

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Filing at a Glance

Company: MVP Health Plan, Inc.  
Product Name: VT Small Group 2025  
State: VermontGMCB  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.003G Small Group Only - Other  
Filing Type: GMCB Rate  
Date Submitted: 05/13/2024  
SERFF Tr Num: MVPH-134081005  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status:  
Co Tr Num:  
  
Effective: 01/01/2025  
Date Requested:  
Author(s): Eric Bachner, Julia Savasta, Nicholas Kender  
Reviewer(s): Jacqueline Lee (primary), Michael Barber, Laura Beliveau, Tara Bredice  
Disposition Date: 08/14/2024  
Disposition Status: Approved  
Effective Date: 01/01/2025  
  
State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer, Other	Explanation for Other Group Market Type: Small Group
Overall Rate Impact: 11.1%	Filing Status Changed: 08/14/2024
	State Status Changed:
Deemer Date:	Created By: Julia Savasta
Submitted By: Julia Savasta	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	Plans are proposed to be sold on the state of Vermont's exchange.

### Filing Description:

These rates are for Small Group members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2025.

## Company and Contact

### Filing Contact Information

Eric Bachner,	EBachner@mvphealthcare.com
625 State Street	518-991-3417 [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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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Laura Beliveau	08/14/2024	08/14/2024

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/15/2024	07/15/2024
Pending Response	Jacqueline Lee	07/03/2024	07/03/2024
Pending Response	Jacqueline Lee	06/27/2024	06/27/2024
Pending Response	Jacqueline Lee	06/25/2024	06/25/2024
Pending Response	Jacqueline Lee	06/14/2024	06/14/2024
Pending Response	Jacqueline Lee	06/12/2024	06/12/2024
Pending Response	Jacqueline Lee	05/23/2024	05/23/2024

#### Response Letters

Responded By	Created On	Date Submitted
Julia Savasta	07/17/2024	07/17/2024
Julia Savasta	07/09/2024	07/09/2024
Julia Savasta	07/02/2024	07/02/2024
Julia Savasta	07/03/2024	07/03/2024
Julia Savasta	07/12/2024	07/12/2024
Eric Bachner	06/19/2024	06/19/2024
Julia Savasta	05/31/2024	05/31/2024

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum and Certifications	Julia Savasta	08/13/2024	08/13/2024
URRT	Unified Rate Review Template	Julia Savasta	08/13/2024	08/13/2024
URRT	Other Supporting Documents	Julia Savasta	08/13/2024	08/13/2024
Supporting Document	L&E Objection 1 Response	Julia Savasta	07/17/2024	07/17/2024
Supporting Document	L&E Objection 2 Response	Julia Savasta	07/17/2024	07/17/2024
Supporting Document	L&E Objection 5 Response	Julia Savasta	07/17/2024	07/17/2024



State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
Product Name: VT Small Group 2025  
Project Name/Number: /

**Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	HCA Objection 4 Response	Julia Savasta	07/17/2024	07/17/2024
Supporting Document	L&E Objection 1 Response	Julia Savasta	06/07/2024	06/07/2024

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Disposition

Disposition Date: 08/14/2024

Effective Date: 01/01/2025

Status: Approved

HHS Status: Not Reported

State Review: Reviewed by Actuary

Comment: This filing is approved per GMCB-006-24rr as ordered on 8/12/24

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	11.100%	11.100%	\$14,939,895	1,209	\$134,638,660	13.450%	6.870%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
URRT	Unified Rate Review Template		No
URRT (revised)	Unified Rate Review Template		No
URRT	Actuarial Memorandum		No
URRT	Actuarial Memorandum - Redacted		No
URRT	Consumer Justification Narrative		No
URRT	Other Supporting Documents		No
URRT (revised)	Other Supporting Documents		No
Supporting Document (revised)	Actuarial Memorandum and Certifications		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Filing Compliance Certification		No

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Third Party Filing Authorization		No
Supporting Document (revised)	L&E Objection 1 Response		No
Supporting Document	L&E Objection 1 Response		No
Supporting Document	L&E Objection 1 Response		No
Supporting Document (revised)	L&E Objection 2 Response		No
Supporting Document	L&E Objection 2 Response		No
Supporting Document (revised)	L&E Objection 5 Response		No
Supporting Document	L&E Objection 5 Response		No
Supporting Document (revised)	HCA Objection 4 Response		No
Supporting Document	HCA Objection 4 Response		No
Supporting Document	L&E Objection 6 Response		No
Supporting Document	GMCB Objection 3 Response		No
Supporting Document	L&E Objection 7 Response		No

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/15/2024
Submitted Date	07/15/2024
Respond By Date	07/17/2024

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*Dear Eric Bachner,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*

July 15, 2024

Eric Bachner  
MVP Health Plan, Inc.  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005  
Objection #7

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

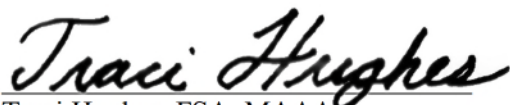
Questions:

1. Please provide the rating impact of assuming each of the following scenarios:
  - a. Hospital budgets are approved as recently submitted.
  - b. Hospital budgets are approved at zero unit cost change for FY2025.
  - c. Hospital budgets are approved at a uniform 10% unit cost increase for FY2025 for all facilities.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 17, 2024.

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

Sincerely,



Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC  
thughes@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/03/2024
Submitted Date	07/03/2024
Respond By Date	07/09/2024

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Dear Eric Bachner,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee

July 3, 2024

Eric Bachner  
MVP Health Plan, Inc.  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005  
Objection #6

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Are there any IRS-mandated plan design changes that impact any plan's filed premium rates?
2. Follow-up to Objection #2, Question 2 – In the latter half of the question, we were inquiring about the drivers of the decrease in Rx trend from the prior approved filing (7.3% in this filing vs 8.6% approved in the prior filing). MVP explained that they expect the greater morbidity and increased utilization of specialty drugs, as observed in the historical trends, to continue, however, are projecting a lower Rx trend compared to all three prior approved filings from 2023-2021. Please provide further justification for the decrease in Rx trend from the prior approved filings.
3. Follow-up to Objection #1, Question 22 – Given MVP has had materially unfavorable actual-to-expected profit from 2021-2023, please address the following:
  - a. What are the primary drivers of the lower-than-expected underwriting losses?
  - b. Are the primary drivers expected to continue into 2025?
  - c. Discuss how MVP has considered and adjusted for the historical losses in the development of the proposed premium rates.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 9, 2024.

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

Sincerely,

*Traci Hughes*

Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC  
thughes@LewisEllis.com  
(972)-850-0850



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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/27/2024
Submitted Date	06/27/2024
Respond By Date	07/02/2024

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*Dear Eric Bachner,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*

June 27, 2024

Eric Bachner  
MVP Health Plan, Inc.  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005  
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

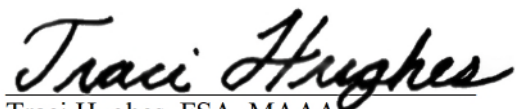
Questions:

1. Follow-up to Objection #2, Question 7 – HB 890 was passed on 6/17/2024 by both the House and Senate. Assuming it will be signed by the Governor, please provide a complete response to each part of Question 7 from Objection #2.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 2, 2024.

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

Sincerely,



Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC  
thughes@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/25/2024
Submitted Date	06/25/2024
Respond By Date	07/03/2024

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Dear Eric Bachner,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee

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**DELIVERED ELECTRONICALLY**

June 25, 2024

Traci Hughes  
Vice President & Principal  
Lewis & Ellis, Inc.

Dear Ms. Hughes:

To assist the Board with its review of MVP Health Plan, Inc.'s (MVP) 2025 individual and small group rate filings (Docket Nos. GMCB-005-24rr & GMCB-006-24rr), please ask MVP to provide the following information.

1. Please provide more information about the Well-Being Reimbursement program described on page 4 of the Actuarial Memorandum. What are the categories for which members can receive reimbursement? What method has MVP chosen to allow members to submit for reimbursement? Provide any evidence MVP possesses showing that the program is improving member health and lowering claims costs overall.
2. Please provide additional information about MVP's current claims edits and payment policies that will be removed or restricted as a result of Act No. 111 of 2024 (H.766) and describe in greater detail how MVP determined the impact of removing or restricting these claims edits and payment policies. For each edit or policy (or category thereof), provide the corresponding dollar amount, ensuring that the total equals the billed charges amount mentioned in MVP's response to Objection 1, Question 16.
3. Is the \$25,000,000 surplus note issued on 02/20/2024 to MVP HSC (2023 MVPHP Annual Statement at 26.6) included in MVPHP's "TOTAL Adjusted Capital" amount listed on line 14 of page 29?
4. Confirm that MVP has renewed its contract with CVS/Caremark for pharmacy benefit management (PBM) services and state when the new contract term ends. Did MVP negotiate with CVS/Caremark over the terms of the new contract? If so, please describe any contract enhancements that MVP received as a result of the negotiations and demonstrate the impact of those enhancements on the filed rates.



5. Prior to renewing the contract with CVS/Caremark, did MVP:
  - a. audit CVS/Caremark's performance under the prior contract? If so, describe all aspects of the audit.
  - b. perform any market comparison checks to evaluate whether MVP is receiving the best possible terms for PBM services? If so, thoroughly describe the process, including timelines, evaluation criteria, and benchmarks.
  - c. solicit or receive bids or outreach from any PBM other than CVS/Caremark?
6. In general, what are the "known contract changes for 2024 and 2025" that are reflected in the Rx trend factors? What is your best estimate of how those contract changes impacted the Rx unit cost trends in the filings?
7. Has MVP evaluated CVS Caremark's TrueCost program, which CVS describes as offering a deeper level of transparency" and "the same or better value," to determine whether the program would benefit MVP's members? If so, what were MVP's findings?
8. Does MVP acknowledge that some of its members are purchasing prescriptions "off benefit" through services such as GoodRx or Mark Cuban Cost Plus Drug Company, because, in many cases, those members are able to obtain lower prices "off benefit" than they receive through their benefit plan? Does MVP or its PBM have hard data on the amount of such "off benefit" spending by its Vermont QHP membership? If so, please provide the data. What does MVP see as the plusses and minuses of "off benefit" drug spending?

Sincerely,

*/s/ Michael Barber*

General Counsel  
Green Mountain Care Board

Cc: Gary Karnedy  
Ryan Long  
Hannah Lebel  
HCA Rate Review  
GMCB Rate Review



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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/14/2024
Submitted Date	06/14/2024
Respond By Date	07/12/2024

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*Dear Eric Bachner,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. ) GMCB-005-23rr  
 2025 Individual Market Rate Filing )  
 ) SERFF No. MVPH-134081032  
 )

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In re: MVP Health Plan, Inc ) GMCB-006-23rr  
 2025 Small Group Market Rate Filing )  
 ) SERFF No.: MVPH-134081005  
 )

Dear Mr. Karnedy,

The Green Mountain Care Board hereby requests that MVP Health Plan, Inc. (MVP) provide the following information to assist with the Board’s review of the above-referenced filings. Please provide responses to all questions by July 12, 2024.

1. Provide MVP’s Supplemental Health Care Exhibit and Annual Statement Key Pages for 2023.
2. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by MVP under each alternative payment model category below across MVP’s individual and small group plans and identify the relevant program or payment arrangement(s).

(YEAR)			
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Quality and Value			
1: FFS-No link to Quality & Value			
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations			
2B: Pay for reporting			
2C: Pay for performance			
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings			
3B: APMs with shared savings and downside risk			
3N: Risk based payments NOT linked to quality			

Category 4: Population-Based Payment			
4A: Condition-specific population-based payment			
CU4B: Comprehensive population-based payment			
<i>4B with reconciliation to FFS and ultimate accountability for TCOC</i>			
<i>4B with NO reconciliation to FFS</i>			
4C: Integrated finance & delivery system			
4N: Capitated payments NOT linked to quality			

- Using the most recent calendar year of complete data for the populations covered by these filings, compare MVP’s average payment to primary care providers to MVP’s average payment to non-primary care providers. Please use NESCSO definition 2 (Defined PCPs, All Services) and NESCSO definition 4 (Defined PCPs, Selected OB/GYN Services) for this analysis and include non-claims-based payments as applicable.<sup>1</sup> See New England States Consortium Systems Organization, *The New England States’ All-Payer Report on Primary Care Payments* (Dec. 22, 2020), <https://nescso.org/wp-content/uploads/2021/02/NESCSO-New-England-States-All-Payer-Report-on-Primary-Care-Payments-2020-12-22.pdf>.
- The Board’s 2024 QHP order required MVP to “report back to the GMCB describing the rates awarded to Board-regulated and non-Board-regulated entities and explaining how MVP considered and utilized affordability, access, and quality in negotiating rates.” In response to this requirement, MVP submitted a PowerPoint presentation on April 12, 2024. Please reproduce slide two of this presentation, clarify what the table reflects, and provide comparable data for non-Board regulated entities. Please also explain how MVP considered affordability, access, and quality in negotiating provider reimbursement rates.
- RAND recently released Round 5 of its Hospital Price Transparency Study. See RAND, Hospital Price Transparency Study Round 5, <https://www.rand.org/health-care/projects/hospital-pricing/round5.html>. The data shows Vermont being above the national benchmark on several metrics, such as outpatient facility plus physician price and total facility plus physician price. The accompanying research report also shows that Vermont had the highest State-Level Hospital-Administered Commercial Drug Price Relative to ASP of any state. See Christopher M. Waley, Rose Kerber, Daniel Wang, Aaron Kofner, and Brian Briscoe, *Prices Paid to Hospitals by Private Health Plans: Findings from Round 5 of an Employer-Led Transparency Initiative*, 22. Describe how MVP interprets these findings and whether they are consistent with or vary from any similar analyses or studies MVP has done or accessed. Describe how MVP can leverage information in this study.

<sup>1</sup> Please note that this is not a request for the percentage of total claims expenditures attributable to primary care. If MVP wishes to provide this analysis too, it would be welcome.



6. Explain in detail how charge increases get applied within the categories of inpatient, outpatient, and physician services. Is it completely up to the hospital? Is it a matter that is or can be negotiated? Has MVP observed any patterns or trends related to how charge increases are applied at the service level?

Sincerely,

s/ Michael Barber

Michael Barber

General Counsel, Green Mountain Care Board

(802) 828-1741

[michael.barber@vermont.gov](mailto:michael.barber@vermont.gov)

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/12/2024
Submitted Date	06/12/2024
Respond By Date	06/19/2024

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*Dear Eric Bachner,*

**Introduction:**

*Please see the attached letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*

June 12, 2024

Eric Bachner  
MVP Health Plan, Inc.  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005  
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

1. Follow-up to Objection #1, Question 5 – Brattleboro Retreat is now under GMCB hospital budget review/approval. The approved increase was 1.9% or below (see here <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Order%20-%20Brattleboro%20Retreat%20-%20FINAL.pdf>). The unit cost exhibit does not show compliance with the order. Please reconcile and provide an updated unit cost trend exhibit that is in compliance. No further updated documentation will be needed at this time.
2. Follow-up to Objection #1, Question 9 – What is driving the higher actual trends compared to expected? Are these drivers expected to be one-time occurrences or recurring? What drivers are expected to contribute to decreasing Rx trend in 2025?
3. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the actual 2023 expenses by expense category, similar to the table provided for projected 2025 amounts.
4. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the projected and approved 2024 expenses by expense category, similar to the table provided for projected 2025 amounts.

5. Please complete the following table regarding the rating year 2024 QHP Filing URRT morbidity adjustment:

	2024 QHP Filing (As Filed)	2024 QHP Filing (As Ordered)
<b>COVID-19 Testing</b>	-0.06%	-0.06%
<b>COVID-19 Vaccinations</b>	+0.3%	??
<b>[fill in as appropriate]</b>	--	??
<b>[fill in as appropriate]</b>	--	??
<b>Total Morbidity Adjustment</b>	<b>+0.3%</b>	<b>+0.0%</b>

6. Please provide the age distribution, by each age, of MVP’s current membership.
7. Regarding the support provided for the adjustment for H766, please address the following:
- The support states, “MVP analyzed claim lines that were edited and/or denied in its 2023 commercial Vermont population and found that these edits saved approximately...” and “MVP also reviewed claim editing procedures and payment policies enacted by vendors on MVP’s behalf and found those will add an additional...” Please clarify whether this amount represents all claims lines edit and/or denied or if this amount represents claims lines edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines. If the latter, please provide adjusted amounts that reflect only those claims that were edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines.
  - The support states, “MVP’s actuarial team was provided cost estimates for the prohibition of health plans ‘imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider’...This totaled approximately...” Please demonstrate how this amount does not overlap with the two amounts provided as quoted above in #9a.
  - Please provide quantitative support for the calculation of the risk adjustment PMPM in the URRT before versus after the impact of H766.
  - The updated URRT after the impact of H766 that was provided shows an increase in the capitation trend compared to the URRT before the impact of H766, please provide qualitative and quantitative support for why and how the impact of H766 affects the capitation trend.
  - Please provide the 2023 claims denial rate.
  - Please provide 2023 reduced or denied billed claim amounts by reason, similar to the following structure:

Denial/Edit Reason	Reduction or Denied Billed Amount

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 19, 2024.

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

Sincerely,

*Traci Hughes*

Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC  
thughes@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** VT Small Group 2025  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/23/2024
Submitted Date	05/23/2024
Respond By Date	05/31/2024

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*Dear Eric Bachner,*

**Introduction:**

*Please see the attached objection letter.*

**Conclusion:**

*Sincerely,  
Jacqueline Lee*

May 23, 2024

Eric Bachner  
MVP Health Plan, Inc.  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005  
Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

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

Questions:

General

1. Please provide the 2023 RATEE report from CMS.
2. Please provide the average age factor for MVP's small group market for 2023 and 2024.
3. Please provide the company's historical RBC ratio for a minimum of three years.
4. Please reconcile WS2 of the URRT, rows 21-22, showing a rate increase of 9.5% to the requested rate increase shown in the Actuarial Memo and SERFF of 9.3%.

Trend

5. Please provide detailed quantitative and qualitative support for the 2024 & 2025 medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the approved budget changes for FY24 (<https://gmcbboard.vermont.gov/FY2024hospitalbudgets>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.

6. We acknowledge the following from page 5 of the Actuarial Memorandum: “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.” Please provide the analysis of the historical medical utilization trends. This analysis should include quantitative and qualitative components.
7. Provide quantitative support for the 1.036 trend factor applied to the claims for the deductible in Exhibit 2a.
8. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.
9. Please provide the historical annual Rx trends observed from 2020-2023, as well as the actual-to-expected ratio for the Rx trend in each year.

