARACLUDE TAB 0.5MG	Tier 3	MarketPlace
BARACLUDE TAB 1MG	Tier 3	MarketPlace
BENLYSTA INJ 200MG/ML	Tier 3	MarketPlace
BENLYSTA INJ 200MG/ML	Tier 3	MarketPlace
BETASERON INJ 0.3MG	Tier 2	MarketPlace
BETHKIS NEB 300/4ML	Tier 3	MarketPlace
BOSENTAN TAB 125MG	Tier 2	MarketPlace
BOSENTAN TAB 62.5MG	Tier 2	MarketPlace
BRONCHITOL CAP 40MG	Tier 3	MarketPlace
BRONCHITOL CAP TOL TEST	Tier 3	MarketPlace
BYNFEZIA PEN INJ 2500MCG	Tier 3	MarketPlace
CARBAGLU TAB 200MG	Tier 3	MarketPlace
CARGLUMIC TAB 200MG	Tier 2	MarketPlace
CAYSTON INH 75MG	Tier 3	MarketPlace
CERDELGA CAP 84MG	Tier 3	MarketPlace
CETRORELIX INJ 0.25MG	Tier 2	MarketPlace

CETROTIDE KIT 0.25MG	Tier 3	MarketPlace
CHOR GONADOT INJ 10000UNT	Tier 3	MarketPlace
CINACALCET TAB 30MG	Tier 2	MarketPlace
CINACALCET TAB 60MG	Tier 2	MarketPlace
CINACALCET TAB 90MG	Tier 2	MarketPlace
CLOVIQUE CAP 250MG	Tier 2	MarketPlace
COPAXONE INJ 20MG/ML	Tier 2	MarketPlace
COPAXONE INJ 40MG/ML	Tier 2	MarketPlace
COSENTYX INJ 150MG/ML	Tier 2	MarketPlace
COSENTYX INJ 300DOSE	Tier 2	MarketPlace
COSENTYX INJ 75MG/0.5	Tier 2	MarketPlace
COSENTYX PEN INJ 150MG/ML	Tier 2	MarketPlace
COSENTYX PEN INJ 300DOSE	Tier 2	MarketPlace
CUPRIMINE CAP 250MG	Tier 3	MarketPlace
CYSTAGON CAP 150MG	Tier 2	MarketPlace
CYSTAGON CAP 50MG	Tier 2	MarketPlace
DALFAMPRIDIN TAB 10MG ER	Tier 2	MarketPlace
DEFERASIROX GRA 180MG	Tier 2	MarketPlace
DEFERASIROX GRA 360MG	Tier 2	MarketPlace
DEFERASIROX GRA 90MG	Tier 2	MarketPlace
DEFERASIROX TAB 125MG	Tier 2	MarketPlace
DEFERASIROX TAB 250MG	Tier 2	MarketPlace