#### Experience Period

10. Page 3 of the Actuarial Memorandum states “our emerging unpaid experience indicates that there are high-cost claims only attributable to small group, so we have modified the IBNR factor for the entire VT population to reflect these amounts specifically in the small group filing”. Please provide quantitative and further qualitative support for the IBNR adjustment, including the small-group-specific adjustment factor.
11. Please provide qualitative and quantitative support for the decrease in “Other Medical Expenses not in claim warehouse” and “Net Reinsurance Expense” shown on page 4 of the Actuarial Memorandum. Please elaborate on what is driving the decreased amounts for these two items compared to last year’s filing.
12. Please provide further qualitative and quantitative support for the Well-Being Reimbursement and Claim Settlements to Providers amounts shown on page 4 of the Actuarial Memorandum.
13. For each month from January 2019 through March 2024, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.

#### Rating Adjustments

14. Please provide further qualitative and quantitative support for the adjustment on lines 11-14 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.
15. The Actuarial Memo states the following about the morbidity adjustment for the impact of COVID vaccines: “During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs.” If MVP was responsible for the ingredient cost starting in



September 2023, that implies that there are 4 months of ingredient costs included in the experience period. However, MVP is adding 12 months of ingredient costs into the rating period. Why isn't MVP adding only 8 months of ingredient costs into the rating period?

16. Page 5 of the Actuarial Memorandum states that “MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates.” Further, MVP states that “our preliminary analysis suggest this would increase premium rates by 8-10%.” We note that H.766 was signed into law on May 10<sup>th</sup>. Please provide only an updated URRT and the updated “VT 2025 Exchange Rate Filing...” rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.

#### Actuarial Value

17. Please provide quantitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate factor in Exhibit 6.

#### Risk Adjustment

18. Please provide quantitative and further qualitative support for the expected 2023 risk adjustment payment.

#### Non-Benefit Expenses

19. Please provide the national study performed by Wakely Consulting Group for the 0.77% impact of the National High Cost Reinsurance Pool.
20. Please provide a breakdown of the assumed general administrative load of \$51.44 shown in Exhibit 5 by expense category. Please also provide this breakdown for the actual 2023 expenses.
21. What were the drivers of the significant increase in administrative costs in SHCE admin PMPM from 2022 to 2023, as shown on page 9 of the Actuarial Memorandum?
22. Please provide the historical actual to expected profit margin for a minimum of three years.
23. Please provide the actual bad debt expense as a percentage of premium for 2023.
24. Please provide the historical loss ratio for a minimum of three years. Additionally, please provide the projection loss ratio for 2024, based on 2024 experience to date.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than May 31, 2024.

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

Sincerely,

A handwritten signature in black ink that reads "Traci Hughes". The signature is written in a cursive, flowing style.

Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC  
thughes@LewisEllis.com  
(972)-850-0850

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2024
Submitted Date	07/17/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&E Objection 7 Response
Comments:	
Attachment(s):	Response to 2025 SG VT Exchange Objection #7.pdf REDACTED Support for 2025 SG Objection #7.pdf REDACTED Support for 2025 SG Objection #7.xlsx

### Conclusion:

Sincerely,

Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2024
Submitted Date	07/09/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

### Supporting Document Schedule Item Changes

Satisfied - Item:	L&E Objection 6 Response
Comments:	
Attachment(s):	REDACTED Response to 2025 SG VT Exchange Objection #6.pdf

### Conclusion:

Sincerely,

Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/02/2024
Submitted Date	07/02/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection 5 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 SG VT Exchange Objection #5 SERFF.pdf Support for 2025 SG Objection #5 SERFF.pdf Support for 2025 SG Objection #5 SERFF.xlsx VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.xlsx Unified Rate Review VT SG 2025 H.766 v2.pdf Unified Rate Review VT SG 2025 H.766 v2.xlsm

### Conclusion:

Sincerely,

Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/03/2024
Submitted Date	07/03/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	HCA Objection 4 Response
Comments:	
Attachment(s):	REDACTED Response to 2025 VT Exchange Objection #4.pdf

### Conclusion:

Sincerely,

Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2024
Submitted Date	07/12/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	GMCB Objection 3 Response
Comments:	
Attachment(s):	REDACTED Response to 2025 VT Exchange Objection #3 GMCB Questions.pdf MVPHP Financials.pdf

### Conclusion:

Sincerely,  
Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

Project Name/Number:

/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2024
Submitted Date	06/19/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see attached for MVP's Response to Objection #2.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection 2 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 SG VT Exchange Objection #2.pdf REDACTED Support for 2025 SG Objection #2 SERFF.pdf REDACTED Support for 2025 SG Objection #2 SERFF.xlsx

### Conclusion:

Sincerely,

Eric Bachner



SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2024
Submitted Date	05/31/2024

Dear Jacqueline Lee,

### Introduction:

### Response 1

#### Comments:

Please see the attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&E Objection 1 Response
Comments:	
Attachment(s):	REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.xlsx

### Conclusion:

Sincerely,  
Julia Savasta

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Amendment Letter

Submitted Date: 08/13/2024

Comments:

Updated to reflect board ordered changes

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

URRT Schedule Item Changes	
Item Name	Attachment(s)
Unified Rate Review Template	Unified-Rate-Review-VT-SG-2025-GMCB-Decision_20240813113113.xml
<i>Previous Version</i>	
<i>Unified Rate Review Template</i>	<i>UnifiedRateReviewVTSG2025_2024050914457.xml</i>
Other Supporting Documents	Unified-Rate-Review-VT-SG-2025-GMCB-Decision.pdf
<i>Previous Version</i>	
<i>Other Supporting Documents</i>	<i>Unified-Rate-Review-VT-SG-2025.pdf</i>

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

**Supporting Document Schedule Item Changes**

**Satisfied - Item:** Actuarial Memorandum and Certifications

**Comments:**

**Attachment(s):**  
Non-Standard AVC Screenshots 2025 VT.pdf  
2025 Actuarial Memorandum Vermont Exchange Small.pdf  
Actuarial Memo Dataset 2025 SMALL\_SERFF.pdf  
Actuarial Memo Dataset 2025 SMALL\_SERFF.xlsx  
Consumer-Disclosure-Form-2025-VT-Exchange-Small.pdf  
Federal AVC Actuarial Certification for Non-standard Plans - 2025\_05092024.pdf  
VT Rx Data 2025 SMALL\_SERFF.pdf  
VT Rx Data 2025 SMALL\_SERFF.xlsx  
Wakely - VT Standard Plan Designs - AV Certification\_2024\_03\_06.pdf  
Rate Increase Exhibit 2024-2025 SMALL GMCB Decision\_SERFF.xlsx  
PY2025RatesTable VT OFF SMALL GMCB Decision SERFF.xls  
PY2025RatesTable VT ON SMALL GMCB Decision SERFF.xls  
Rate Increase Exhibit 2024-2025 SMALL GMCB Decision\_SERFF.pdf  
VT 2025 Exchange Rate Filing SMALL GMCB Decision\_SERFF.pdf  
VT 2025 Exchange Rate Filing SMALL GMCB Decision\_SERFF.xlsx  
Unified-Rate-Review-VT-SG-2025-GMCB-Decision.xlsm

*Previous Version*

**Satisfied - Item:** Actuarial Memorandum and Certifications

**Comments:**

**Attachment(s):**  
Non-Standard AVC Screenshots 2025 VT.pdf  
Rate Increase Exhibit 2024-2025 SMALL\_SERFF.pdf  
2025 Actuarial Memorandum Vermont Exchange Small.pdf  
Actuarial Memo Dataset 2025 SMALL\_SERFF.pdf  
Actuarial Memo Dataset 2025 SMALL\_SERFF.xlsx  
Consumer-Disclosure-Form-2025-VT-Exchange-Small.pdf  
Federal AVC Actuarial Certification for Non-standard Plans - 2025\_05092024.pdf  
Rate Increase Exhibit 2024-2025 SMALL\_SERFF.xlsx  
Unified Rate Review VT SG 2025.xlsm  
VT 2025 Exchange Rate Filing SMALL\_SERFF.pdf  
VT 2025 Exchange Rate Filing SMALL\_SERFF.xlsx  
VT Rx Data 2025 SMALL\_SERFF.pdf  
VT Rx Data 2025 SMALL\_SERFF.xlsx  
Wakely - VT Standard Plan Designs - AV Certification\_2024\_03\_06.pdf

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

Project Name/Number:

/

## Amendment Letter

Submitted Date:

07/17/2024

Comments:

Please see the updated responses to objections 1, 2, 4, and 5, in conformance with the Board's confidentiality determinations.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

*No URRT Items Changed.*

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&E Objection 1 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Support for 2025 SG Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.xlsx Unified Rate Review VT SG 2025 H.766.pdf Unified Rate Review VT SG 2025 H.766.xlsm VT 2025 Exchange Rate Filing SMALL H.766_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766_SERFF.xlsx REDACTED Response to 2025 SG VT Exchange Objection #1 v3.pdf REDACTED Response to 2025 SG VT Exchange Objection #1 Q16 v3.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection 1 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.xlsx</i> <i>REDACTED Response to 2025 SG VT Exchange Objection #1 Q16.pdf</i> <i>Unified Rate Review VT SG 2025 H.766.pdf</i> <i>Unified Rate Review VT SG 2025 H.766.xlsm</i> <i>VT 2025 Exchange Rate Filing SMALL H.766_SERFF.pdf</i> <i>VT 2025 Exchange Rate Filing SMALL H.766_SERFF.xlsx</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection 1 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.xlsx</i>

<b>Satisfied - Item:</b>	L&E Objection 2 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Support for 2025 SG Objection #2 SERFF.pdf REDACTED Support for 2025 SG Objection #2 SERFF.xlsx REDACTED Response to 2025 SG VT Exchange Objection #2 v2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection 2 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 SG VT Exchange Objection #2.pdf</i> <i>REDACTED Support for 2025 SG Objection #2 SERFF.pdf</i>

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: VT Small Group 2025  
 Project Name/Number: /

*REDACTED Support for 2025 SG Objection #2 SERFF.xlsx*

<b>Satisfied - Item:</b>	L&E Objection 5 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Support for 2025 SG Objection #5 SERFF.pdf Support for 2025 SG Objection #5 SERFF.xlsx VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.xlsx Unified Rate Review VT SG 2025 H.766 v2.pdf Unified Rate Review VT SG 2025 H.766 v2.xlsm REDACTED Response to 2025 SG VT Exchange Objection #5 v2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection 5 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 SG VT Exchange Objection #5 SERFF.pdf        Support for 2025 SG Objection #5 SERFF.pdf        Support for 2025 SG Objection #5 SERFF.xlsx        VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.pdf        VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.xlsx        Unified Rate Review VT SG 2025 H.766 v2.pdf        Unified Rate Review VT SG 2025 H.766 v2.xlsm</i>

<b>Satisfied - Item:</b>	HCA Objection 4 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 VT Exchange Objection #4 v2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>HCA Objection 4 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 VT Exchange Objection #4.pdf</i>

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Amendment Letter

Submitted Date: 06/07/2024

Comments:

Please see the updated response to Objection 1 and attached documents. Note that MVP has determined this information to be confidential, so the response here has been redacted. A confidential response will be provided outside of SERFF.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

*No URRT Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&E Objection 1 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.xlsx REDACTED Response to 2025 SG VT Exchange Objection #1 Q16.pdf Unified Rate Review VT SG 2025 H.766.pdf Unified Rate Review VT SG 2025 H.766.xlsm VT 2025 Exchange Rate Filing SMALL H.766_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766_SERFF.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;E Objection 1 Response</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.pdf</i> <i>REDACTED Support for 2025 SG Objection #1 SERFF.xlsx</i>

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: VT Small Group 2025  
 Project Name/Number: /

## Post Submission Update Request Processed On 08/14/2024

Status: Allowed  
 Created By: Julia Savasta  
 Processed By: Laura Beliveau  
 Comments:

### General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	11.1	9.34

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	11.100%	9.340%
Overall % Rate Impact	11.100%	9.340%
Written Premium Change for this Program	\$14939895	\$12581628
Maximum %Change (where required)	13.450%	11.700%
Minimum %Change (where required)	6.870%	5.180%

Product:	NEW
Product Name	VT Small Group HMO
HIOS Product ID	77566VT005
Number of Covered Lives	15027

### REQUESTED RATE CHANGE INFORMATION:

Min:	6.870	5.180
Max:	13.450	11.7
Weighted Avg.:	11.100	9.34

### REQUESTED RATE:

Projected Earned Premium:	149,578,555.000	147,220,288.000
Projected Incurred Claims:	135,384,815.000	133,097,371.000
Min:	713.040	702.040
Max:	1,203.090	1,183.810
Weighted Avg.:	829.500	816.420



SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

### Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 11.540%  
 Effective Date of Last Rate Revision: 01/01/2024  
 Filing Method of Last Filing: SERFF  
 SERFF Tracking Number of Last Filing: MVPH-133660956

### 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	11.100%	11.100%	\$14,939,895	1,209	\$134,638,660	13.450%	6.870%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: VT Small Group 2025  
 Project Name/Number: /

## Rate Review Detail

### COMPANY:

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

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Small Group HMO	77566VT005		15027

Trend Factors:

### FORMS:

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

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 192,917  
 Benefit Change: Increase  
 Percent Change Requested: Min: 6.87 Max: 13.45 Avg: 11.1

### PRIOR RATE:

Total Earned Premium: 134,638,660.00  
 Total Incurred Claims: 122,532,877.00  
 Annual \$: Min: 631.98 Max: 1,094.86 Avg: 746.65

### REQUESTED RATE:

Projected Earned Premium: 149,578,555.00  
 Projected Incurred Claims: 135,384,815.00  
 Annual \$: Min: 713.04 Max: 1,203.09 Avg: 829.50

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

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/

## URRT

### State Determination

<b>Review Status:</b>	Complete
<b>Determination:</b>	Rate Filing Accepted
<b>Review Submission Date:</b>	08/14/2024

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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## URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>Unified-Rate-Review-VT-SG-2025-GMCB-Decision_20240813113113.xml</i>
Actuarial Memorandum	<i>2025-Federal-Act-Memo-Vermont-Exchange-Small.pdf</i>
Actuarial Memorandum - Redacted	<i>2025-Federal-Act-Memo-Vermont-Exchange-Small-Redacted.pdf</i>
Consumer Justification Narrative	<i>Consumer-Disclosure-Form-2025-VT-Exchange-Small.pdf</i>
Other Supporting Documents	<i>Unified-Rate-Review-VT-SG-2025-GMCB-Decision.pdf</i>

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VermontGMCB

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***Attachment Unified-Rate-Review-VT-SG-2025-GMCB-Decision\_20240813113113.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:	Eric Bachner, ASA
Contact Title:	Director, Commercial Market & Valuation Actuary
Primary Contact Phone #:	518-991-3417
Primary Contact Address:	625 State Street Schenectady, NY 12305
Primary Contact E-mail:	EBachner@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2025 Vermont Small Group Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2025 premium rates for the State of Vermont's small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2025 and 12/31/2025. There is one benefit plan being retired and one 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 as well as forms for the new plan. The proposed average rate increase (MVP's revenue increase) is 9.3%, with increases ranging from 5.2% to 11.7%.

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**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.

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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 small group market risk pool membership base of 192,917 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 Vaccines*

During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs. Therefore, the \$0.43 PMPM value found in line 12 represents the difference between the projected cost and the experience cost. The difference between the projected cost and the experience cost has an impact of 0.1%.

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

Hearing aids were 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 0.04%.

### *Not Included- Adjustment for H.766*

Vermont House Bill H.766 is “an act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts,” and it has the potential to significantly raise the cost of medical claims in the Vermont commercial health insurance market. MVP is still analyzing the contents of the bill (and subsequent amendments that have been filed and approved), but our preliminary analysis suggests this would increase premium rates by 8-10%.

At the time of this filing (last action being taken on 5/3/24), the bill has been approved by both chambers of the Vermont Legislature and is awaiting signature or veto by the Governor.

Given the timing of this decision, the likelihood of a signature or override of the Governor’s veto, and the magnitude of the bill in question, MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of the bill in our premium rates.

## **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)**

MVP contracted with an external actuarial consultant to project expected transfer for 2023. MVP is expected to pay \$5,283,764 into the small group market transfer pool for 2023. This is \$27.39 on a PMPM basis or 4.3% 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 (\$37.34 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 \$766.64 is equal to the small group market allowed claim data for the time period, 1/1/2023 – 12/31/2023, completed through 3/31/2024.

The actual market adjusted index rate for the projection period equals \$890.94. 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 6 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 1.7%.

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.

### **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 \$0.44 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.17 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.27 PMPM for the Patient Centered Outcome Research Fee.

*State Taxes PMPM Based*

\$2.58 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 growth in market share from 2022 to 2025. We have not received updated expense information from the Green Mountain Care Board and we will seek to amend our filing once we receive this for FY 2024, should the expense be materially different from what is currently assumed.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP) in 2023, MVP's rates are estimated to be \$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, resulting in \$4.66 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 0.57%. These rates are subject to change at the VVPP annual assessment meeting on May 30, 2024, and we will seek to amend our filing if we receive updated data from the VVPP that is materially different from the current assumptions.

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

In the 2025 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 small group market issuers in 2025 will be 0.77%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$51.44 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 7% of MVP's total administrative expense was spent on QI. Therefore, \$3.60 PMPM of the \$51.44 PMPM administrative expense is attributable to QI.

MVP's projected administrative expense reflects the 2023 SHCE administrative expense on a PMPM basis trended at 3% per year annually for 2 years.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2021, 2022, and 2023 SHCEs compared to the available admin expense built into the rates for the same time period.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
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
Individual	2023	\$51.46	\$55.73
Small Group	2023	\$43.56	\$48.49
Combined	2023	\$46.74	\$51.41

\*Reflects lines 1.7, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

### *Risk Margin*

MVP is building a 1.5% risk margin into the VT Exchange premium rates for 2025. 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 0.17% of premium was added to account for non-payment of premium risk.

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

Per Vermont 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 2024. The SCF = weighted average contract size / weighted average load ratio.

### **Projection Period Membership**

MVP's projection period membership equals the February 2024 enrollment of the population eligible to purchase these products, or 15,027 members. On Worksheet 2 of the URRT, members are mapped based on their February 2024 benefit to the same benefits for 2025. There is one exception: retired Gold 2 members who are mapped to the Gold 1 plan. This projected enrollment is used to calculate the rate increase on the Rate Increase Exhibit, while the current enrollment is used on the URRT, resulting in a different submission level rate increase.

### **New Products**

MVP is offering one new base product to this market effective 1/1/25: Non-Standard Gold 4 (77566VT0050032). MVP utilized its proprietary benefit relativity model to value the benefits associated with the new plan and this is reflected in the premium rate.

**Retired Products**

MVP is retiring the following base product in Vermont in 2025: Non-Standard Gold 2 (77566VT0050004).

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.4%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.4%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2025:

Target Loss Ratio for 2025 VT Small Group	
A) Claims Expense	\$747.86
B) Taxes/Assessments	\$14.10
C) Quality Improvement	\$3.60
D) Premium	\$827.22
E) Traditional Loss Ratio = $A / D$	90.4%
F) Federal Loss Ratio = $[A + C] / [D - B]$	92.4%

**Actuarial Certification**

I, Kathleen Fish, 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.