DEFERASIROX TAB 500MG	Tier 2	MarketPlace
DEFERIPRONE TAB 1000MG	Tier 2	MarketPlace
DEFERIPRONE TAB 500MG	Tier 2	MarketPlace
DEPEN TITRA TAB 250MG	Tier 3	MarketPlace
DESMOPRESSIN SOL 1.5MG/ML	Tier 2	MarketPlace
DIMETHYL FUM CAP 120MG DR	Tier 2	MarketPlace
DIMETHYL FUM CAP 240MG DR	Tier 2	MarketPlace
DIMETHYL FUM MIS STARTER	Tier 2	MarketPlace
DOJOLVI LIQ 100%	Tier 3	MarketPlace
DOPTELET TAB 20MG	Tier 3	MarketPlace
DROXIDOPA CAP 100MG	Tier 2	MarketPlace
DROXIDOPA CAP 200MG	Tier 2	MarketPlace
DROXIDOPA CAP 300MG	Tier 2	MarketPlace
DUOPA SUS 4.63-20	Tier 3	MarketPlace
DUPIXENT INJ 100/0.67	Tier 2	MarketPlace
DUPIXENT INJ 200/1.14	Tier 2	MarketPlace
DUPIXENT INJ 200MG	Tier 2	MarketPlace
DUPIXENT INJ 300/2ML	Tier 2	MarketPlace
DUPIXENT INJ 300/2ML	Tier 2	MarketPlace
EGRIFTA SV INJ 2MG	Tier 3	MarketPlace
ENBREL INJ 25/0.5ML	Tier 2	MarketPlace
ENBREL INJ 25MG	Tier 2	MarketPlace
ENBREL INJ 25MG	Tier 2	MarketPlace
ENBREL INJ 50MG/ML	Tier 2	MarketPlace
ENBREL MINI INJ 50MG/ML	Tier 2	MarketPlace
ENBREL SRCLK INJ 50MG/ML	Tier 2	MarketPlace
ENDARI POW 5GM	Tier 3	MarketPlace
ENSPRYNG INJ	Tier 3	MarketPlace
ENTECAVIR TAB 0.5MG	Tier 2	MarketPlace
ENTECAVIR TAB 1MG	Tier 2	MarketPlace
EPCLUSA PAK 150-37.5	Tier 2	MarketPlace
EPCLUSA PAK 200-50MG	Tier 2	MarketPlace
EPCLUSA TAB 200-50MG	Tier 2	MarketPlace
EPCLUSA TAB 400-100	Tier 2	MarketPlace
EPIDIOLEX SOL 100MG/ML	Tier 3	MarketPlace
ESBRIET CAP 267MG	Tier 3	MarketPlace
ESBRIET TAB 267MG	Tier 3	MarketPlace
ESBRIET TAB 801MG	Tier 3	MarketPlace
EXJADE TAB 125MG	Tier 3	MarketPlace

EXJADE TAB 250MG	Tier 3	MarketPlace
EXJADE TAB 500MG	Tier 3	MarketPlace
FASENRA PEN INJ 30MG/ML	Tier 2	MarketPlace
FERRIPROX TAB 1000MG	Tier 3	MarketPlace
FERRIPROX TAB 500MG	Tier 3	MarketPlace
FINGOLIMOD CAP 0.5MG	Tier 2	MarketPlace
FIRAZYR INJ 30MG/3ML	Tier 3	MarketPlace
FOLLISTIM AQ INJ 300UNIT	Tier 2	MarketPlace
FOLLISTIM AQ INJ 600UNIT	Tier 2	MarketPlace
FOLLISTIM AQ INJ 900UNIT	Tier 2	MarketPlace
FORTEO INJ 600/2.4	Tier 2	MarketPlace
FYREMADEL SOL 250/0.5	Tier 2	MarketPlace
GANIRELIX AC INJ 250/0.5	Tier 3	MarketPlace
GATTEX KIT 5MG	Tier 3	MarketPlace
GILENYA CAP 0.5MG	Tier 3	MarketPlace
GLATIRAMER INJ 40MG/ML	Tier 2	MarketPlace
GLATIRAMER INJ 20MG/ML	Tier 2	MarketPlace
GLATIRAMER INJ 20MG/ML	Tier 2	MarketPlace
GLATIRAMER INJ 40MG/ML	Tier 2	MarketPlace
GLATOPA INJ 20MG/ML	Tier 2	MarketPlace
GLATOPA INJ 20MG/ML	Tier 2	MarketPlace
GLATOPA INJ 40MG/ML	Tier 2	MarketPlace
GLATOPA INJ 40MG/ML	Tier 2	MarketPlace
GONAL-F INJ 1050UNIT	Tier 3	MarketPlace
GONAL-F INJ 450UNIT	Tier 3	MarketPlace
GONAL-F RFF INJ 300/0.5	Tier 3	MarketPlace
GONAL-F RFF INJ 450/0.75	Tier 3	MarketPlace
GONAL-F RFF INJ 75UNIT	Tier 3	MarketPlace
GONAL-F RFF INJ 900/1.5	Tier 3	MarketPlace
HAEGARDA INJ 2000UNIT	Tier 3	MarketPlace
HAEGARDA INJ 3000UNIT	Tier 3	MarketPlace
HARVONI PAK	Tier 2	MarketPlace
HARVONI PAK 45-200MG	Tier 2	MarketPlace
HARVONI TAB 45-200MG	Tier 2	MarketPlace
HARVONI TAB 90-400MG	Tier 2	MarketPlace
HEPAGAM B INJ	Tier 2	MarketPlace
HEPSERA TAB 10MG	Tier 3	MarketPlace
HETLIOZ CAP 20MG	Tier 3	MarketPlace
HUMATROPE INJ 12MG	Tier 3	MarketPlace
HUMATROPE INJ 5MG	Tier 3	MarketPlace
HUMATROPE INJ 24MG	Tier 3	MarketPlace
HUMATROPE INJ 6MG	Tier 3	MarketPlace
HUMIRA INJ 10/0.1ML	Tier 2	MarketPlace
HUMIRA INJ 20/0.2ML	Tier 2	MarketPlace
HUMIRA KIT 20MG/0.4	Tier 2	MarketPlace
HUMIRA INJ 40/0.4ML	Tier 2	MarketPlace
HUMIRA KIT 40MG/0.8	Tier 2	MarketPlace
HUMIRA PEDIA INJ CROHNS	Tier 2	MarketPlace
HUMIRA PEDIA INJ CROHNS	Tier 2	MarketPlace
HUMIRA PEN INJ 40/0.4ML	Tier 2	MarketPlace
HUMIRA PEN INJ 40MG/0.8	Tier 2	MarketPlace
HUMIRA PEN INJ 80/0.8ML	Tier 2	MarketPlace
HUMIRA PEN INJ CD/UC/HS	Tier 2	MarketPlace
HUMIRA PEN INJ PS/UV	Tier 2	MarketPlace
HUMIRA PEN KIT CD/UC/HS	Tier 2	MarketPlace
HUMIRA PEN KIT PED UC	Tier 2	MarketPlace
HUMIRA PEN KIT PS/UV	Tier 2	MarketPlace
HYPERHEP B INJ	Tier 2	MarketPlace
HYPERHEP B INJ	Tier 2	MarketPlace
HYPERHEP B INJ	Tier 2	MarketPlace
ICATIBANT INJ 30MG/3ML	Tier 2	MarketPlace