\_\_\_\_\_  
Kathleen Fish, FSA, MAAA  
Senior Director, Actuarial Services / Chief Actuary  
MVP Health Care, Inc.

05/13/2024  
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:	Eric Bachner, ASA
Contact Title:	Director, Commercial Market & Valuation Actuary
Primary Contact Phone #:	518-991-3417
Primary Contact Address:	625 State Street Schenectady, NY 12305
Primary Contact E-mail:	EBachner@mvphealthcare.com

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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 small group market risk pool membership base of 192,917 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 Vaccines*

During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs. Therefore, the \$0.43 PMPM value found in line 12 represents the difference between the projected cost and the experience cost. The difference between the projected cost and the experience cost has an impact of 0.1%.

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

Hearing aids were 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 0.04%.

### *Not Included- Adjustment for H.766*

Vermont House Bill H.766 is “an act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts,” and it has the potential to significantly raise the cost of medical claims in the Vermont commercial health insurance market. MVP is still analyzing the contents of the bill (and subsequent amendments that have been filed and approved), but our preliminary analysis suggests this would increase premium rates by 8-10%.

At the time of this filing (last action being taken on 5/3/24), the bill has been approved by both chambers of the Vermont Legislature and is awaiting signature or veto by the Governor.

Given the timing of this decision, the likelihood of a signature or override of the Governor’s veto, and the magnitude of the bill in question, MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of the bill in our premium rates.

## **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)**

MVP contracted with an external actuarial consultant to project expected transfer for 2023. MVP is expected to pay \$5,283,764 into the small group market transfer pool for 2023. This is \$27.39 on a PMPM basis or 4.3% 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 (\$37.34 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 \$766.64 is equal to the small group market allowed claim data for the time period, 1/1/2023 – 12/31/2023, completed through 3/31/2024.

The actual market adjusted index rate for the projection period equals \$890.94. 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 6 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 1.7%.

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.

### **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 \$0.44 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.17 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.27 PMPM for the Patient Centered Outcome Research Fee.

*State Taxes PMPM Based*

\$2.58 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 growth in market share from 2022 to 2025. We have not received updated expense information from the Green Mountain Care Board and we will seek to amend our filing once we receive this for FY 2024, should the expense be materially different from what is currently assumed.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP) in 2023, MVP's rates are estimated to be \$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, resulting in \$4.66 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 0.57%. These rates are subject to change at the VVPP annual assessment meeting on May 30, 2024, and we will seek to amend our filing if we receive updated data from the VVPP that is materially different from the current assumptions.

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

In the 2025 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 small group market issuers in 2025 will be 0.77%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$51.44 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 7% of MVP's total administrative expense was spent on QI. Therefore, \$3.60 PMPM of the \$51.44 PMPM administrative expense is attributable to QI.

MVP's projected administrative expense reflects the 2023 SHCE administrative expense on a PMPM basis trended at 3% per year annually for 2 years.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2021, 2022, and 2023 SHCEs compared to the available admin expense built into the rates for the same time period.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
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
Individual	2023	\$51.46	\$55.73
Small Group	2023	\$43.56	\$48.49
Combined	2023	\$46.74	\$51.41

\*Reflects lines 1.7, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

### *Risk Margin*

MVP is building a 1.5% risk margin into the VT Exchange premium rates for 2025. 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 0.17% of premium was added to account for non-payment of premium risk.

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

Per Vermont 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 2024. The SCF = weighted average contract size / weighted average load ratio.

### **Projection Period Membership**

MVP's projection period membership equals the February 2024 enrollment of the population eligible to purchase these products, or 15,027 members. On Worksheet 2 of the URRT, members are mapped based on their February 2024 benefit to the same benefits for 2025. There is one exception: retired Gold 2 members who are mapped to the Gold 1 plan. This projected enrollment is used to calculate the rate increase on the Rate Increase Exhibit, while the current enrollment is used on the URRT, resulting in a different submission level rate increase.

### **New Products**

MVP is offering one new base product to this market effective 1/1/25: Non-Standard Gold 4 (77566VT0050032). MVP utilized its proprietary benefit relativity model to value the benefits associated with the new plan and this is reflected in the premium rate.

**Retired Products**

MVP is retiring the following base product in Vermont in 2025: Non-Standard Gold 2 (77566VT0050004).

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.4%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.4%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2025:

Target Loss Ratio for 2025 VT Small Group	
A) Claims Expense	\$747.86
B) Taxes/Assessments	\$14.10
C) Quality Improvement	\$3.60
D) Premium	\$827.22
E) Traditional Loss Ratio = $A / D$	90.4%
F) Federal Loss Ratio = $[A + C] / [D - B]$	92.4%

**Actuarial Certification**

I, Kathleen Fish, 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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Kathleen Fish, FSA, MAAA  
Senior Director, Actuarial Services / Chief Actuary  
MVP Health Care, Inc.

05/13/2024  
Date



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2025 ACA Small Group 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 2025 Small Group Exchange rates for effective dates of coverage between January 1, 2025 and December 31, 2025. 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 **4.8%** because our estimate of 2024 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 **6.1%** because of this estimated trend in 2025.

***-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 small group payment has gone down, decreasing premium rates by approximately **2.0%**.

***-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 small group market. These changes are worth approximately **0.5%** of a premium increase.

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 9.3%, ranging from 5.2% to 11.7%. There are 1,209 policyholders, 9,306 subscribers and 15,027 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 13<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>																			
2																					
3		Company Legal Name:	MVP Health Plan, Inc.																		
4		HIOS Issuer ID:	77566	State:	VT																
5		Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group																
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:	1/1/2023	to	12/31/2023																
13				Total		PMPM															
14		Allowed Claims		\$147,897,728.90		\$766.64															
15		Reinsurance		\$0.00		\$0.00															
16		Incurred Claims in Experience Period		\$122,811,234.00		\$636.60															
17		Risk Adjustment		-\$4,944,213.16		-\$25.63															
18		Experience Period Premium		\$129,780,209.85		\$672.73															
19		Experience Period Member Months		192,917																	
20																					
21		<b>Section II: Projections</b>																			
22				Year 1 Trend			Year 2 Trend														
23		Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM													
24		Inpatient Hospital	\$101.94	1.048	1.010	1.046	1.010	\$113.98													
25		Outpatient Hospital	\$348.49	1.052	1.010	1.043	1.010	\$390.13													
26		Professional	\$191.70	1.017	1.010	1.020	1.010	\$202.68													
27		Other Medical	\$3.13	1.000	1.010	1.000	1.010	\$3.19													
28		Capitation	\$19.28	1.074	1.000	1.074	1.000	\$22.25													
29		Prescription Drug	\$102.09	1.042	1.084	1.042	1.084	\$130.36													
30		Total	\$766.64					\$862.60													
31																					
32		Morbidity Adjustment				1.001															
33		Demographic Shift				1.000															
34		Plan Design Changes				1.008															
35		Other				1.000															
36		Adjusted Trended EHB Allowed Claims PMPM for		1/1/2025		\$869.86															
37																					
38		Manual EHB Allowed Claims PMPM				\$0.00															
39		Applied Credibility %				100.00%															
40																					
41																					
42																					
43		Projected Index Rate for	1/1/2025			\$869.86	\$156,856,634.64														
44		Reinsurance				\$0.00	\$0.00														
45		Risk Adjustment Payment/Charge				-\$35.64	-\$6,426,090.77														
46		Exchange User Fees				0.00%	\$0.00														
47		Market Adjusted Index Rate				\$905.50	\$163,282,725.41														
48		Projected Member Months				180,324															
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): 1/1/2025 Market: Small Group

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

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

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

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

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

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

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

1.1 Product ID	Small Group																			
1.2 Plan Name	77566VT005																			
1.3 Plan ID (Standard Component ID)	001-S (2025)	001-S (2025)	004-N (2025)	002-N (2024)	003-N (2025)	003-S (2025)	004-S (2025)	002-N (2025)	001-N (2025)	II (2025)	II (2025)	N II (2025)	N II (2025)	002-S (2025)	003-S (2025)	004-S (2025)	005-N (2025)	001-N (2025)		
1.4 Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019	
1.5 Metal	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	
1.6 AV Metal Value	0.900	0.810	0.807	0.815	0.808	0.710	0.709	0.715	0.710	0.709	0.712	0.715	0.618	0.621	0.646	0.629	0.647	0.647	0.647	
1.7 Plan Category	Renewing	Renewing	New	Terminated	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	HMO	HMO	
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	
1.10 Effective Date of Proposed Rates	1/1/2025	1/1/2025	1/1/2025	1/1/2024	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	
1.11 Cumulative Rate Change % (over 12 mos prior)	9.89%	10.60%	0.00%	0.00%	11.00%	12.62%	11.59%	11.67%	12.50%	12.62%	11.60%	11.67%	12.50%	12.83%	12.21%	11.48%	12.51%	13.45%	13.45%	
1.12 Product Rate Increase %																				
1.13 Submission Level Rate Increase %																				

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

2.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019
2.1 Allowed Claims	\$147,897,729	\$32,114,585	\$29,052,564	\$0	\$4,529,827	\$30,381,175	\$17,579	\$250,068	\$245	\$49,141	\$9,057,130	\$8,385,105	\$6,877,289	\$8,546,119	\$3,801,244	\$12,034,654	\$346,428	\$1,109,912	\$1,014,644	\$1,014,644
2.2 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Member Cost Sharing	\$25,086,495	\$2,036,093	\$4,318,859	\$0	\$41,766	\$4,752,304	\$3,755	\$65,647	\$345	\$55,134	\$2,219,008	\$2,095,098	\$1,340,636	\$2,030,692	\$1,249,694	\$3,736,759	\$169,202	\$266,526	\$245,077	\$245,077
2.4 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$122,811,234	\$30,078,493	\$24,733,705	\$0	\$3,988,061	\$25,628,871	\$13,823	\$184,440	\$0	\$364,008	\$6,838,122	\$6,510,005	\$5,516,654	\$6,515,427	\$2,351,551	\$8,297,894	\$177,225	\$843,386	\$769,568	\$769,568
2.6 Incurred Claims	\$4,944,213	\$4,360,833	\$15,807	\$0	\$33,965	\$2,346,406	\$5,734	\$62,548	\$0	\$119,228	\$2,813,008	\$2,033,358	\$635,511	\$2,127,159	\$889,299	\$2,440,472	\$297,077	\$386,757	\$256,384	\$256,384
2.7 Risk Adjustment Transfer Amount	\$129,780,210	\$26,236,497	\$25,600,458	\$0	\$3,354,533	\$23,569,678	\$4,015	\$297,755	\$0	\$35,293	\$8,438,833	\$8,489,166	\$5,104,178	\$8,586,264	\$4,201,656	\$11,103,574	\$384,125	\$890,176	\$964,612	\$964,612
2.8 Premium	192,917	30,662	35,951	0	4,395	32,846	9	448	0	592	15,462	14,564	8,374	15,507	7,769	21,713	1,102	1,669	1,854	1,854
2.9 Experience Period Member Months	15,027	2,351	2,704	0	349	2,095	3	8	1	61	1,275	1,330	838	1,247	621	1,769	120	137	118	118
2.10 Current Enrollment	\$746.65	\$973.10	\$812.16	\$0.00	\$861.44	\$820.64	\$720.03	\$734.06	\$740.87	\$652.63	\$660.74	\$632.50	\$667.54	\$669.54	\$585.70	\$561.97	\$578.84	\$591.72	\$573.71	\$573.71
2.11 Current Premium PMPM	98.38%	97.66%	96.25%	#DIV/0!	120.10%	98.89%	117.69%	78.42%	#DIV/0!	155.98%	100.18%	100.84%	123.45%	87.35%	70.99%	95.79%	61.74%	161.13%	108.66%	108.66%
2.12 Loss Ratio																				
2.13 Allowed Claims	\$766.64	\$1,047.37	\$808.12	#DIV/0!	\$1,030.68	\$924.96	\$1,953.20	\$558.23	#DIV/0!	\$708.01	\$585.77	\$588.10	\$818.88	\$551.11	\$463.54	\$554.26	\$314.36	\$665.02	\$547.27	\$547.27
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$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	\$130.04	\$66.40	\$120.13	#DIV/0!	\$123.27	\$144.68	\$417.26	\$146.53	#DIV/0!	\$93.13	\$143.53	\$141.11	\$160.10	\$130.95	\$160.86	\$172.10	\$153.54	\$159.69	\$132.19	\$132.19
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$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	\$636.60	\$980.97	\$687.98	#DIV/0!	\$907.43	\$780.27	\$1,535.94	\$411.70	#DIV/0!	\$614.88	\$442.25	\$446.99	\$658.78	\$420.16	\$302.88	\$382.14	\$160.82	\$505.32	\$415.00	\$415.00
2.18 Risk Adjustment Transfer Amount	-\$25.63	\$148.81	\$0.44	#DIV/0!	-\$7.73	\$71.44	\$636.72	-\$139.61	#DIV/0!	-\$201.40	-\$169.22	-\$139.62	-\$75.89	-\$112.47	-\$114.47	-\$269.58	-\$219.75	-\$138.29	-\$138.29	-\$138.29
2.19 Premium	\$672.73	\$855.67	\$712.09	#DIV/0!	\$783.26	\$717.58	\$668.30	\$664.63	#DIV/0!	\$595.60	\$610.45	\$582.89	\$609.53	\$618.20	\$540.82	\$511.38	\$530.06	\$533.36	\$520.29	\$520.29

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	5905.50																			
3.2 Market Adjusted Index Rate	5905.50																			
3.3 AV and Cost Sharing Design of Plan	1.0897	0.9042	0.8985	0.0000	0.9454	0.7149	0.7227	0.7306	0.7140	0.7149	0.7227	0.7300	0.7140	0.6213	0.6274	0.6358	0.6259	0.6306	0.6306	
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	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	0.0000	1.0000	1.0000	1.0000	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	4.79%	5.71%	5.75%	0.00%	5.48%	7.11%	7.04%	6.97%	7.12%	7.11%	7.04%	6.97%	7.12%	8.01%	7.92%	8.03%	8.03%	7.98%	7.98%	
3.7 Taxes and Fees	1.62%	1.68%	1.68%	0.00%	1.66%	1.76%	1.75%	1.76%	1.76%	1.76%	1.75%	1.76%	1.76%	1.81%	1.80%	1.81%	1.81%	1.81%	1.81%	
3.8 Profit & Risk Load	1.67%	1.67%	1.67%	0.00%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	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	\$1,073.50	\$900.32	\$894.99	\$0.00	\$938.77	\$723.55	\$730.89	\$738.22	\$722.77	\$723.55	\$730.89	\$737.63	\$722.77	\$636.23	\$641.93	\$649.71	\$640.50	\$644.87	\$644.87	
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	\$1,073.50	\$900.32	\$894.99	\$0.00	\$938.77	\$723.55	\$730.89	\$738.22	\$722.77	\$723.55	\$730.89	\$737.63	\$722.77	\$636.23	\$641.93	\$649.71	\$640.50	\$644.87	\$644.87	

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019
4.2 Allowed Claims	\$189,258,568	\$28,718,778	\$35,024,025	\$0	\$0	\$24,033,846	\$32,823	\$87,527	\$10,941	\$687,394	\$13,949,683	\$14,353,388	\$9,188,467	\$13,643,294	\$6,396,402	\$18,790,714	\$1,274,867	\$1,845,245	\$1,253,424	\$1,253,424
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$39,084,041	\$1,958,621	\$6,188,745	\$0	\$0	\$3,345,511	\$10,421	\$27,133	\$3,310	\$212,432	\$4,429,010	\$4,510,930	\$2,778,962	\$4,342,660	\$2,566,000	\$7,196,844	\$477,745	\$559,542	\$476,175	\$476,175
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$130,174,527	\$26,760,158	\$28,835,285	\$0	\$0	\$20,688,335	\$27,401	\$60,394	\$7,631	\$454,963	\$9,520,627	\$10,040,456	\$6,389,505	\$9,300,632	\$4,030,401	\$11,593,872	\$796,922	\$895,703	\$77	

## 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-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	<p>Non-Standard AVC Screenshots 2025 VT.pdf  2025 Actuarial Memorandum Vermont Exchange Small.pdf  Actuarial Memo Dataset 2025 SMALL_SERFF.pdf  Actuarial Memo Dataset 2025 SMALL_SERFF.xlsx  Consumer-Disclosure-Form-2025-VT-Exchange-Small.pdf  Federal AVC Actuarial Certification for Non-standard Plans - 2025_05092024.pdf  VT Rx Data 2025 SMALL_SERFF.pdf  VT Rx Data 2025 SMALL_SERFF.xlsx  Wakely - VT Standard Plan Designs - AV Certification_2024_03_06.pdf  Rate Increase Exhibit 2024-2025 SMALL GMCB Decision_SERFF.xlsx  PY2025RatesTable VT OFF SMALL GMCB Decision SERFF.xls  PY2025RatesTable VT ON SMALL GMCB Decision SERFF.xls  Rate Increase Exhibit 2024-2025 SMALL GMCB Decision_SERFF.pdf  VT 2025 Exchange Rate Filing SMALL GMCB Decision_SERFF.pdf  VT 2025 Exchange Rate Filing SMALL GMCB Decision_SERFF.xlsx  Unified-Rate-Review-VT-SG-2025-GMCB-Decision.xlsm</p>
<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 - 2025 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-134081005

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

Project Name/Number:

/

<b>Satisfied - Item:</b>	L&E Objection 1 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	<p>REDACTED Support for 2025 SG Objection #1 SERFF.pdf  REDACTED Support for 2025 SG Objection #1 SERFF.xlsx  Unified Rate Review VT SG 2025 H.766.pdf  Unified Rate Review VT SG 2025 H.766.xlsm  VT 2025 Exchange Rate Filing SMALL H.766_SERFF.pdf  VT 2025 Exchange Rate Filing SMALL H.766_SERFF.xlsx  REDACTED Response to 2025 SG VT Exchange Objection #1 v3.pdf  REDACTED Response to 2025 SG VT Exchange Objection #1 Q16 v3.pdf</p>
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	L&E Objection 2 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	<p>REDACTED Support for 2025 SG Objection #2 SERFF.pdf  REDACTED Support for 2025 SG Objection #2 SERFF.xlsx  REDACTED Response to 2025 SG VT Exchange Objection #2 v2.pdf</p>
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	L&E Objection 5 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	<p>Support for 2025 SG Objection #5 SERFF.pdf  Support for 2025 SG Objection #5 SERFF.xlsx  VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.pdf  VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.xlsx  Unified Rate Review VT SG 2025 H.766 v2.pdf  Unified Rate Review VT SG 2025 H.766 v2.xlsm  REDACTED Response to 2025 SG VT Exchange Objection #5 v2.pdf</p>
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	HCA Objection 4 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	<p>REDACTED Response to 2025 VT Exchange Objection #4 v2.pdf</p>
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	L&E Objection 6 Response

**SERFF Tracking #:**

MVPH-134081005

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

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

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

**Product Name:**

VT Small Group 2025

**Project Name/Number:**

/

<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 SG VT Exchange Objection #6.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	GMCB Objection 3 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	REDACTED Response to 2025 VT Exchange Objection #3 GMCB Questions.pdf MVPHP Financials.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	L&E Objection 7 Response
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2025 SG VT Exchange Objection #7.pdf REDACTED Support for 2025 SG Objection #7.pdf REDACTED Support for 2025 SG Objection #7.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	MVP Health Plan, Inc.
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
<b>Product Name:</b>	VT Small Group 2025		
<b>Project Name/Number:</b>	/		

***Attachment Actuarial Memo Dataset 2025 SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT Rx Data 2025 SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2024-2025 SMALL GMCB Decision\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment PY2025RatesTable VT OFF SMALL GMCB Decision SERFF.xls is not a PDF document and cannot be reproduced here.***

***Attachment PY2025RatesTable VT ON SMALL GMCB Decision SERFF.xls is not a PDF document and cannot be reproduced here.***

***Attachment VT 2025 Exchange Rate Filing SMALL GMCB Decision\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-VT-SG-2025-GMCB-Decision.xlsm is not a PDF document and cannot be reproduced here.***

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***Attachment Unified Rate Review VT SG 2025 H.766.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment VT 2025 Exchange Rate Filing SMALL H.766\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

Project Name/Number:

/

***Attachment REDACTED Support for 2025 SG Objection #2 SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Support for 2025 SG Objection #5 SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2025 Exchange Rate Filing SMALL H.766 v2\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified Rate Review VT SG 2025 H.766 v2.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment REDACTED Support for 2025 SG Objection #7.xlsx is not a PDF document and cannot be reproduced here.***



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? Gold
- Desired Metal Tier

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay <input type="checkbox"/> Applies only after deductible?	Exemptible?
<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:	
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):	

Output

Plan Description: MVP VT PLUS GOLD 3 HDHP - Draft Calculator  
 Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a

2025 VT Exchange  
AVC Adjustments

Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Gold 3 HDHP Plus	\$3,000 Ded / OOPM	0.9939	0.8131	0.8081

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2025 AV Calculator

Calculation Successful.