INGREZZA	CAP 40-80MG	Tier 3	MarketPlace
INGREZZA	CAP 60MG	Tier 3	MarketPlace
INGREZZA	CAP 80MG	Tier 3	MarketPlace
INTRON A	INJ 10MU	Tier 3	MarketPlace
INTRON A	INJ 18MU	Tier 3	MarketPlace
INTRON A	INJ 18MU	Tier 3	MarketPlace
INTRON A	INJ 25MU	Tier 3	MarketPlace
INTRON A	INJ 50MU	Tier 3	MarketPlace
JADENU	TAB 180MG	Tier 3	MarketPlace
JADENU	TAB 360MG	Tier 3	MarketPlace
JADENU	TAB 90MG	Tier 3	MarketPlace
JADENU	SPRKL GRA 180MG	Tier 3	MarketPlace
JADENU	SPRKL GRA 360MG	Tier 3	MarketPlace
JADENU	SPRKL GRA 90MG	Tier 3	MarketPlace
JAVYGTOR	PAK 100MG	Tier 2	MarketPlace
JAVYGTOR	POW 500MG	Tier 2	MarketPlace
JAVYGTOR	TAB 100MG	Tier 2	MarketPlace
KESIMPTA	INJ 20/.4ML	Tier 3	MarketPlace
KITABIS PAK	NEB 300/5ML	Tier 3	MarketPlace
KUVAN	POW 100MG	Tier 3	MarketPlace
KUVAN	POW 500MG	Tier 3	MarketPlace
KUVAN	TAB 100MG	Tier 3	MarketPlace
KYNMOBI	MIS 10MG	Tier 3	MarketPlace
KYNMOBI	MIS 15MG	Tier 3	MarketPlace
KYNMOBI	MIS 20MG	Tier 3	MarketPlace
KYNMOBI	MIS 25MG	Tier 3	MarketPlace
KYNMOBI	MIS 30MG	Tier 3	MarketPlace
LAMIVUDINE	TAB 100MG	Tier 2	MarketPlace
LANREOTIDE	INJ 120/.5ML	Tier 3	MarketPlace
LEDIP-SOFOSB	TAB 90-400MG	Tier 2	MarketPlace
LETAIRIS	TAB 10MG	Tier 3	MarketPlace
LETAIRIS	TAB 5MG	Tier 3	MarketPlace
LEUPROLIDE	INJ 14 DAY	Tier 2	MarketPlace
LEUPROLIDE	INJ 1MG/0.2	Tier 2	MarketPlace
LEUPROLIDE	KIT 14 DAY	Tier 2	MarketPlace
LEUPROLIDE	KIT 1MG/0.2	Tier 2	MarketPlace
LUPANETA	KIT 11.25-5	Tier 3	MarketPlace
LUPANETA	KIT 3.75-5	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(10)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(4)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(5)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(6)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(7)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(8)	Tier 3	MarketPlace
MAVENCLAD	PAK 10MG(9)	Tier 3	MarketPlace
MAVYRET	PAK 50-20MG	Tier 2	MarketPlace
MAVYRET	TAB 100-40MG	Tier 2	MarketPlace
MAYZENT	PAK STARTER	Tier 2	MarketPlace
MAYZENT	PAK STARTER	Tier 2	MarketPlace
MAYZENT	TAB 0.25MG	Tier 2	MarketPlace
MAYZENT	TAB 1MG	Tier 2	MarketPlace
MAYZENT	TAB 2MG	Tier 2	MarketPlace
MENOPUR	INJ 75UNIT	Tier 2	MarketPlace
MIGLUSTAT	CAP 100MG	Tier 2	MarketPlace
MIGLUSTAT	CAP 100MG	Tier 2	MarketPlace
MOZOBIL	INJ	Tier 3	MarketPlace
MULPLETA	TAB 3MG	Tier 3	MarketPlace
NABI-HB	INJ	Tier 2	MarketPlace
NATPARA	INJ 100MCG	Tier 3	MarketPlace
NATPARA	INJ 25MCG	Tier 3	MarketPlace
NATPARA	INJ 50MCG	Tier 3	MarketPlace