81.31%

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.

1.2969 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?		Tiered Network Plan?	
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$8,000.00	\$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 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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<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"/>		\$0.00	<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"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$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		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$50.00	<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 type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$0.00	<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 type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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?	<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 4 - Draft Calculator

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.74%

Metal Tier: Gold

Additional Notes:

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

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

Calculation Time:

0.1562 seconds

**Draft 2025 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 (\$)		\$5,775.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,775.00
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?	
<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- Draft Calculator  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

2025 VT Exchange AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 HDHP Plus	\$5,775 Ded / OOPM	1.0271	0.6940	0.7128

**Output**

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2025 AV Calculator**

Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.  
69.40%

Silver Off-Exchange and Small Group Market

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

1.3438 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%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$7,600.00	\$1,600.00

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 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"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

Plan Description: MVP VT Plus Silver 1 - Draft Calculator  
 Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a  
 VBID - \$1

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.52%  
 Metal Tier: Silver

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

Calculation Time: 0.125 seconds  
 Draft 2025 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 (\$)		\$5,800.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,800.00
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"/>	<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 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"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** MVP VT Plus Reflective Silver 2 HDHP - Draft Calculator  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

2025 VT Exchange AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 HDHP Plus II	\$5,800 Ded / OOPM	1.0271	0.6933	0.7121

**Output**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2025 AV Calculator**

Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

69.33%

Silver Off-Exchange and Small Group Market

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

0.2266 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%	100.00%
MOOP (\$)		
MOOP if Separate (\$)	\$7,600.00	\$1,600.00

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 checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input 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 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 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 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 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"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** MVP VT Plus Reflective Silver 1 - Draft Calculator  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a  
  
**VBID - \$1**

**Output** Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.52%  
 Metal Tier: Silver

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

Calculation Time: 0.1836 seconds  
**Draft 2025 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: 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 (\$)		\$9,200.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	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 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"/>		\$9.00	<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):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:** MVP VT Plus Bronze 5 - Draft Calculator

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

**Output** Calculate

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

Actuarial Value: 62.92%  
 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: 0.2656 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 (\$)	\$7,250.00	\$700.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	100.00%	
MOOP (\$)	\$8,400.00		
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 type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$40.00	<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 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 type="checkbox"/>		\$50.00	<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 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 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"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** MVP VT Plus Bronze 1 - Draft Calculator

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

VBID - \$1

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

64.67%

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

Calculation Time:

0.1836 seconds

**Draft 2025 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: 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 (\$)		\$9,200.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,200.00
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 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 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 checked="" type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:** MVP VT Secure  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.51%  
 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: 0.2344 seconds  
**Final 2025 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 (\$)	\$1,825.00	\$650.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	100.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,600.00	\$1,600.00	

	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"/>		\$350.00	<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"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: MVP VT Plus Silver 1 CSR 73 - Draft Calculator  
 Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a  
 VBID - \$1

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.85%  
 Metal Tier: Silver

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

Calculation Time: 0.2344 seconds  
 Draft 2025 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 (\$)	\$300.00	\$300.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$2,800.00	\$800.00	

	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?	
<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 checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

Plan Description: MVP VT Plus Silver 1 CSR 87 - Draft Calculator

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

VBID - \$1

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

87.48%

Metal Tier:

Gold

Additional Notes:

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

Calculation Time:

0.1836 seconds

Draft 2025 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: 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%	100.00%	
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"/> 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 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 type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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 type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: MVP VT Plus Silver 1 CSR 94 - Draft Calculator  
 Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a  
 VBID - \$1

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.57%  
 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: 0.1992 seconds  
 Draft 2025 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 (\$)	\$950.00	\$450.00	
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,000.00	\$1,600.00	

	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"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<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 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 type="checkbox"/>		\$100.00	<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"/>		\$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"/>	<input type="checkbox"/>		\$200.00	<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 checked="" 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:** MVP VT Plus Silver 1 CSR 77 - Draft Calculator  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a  
  
**VBID - \$1**

**Output** Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.  
 Actuarial Value: 77.85%  
 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: 0.1992 seconds  
**Draft 2025 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 (\$)		\$4,700.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,700.00
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 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 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 73 - Draft Calculator

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

2025 VT Exchange				
AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 HDHP Plus 73%	\$4,700 Ded / OOPM	1.0179	0.7260	0.7390

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2025 AV Calculator**

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

72.60%

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

0.1758 seconds

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? Gold
- 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
		\$1,650.00
		100.00%
		\$1,650.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	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)										
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)										

**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 2 CSR 87 - Draft Calculator  
 Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2025\_1a

2025 VT Exchange AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 Plus 87%	\$1,650 Ded / OOPM	1.0007	0.8769	0.8775

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2025 AV Calculator

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

87.69%

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.

0.3477 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 Platinum

	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?	
<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:	
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 Silver 2 CSR 94 - Draft Calculator

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

2025 VT Exchange				
AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 Plus 94%	\$600 Ded / OOPM	1.0001	0.9475	0.9476

**Output** Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2025 AV Calculator**

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

94.75%

Platinum

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.

0.3281 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 (\$)		\$3,400.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,400.00
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 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 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"/> 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 77 - Draft Calculator

**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2025\_1a

2025 VT Exchange AVC Adjustments				
Plan	Ded / OOPM	Factor	Federal AV Before Adj	Federal AV After Adj
Silver 2 HDHP Plus 77%	\$3,400 Ded / OOPM	1.0077	0.7723	0.7783

**Output**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

**Draft 2025 AV Calculator**

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

77.23%

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.

0.2227 seconds



## Contact Information

### **Company Information**

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

### **Primary Contact Information**

Contact Name:	Eric Bachner, ASA
Contact Title:	Director, Commercial Market & Valuation Actuary
Primary Contact Phone #:	518-991-3417
Primary Contact Address:	625 State Street Schenectady, NY 12305
Primary Contact E-mail:	EBachner@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

### **2025 Vermont Small Group Exchange Filing**

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

This memorandum details the methods and assumptions underlying the proposed 2025 premium rates for the State of Vermont's small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2025 and 12/31/2025. There is one benefit plan being retired and one 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 as well as forms for the new plan. The proposed average rate increase (MVP's revenue increase) is 9.3%, with increases ranging from 5.2% to 11.7%.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to small employer groups.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2024, 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 2024 to 2025. 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 1,209 policyholders, 9,306 subscribers and 15,027 members based on February 2024 membership.

#### **Experience Period Claims**

MVP historical claim data was the basis of the premium rate development. All ACA compliant small group 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 1/1/23 and 12/31/23, paid through 2/29/24. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/24.

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 3.2% which is our best estimate of ultimate liabilities as of 3/31/24. 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. Our emerging unpaid experience indicates that there are high-cost claims only attributable to small group, so we have modified the IBNR factor for the entire VT population to reflect these amounts specifically in the small group 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>
202312	\$15,290,309	\$17,350,110	1.135
202311	\$16,637,866	\$17,401,828	1.046
202310	\$16,172,146	\$16,762,348	1.036
202309	\$16,238,927	\$16,611,553	1.023
202308	\$15,669,658	\$15,845,804	1.011
202307	\$14,087,163	\$14,181,084	1.007
202306	\$15,263,143	\$15,843,689	1.038
202305	\$15,679,643	\$15,774,380	1.006
202304	\$15,703,226	\$15,737,218	1.002
202303	\$17,603,896	\$17,643,311	1.002
202302	\$12,895,950	\$12,893,145	1.000
202301	\$13,884,444	\$13,901,258	1.001
<b>Total</b>	<b>\$185,126,371</b>	<b>\$189,945,727</b>	<b>1.026</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.

Please note the following changes from this table in the 2024 Actuarial Memorandum:

*Well-Being Reimbursement*

MVP offers a program where members can submit for up to \$600 in reimbursement for activities in the following four domains: Social, Surroundings, Physical, and Mind and Spirit. This iteration of MVP’s wellness benefit began in 2023. In the 2024 rate filing, MVP included the claims incurred in 2022 under the old program in its fee for service paid medical claims and did not include any trend for the program. MVP saw a large increase in utilization under the new program as compared to the old one, and so we are reflecting the rewards in this table in the 2025 filing in order to account for them outside of our normal trend.

*Claim Settlements to Providers*

MVP paid \$1.3 million to providers in 2023 for claim settlements outside of our fee for service claim system. Because of the nature of these settlements, they should be considered claim expense and accounted for in our base period experience (and trended appropriately into the rating period).

<b>Summary of Experience Period Non-FFS and Capitation Amounts</b>	
Other Medical Expenses not in claim warehouse	\$2.67
Net Reinsurance Expense	\$0.65
Medical Home and PCP Incentive	\$3.77
Wellstyle Rewards	\$1.28
Claim Settlements to Providers	\$3.81
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$12.19</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 \$0.27 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 shifted back to the members in 2024 with the unwinding of the public health emergency.

*Line 12- Adjustment for COVID Vaccines*

During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents

the full amount for ingredient and administration costs. Therefore, the \$0.40 PMPM value found in line 12 represents the difference between the projected cost and the experience cost.

*Line 13- Adjustment for Hearing Aids as EHB*

Hearing aids were 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 \$0.33 PMPM.

*Line 14- 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 \$0.03 PMPM.

*Not Included- Adjustment for H.766*

Vermont House Bill H.766 is “an act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts,” and it has the potential to significantly raise the cost of medical claims in the Vermont commercial health insurance market. MVP is still analyzing the contents of the bill (and subsequent amendments that have been filed and approved), but our preliminary analysis suggests this would increase premium rates by 8-10%.

At the time of this filing (last action being taken on 5/3/24), the bill has been approved by both chambers of the Vermont Legislature and is awaiting signature or veto by the Governor.

Given the timing of this decision, the likelihood of a signature or override of the Governor’s veto, and the magnitude of the bill in question, MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of the bill in our premium rates.

**Medical Trend Factors**

The development of annual medical paid claim trend factors for 2024 and 2025 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 2024. We are using approved 2024 increases as the best estimate of future budgeted changes for 2025. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 4.1% for 2024 and 4.1% for 2025.

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 5.1%. The annual paid leveraging factor is 0.6% which results in an average annual paid FFS medical trend of 5.7%. This can be found on line 16 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 2024 and 2025. 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 2024 and 2025 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 (34.3%) 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 7.3%, and the average annual paid Rx trend net of Rx rebates is 8.0% which can be found in line 17 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 18 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 16 + line 8 \* line 17 ] / [ 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 20 of Exhibit 3.

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 21 and 22 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 22 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.

<b>Summary of Rating Period Non-FFS and Capitation Amounts</b>	
Other Medical Expenses not in claim warehouse	\$2.67
Net Reinsurance Expense	\$1.79
Medical Home and PCP Incentive	\$3.77
Wellstyle Rewards	\$1.80
Claim Settlements to Providers	\$4.08
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$14.11</b>

### *Net Reinsurance Expense*

MVP has experienced recoveries across all of its lines of business that have outpaced reinsurance premiums paid for the past couple of years. Because of this, MVP is anticipating that reinsurance premiums will be significantly increasing in 2025. The net reinsurance expense reflected here is the projected reinsurance premium paid for VT commercial members in 2025 less 2023 actual recoveries for VT commercial members.

### *Well-Being Reimbursement*

As stated above, MVP instituted a new version of its wellness reward program starting in 2023. From 2022 to 2023, the expense related to this program has increased over 600% (from \$0.23 PMPM to \$1.47 PMPM). MVP's expectation is that the utilization of this program will continue to grow, given its initial popularity, the broad range of categories from which members can submit for reimbursement, and the method which MVP has chosen to allow members to submit for reimbursement. Therefore, MVP has assumed a 20% annual trend from 2023 to 2025 in this rate filing to account for increased utilization of the program.

### *Claim Settlements to Providers*

As stated above, MVP has made settlements to providers outside of its claim system for 2023, settlements which should be considered medical claims (as they were for services which will flow through MVP's claim system in future time periods). MVP has trended the experience period PMPM using the unit cost trends for the providers to which the payments were made.

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2025 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

### **Federal Risk Adjustment Program**

MVP contracted with an external actuarial consultant to project expected transfer for 2023. MVP is expected to pay \$5,283,764 into the small group market transfer pool for 2023. This is \$27.39 on a PMPM basis or 4.3% of experience period claims prior to market-wide adjustments. To calculate line 24 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 23 of Exhibit 3, which is the best estimate of the rating period claim expense. This results in an estimated payment of \$30.85 PMPM or \$5,951,190 using experience period membership.

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

Line 25 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2025. This is the starting net claim cost that will be used to set 2025 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 6)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 25 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

$$\text{Plan Specific Net Claim Cost PMPM (see Exhibit 6)} = \text{Adjusted Claim Cost for Pricing} * \text{Benefit Actuarial Value} * \text{Plan Induced Utilization Factor}$$

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 (0.8261) can be found in Exhibit 6.

### **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 \$0.44 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.17 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.27 PMPM for the Patient Centered Outcome Research Fee.

#### *State Taxes PMPM Based*

\$2.58 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 growth in market share from 2022 to 2025. We have not received updated expense information from the Green Mountain Care Board and we will seek to amend our filing once we receive this for FY 2024, should the expense be materially different from what is currently assumed.

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

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP) in 2023, MVP's rates are estimated to be \$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, resulting in \$4.66 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 0.57%. These rates are subject to change at the VVPP annual assessment meeting on May 30, 2024, and we will seek to amend our filing if we receive updated data from the VVPP that is materially different from the current assumptions.

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

In the 2025 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 small group market issuers in 2025 will be 0.77%.

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

The total administrative expense load included as a plan level adjustment equals \$51.44 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 7% of MVP's total administrative expense was spent on QI. Therefore, \$3.60 PMPM of the \$51.44 PMPM administrative expense is attributable to QI.

MVP's projected administrative expense reflects the 2023 SHCE administrative expense on a PMPM basis trended at 3% per year annually for 2 years.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2021, 2022, and 2023 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	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
Individual	2023	\$51.46	\$55.73
Small Group	2023	\$43.56	\$48.49
Combined	2023	\$46.74	\$51.41

*\*Reflects lines 1.7, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

### *Risk Margin*

MVP is building a 1.5% risk margin into the VT Exchange premium rates for 2025. 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 0.17% 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 6.

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

MVP is including a \$500 acupuncture allowance in its benefits in 2025. 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 6.

### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 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 2024. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.4%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.4%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2025:

<b>Target Loss Ratio for 2025 VT Small Group</b>	
A) Claims Expense	\$747.86
B) Taxes/Assessments	\$14.10
C) Quality Improvement	\$3.60
D) Premium	\$827.22
E) Traditional Loss Ratio = A) / D)	90.4%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	92.4%

MVP does not anticipate having to rebate members for 2023 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 2024, the Federal URRT, and the Federal Actuarial Memorandum.

*Projection Period Enrollment*

MVP’s projection period membership equals the February 2024 enrollment of the population eligible to purchase these products, or 15,027 members. On Worksheet 2 of the URRT, members are mapped based on their February 2024 benefit to the same benefits for 2025. There is one exception: retired Gold 2 members who are mapped to the Gold 1 plan.

**New Products**

MVP is offering one new base product to this market effective 1/1/25: Non-Standard Gold 4 (77566VT0050032). MVP utilized its proprietary benefit relativity model to value the benefits associated with the new plan and this is reflected in the premium rate.

**Retired Products**

MVP is retiring the following base product in Vermont in 2025: Non-Standard Gold 2 (77566VT0050004).

**Actuarial Certification**

I, Kathleen Fish, 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 2025 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 2025 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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Kathleen Fish, FSA, MAAA  
Senior Director, Actuarial Services / Chief Actuary  
MVP Health Care, Inc.