NATPARA	INJ 75MCG	Tier 3	MarketPlace
NITISINONE	CAP 10MG	Tier 2	MarketPlace
NITISINONE	CAP 2MG	Tier 2	MarketPlace
NITISINONE	CAP 5MG	Tier 2	MarketPlace
NORDITROPIN	INJ 10/1.5ML	Tier 2	MarketPlace
NORDITROPIN	INJ 15/1.5ML	Tier 2	MarketPlace
NORDITROPIN	INJ 30/3ML	Tier 2	MarketPlace
NORDITROPIN	INJ 5/1.5ML	Tier 2	MarketPlace
NORTHERA	CAP 100MG	Tier 3	MarketPlace
NORTHERA	CAP 200MG	Tier 3	MarketPlace
NORTHERA	CAP 300MG	Tier 3	MarketPlace
NOVAREL	INJ 10000UNT	Tier 3	MarketPlace
NOVAREL	INJ 5000UNIT	Tier 3	MarketPlace
NUCALA	INJ 100MG/ML	Tier 2	MarketPlace
NUCALA	INJ 100MG/ML	Tier 2	MarketPlace
NUCALA	INJ 40MG/0.4	Tier 2	MarketPlace
NUPLAZID	CAP 34MG	Tier 3	MarketPlace
NUPLAZID	TAB 10MG	Tier 3	MarketPlace
NUTROPIN AQ	INJ 10MG/2ML	Tier 2	MarketPlace
NUTROPIN AQ	INJ 20MG/2ML	Tier 2	MarketPlace
NUTROPIN AQ	INJ NUSPIN 5	Tier 2	MarketPlace
OCALIVA	TAB 10MG	Tier 3	MarketPlace
OCALIVA	TAB 5MG	Tier 3	MarketPlace
OFEV	CAP 100MG	Tier 3	MarketPlace
OFEV	CAP 150MG	Tier 3	MarketPlace
OMNITROPE	INJ 10/1.5ML	Tier 3	MarketPlace
OMNITROPE	INJ 5.8MG	Tier 3	MarketPlace
OMNITROPE	INJ 5/1.5ML	Tier 3	MarketPlace
OPSUMIT	TAB 10MG	Tier 3	MarketPlace
ORENITRAM	TAB 0.125MG	Tier 3	MarketPlace
ORENITRAM	TAB 0.25MG	Tier 3	MarketPlace
ORENITRAM	TAB 1MG	Tier 3	MarketPlace
ORENITRAM	TAB 2.5MG	Tier 3	MarketPlace
ORENITRAM	TAB 5MG	Tier 3	MarketPlace
ORENITRAM	TAB MONTH 1	Tier 3	MarketPlace
ORENITRAM	TAB MONTH 2	Tier 3	MarketPlace
ORENITRAM	TAB MONTH 3	Tier 3	MarketPlace
ORFADIN	CAP 10MG	Tier 3	MarketPlace
ORFADIN	CAP 2MG	Tier 3	MarketPlace
ORFADIN	CAP 5MG	Tier 3	MarketPlace
OTEZLA	TAB 10/20/30	Tier 2	MarketPlace
OTEZLA	TAB 30MG	Tier 2	MarketPlace
OTREXUP	INJ 10MG	Tier 3	MarketPlace
OTREXUP	INJ 12.5/0.4	Tier 3	MarketPlace
OTREXUP	INJ 15MG	Tier 3	MarketPlace
OTREXUP	INJ 17.5/0.4	Tier 3	MarketPlace
OTREXUP	INJ 20MG	Tier 3	MarketPlace
OTREXUP	INJ 22.5/0.4	Tier 3	MarketPlace
OTREXUP	INJ 25MG	Tier 3	MarketPlace
OVIDREL	INJ	Tier 3	MarketPlace
OXBRYTA	TAB 300MG	Tier 3	MarketPlace
OXBRYTA	TAB 300MG	Tier 3	MarketPlace
OXBRYTA	TAB 500MG	Tier 3	MarketPlace
PALYNZIQ	INJ 10/0.5ML	Tier 3	MarketPlace
PALYNZIQ	INJ 2.5/0.5	Tier 3	MarketPlace
PALYNZIQ	INJ 20MG/ML	Tier 3	MarketPlace
PEGASYS	INJ	Tier 2	MarketPlace
PEGASYS	INJ 180MCG/M	Tier 2	MarketPlace
PENICILLAMIN	CAP 250MG	Tier 2	MarketPlace
PENICILLAMIN	TAB 250MG	Tier 2	MarketPlace
PHENYLBUTYRA	POW SODIUM	Tier 2	MarketPlace