05/13/2024  
Date





**Retention**

Dates	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$47.78	\$11.49	\$13.96	192.09%	21.46%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$43.56	\$44.62	\$51.44	18.08%	15.28%
Profit/Risk Margin	-\$0.34	\$10.93	\$13.63	-4092.21%	24.76%
Total	\$48.00	\$67.04	\$79.03	64.64%	17.89%
Variable	\$13.34	\$26.81	\$32.15	140.91%	19.89%
Non-Variable	\$34.66	\$40.23	\$46.88	35.28%	16.55%
Total	\$48.00	\$67.04	\$79.03	64.64%	17.89%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.70%	1.68%	1.71%	144.38%	1.62%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	6.38%	6.53%	6.30%	-1.21%	-3.56%
Profit/Risk Margin	-0.05%	1.60%	1.67%	-3440.00%	4.38%
Total	7.03%	9.81%	9.68%	37.75%	-1.37%
Variable	1.95%	3.93%	3.94%	101.55%	0.31%
Non-Variable	5.07%	5.89%	5.74%	13.18%	-2.49%
Total	7.03%	9.81%	9.68%	37.75%	-1.37%
Check	TRUE	TRUE	TRUE		

**Trend & Projection Assumptions**

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

Monthly Trend Analysis Based on Experience Data Time Period Used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$373.07					1.00	1.00	1.00	\$373.07			
Feb-2021	21,855	\$409.36					1.00	1.00	1.00	\$409.36			
Mar-2021	21,817	\$484.43					1.00	1.00	1.00	\$484.43			
Apr-2021	21,757	\$477.90					1.00	1.00	1.00	\$477.90			
May-2021	21,667	\$466.65					1.00	1.00	1.00	\$466.65			
Jun-2021	21,722	\$516.10				76.71%	1.00	1.00	1.00	\$513.99			74.64%
Jul-2021	21,773	\$473.36				27.04%	1.00	1.00	1.00	\$471.59			25.44%
Aug-2021	21,797	\$469.83				8.71%	1.00	1.00	1.00	\$468.28			7.93%
Sep-2021	21,751	\$658.47				43.77%	1.00	1.00	1.00	\$653.77			43.38%
Oct-2021	21,721	\$536.29				69.90%	1.00	1.00	1.00	\$533.95			69.79%
Nov-2021	21,623	\$596.47				126.09%	1.00	1.00	1.00	\$593.97			125.64%
Dec-2021	21,514	\$568.62		46.46%	27.99%	1.00	1.00	1.00	1.00	\$566.31	45.79%		27.76%
Jan-2022	20,922	\$434.13		33.36%	-13.71%	1.00	1.00	1.00	1.00	\$433.76	33.00%		-13.46%
Feb-2022	20,903	\$414.49		23.86%	-60.34%	1.00	1.01	1.00	1.00	\$413.96	23.72%		-60.03%
Mar-2022	20,868	\$526.02		1.37%	-57.39%	1.00	1.01	1.00	1.00	\$524.84	1.46%		-56.93%
Apr-2022	20,891	\$509.99		-4.08%	-32.86%	1.00	1.01	1.00	1.00	\$508.14	-3.89%		-32.64%
May-2022	20,800	\$501.14		-17.15%	37.33%	1.00	1.01	1.00	1.00	\$499.50	-16.93%		-36.91%
Jun-2022	20,771	\$562.51		-20.23%	71.76%	1.00	1.01	1.00	1.00	\$560.86	-19.98%		70.55%
Jul-2022	20,755	\$555.52		-11.66%	55.29%	1.00	1.01	1.00	1.00	\$554.30	-11.48%		55.08%
Aug-2022	20,796	\$616.43		3.58%	62.11%	1.00	1.00	1.00	1.00	\$615.57	3.74%		62.69%
Sep-2022	20,772	\$527.80		12.84%	36.18%	1.00	1.01	1.00	1.00	\$526.08	12.91%		36.74%
Oct-2022	20,659	\$670.34		26.34%	57.64%	1.00	1.01	1.00	1.00	\$668.27	26.40%		57.78%
Nov-2022	20,611	\$600.50		42.78%	15.52%	1.00	1.01	1.00	1.00	\$598.32	42.76%		14.98%
Dec-2022	20,552	\$637.56	8.73%	49.78%	58.90%	1.00	1.01	1.00	1.00	\$634.64	8.75%	49.60%	57.94%
Jan-2023	16,994	\$492.31	8.76%	34.97%	-13.67%	0.98	1.02	1.00	1.00	\$494.10	8.81%	35.03%	-13.57%
Feb-2023	16,230	\$472.27	9.89%	10.48%	-32.99%	0.98	1.02	1.00	1.00	\$474.07	9.98%	10.63%	-32.11%
Mar-2023	16,178	\$649.95	10.94%	18.08%	-48.88%	0.98	1.02	1.00	1.00	\$652.08	11.10%	18.53%	-47.37%
Apr-2023	16,065	\$627.44	12.17%	3.80%	0.05%	0.98	1.02	1.00	1.00	\$630.39	12.43%	4.47%	2.56%
May-2023	16,033	\$629.45	13.60%	-0.69%	88.72%	0.98	1.02	1.00	1.00	\$633.34	13.94%	0.34%	92.33%
Jun-2023	16,012	\$627.24	13.78%	-6.09%	95.84%	0.98	1.02	1.00	1.00	\$631.76	14.20%	-4.59%	87.69%
Jul-2023	15,975	\$550.40	12.58%	-0.54%	14.00%	0.97	1.02	1.00	1.00	\$554.64	12.86%	1.05%	15.40%
Aug-2023	16,031	\$643.88	10.12%	17.61%	-16.72%	0.97	1.02	1.00	1.00	\$649.10	10.66%	19.51%	-15.73%
Sep-2023	16,018	\$666.62	14.74%	10.87%	-4.80%	0.97	1.02	1.00	1.00	\$672.18	15.41%	12.63%	-4.02%
Oct-2023	15,984	\$698.10	12.55%	19.01%	52.56%	0.97	1.02	1.00	1.00	\$703.75	13.32%	20.70%	53.28%
Nov-2023	16,036	\$678.45	13.73%	20.53%	58.23%	0.97	1.02	1.00	1.00	\$684.52	14.64%	21.90%	58.72%
Dec-2023	15,961	\$678.45	13.06%	25.35%	48.07%	0.97	1.02	1.00	1.00	\$681.68	14.12%	26.17%	48.18%

Last Month in Experience Period

Add more rows if needed.

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

N/A

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

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

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	422,836,319	422,836,319
Authorized Control Level	101,515,430	101,515,430
RBC Ratio	416.52%	416.52%

**Loss Ratio**

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2019	12/31/2019	190,666	87,826,336	93,565,302	93.9%
Historical Year -3	1/1/2020	12/31/2020	247,662	114,541,370	135,732,258	84.4%
Historical Year -2	1/1/2021	12/31/2021	260,792	150,031,701	148,057,941	101.3%
Historical Year -1	1/1/2022	12/31/2022	248,300	147,698,521	143,443,945	103.0%
Historical Year 0	1/1/2023	12/31/2023	192,917	126,593,889	129,780,210	98.1%
<b>Historical Totals</b>			1,141,337	628,691,817	650,579,657	96.6%
<b>Interim Time Period</b>	1/1/2024	2/29/2024	30,020	19,169,392	22,383,980	85.6%
<b>Future Year 1</b>	1/1/2025	12/31/2025	180,324	133,097,371	147,220,288	90.4%

Expected Incurred Claims	A-to-E Claims Ratio
84,687,557	103.7%
121,091,426	94.6%
134,664,905	111.4%
131,032,739	112.7%
120,762,624	106.5%
592,239,252	106.2%
20,371,366	94.1%
133,097,371	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
758,851	202,106	94.9%
624,108	2,284,978	86.3%
676,912	1,030,333	102.5%
579,623	1,251,313	104.3%
504,295	913,038	100.2%
3,143,750	5,681,768	98.0%
93,764	368,822	87.5%
649,303	2,516,758	92.4%

Anticipated Pricing Loss Ratio (no adjustments)	90%
Anticipated LR using Federally-prescribed MLR methodology	92%

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

**Consumer Adjusted Premium Rate Development**

Section III of WS2 of the 2022 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT.) Please see the example below.

**Actuarial value and Cost-Sharing Design of the Plan** (add additional columns as needed to include all plans shown in Section III of WS2 of the 2022 URRT)

Plan ID (Standard Component ID) (From Line 3.1 of the URRT)	77566VT0050001	77566VT0050002	77566VT0050032	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.089	0.903	0.898	N/A	0.945	0.714	0.722	0.730	0.713	0.714	0.722	0.729	0.713	0.621	0.627	0.635	0.625	0.630
Paid/Allowed Ratio (Cost-Sharing only)	0.932	0.823	0.818	N/A	0.861	0.690	0.698	0.682	0.683	0.690	0.697	0.682	0.611	0.617	0.625	0.616	0.620	0.620
Used Induced utilization factors	1.150	1.080	1.080	N/A	1.080	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.000	1.000	1.000	1.000	1.000
Calculated (This value should equal value on Row 192)	1.072	0.889	0.884	#VALUE!	0.930	0.703	0.711	0.718	0.702	0.703	0.711	0.718	0.702	0.611	0.617	0.625	0.616	0.620

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 Filing
1/1/2023		1/1/2024	1/1/2025		
Total Risk adjustment (Dollar amount)	(\$5,043,571)	(\$8,376,737)	(\$5,562,716)		
Membership Member Months	192,917	195,144	180,324	-6.53%	-7.59%
PMPM	(\$26,14)	(\$42,93)	(\$30,85)	18.00%	-28.14%
Premium	\$129,780,210	\$147,686,411	\$147,220,288	13.44%	-0.32%
As a % of Premium	-4%	-6%	-4%	-2.77%	-33.38%

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
01/01/2023-12/31/2023		01/01/2024-02/29/2024	01/01/2025-12/31/2025
94% AV Variant	0	0	0
87% AV Variant	0	0	0
77% AV Variant (if applicable)	0	0	0
73% AV Variant	0	0	0
70% AV Variant	1,049	73	876



**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only):  Trend Basis?  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	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$80.43				1.00	1.00	1.00	\$80.43				
Feb-2021	21,855	\$96.81				1.00	1.00	1.00	\$96.85				
Mar-2021	21,817	\$77.13				1.00	1.00	1.00	\$77.08				
Apr-2021	21,757	\$97.26				1.00	1.00	1.00	\$97.12				
May-2021	21,667	\$81.09				1.00	1.00	1.00	\$80.80				
Jun-2021	21,722	\$113.96			74.42%	1.00	1.00	1.00	\$113.50			72.33%	
Jul-2021	21,773	\$97.38			35.28%	1.00	1.00	1.00	\$97.02			33.53%	
Aug-2021	21,797	\$76.19			60.27%	1.00	1.00	1.00	\$75.93			59.10%	
Sep-2021	21,751	\$217.84			220.73%	1.00	1.00	1.00	\$216.94			219.73%	
Oct-2021	21,721	\$88.60			192.73%	1.00	1.00	1.00	\$88.22			192.52%	
Nov-2021	21,623	\$124.04			403.77%	1.00	1.00	1.00	\$123.52			402.90%	
Dec-2021	21,514	\$85.29		59.09%	-66.37%	1.00	1.00	1.00	\$84.94		58.35%	-66.42%	
Jan-2022	20,922	\$80.01		42.73%	-67.01%	1.00	1.00	1.00	\$79.94		42.32%	-66.91%	
Feb-2022	20,903	\$67.04		50.43%	-91.50%	1.00	1.01	1.00	\$66.96		50.25%	-91.43%	
Mar-2022	20,868	\$85.74		-39.50%	-62.74%	1.00	1.01	1.00	\$85.55		-39.44%	-62.34%	
Apr-2022	20,891	\$101.19		-35.00%	-41.13%	1.00	1.01	1.00	\$100.83		-34.87%	-40.96%	
May-2022	20,800	\$67.84		-53.93%	44.19%	1.00	1.01	1.00	\$67.62		-53.80%	43.67%	
Jun-2022	20,771	\$89.81		-49.16%	53.03%	1.00	1.01	1.00	\$89.55		-49.00%	51.93%	
Jul-2022	20,755	\$100.63		-42.14%	6.91%	1.00	1.01	1.00	\$100.41		-42.02%	6.83%	
Aug-2022	20,796	\$121.98		-27.46%	125.90%	1.00	1.00	1.00	\$121.81		-27.32%	126.79%	
Sep-2022	20,772	\$50.20		-0.04%	23.31%	1.00	1.01	1.00	\$50.03		0.03%	23.93%	
Oct-2022	20,659	\$171.09		21.98%	211.07%	1.00	1.01	1.00	\$170.56		22.06%	211.35%	
Nov-2022	20,611	\$97.76		67.78%	8.34%	1.00	1.01	1.00	\$97.40		67.77%	7.82%	
Dec-2022	20,552	\$74.03	-10.45%	56.82%	150.19%	1.00	1.01	1.00	\$73.69	-10.42%	56.68%	148.66%	
Jan-2023	16,394	\$95.73	-9.25%	42.81%	-63.75%	0.98	1.02	1.00	\$96.08	-9.19%	42.94%	-63.62%	
Feb-2023	16,230	\$63.35	-6.84%	-3.28%	-71.75%	0.98	1.02	1.00	\$63.59	-6.74%	-3.14%	-71.30%	
Mar-2023	16,178	\$142.91	-3.52%	49.35%	-40.14%	0.98	1.02	1.00	\$143.38	-3.36%	49.94%	-38.43%	
Apr-2023	16,065	\$130.18	-1.92%	-1.61%	154.58%	0.98	1.02	1.00	\$130.79	-1.66%	-0.85%	160.35%	
May-2023	16,033	\$99.26	1.94%	-10.19%	560.41%	0.98	1.02	1.00	\$99.87	2.27%	-9.17%	570.76%	
Jun-2023	16,012	\$78.58	3.48%	-1.87%	8.62%	0.98	1.02	1.00	\$79.15	3.87%	-0.38%	9.62%	
Jul-2023	15,975	\$65.00	0.57%	-10.36%	-72.74%	0.97	1.02	1.00	\$65.50	1.00%	-9.04%	-72.41%	
Aug-2023	16,031	\$93.97	-5.75%	19.79%	-83.45%	0.97	1.02	1.00	\$94.73	-5.28%	21.61%	-83.24%	
Sep-2023	16,018	\$128.89	17.49%	-15.86%	-23.73%	0.97	1.02	1.00	\$129.96	18.15%	-14.57%	-23.03%	
Oct-2023	15,984	\$105.44	2.08%	-8.24%	233.67%	0.97	1.02	1.00	\$106.30	2.79%	-7.05%	235.37%	
Nov-2023	16,036	\$81.89	3.18%	-14.28%	213.67%	0.97	1.02	1.00	\$82.63	4.02%	-13.39%	214.56%	
Last Month in Experience Period	Dec-2023	15,961	\$60.73	3.57%	-22.75%	-44.88%	0.97	1.02	1.00	\$61.20	4.50%	-22.20%	-44.84%

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only):  Trend Basis?  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	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$163.36				1.00	1.00	1.00	\$163.36				
Feb-2021	21,855	\$165.42				1.00	1.00	1.00	\$165.49				
Mar-2021	21,817	\$217.78				1.00	1.00	1.00	\$217.62				
Apr-2021	21,757	\$194.19				1.00	1.00	1.00	\$193.90				
May-2021	21,667	\$207.75				1.00	1.00	1.00	\$207.00				
Jun-2021	21,722	\$214.70			62.01%	1.00	1.00	1.00	\$213.82			60.12%	
Jul-2021	21,773	\$195.07			30.85%	1.00	1.00	1.00	\$194.34			29.21%	
Aug-2021	21,797	\$205.18			-3.08%	1.00	1.00	1.00	\$204.50			-3.77%	
Sep-2021	21,751	\$238.88			15.40%	1.00	1.00	1.00	\$237.90			15.11%	
Oct-2021	21,721	\$234.58			45.86%	1.00	1.00	1.00	\$233.56			45.77%	
Nov-2021	21,623	\$254.13			95.95%	1.00	1.00	1.00	\$253.06			95.55%	
Dec-2021	21,514	\$260.65		42.43%	88.89%	1.00	1.00	1.00	\$259.59		41.78%	88.54%	
Jan-2022	20,922	\$213.72		38.78%	33.46%	1.00	1.00	1.00	\$213.54		38.43%	33.87%	
Feb-2022	20,903	\$197.72		28.84%	-26.71%	1.00	1.01	1.00	\$197.47		28.72%	-26.13%	
Mar-2022	20,868	\$251.92		26.79%	-38.57%	1.00	1.01	1.00	\$251.35		26.91%	-37.90%	
Apr-2022	20,891	\$229.12		18.12%	-25.01%	1.00	1.01	1.00	\$228.29		18.37%	-24.78%	
May-2022	20,800	\$248.80		9.19%	38.16%	1.00	1.01	1.00	\$247.98		9.48%	37.73%	
Jun-2022	20,771	\$266.34		2.81%	58.41%	1.00	1.01	1.00	\$265.56		3.13%	57.30%	
Jul-2022	20,755	\$262.32		7.00%	72.14%	1.00	1.01	1.00	\$261.74		7.20%	71.89%	
Aug-2022	20,796	\$277.20		20.05%	48.68%	1.00	1.00	1.00	\$276.81		20.23%	49.19%	
Sep-2022	20,772	\$271.35		20.93%	40.99%	1.00	1.01	1.00	\$270.46		20.98%	41.55%	
Oct-2022	20,659	\$261.29		26.98%	17.78%	1.00	1.01	1.00	\$260.48		27.01%	17.88%	
Nov-2022	20,611	\$260.58		29.99%	-6.11%	1.00	1.01	1.00	\$259.63		29.97%	-6.55%	
Dec-2022	20,552	\$311.32	19.59%	36.44%	11.40%	1.00	1.01	1.00	\$309.90	19.61%	36.27%	10.71%	
Jan-2023	16,394	\$231.42	18.15%	23.97%	0.63%	0.98	1.02	1.00	\$232.26	18.21%	24.02%	0.76%	
Feb-2023	16,230	\$239.22	18.44%	6.85%	0.39%	0.98	1.02	1.00	\$240.13	18.55%	7.01%	1.72%	
Mar-2023	16,178	\$289.37	18.20%	6.06%	-30.85%	0.98	1.02	1.00	\$290.32	18.37%	6.49%	-28.78%	
Apr-2023	16,065	\$271.68	18.29%	3.17%	-5.33%	0.98	1.02	1.00	\$272.96	18.55%	3.84%	-2.97%	
May-2023	16,033	\$286.87	17.88%	5.09%	30.05%	0.98	1.02	1.00	\$288.64	18.22%	6.16%	32.55%	
Jun-2023	16,012	\$301.33	16.85%	-3.03%	64.11%	0.98	1.02	1.00	\$303.51	17.27%	-1.48%	65.77%	
Jul-2023	15,975	\$250.10	13.80%	2.15%	20.52%	0.97	1.02	1.00	\$252.02	14.28%	3.77%	22.01%	
Aug-2023	16,031	\$299.57	11.63%	14.58%	1.49%	0.97	1.02	1.00	\$302.00	12.17%	16.43%	2.69%	
Sep-2023	16,018	\$297.00	11.23%	13.58%	-5.94%	0.97	1.02	1.00	\$299.48	11.88%	15.35%	-5.19%	
Oct-2023	15,984	\$320.61	12.23%	18.56%	43.22%	0.97	1.02	1.00	\$323.21	13.00%	20.24%	43.89%	
Nov-2023	16,036	\$327.60	14.36%	20.06%	52.13%	0.97	1.02	1.00	\$330.54	15.27%	21.46%	52.62%	
Last Month in Experience Period	Dec-2023	15,961	\$344.02	13.33%	29.05%	88.51%	0.97	1.02	1.00	\$346.68	14.39%	29.89%	88.65%