PIRFENIDONE CAP 267MG	Tier 2	MarketPlace
PIRFENIDONE TAB 267MG	Tier 2	MarketPlace
PIRFENIDONE TAB 801MG	Tier 2	MarketPlace
PLEGRIDY INJ	Tier 2	MarketPlace
PLEGRIDY INJ	Tier 2	MarketPlace
PLEGRIDY INJ PEN	Tier 2	MarketPlace
PLEGRIDY INJ STARTER	Tier 2	MarketPlace
PLEGRIDY PEN INJ STARTER	Tier 2	MarketPlace
PONVORY TAB 20MG	Tier 3	MarketPlace
PONVORY TAB STARTER	Tier 3	MarketPlace
PREGNYL INJ 10000UNT	Tier 3	MarketPlace
PROMACTA PAK 25MG	Tier 3	MarketPlace
PROMACTA POW 12.5MG	Tier 3	MarketPlace
PROMACTA TAB 12.5MG	Tier 3	MarketPlace
PROMACTA TAB 25MG	Tier 3	MarketPlace
PROMACTA TAB 50MG	Tier 3	MarketPlace
PROMACTA TAB 75MG	Tier 3	MarketPlace
PULMOZYME SOL 1MG/ML	Tier 3	MarketPlace
RADICAVA ORS SUS 105/5ML	Tier 3	MarketPlace
RADICAVA ORS SUS STARTER	Tier 3	MarketPlace
RASUVO INJ 10MG	Tier 3	MarketPlace
RASUVO INJ 12.5MG	Tier 3	MarketPlace
RASUVO INJ 15MG	Tier 3	MarketPlace
RASUVO INJ 17.5MG	Tier 3	MarketPlace
RASUVO INJ 20MG	Tier 3	MarketPlace
RASUVO INJ 22.5MG	Tier 3	MarketPlace
RASUVO INJ 25MG	Tier 3	MarketPlace
RASUVO INJ 30MG	Tier 3	MarketPlace
RASUVO INJ 7.5MG	Tier 3	MarketPlace
RAVICTI LIQ 1.1GM/ML	Tier 3	MarketPlace
REBIF INJ 22/0.5	Tier 2	MarketPlace
REBIF INJ 44/0.5	Tier 2	MarketPlace
REBIF REBIDO INJ 22/0.5	Tier 2	MarketPlace
REBIF REBIDO INJ 44/0.5	Tier 2	MarketPlace
REBIF REBIDO INJ TITRATN	Tier 2	MarketPlace
REBIF TITRTN INJ PACK	Tier 2	MarketPlace
REVATIO SUS 10MG/ML	Tier 3	MarketPlace
REVATIO TAB 20MG	Tier 3	MarketPlace
RHOPHYLAC INJ 1500/2ML	Tier 2	MarketPlace
RIBAVIRIN CAP 200MG	Tier 2	MarketPlace
RIBAVIRIN TAB 200MG	Tier 2	MarketPlace
RINVOQ TAB 15MG ER	Tier 2	MarketPlace
RINVOQ TAB 30MG ER	Tier 2	MarketPlace
RINVOQ TAB 45MG ER	Tier 2	MarketPlace
SABRIL POW 500MG	Tier 3	MarketPlace
SABRIL TAB 500MG	Tier 3	MarketPlace
SAIZEN INJ 5MG	Tier 3	MarketPlace
SAIZEN INJ 8.8MG	Tier 3	MarketPlace
SAIZENPREP INJ 8.8MG	Tier 3	MarketPlace
SAJAZIR INJ 30MG/3ML	Tier 2	MarketPlace
SAPROPTERIN POW 100MG	Tier 2	MarketPlace
SAPROPTERIN POW 500MG	Tier 2	MarketPlace
SAPROPTERIN TAB 100MG	Tier 2	MarketPlace
SENSIPAR TAB 30MG	Tier 3	MarketPlace
SENSIPAR TAB 60MG	Tier 3	MarketPlace
SENSIPAR TAB 90MG	Tier 3	MarketPlace
SEROSTIM INJ 4MG	Tier 3	MarketPlace
SILDENAFIL SUS 10MG/ML	Tier 2	MarketPlace
SILDENAFIL TAB 20MG	Tier 2	MarketPlace
SKYRIZI INJ 150DOSE	Tier 2	MarketPlace
SKYRIZI INJ 150MG/ML	Tier 2	MarketPlace

SKYRIZI INJ 180/1.2	Tier 2	MarketPlace
SKYRIZI INJ 360/2.4	Tier 2	MarketPlace
SKYRIZI PEN INJ 150MG/ML	Tier 2	MarketPlace
SODIUM PHENY TAB 500MG	Tier 2	MarketPlace
SOFOS/VELPAT TAB 400-100	Tier 2	MarketPlace
SOMATULINE INJ 120/.5ML	Tier 3	MarketPlace
SOMATULINE INJ 60/0.2ML	Tier 3	MarketPlace
SOMATULINE INJ 90/0.3ML	Tier 3	MarketPlace
SOMAVERT INJ 10MG	Tier 3	MarketPlace
SOMAVERT INJ 15MG	Tier 3	MarketPlace
SOMAVERT INJ 20MG	Tier 3	MarketPlace
SOMAVERT INJ 25MG	Tier 3	MarketPlace
SOMAVERT INJ 30MG	Tier 3	MarketPlace
SOVALDI PAK 150MG	Tier 3	MarketPlace
SOVALDI PAK 200MG	Tier 3	MarketPlace
SOVALDI TAB 200MG	Tier 3	MarketPlace
SOVALDI TAB 400MG	Tier 3	MarketPlace
STELARA INJ 45MG/0.5	Tier 2	MarketPlace
STELARA INJ 45MG/0.5	Tier 2	MarketPlace
STELARA INJ 90MG/ML	Tier 2	MarketPlace
STIMATE SOL 1.5MG/ML	Tier 2	MarketPlace
SYPRINE CAP 250MG	Tier 3	MarketPlace
TADALAFIL TAB 20MG	Tier 2	MarketPlace
TAKHZYRO INJ 150MG/ML	Tier 3	MarketPlace
TAKHZYRO INJ 300/2ML	Tier 3	MarketPlace
TAKHZYRO INJ 300/2ML	Tier 3	MarketPlace
TASIMELTEON CAP 20MG	Tier 2	MarketPlace
TERIFLUNOMID TAB 14MG	Tier 1	MarketPlace
TERIFLUNOMID TAB 7MG	Tier 1	MarketPlace
TERIPARATIDE INJ	Tier 2	MarketPlace
TETRABENAZIN TAB 12.5MG	Tier 2	MarketPlace
TETRABENAZIN TAB 25MG	Tier 2	MarketPlace
THIOLA TAB 100MG	Tier 3	MarketPlace
TIOPRONIN TAB 100MG	Tier 2	MarketPlace
TOBI NEB 300/5ML	Tier 3	MarketPlace
TOBI PODHALR CAP 28MG	Tier 3	MarketPlace
TOBRAMYCIN NEB 300/4ML	Tier 2	MarketPlace
TOBRAMYCIN NEB 300/5ML	Tier 2	MarketPlace
TRACLEER TAB 125MG	Tier 3	MarketPlace
TRACLEER TAB 32MG	Tier 3	MarketPlace
TRACLEER TAB 62.5MG	Tier 3	MarketPlace
TREMFYA INJ 100MG/ML	Tier 2	MarketPlace
TREMFYA INJ 100MG/ML	Tier 2	MarketPlace
TYMLOS INJ	Tier 2	MarketPlace
TYVASO SOL 0.6MG/ML	Tier 3	MarketPlace
TYVASO DPI POW 16-32-48	Tier 3	MarketPlace
TYVASO DPI POW 16-32MCG	Tier 3	MarketPlace
TYVASO DPI POW 16MCG	Tier 3	MarketPlace
TYVASO DPI POW 32-48MCG	Tier 3	MarketPlace
TYVASO DPI POW 32MCG	Tier 3	MarketPlace
TYVASO DPI POW 48MCG	Tier 3	MarketPlace
TYVASO DPI POW 64MCG	Tier 3	MarketPlace
TYVASO REFIL SOL 0.6MG/ML	Tier 3	MarketPlace
TYVASO START SOL 0.6MG/ML	Tier 3	MarketPlace
UPTRAVI TAB 1000MCG	Tier 3	MarketPlace
UPTRAVI TAB 1200MCG	Tier 3	MarketPlace
UPTRAVI TAB 1400MCG	Tier 3	MarketPlace
UPTRAVI TAB 1600MCG	Tier 3	MarketPlace
UPTRAVI TAB 200MCG	Tier 3	MarketPlace
UPTRAVI TAB 400MCG	Tier 3	MarketPlace
UPTRAVI TAB 600MCG	Tier 3	MarketPlace