Trend & Projection Assumptions For Physician Claims

Historical Experience (ACA Only):  Allowed Basis?  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	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
	Jan-2021	21,795	\$97.87				1.00	1.00	1.00	\$97.87			
	Feb-2021	21,855	\$94.29				1.00	1.00	1.00	\$94.33			
	Mar-2021	21,817	\$123.15				1.00	1.00	1.00	\$123.07			
	Apr-2021	21,757	\$127.07				1.00	1.00	1.00	\$126.88			
	May-2021	21,667	\$117.49				1.00	1.00	1.00	\$117.06			
	Jun-2021	21,722	\$123.01			84.74%	1.00	1.00	1.00	\$122.51			82.63%
	Jul-2021	21,773	\$109.87			7.04%	1.00	1.00	1.00	\$109.46			5.72%
	Aug-2021	21,797	\$117.24			-17.84%	1.00	1.00	1.00	\$116.85			-18.43%
	Sep-2021	21,751	\$125.68			-15.16%	1.00	1.00	1.00	\$125.17			-15.40%
	Oct-2021	21,721	\$136.90			38.08%	1.00	1.00	1.00	\$136.30			38.00%
	Nov-2021	21,623	\$141.12			76.70%	1.00	1.00	1.00	\$140.53			76.34%
	Dec-2021	21,514	\$139.52		27.21%	96.19%	1.00	1.00	1.00	\$138.95		26.63%	95.82%
	Jan-2022	20,922	\$95.57		18.69%	-2.78%	1.00	1.00	1.00	\$95.49		18.36%	-2.53%
	Feb-2022	20,903	\$92.38		4.28%	-56.23%	1.00	1.01	1.00	\$92.26		4.15%	-55.90%
	Mar-2022	20,868	\$113.95		0.28%	-72.67%	1.00	1.01	1.00	\$113.70		0.34%	-72.38%
	Apr-2022	20,891	\$105.85		-10.70%	-53.05%	1.00	1.01	1.00	\$105.46		-10.53%	-52.89%
	May-2022	20,800	\$110.87		-23.55%	2.87%	1.00	1.01	1.00	\$110.51		-23.35%	2.60%
	Jun-2022	20,771	\$126.28		-29.90%	66.56%	1.00	1.01	1.00	\$125.91		-29.68%	65.40%
	Jul-2022	20,755	\$113.23		-23.41%	58.72%	1.00	1.01	1.00	\$112.99		-23.25%	58.48%
	Aug-2022	20,796	\$127.15		-9.52%	51.21%	1.00	1.00	1.00	\$126.97		-9.37%	51.73%
	Sep-2022	20,772	\$121.65		-4.49%	24.21%	1.00	1.01	1.00	\$121.25		-4.43%	24.70%
	Oct-2022	20,659	\$153.28		18.87%	73.21%	1.00	1.01	1.00	\$152.80		18.93%	73.35%
	Nov-2022	20,611	\$146.95		43.10%	75.03%	1.00	1.01	1.00	\$146.42		43.07%	74.22%
	Dec-2022	20,552	\$152.14	0.37%	59.41%	143.74%	1.00	1.01	1.00	\$151.44	0.38%	59.20%	142.29%
	Jan-2023	16,394	\$107.68	1.53%	51.14%	11.29%	0.98	1.02	1.00	\$108.07	1.57%	51.18%	11.39%
	Feb-2023	16,230	\$108.54	2.97%	31.87%	-37.25%	0.98	1.02	1.00	\$108.96	3.06%	32.03%	-36.45%
	Mar-2023	16,178	\$136.23	5.06%	34.13%	-63.22%	0.98	1.02	1.00	\$136.68	5.21%	34.60%	-62.13%
	Apr-2023	16,065	\$133.24	8.59%	11.33%	-29.79%	0.98	1.02	1.00	\$133.87	8.82%	12.01%	-28.00%
	May-2023	16,033	\$144.65	11.43%	-0.18%	48.09%	0.98	1.02	1.00	\$145.54	11.75%	0.84%	51.03%
	Jun-2023	16,012	\$150.90	12.80%	-8.07%	119.41%	0.98	1.02	1.00	\$151.99	13.21%	-6.58%	121.64%
	Jul-2023	15,975	\$136.10	14.31%	-1.24%	70.24%	0.97	1.02	1.00	\$137.15	14.80%	0.37%	72.35%
	Aug-2023	16,031	\$149.84	15.12%	12.93%	23.89%	0.97	1.02	1.00	\$151.05	15.69%	14.80%	25.34%
	Sep-2023	16,018	\$149.40	17.58%	12.02%	6.31%	0.97	1.02	1.00	\$150.65	18.26%	13.84%	7.14%
	Oct-2023	15,984	\$175.83	17.56%	30.48%	46.64%	0.97	1.02	1.00	\$177.25	18.37%	32.38%	47.31%
	Nov-2023	16,036	\$179.99	19.29%	43.08%	78.86%	0.97	1.02	1.00	\$181.60	20.26%	44.75%	79.43%
Last Month in Experience Period	Dec-2023	15,961	\$177.22	19.88%	53.93%	124.71%	0.97	1.02	1.00	\$178.59	21.03%	54.93%	124.90%

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

Historical Experience (ACA Only): d 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	Annualize d Rolling 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalize d Monthly Incurred Claims \$ PMPM*	Normalize d Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$8.27					1.00	1.00	1.00	\$8.27			
Feb-2021	21,855	\$7.94					1.00	1.00	1.00	\$7.94			
Mar-2021	21,817	\$9.42					1.00	1.00	1.00	\$9.41			
Apr-2021	21,757	\$9.19					1.00	1.00	1.00	\$9.18			
May-2021	21,667	\$10.26					1.00	1.00	1.00	\$10.23			
Jun-2021	21,722	\$9.86				71.42%	1.00	1.00	1.00	\$9.82			69.40%
Jul-2021	21,773	\$11.00				89.09%	1.00	1.00	1.00	\$10.96			86.72%
Aug-2021	21,797	\$11.29				53.87%	1.00	1.00	1.00	\$11.25			52.82%
Sep-2021	21,751	\$10.88				63.86%	1.00	1.00	1.00	\$10.83			63.46%
Oct-2021	21,721	\$11.72				40.49%	1.00	1.00	1.00	\$11.67			40.42%
Nov-2021	21,623	\$11.81				31.10%	1.00	1.00	1.00	\$11.76			30.82%
Dec-2021	21,514	\$13.34			62.52%	52.65%	1.00	1.00	1.00	\$13.29		61.79%	52.36%
Jan-2022	20,922	\$7.80			34.77%	-9.61%	1.00	1.00	1.00	\$7.79		34.41%	-9.40%
Feb-2022	20,903	\$8.01			9.06%	-47.75%	1.00	1.01	1.00	\$8.00		8.94%	-47.38%
Mar-2022	20,868	\$9.79			0.54%	-76.76%	1.00	1.01	1.00	\$9.77		0.60%	-76.51%
Apr-2022	20,891	\$10.32			-11.34%	-47.54%	1.00	1.01	1.00	\$10.29		-11.18%	-47.35%
May-2022	20,800	\$11.56			-16.25%	37.42%	1.00	1.01	1.00	\$11.52		-16.05%	37.08%
Jun-2022	20,771	\$11.49			-29.12%	188.74%	1.00	1.01	1.00	\$11.46		-28.91%	186.73%
Jul-2022	20,755	\$12.13			-10.63%	144.87%	1.00	1.01	1.00	\$12.11		-10.45%	144.57%
Aug-2022	20,796	\$14.00			18.21%	99.22%	1.00	1.00	1.00	\$13.98		18.42%	99.99%
Sep-2022	20,772	\$14.02			37.67%	109.70%	1.00	1.01	1.00	\$13.97		37.77%	110.53%
Oct-2022	20,659	\$15.08			63.46%	125.23%	1.00	1.01	1.00	\$15.03		63.55%	125.41%
Nov-2022	20,611	\$14.56			78.04%	81.23%	1.00	1.01	1.00	\$14.51		78.04%	80.35%
Dec-2022	20,552	\$14.25	14.38%	103.18%	42.76%		1.00	1.01	1.00	\$14.18	14.40%	102.96%	41.93%
Jan-2023	16,394	\$9.47	16.52%	68.95%	-32.94%	0.98	1.02	1.00	\$9.51	16.57%	68.99%	-32.91%	
Feb-2023	16,230	\$10.47	18.72%	30.64%	-59.35%	0.98	1.02	1.00	\$10.51	18.83%	30.77%	-58.84%	
Mar-2023	16,178	\$13.10	21.00%	13.12%	-67.99%	0.98	1.02	1.00	\$13.14	21.17%	13.50%	-67.04%	
Apr-2023	16,065	\$10.83	20.69%	-11.12%	-39.50%	0.98	1.02	1.00	\$10.88	20.93%	-10.60%	-37.94%	
May-2023	16,033	\$12.21	20.15%	-23.80%	15.57%	0.98	1.02	1.00	\$12.28	20.47%	-23.05%	17.85%	
Jun-2023	16,012	\$9.27	17.40%	-39.56%	-8.29%	0.98	1.02	1.00	\$9.34	17.77%	-38.61%	-7.39%	
Jul-2023	15,975	\$8.27	13.89%	-39.13%	-43.98%	0.97	1.02	1.00	\$8.34	14.30%	-38.17%	-43.30%	
Aug-2023	16,031	\$8.94	7.82%	-37.41%	-71.18%	0.97	1.02	1.00	\$9.01	8.26%	-36.40%	-70.83%	
Sep-2023	16,018	\$8.62	1.24%	-44.69%	-59.13%	0.97	1.02	1.00	\$8.69	1.75%	-43.81%	-58.80%	
Oct-2023	15,984	\$10.21	-5.19%	-39.23%	-24.18%	0.97	1.02	1.00	\$10.30	-4.61%	-38.34%	-23.80%	
Nov-2023	16,036	\$11.16	-10.03%	-36.64%	64.32%	0.97	1.02	1.00	\$11.26	-9.35%	-35.89%	64.86%	
Dec-2023	15,961	\$12.40	-12.55%	-16.78%	191.96%	0.97	1.02	1.00	\$12.50	-11.74%	-16.22%	192.19%	

Last Month in Experience Period

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

Historical Experience (ACA Only): d 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	Annualize d Rolling 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalize d Monthly Incurred Claims \$ PMPM*	Normalize d Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$19.66					1.00	1.00	1.00	\$19.66			
Feb-2021	21,855	\$23.43					1.00	1.00	1.00	\$23.44			
Mar-2021	21,817	\$28.40					1.00	1.00	1.00	\$28.38			
Apr-2021	21,757	\$27.98					1.00	1.00	1.00	\$27.94			
May-2021	21,667	\$27.97					1.00	1.00	1.00	\$27.87			
Jun-2021	21,722	\$29.99				108.83%	1.00	1.00	1.00	\$29.87			106.40%
Jul-2021	21,773	\$31.26				56.38%	1.00	1.00	1.00	\$31.15			54.42%
Aug-2021	21,797	\$31.56				46.66%	1.00	1.00	1.00	\$31.46			45.62%
Sep-2021	21,751	\$31.87				47.47%	1.00	1.00	1.00	\$31.74			47.09%
Oct-2021	21,721	\$32.27				32.34%	1.00	1.00	1.00	\$32.13			32.27%
Nov-2021	21,623	\$32.64				18.21%	1.00	1.00	1.00	\$32.51			17.97%
Dec-2021	21,514	\$36.51			55.21%	31.46%	1.00	1.00	1.00	\$36.36		54.52%	31.21%
Jan-2022	20,922	\$26.64			28.59%	1.00%	1.00	1.00	1.00	\$26.62		28.26%	1.29%
Feb-2022	20,903	\$28.07			12.90%	-20.49%	1.00	1.01	1.00	\$28.03		12.80%	-19.87%
Mar-2022	20,868	\$36.86			14.28%	-33.56%	1.00	1.01	1.00	\$36.77		14.39%	-32.85%
Apr-2022	20,891	\$31.92			8.65%	3.77%	1.00	1.01	1.00	\$31.80		8.87%	4.11%
May-2022	20,800	\$34.61			5.46%	63.77%	1.00	1.01	1.00	\$34.50		5.73%	63.29%
Jun-2022	20,771	\$37.62			-0.42%	67.40%	1.00	1.01	1.00	\$37.51		-0.12%	66.26%
Jul-2022	20,755	\$37.19			15.79%	63.01%	1.00	1.01	1.00	\$37.11		16.01%	62.77%
Aug-2022	20,796	\$37.46			31.22%	39.05%	1.00	1.00	1.00	\$37.41		31.40%	39.52%
Sep-2022	20,772	\$40.47			28.88%	49.31%	1.00	1.01	1.00	\$40.33		28.93%	49.88%
Oct-2022	20,659	\$40.05			39.14%	35.12%	1.00	1.01	1.00	\$39.93		39.17%	35.22%
Nov-2022	20,611	\$43.04			46.66%	46.67%	1.00	1.01	1.00	\$42.88		46.63%	45.98%
Dec-2022	20,552	\$47.06	24.69%	57.03%	63.34%	1.00	1.01	1.00	\$46.85	24.71%	56.83%	62.36%	
Jan-2023	16,394	\$38.95	25.58%	43.97%	47.16%	0.98	1.02	1.00	\$39.09	25.65%	44.04%	47.44%	
Feb-2023	16,230	\$39.90	27.19%	34.84%	12.10%	0.98	1.02	1.00	\$40.05	27.31%	35.08%	13.68%	
Mar-2023	16,178	\$46.46	26.60%	36.32%	-14.15%	0.98	1.02	1.00	\$46.61	26.79%	36.91%	-11.59%	
Apr-2023	16,065	\$42.86	28.19%	29.95%	-2.22%	0.98	1.02	1.00	\$43.06	28.48%	30.81%	0.17%	
May-2023	16,033	\$49.07	29.57%	26.28%	40.42%	0.98	1.02	1.00	\$49.38	29.96%	27.61%	43.01%	
Jun-2023	16,012	\$53.49	30.85%	21.73%	81.53%	0.98	1.02	1.00	\$53.87	31.35%	23.70%	83.39%	
Jul-2023	15,975	\$51.91	32.57%	31.33%	104.29%	0.97	1.02	1.00	\$52.31	33.17%	33.44%	106.86%	
Aug-2023	16,031	\$59.68	36.08%	46.82%	102.53%	0.97	1.02	1.00	\$60.16	36.79%	49.19%	104.92%	
Sep-2023	16,018	\$53.02	36.43%	46.67%	64.32%	0.97	1.02	1.00	\$53.46	37.28%	48.96%	65.58%	
Oct-2023	15,984	\$56.94	38.17%	56.35%	45.44%	0.97	1.02	1.00	\$57.40	39.15%	58.55%	46.09%	
Nov-2023	16,036	\$51.56	37.11%	51.93%	-8.39%	0.97	1.02	1.00	\$52.02	38.23%	53.64%	-8.11%	
Dec-2023	15,961	\$55.59	35.92%	47.63%	-1.32%	0.97	1.02	1.00	\$56.02	37.22%	48.58%	-1.24%	

Last Month in Experience Period



Trend & Projection Assumptions For RX Specialty Claims

Historical Experience (ACA Only): d Basis?  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	Annualize d 6 Mo Trend	Annualize d Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Incurred Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
Jan-2021	21,795	\$35.00				1.00	1.00	1.00	\$35.00				
Feb-2021	21,855	\$52.98				1.00	1.00	1.00	\$53.00				
Mar-2021	21,817	\$59.96				1.00	1.00	1.00	\$59.91				
Apr-2021	21,757	\$53.52				1.00	1.00	1.00	\$53.44				
May-2021	21,667	\$53.30				1.00	1.00	1.00	\$53.11				
Jun-2021	21,722	\$55.67			45.44%	1.00	1.00	1.00	\$55.44				43.75%
Jul-2021	21,773	\$60.01			6.25%	1.00	1.00	1.00	\$59.79				4.90%
Aug-2021	21,797	\$59.33			21.22%	1.00	1.00	1.00	\$59.13				20.34%
Sep-2021	21,751	\$62.77			57.75%	1.00	1.00	1.00	\$62.51				57.34%
Oct-2021	21,721	\$63.09			44.17%	1.00	1.00	1.00	\$62.82				44.09%
Nov-2021	21,623	\$63.69			37.58%	1.00	1.00	1.00	\$63.43				37.30%
Dec-2021	21,514	\$63.54			43.92%	1.00	1.00	1.00	\$63.28			43.26%	19.08%
Jan-2022	20,922	\$50.05			16.98%	-15.49%	1.00	1.00	1.00	\$50.01		16.66%	-15.24%
Feb-2022	20,903	\$60.93			13.66%	-27.90%	1.00	1.01	1.00	\$60.85		13.56%	-27.31%
Mar-2022	20,868	\$67.30			14.51%	-23.05%	1.00	1.01	1.00	\$67.15		14.62%	-22.22%
Apr-2022	20,891	\$71.05			13.04%	58.66%	1.00	1.01	1.00	\$70.79		13.29%	59.15%
May-2022	20,800	\$66.51			8.28%	89.25%	1.00	1.01	1.00	\$66.29		8.57%	88.59%
Jun-2022	20,771	\$70.21			7.42%	84.58%	1.00	1.01	1.00	\$70.00		7.75%	83.28%
Jul-2022	20,755	\$69.31			24.78%	14.24%	1.00	1.01	1.00	\$69.15		25.02%	14.08%
Aug-2022	20,796	\$77.14			33.78%	25.10%	1.00	1.00	1.00	\$77.03		33.96%	25.56%
Sep-2022	20,772	\$69.60			32.07%	16.91%	1.00	1.01	1.00	\$69.37		32.12%	17.40%
Oct-2022	20,659	\$68.64			25.22%	19.50%	1.00	1.01	1.00	\$68.43		25.26%	19.62%
Nov-2022	20,611	\$75.85			28.93%	-4.71%	1.00	1.01	1.00	\$75.58		28.91%	-5.16%
Dec-2022	20,552	\$77.04	20.59%		28.51%	10.50%	1.00	1.01	1.00	\$76.69	20.61%	28.36%	9.83%
Jan-2023	16,394	\$61.22	19.81%		13.46%	1.72%	0.98	1.02	1.00	\$61.44	19.86%	13.51%	1.85%
Feb-2023	16,230	\$62.98	18.99%		-1.43%	-18.15%	0.98	1.02	1.00	\$63.22	19.09%	-1.27%	-17.02%
Mar-2023	16,178	\$73.76	18.64%		-0.77%	-36.31%	0.98	1.02	1.00	\$74.00	18.80%	-0.37%	-34.41%
Apr-2023	16,065	\$90.17	18.00%		10.11%	20.76%	0.98	1.02	1.00	\$90.59	18.27%	10.85%	23.80%
May-2023	16,033	\$89.62	18.74%		11.42%	140.12%	0.98	1.02	1.00	\$90.17	19.10%	12.61%	144.69%
Jun-2023	16,012	\$84.03	18.17%		11.12%	215.93%	0.98	1.02	1.00	\$84.63	18.62%	12.91%	219.02%
Jul-2023	15,975	\$89.93	19.31%		28.93%	82.51%	0.97	1.02	1.00	\$90.62	19.85%	31.01%	84.73%
Aug-2023	16,031	\$83.00	17.26%		48.75%	5.61%	0.97	1.02	1.00	\$83.67	17.87%	51.16%	6.82%
Sep-2023	16,018	\$81.24	17.86%		50.54%	-13.86%	0.97	1.02	1.00	\$81.92	18.58%	52.88%	-13.16%
Oct-2023	15,984	\$80.64	18.78%		32.21%	-25.48%	0.97	1.02	1.00	\$81.29	19.60%	34.04%	-25.14%
Nov-2023	16,036	\$78.06	17.37%		19.43%	-23.97%	0.97	1.02	1.00	\$78.75	18.32%	20.73%	-23.73%
Last Month in Experience Period	Dec-2023	15,961	\$77.47	15.56%	13.01%	-25.46%	0.97	1.02	1.00	\$78.07	16.65%	13.74%	-25.39%



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2025 ACA Small Group 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 2025 Small Group Exchange rates for effective dates of coverage between January 1, 2025 and December 31, 2025. 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 **4.8%** because our estimate of 2024 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 **6.1%** because of this estimated trend in 2025.