UPTRAVI TAB 800MCG	Tier 3	MarketPlace
UPTRAVI PACK TAB 200/800	Tier 3	MarketPlace
VEMLIDY TAB 25MG	Tier 3	MarketPlace
VENTAVIS SOL 10MCG/ML	Tier 3	MarketPlace
VENTAVIS SOL 20MCG/ML	Tier 3	MarketPlace
VIGABATRIN PAK 500MG	Tier 2	MarketPlace
VIGABATRIN TAB 500MG	Tier 2	MarketPlace
VIGADRONE POW 500MG	Tier 2	MarketPlace
VIJOICE TAB 125MG	Tier 3	MarketPlace
VIJOICE TAB 250MG	Tier 3	MarketPlace
VIJOICE TAB 50MG	Tier 3	MarketPlace
VOSEVI TAB	Tier 2	MarketPlace
VOXZOGO INJ 0.4MG	Tier 3	MarketPlace
VOXZOGO INJ 0.56MG	Tier 3	MarketPlace
VOXZOGO INJ 1.2MG	Tier 3	MarketPlace
VUMERITY CAP 231MG	Tier 2	MarketPlace
VYNDAMAX CAP 61MG	Tier 3	MarketPlace
VYNDAQEL CAP 20MG	Tier 3	MarketPlace
WINRHO SDF INJ 15000UNT	Tier 2	MarketPlace
WINRHO SDF INJ 1500UNIT	Tier 2	MarketPlace
WINRHO SDF INJ 2500UNIT	Tier 2	MarketPlace
WINRHO SDF INJ 5000UNIT	Tier 2	MarketPlace
XELJANZ SOL 1MG/ML	Tier 2	MarketPlace
XELJANZ TAB 10MG	Tier 2	MarketPlace
XELJANZ TAB 5MG	Tier 2	MarketPlace
XELJANZ XR TAB 11MG	Tier 2	MarketPlace
XELJANZ XR TAB 22MG	Tier 2	MarketPlace
XENAZINE TAB 12.5MG	Tier 3	MarketPlace
XENAZINE TAB 25MG	Tier 3	MarketPlace
XOLAIR INJ 150MG/ML	Tier 2	MarketPlace
XOLAIR INJ 75/0.5	Tier 2	MarketPlace
ZEPOSIA CAP .92MG	Tier 3	MarketPlace
ZEPOSIA CAP STR KIT	Tier 3	MarketPlace
ZEPOSIA 7DAY CAP STR PACK	Tier 3	MarketPlace
ZOKINVY CAP 50MG	Tier 3	MarketPlace
ZOKINVY CAP 75MG	Tier 3	MarketPlace
ZORBTIVE INJ 8.8MG	Tier 3	MarketPlace
DEFERASIROX TAB 180MG	Tier 2	MarketPlace
DEFERASIROX TAB 360MG	Tier 2	MarketPlace
DEFERASIROX TAB 90MG	Tier 2	MarketPlace
EGRIFTA SOL 1MG	Tier 3	MarketPlace
INGREZZA CAP 40MG	Tier 3	MarketPlace
JYNARQUE TAB 15MG	Tier 3	MarketPlace
JYNARQUE TAB 30MG	Tier 3	MarketPlace
ONCASPAR INJ 750/ML	Tier 3	MarketPlace
ONUREG TAB 200MG	Tier 3	MarketPlace
ONUREG TAB 300MG	Tier 3	MarketPlace
PEGASYS INJ PROCLICK	Tier 2	MarketPlace
SAMSCA TAB 15MG	Tier 3	MarketPlace
SAMSCA TAB 30MG	Tier 3	MarketPlace
SEROSTIM INJ 5MG	Tier 3	MarketPlace
SEROSTIM INJ 6MG	Tier 3	MarketPlace
TOLVAPTAN TAB 15MG	Tier 2	MarketPlace
TOLVAPTAN TAB 30MG	Tier 2	MarketPlace
TRIENTINE CAP 250MG	Tier 2	MarketPlace
UPTRAVI TAB 200/800	Tier 3	MarketPlace

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-133660955
Market	Individual
Product Name	VT Individual 2024

**Pharmacy Benefit Manager Information<sup>2</sup>**  
Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2024	
Pharmacy Benefit Manager #1	CVS/Caremark		CVS/Caremark		CVS/Caremark	
Pharmacy Benefit Manager #2						
Pharmacy Benefit Manager #3						
Pharmacy Benefit Manager #4						

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM						
Non-Specialty Brand PMPM						
Specialty PMPM						

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	01/01/2021-12/31/2021		01/01/2022-12/31/2022		1/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM						
Non-Specialty Brand PMPM						
Specialty PMPM						

<sup>2</sup> **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.

**Certification of Compliance**

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

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

**Signature:** 

**Date:** 05/09/2023