***-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 small group payment has gone down, decreasing premium rates by approximately **2.0%**.

***-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 small group market. These changes are worth approximately **0.5%** of a premium increase.

### **Conclusion**

The proposed rates reflect an average rate adjustment to prior rates of 9.3%, ranging from 5.2% to 11.7%. There are 1,209 policyholders, 9,306 subscribers and 15,027 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 13<sup>th</sup>. For information about providing public comment, please visit:  
<https://ratereview.vermont.gov/public-comment>



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Schenectady, NY 12301-2207  
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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 2025 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 140,000 covered MVP commercial members. The data reflects claims paid for 2022 incurred dates, paid as of December 31st, 2023. 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 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	86.61%	81.31%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	86.08%	80.81%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	67.91%	69.40%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	69.75%	71.28%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	70.91%	72.60%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	72.18%	73.90%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	75.16%	77.23%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.74%	77.83%
Silver 2 Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	82.48%	87.69%
Silver 2 Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	82.54%	87.75%
Silver 2 Plus 94% CSR with no safe harbor drug benefit	88.38%	94.75%
Silver 2 Plus 94% CSR including the safe harbor drug benefit	88.39%	94.76%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	67.84%	69.33%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	69.68%	71.21%

Actuarial Adjustment factor for Gold 3 Plan:  $0.9939 = 86.08\% / 86.61\%$   
Final Federal AV for Gold 3 Plan:  $81.31\% \times 0.9939 = 80.81\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.0271 = 69.75\% / 67.91\%$   
Final Federal AV for Silver 2 Plan:  $69.40\% \times 1.0271 = 71.28\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.0179 = 72.18\% / 70.91\%$   
Final Federal AV for Silver 2 73% Plan:  $72.60\% \times 1.0179 = 73.90\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.0077 = 75.74\% / 75.16\%$   
Final Federal AV for Silver 2 77% Plan:  $77.23\% \times 1.0077 = 77.83\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.0007 = 82.54\% / 82.48\%$   
Final Federal AV for Silver 2 87% Plan:  $87.69\% \times 1.0007 = 87.75\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.0001 = 88.39\% / 88.38\%$   
Final Federal AV for Silver 2 94% Plan:  $94.75\% \times 1.0001 = 94.76\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.0271 = 69.68\% / 67.84\%$   
Final Federal AV for Silver 2 II Plan:  $69.33\% \times 1.0271 = 71.21\%$

#### CERTIFICATION

I, Kathleen Fish, Chief Actuary for MVP Health Care, am a Member of the American 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 2025 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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Kathleen Fish, FSA, MAAA  
Senior Director, Actuarial Services / Chief Actuary  
MVP Health Care

5/9/2024  
Date



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-134081005
Market	Market type: Individual, Small Group, Large Group etc.	Small Group
Product Name	Product name entered in SERFF	VT Small Group 2025
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2022
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2022
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2023
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2023
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2025
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2025

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-134081005
Market	Small Group
Product Name	VT Small Group 2025

**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	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$19.47	\$0.53	\$18.06	\$0.44	\$18.02	\$0.44
Non-Specialty Brand PMPM	\$38.97	\$1.63	\$52.81	\$2.39	\$59.12	\$2.67
Specialty PMPM	\$70.18	\$0.08	\$81.65	\$0.00	\$98.61	\$0.00
(B) Medical Rx PMPM	\$6.02		\$6.64		\$7.34	
Total (Medical and Rx) Premium PMPM	\$575.39		\$672.73		\$816.42	
(I) Non-Specialty Generic % of Premium	3.38%	0.09%	2.68%	0.07%	2.21%	0.05%
Non-Specialty Brand % of Premium	6.77%	0.28%	7.85%	0.35%	7.24%	0.33%
Specialty Total % of Premium	12.20%	0.01%	12.14%	0.00%	12.08%	0.00%
(B) Medical Rx PMPM	1.05%		0.99%		0.90%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.70%	-0.03%	-0.48%	-0.01%
Non-Specialty Brand % of Premium Change vs Prior Period			1.08%	0.07%	-0.61%	-0.03%
Specialty % of Premium Change vs Prior Period			-0.06%	-0.01%	-0.06%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.06%		-0.09%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$11.54	\$0.37	\$10.11	\$0.30	\$9.52	\$0.29
Non-Specialty Brand PMPM	\$35.17	\$1.55	\$47.63	\$2.28	\$53.90	\$2.58
Specialty PMPM	\$68.53	\$0.08	\$79.28	\$0.00	\$95.75	\$0.00
(B) Medical Rx PMPM	\$5.94		\$6.53		\$7.30	
Total Medical and Rx Premium PMPM	\$575.39		\$672.73		\$816.42	
(I) Non-Specialty Generic % of Premium	2.00%	0.06%	1.50%	0.05%	1.17%	0.04%
Non-Specialty Brand % of Premium	6.11%	0.27%	7.08%	0.34%	6.60%	0.32%
Specialty Total % of Premium	11.91%	0.01%	11.79%	0.00%	11.73%	0.00%
(B) Medical Rx PMPM	1.03%		0.97%		0.89%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.50%	-0.02%	-0.34%	-0.01%
Non-Specialty Brand % of Premium Change vs Prior Period			0.97%	0.07%	-0.48%	-0.02%
Specialty % of Premium Change vs Prior Period			-0.13%	-0.01%	-0.06%	0.00%
(B) Medical Rx % of Premium Change vs Prior Period			-0.06%		-0.08%	

<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-134081005
Market	Small Group
Product Name	VT Small Group 2025

**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
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	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
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
AUSTEDO XR TAB 12MG	Tier 2	MarketPlace
AUSTEDO XR TAB 24MG	Tier 2	MarketPlace
AUSTEDO XR TAB 6MG	Tier 2	MarketPlace
AUSTEDO XR TAB TITR KIT	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
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
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

CETRORELIX KIT 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
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 180MG	Tier 2	MarketPlace
DEFERASIROX TAB 250MG	Tier 2	MarketPlace
DEFERASIROX TAB 360MG	Tier 2	MarketPlace
DEFERASIROX TAB 500MG	Tier 2	MarketPlace
DEFERASIROX TAB 90MG	Tier 2	MarketPlace
DEFERIPRONE TAB 1000MG	Tier 2	MarketPlace
DEFERIPRONE TAB 500MG	Tier 2	MarketPlace
DEFLAZACORT TAB 18MG	Tier 2	MarketPlace
DEFLAZACORT TAB 30MG	Tier 2	MarketPlace
DEFLAZACORT TAB 36MG	Tier 2	MarketPlace
DEFLAZACORT TAB 6MG	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 CAP STARTER	Tier 2	MarketPlace
DOFETILIDE CAP 125MCG	Tier 2	MarketPlace
DOFETILIDE CAP 250MCG	Tier 2	MarketPlace
DOFETILIDE CAP 500MCG	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
EGRIFTA SV INJ 2MG	Tier 3	MarketPlace
EMFLAZA TAB 18MG	Tier 3	MarketPlace
EMFLAZA TAB 30MG	Tier 3	MarketPlace
EMFLAZA TAB 36MG	Tier 3	MarketPlace
EMFLAZA TAB 6MG	Tier 3	MarketPlace
ENBREL INJ 25/0.5ML	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 0.25MG	Tier 3	MarketPlace
GILENYA CAP 0.5MG	Tier 3	MarketPlace
GLATIRAMER INJ 20MG/ML	Tier 2	MarketPlace
GLATIRAMER INJ 40MG/ML	Tier 2	MarketPlace
GLATOPA INJ 20MG/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 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 INJ 40/0.4ML	Tier 2	MarketPlace
HUMIRA KIT 40MG/0.8	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 80/0.8ML	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
HYRIMOZ INJ 40/0.4ML	Tier 2	MarketPlace
ICATIBANT INJ 30MG/3ML	Tier 2	MarketPlace
INGREZZA CAP 40-80MG	Tier 3	MarketPlace
INGREZZA CAP 40MG	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 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
JYNARQUE TAB 15MG	Tier 3	MarketPlace
JYNARQUE TAB 30MG	Tier 3	MarketPlace
KESIMPTA INJ 20/.4ML	Tier 3	MarketPlace
KITABIS PAK NEB 300/5ML	Tier 3	MarketPlace
KORLYM TAB 300MG	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
LIQREV SUS 10MG/ML	Tier 3	MarketPlace
LITFULO CAP 50MG	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 TAB 0.25MG	Tier 2	MarketPlace
MAYZENT TAB 1MG	Tier 2	MarketPlace
MAYZENT TAB 2MG	Tier 2	MarketPlace
MENOPUR INJ 75UNIT	Tier 2	MarketPlace
MIFEPRISTONE TAB 300MG	Tier 2	MarketPlace

MIGLUSTAT CAP 100MG	Tier 2	MarketPlace
MOZOBIL INJ	Tier 3	MarketPlace
MULPLETA TAB 3MG	Tier 3	MarketPlace
MYCAPSSA CAP 20MG	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
NGENLA INJ 24/1.2ML	Tier 3	MarketPlace
NGENLA INJ 60/1.2ML	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 5000UNIT	Tier 3	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
OLPRUVA PAK 2GM	Tier 3	MarketPlace
OLPRUVA PAK 3GM	Tier 3	MarketPlace
OLPRUVA PAK 4 GM	Tier 3	MarketPlace
OLPRUVA PAK 5GM	Tier 3	MarketPlace
OLPRUVA PAK 6.67GM	Tier 3	MarketPlace
OLPRUVA PAK 6GM	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
ONCASPAR INJ 750/ML	Tier 3	MarketPlace
ONUREG TAB 200MG	Tier 3	MarketPlace
ONUREG TAB 300MG	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 20MG	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
OVIREL	INJ	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
PHENYL BUTYRA	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 PEN	Tier 2	MarketPlace
PLEGRIDY	INJ STARTER	Tier 2	MarketPlace
PLEGRIDY	PEN INJ STARTER	Tier 2	MarketPlace
PLERIXAFOR	INJ 24/1.2ML	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
RELEUKO	INJ 300MCG	Tier 3	MarketPlace
RELEUKO	INJ 480MCG	Tier 3	MarketPlace
RELYVRIO	PAK 3-1GM	Tier 3	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
SAMSCA	TAB 15MG	Tier 3	MarketPlace
SAMSCA	TAB 30MG	Tier 3	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
SEROSTIM	INJ 5MG	Tier 3	MarketPlace
SEROSTIM	INJ 6MG	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 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
TADLIQ	SUS 20MG/5ML	Tier 3	MarketPlace
TAKHZYRO	INJ 150MG/ML	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 600/2.4	Tier 2	MarketPlace
TERIPARATIDE	INJ 620/2.48	Tier 2	MarketPlace
TETRABENAZIN	TAB 12.5MG	Tier 2	MarketPlace
TETRABENAZIN	TAB 25MG	Tier 2	MarketPlace
THALOMID	CAP 100MG	Tier 3	MarketPlace
THALOMID	CAP 150MG	Tier 3	MarketPlace
THALOMID	CAP 200MG	Tier 3	MarketPlace
THALOMID	CAP 50MG	Tier 3	MarketPlace
THIOLA	TAB 100MG	Tier 3	MarketPlace

TIKOSYN CAP 125MCG	Tier 3	MarketPlace
TIKOSYN CAP 250MCG	Tier 3	MarketPlace
TIKOSYN CAP 500MCG	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
TOLVAPTAN TAB 15MG	Tier 2	MarketPlace
TOLVAPTAN TAB 30MG	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
TRIENTINE CAP 250MG	Tier 2	MarketPlace
TRIENTINE CAP 500MG	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
VIGADRONE TAB 500MG	Tier 2	MarketPlace
VIGPODER 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 300/2ML	Tier 2	MarketPlace
XOLAIR INJ 75/0.5	Tier 2	MarketPlace
YARGESA CAP 100MG	Tier 2	MarketPlace
ZAVESCA CAP 100MG	Tier 3	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

Insurance Company Name	MVP Health Care
HIOS ID	77566
SERFF Filing Number	MVPH-134081005
Market	Small Group
Product Name	VT Small Group 2025

**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
	01/01/2022-12/31/2022	01/01/2023-12/31/2023	1/01/2025-12/31/2025
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	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		1/01/2025-12/31/2025	
	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	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		1/01/2025-12/31/2025	
	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.

# State of Vermont

## Actuarial Value Certification for 2025 Standard Plan Designs

March 6, 2024

Prepared by:  
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Principal

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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) standardizes 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 2024, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs for Vermont Health Connect. There was 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 2024 standard plan designs are all continuing in 2025 with minor changes.

For each of the Silver standard plan designs, the cost-sharing reduction plan designs are also standard. Cost-sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2025 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 2025 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The 2025 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 2025 though the plan designs shown here were based on Mercer's preliminary predictions for those limits that have always been accurate. Additional changes may be required to the Silver and Bronze HDHPs, should the plan designs presented here not comply with federal or state requirements. Note that in order to comply with Vermont regulations and the anticipated HDHP minimum deductible, some plan designs have been changed since the presentation and approval of the Green Mountain Care Board.

A detailed list of the changes from the 2024 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

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

- Silver Deductible – The combined deductible and medical/pharmacy MOOP were decreased. The pharmacy only MOOP was increased. In addition, generic drug and ER copays were both decreased.
- Bronze Deductible with Pharmacy Limit – The combined medical/pharmacy MOOP decreased while the pharmacy only MOOP was increased. The generic drug copay also decreased.
- Bronze Deductible without Pharmacy Limit – The combined deductible and combined MOOP were decreased. The generic drug copay was also decreased.
- Silver HDHP – The embedded individual combined medical/pharmacy MOOP was decreased. In addition, primary care and mental health/substance abuse office visit coinsurance was decreased.
- Bronze HDHP – The combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were decreased.

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 2025 draft NBPP included 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 2024 NBPP, the 2025 draft NBPP included 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 draft 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 2025 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. The 2025 plan designs presented in this report are compliant with the draft 2025 AVC.

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2025. The limitation will be \$9,200 for 2025, a decrease of \$250 from the \$9,450 limit in 2024. This is the first time this limit has decreased which necessitated a number of plan design changes to ensure compliance.

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 anticipated to be \$1,650 and \$8,250, respectively, for 2025, based on Mercer's early projections.<sup>2</sup> The 2024 minimum deductible and MOOP were \$1,600 and \$8,050, respectively. The 2025 increases are higher than the historical averages, where the deductible has increased \$50 every two to three years and the MOOP has increased around \$100 a year. Due to the higher minimum deductible for 2025, adjustments have been made to both HDHPs (and corresponding Silver CSR HDHPs). Note that there were similarly large increases in 2024, with increases the last few years heavily driven by high inflation. Should the HDHP minimum deductible be finalized at an amount other than \$1,650, changes to some plan designs would be required.

## **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 2025.

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

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

<sup>2</sup> [Mercer projects 2025 HSA, HDHP and excepted-benefit HRA figures](#)

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>3</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>4</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 2025. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

## **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>5</sup> The cost sharing for these benefits is

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<sup>3</sup> <https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf>

<sup>4</sup> <https://legislature.vermont.gov/bill/status/2020/S.296>

<sup>5</sup> <https://governor.vermont.gov/press-release/federal-government-approves-expanded-coverage-vermont%E2%80%99s-essential-health-benefits>

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 continue to 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:

- 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>6</sup> The data supporting the AVC is only at the member level, and thus most closely resembles

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<sup>6</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.

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 2025 single limit of \$9,200, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,200. 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 (projected at \$1,650 and \$3,300 for individual and family coverage in 2025). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,650 and \$3,300 for individual and family coverage in 2025) 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 \$1,650 for individual or \$3,300 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 \$1,650 or \$3,500, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- The 2025 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 2025 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 94% 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 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%	90.0%
	Gold	78.0%-82.0%	81.0%
	Silver	70.0%-72.0%	71.0%
	Bronze (with drug limit)	58.0%-64.9%	61.8%
	Bronze (without drug limit)	58.0%-64.9%	64.6%
<b>HDHPs</b>	Silver - Embedded OOPM <sup>7</sup>	70.0%-71.5%	70.9%
	Bronze - Embedded OOPM	58.0%-64.4%	62.1%
<b>Cost Sharing Reduction Plan Designs - Deductible Plans</b>	250-300% FPL (73% AV)	73.0%-74.0%	73.9%
	200-250% FPL (77% AV)	77.0%-78.0%	78.0%
	150-200% FPL (87% AV)	87.0%-88.0%	87.8%
	133-150% FPL (94% AV)	94.0%-95.0%	94.8%
<b>Cost Sharing Reduction Plan Designs - HDHPs</b>	250-300% FPL (73% AV)	73.0%-73.5%	73.4%
	200-250% FPL (77% AV)	77.0%-77.5%	77.5%
	150-200% FPL (87% AV)	87.0%-87.5%	87.2%
	133-150% FPL (94% AV)	94.0%-94.5%	94.4%

<sup>1</sup> Based on revised de minimis ranges in the draft 2025 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.

<sup>7</sup> Out of pocket maximum (OOPM) and MOOP are used interchangeably in this report



## 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 during the 2024 plan design cycle 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. This model will be updated in future years with more recent data as needed.

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 \$9,200.
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>8</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>8</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 2025 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 2025 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.

- 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.
- 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.
- 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.

- 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.
- Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

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

### Insulin Out-of-Pocket Limit

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

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

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

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

The following methodology was used to develop the impacts:

- 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.

- 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.
- 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 and Darren are both Members of the American Academy of Actuaries and a Fellows of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report. Jared Asprer 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 2025 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.
- Mercer's projections of the likely federal HDHP minimum deductible and MOOP limits.<sup>9</sup>

**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 MOOP limits are anticipated to be \$1,650 and \$8,250, respectively, for 2025, based on Mercer's early projections. The 2024 minimum deductible and MOOP are \$1,600 and \$8,050, respectively. We performed the plan modelling in this certification using the projected amounts, but should the minimum deductible differ when the limits are released, changes may be required to both HDHPs (and corresponding Silver CSR HDHPs).
- The 2025 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. The plan designs presented are compliant with the 2025 draft NBPP and may need to change if there are differences between the draft and final versions.

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<sup>9</sup> [Mercer projects 2025 HSA, HDHP and excepted-benefit HRA figures](#)

- The 2025 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2025 draft Federal AVC and may need to change if there are changes to the final model from the draft version.
- 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, 2025**

I, Darren Johnson, am associated with the firm of Wakely Consulting Group, LLC (Wakely), an HMA company, am a Fellow 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, 2025, 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 2025 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, 2025 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  
February 29, 2024

Appendix B: Summary of Plan Design Changes from 2024 Designs

<b>Deductible Plans</b>	
<b>Platinum</b>	<b>Gold</b>
Increase pharmacy MOOP from \$1,500 to \$1,600	Increase pharmacy MOOP from \$1,500 to \$1,600
Increase medical MOOP from \$1,500 to \$1,600	Leave medical MOOP at \$5,600
<b>Silver</b>	<b>Bronze w/ Rx Limit</b>
Decrease medical deductible from \$4,000 to \$3,500	Decrease medical MOOP from \$9,450 to \$9,200
Decrease medical MOOP from \$9,300 to \$9,200	Increase pharmacy MOOP from \$1,500 to \$1,600
Increase pharmacy MOOP from \$1,500 to \$1,600	Decrease generic Rx copay from \$20 to \$15
Decrease generic Rx copay from \$20 to \$15	
Decrease ER copay from \$500 to \$250	
<b>Bronze w/o Rx Limit</b>	
Decrease medical deductible from \$9,400 to \$9,200	
Decrease medical MOOP from \$9,400 to \$9,200	
Decrease generic pharmacy copy from \$30 to \$25	
<b>HDHPs</b>	
<b>Silver - Embedded MOOP</b>	<b>Bronze - Embedded MOOP</b>
Decrease embedded single MOOP from \$9,450 to \$9,200	Decrease embedded single MOOP from \$9,450 to \$9,200
Decrease PCP Office visit coinsurance from 15% to 10%	Decreased combined MOOP from \$7,200 to \$7,100
Decrease MH/SA Office visit coinsurance from 15% to 10%	
Leave medical MOOP at \$7,050	

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

Deductible/OOP Max	2025 Plan Designs – Silver Deductible Plan		2025 Plan Designs – Silver HDHP	
	On the Exchange	Off the Exchange	On the Exchange	Off the Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$3,500	\$3,500	\$2,100	\$2,100
Pharmacy Ded	\$500	\$500	\$1,600	\$1,600
Integrated Ded	No	No	Yes	Yes
Medical OOPM	\$9,200	\$9,200	\$7,050	\$7,050
Pharmacy OOPM	\$1,600	\$1,600	\$1,600	\$1,600
Integrated OOPM	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Pharmacy embedded \$9,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Pharmacy embedded \$9,200 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	\$250	\$250	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	10%	10%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%
Specialist Office Visit	\$90	\$90	35%	35%
Physical Therapy/Chiropractic	\$50	\$50	35%	35%
Urgent Care	\$100	\$100	35%	35%
Ambulance	\$100	<b>\$105</b>	35%	<b>40%</b>
Pharmacy Generic	\$15	\$15	\$10	\$10
Pharmacy Preferred Brand	\$70	\$70	\$40	\$40
Pharmacy Non-Preferred Brand	50%	50%	50%	50%
Pharmacy Specialty	50%	50%	50%	50%
Actuarial Value				
<b>2025 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>71.0%</b>	<b>71.0%</b>	<b>70.9%</b>	<b>70.9%</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/ Pharmacy Limit	Bronze w/o Pharmacy Limit
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$450	\$1,400	\$3,500	\$6,450	\$9,200
Pharmacy Ded	\$0	\$200	\$500	\$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,600	\$5,600	\$9,200	\$9,200	\$9,200
Pharmacy OOPM	\$1,600	\$1,600	\$1,600	\$1,600	N/A
Integrated OOPM	No	No	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	0%	0%
PCP Office Visit	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
Physical Therapy/Chiropractic	\$20	\$35	\$50	\$45	\$50
Urgent Care	\$50	\$65	\$100	\$100	0%
Ambulance	\$60	\$75	\$100	\$100	0%
Pharmacy Generic	\$10	\$15	\$15	\$15	\$25
Pharmacy Preferred Brand	\$50	\$60	\$70	\$85	0%
Pharmacy Non-Preferred Brand	50%	50%	50%	60%	0%
Pharmacy Specialty	50%	50%	50%	60%	0%
Actuarial Value					
<b>2025 Federal AVC, Adjusted if Necessary</b>	<b>90.0%</b>	<b>81.0%</b>	<b>71.0%</b>	<b>61.8%</b>	<b>64.6%</b>



### Deductible Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver 2025 Plan Design	250-300% FPL (73% AV) 2025 Plan Design	200-250% FPL (77% AV) 2025 Plan Design	150-200% FPL (87% AV) 2025 Plan Design	133-150% FPL (94% AV) 2025 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,500	\$3,150	\$2,950	\$1,275	\$300
Pharmacy Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$9,200	\$6,950	\$6,350	\$2,500	\$1,100
Pharmacy OOPM	\$1,600	\$1,300	\$1,200	\$450	\$250
Integrated OOPM	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Pharmacy -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
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$200	\$125	\$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
Physical Therapy/Chiropractic	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Pharmacy Generic	\$15	\$15	\$15	\$10	\$5
Pharmacy Preferred Brand	\$70	\$70	\$60	\$50	\$20
Pharmacy Non-Preferred Brand	50%	50%	50%	50%	30%
Pharmacy Specialty	50%	50%	50%	50%	30%
<b>Actuarial Value</b>					
<b>2025 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>71.0%</b>	<b>73.9%</b>	<b>78.0%</b>	<b>87.8%</b>	<b>94.8%</b>

### HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Pharmacy Ded	\$1,650	\$1,650
Integrated Ded	Yes	Yes
Medical OOPM	\$7,050	\$7,100
Pharmacy OOPM	\$1,650	\$1,650
Integrated OOPM	Yes	Pharmacy -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Pharmacy embedded \$9,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Pharmacy embedded \$9,200 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	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	35%	50%
Physical Therapy/Chiropractic	35%	50%
Urgent Care	35%	50%
Ambulance	35%	50%
Pharmacy Generic	\$10	\$12
Pharmacy Preferred Brand	\$40	40%
Pharmacy Non-Preferred Brand	50%	60%
Pharmacy Specialty	50%	60%
Actuarial Value		
<b>2025 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>70.9%</b>	<b>62.1%</b>

### HDHP Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver 2025 Plan Design	250-300% FPL (73% AV) 2025 Plan Design	200-250% FPL (77% AV) 2025 Plan Design	150-200% FPL (87% AV) 2025 Plan Design	133-150% FPL (94% AV) 2025 Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$1,800	\$1,800	\$1,650	\$650
Pharmacy Ded	\$1,650	\$1,650	\$1,650	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$7,050	\$5,850	\$4,700	\$1,650	\$650
Pharmacy OOPM	\$1,650	\$1,650	\$1,650	N/A	N/A
Integrated OOPM	Yes	Pharmacy -No, Medical - Yes	Pharmacy -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Pharmacy embedded \$9,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Pharmacy embedded \$9,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Pharmacy embedded \$9,200 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	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	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Physical Therapy/Chiropractic	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	0%	0%
Ambulance	35%	30%	30%	0%	0%
Pharmacy Generic	\$10	\$10	\$10	\$0	\$0
Pharmacy Preferred Brand	\$40	\$40	\$40	\$0	\$0
Pharmacy Non-Preferred Brand	50%	50%	50%	0%	0%
Pharmacy Specialty	50%	50%	50%	0%	0%
<b>Actuarial Value</b>					
<b>2025 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>70.9%</b>	<b>73.5%</b>	<b>77.5%</b>	<b>87.2%</b>	<b>94.4%</b>

Appendix F: Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,200	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	64.6%	64.6%
<b>Silver HDHP</b>	Yes	Yes	No	Yes	Yes	No	No	72.9%	70.9%
<b>Bronze HDHP</b>	Yes	Yes	No	Yes	Yes	Yes	No	64.2%	62.1%
<b>Silver Deductible</b>	No	No	No	Yes	No	No	Yes	69.9%	71.0%
<b>Bronze Deductible (with pharmacy limit)</b>	No	No	Yes	Yes	No	Yes	No	60.9%	61.8%
<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	79.5%	77.5%
<b>Silver HDHP - CSR 87%</b>	Yes	No	No	No	Yes	No	No	87.7%	87.2%
<b>Silver HDHP - CSR 94%</b>	Yes	No	No	No	Yes	No	No	94.4%	94.4%
<b>Silver Deductible CSR – 73%</b>	No	No	Yes	Yes	No	No	Yes	73.0%	73.9%
<b>Silver Deductible CSR – 77%</b>	No	No	Yes	Yes	No	No	Yes	77.1%	78.0%
<b>Silver Deductible CSR – 87%</b>	No	No	Yes	Yes	No	No	Yes	87.4%	87.8%
<b>Silver Deductible CSR – 94%</b>	No	No	Yes	Yes	No	No	Yes	94.6%	94.8%

## 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 = 64.6%

Adjusted AV = 64.6% \* 1.001(MH/SA Copay Adj) = 64.6%

**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 (\$)			\$9,200.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			100.00%			60.00%
MOOP (\$)			\$9,200.00			\$8,700.00
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"/>			<input 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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input 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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input 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: 2025 Bronze No RX Limit Option 2  
 Plan HIOS ID: 2025 Bronze No RX Limit Option 2  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.  
 Actuarial Value: 64.57%  
 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. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 1.5664 seconds  
 Draft 2025 AV Calculator

**SILVER HDHP – EMBEDDED MOOP**

AV from AVC = 72.9%

Adjusted AV = 70.9%

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: 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 (\$)			\$2,100.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			65.00%			60.00%
MOOP (\$)			\$7,050.00			\$8,700.00
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 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%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 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: 2025 Silver HDHP Option 2  
 Plan HIOS ID: 2025 Silver HDHP Option 2  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation. 72.90%

Actuarial Value: 72.90%

Metal Tier: Silver

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

Calculation Time: 1.4023 seconds

Draft 2025 AV Calculator





**Silver HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

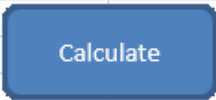
*Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.*

*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	1,650		
	Family Deductible	4,200	3,300		
	Individual Out-of-Pocket	7,050	1,650		
	Family Out-of-Pocket	14,100	3,300		
	Coinsurance (50% or Less)	30%	36%		
		Costs that Accumulate			
				OOP	Deductible /
		Deductible	Medical	Rx	OOP Type
	Settings	Medical & Medical	Medical & Rx	Only	Aggregate
					Normalization Factor
					6



**Results**

	Medical	Rx	Total	Value to Normalize To
Allowed PMPM				
Plan PMPM				
Actuarial Value			70.78%	1.008875

**BRONZE HDHP – EMBEDDED MOOP**

AV from AVC = 64.2%

Adjusted AV = 62.1%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,800.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)			50.00%			60.00%
MOOP (\$)			\$7,100.00			\$8,700.00
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 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%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	50%		<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: 2025 Bronze HDHP Option 2  
 Plan HIOS ID: 2025 Bronze HDHP Option 2  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

**Status/Error Messages:**

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2025 AV Calculator

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

64.21%

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.

1.5391 seconds

**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	7,100	7,100		
Family Out-of-Pocket	14,200	14,200		
Coinsurance (50% or Less)	46%	53%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5

Calculate

---

				64.21%	
			64.21%	0.992	



## SILVER DEDUCTIBLE

AV from AVC = 69.9%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $66.79\%/65.83\% = 1.0146 \times .6991 = 70.9\% * 1.001 \text{ (MH/SA Copay Adj)} = 71.0\%$

Adjusted AV = 71.0%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$500.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$9,200.00				\$8,700.00
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		
<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"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 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: 2025 Silver Option 2  
 Plan HIOS ID: 2025 Silver Option 2  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.  
 Actuarial Value: 69.91%  
 Metal Tier: Silver Off-Exchange and Small Group Market  
 NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 1.6562 seconds  
 Draft 2025 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	3,500	500		
Family Deductible	7,000	1,000		
Individual Out-of-Pocket	9,200	9,200		
Family Out-of-Pocket	18,400	18,400		
Coinsurance (50% or Less)	41%	39.44%		
Costs that Accumulate				
		OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
				1.007

Calculate

---

			65.83%	1.007

**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	3,500	500		
Family Deductible	7,000	1,000		
Individual Out-of-Pocket	9,200	1,500		
Family Out-of-Pocket	18,400	3,000		
Coinsurance (50% or Less)	41%	39.44%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Stacked
				2
				1.007
<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>				

			66.79%	1.007

## BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 61.0%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $61.73\%/60.91\% = 1.013 \times .6095 = 61.8\%$

Adjusted AV = 61.8%

### 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 (\$)	\$6,450.00	\$1,100.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	50.00%	40.00%			60.00%
MOOP (\$)	\$9,200.00				\$8,700.00
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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 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: 2025 Bronze RX Limit Option 2

Plan HIOS ID: 2025 Bronze RX Limit Option 2

Issuer HIOS ID: 2025

AVC Version: 2025\_1a

**Output**

Calculate

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

Actuarial Value: 60.95%

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

Calculation Time: 1.4297 seconds

**Draft 2025 AV Calculator**





**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	9,200	1,600		
Family Out-of-Pocket	18,400	3,200		
Coinsurance (50% or Less)	44%	50%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Stacked
				2
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 5px;">                     Calculate                 </div>				
			61.73%	0.99388

## SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.5%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,800.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			70.00%			60.00%
MOOP (\$)			\$5,900.00			\$8,700.00
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		
<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%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 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: 2025 Silver HDHP 73  
 Plan HIOS ID: 2025 Silver HDHP 73  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation. 75.70%

Actuarial Value: 75.70%

Metal Tier: Silver

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

Calculation Time: 1.3633 seconds

Draft 2025 AV Calculator

**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		1,800	1,800		
Family Deductible		3,600	3,600		
Individual Out-of-Pocket		5,900	5,900		
Family Out-of-Pocket		11,800	11,800		
Coinsurance (50% or Less)		26%	36%		
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings		Medical &	Medical &	Medical &	Stacked
					5
		<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 5px;">             Calculate         </div>			
					75.70%
				75.70%	0.99888



## SILVER HDHP – EMBEDDED MOOP CSR – 77%

AV from AVC = 79.5%

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
Deductible (\$)			\$1,800.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			70.00%			60.00%
MOOP (\$)			\$4,700.00			\$8,700.00
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 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%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 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: 2025 Silver HDHP 77  
 Plan HIOS ID: 2025 Silver HDHP 77  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 79.45%  
 Metal Tier: Gold

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

Calculation Time: 1.582 seconds  
 Draft 2025 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	1,800	1,800		
Family Deductible	3,600	3,600		
Individual Out-of-Pocket	4,700	4,700		
Family Out-of-Pocket	9,400	9,400		
Coinsurance (50% or Less)	26%	36%		
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 10px;">           Calculate         </div>				
				79.45%
			79.46%	1.21013





## SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.2%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate MOOP for Medical and Drug Spending?   
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?   
 Desired Metal Tier: 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 (\$)			\$1,650.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			100.00%			60.00%
MOOP (\$)			\$1,650.00			\$8,700.00
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"/>			<input 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 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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input 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: 2025 Silver HDHP 87  
 Plan HIOS ID: 2025 Silver HDHP 87  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation. 87.69%

Actuarial Value: 87.69%

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: 1.4062 seconds

Draft 2025 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	1,650	1,650		
Family Deductible	3,300	3,300		
Individual Out-of-Pocket	1,650	1,650		
Family Out-of-Pocket	3,300	3,300		
Coinsurance (50% or Less)	0%	0%		
Costs that Accumulate				
		OOP	Deductible /	
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Medical &	Stacked
				5

Calculate

---

				87.69%
		87.70%	1.17138	



**SILVER HDHP – EMBEDDED MOOP CSR – 94%**

AV from AVC = 94.4%

Adjusted AV = 94.4%

**AVC Screen Shot:**

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate MOOP for Medical and Drug Spending?   
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?   
 Desired Metal Tier: **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 (\$)			\$650.00			\$6,500.00
Coinsurance (%; Insurer's Cost Share)			100.00%			60.00%
MOOP (\$)			\$650.00			\$8,700.00
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"/>			<input 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 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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input 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: 2025 Silver HDHP 94  
 Plan HIOS ID: 2025 Silver HDHP 94  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation. 94.37%

Actuarial Value: 94.37%

Metal Tier: Platinum

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

Calculation Time: 1.5039 seconds

Draft 2025 AV Calculator





**SILVER DEDUCTIBLE CSR – 73%**

AV from AVC = 73.1%

**Adjustments**

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 69.73%/68.98% = 1.011 x 73.1% = 73.9% \* 1.001 (MH/SA Copay Adj) = 73.9%

Adjusted AV = 73.9%

**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: 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 (\$)	\$3,150.00	\$450.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$6,950.00				\$8,700.00
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Copay applies only after deductible?	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		
<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"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 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: 2025 Silver Deduct 73  
Plan HIOS ID: 2025 Silver Deduct 73  
Issuer HIOS ID: 2025  
AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.  
73.05%

Actuarial Value: 73.05%

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

Calculation Time: 1.7422 seconds

Draft 2025 AV Calculator







## SILVER DEDUCTIBLE CSR – 77%

AV from AVC = 77.2%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $71.26\%/70.57\% = 1.01 \times 77.2\% = 77.9\% * 1.001$  (MH/SA Copay Adj) = 77.9%

Adjusted AV = 77.9%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,950.00	\$350.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			60.00%
MOOP (\$)	\$6,350.00				\$8,700.00
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	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input 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 checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>		100%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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: 2025 Silver Deduct 77  
 Plan HIOS ID: 2025 Silver Deduct 77  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.  
 Actual Value: 77.15%  
 Metal Tier:

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

Additional Notes:

Calculation Time: 1.4453 seconds  
 Draft 2025 AV Calculator





### SILVER DEDUCTIBLE CSR – 87%

AV from AVC = 87.4%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $83.74\%/83.37\% = 1.004 \times 87.4\% = 87.8\%$

Adjusted AV = 87.8%

#### 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: 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 (\$)	\$1,275.00	\$250.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			60.00%
MOOP (\$)	\$2,500.00				\$8,700.00
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		
<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"/>		\$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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<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: 2025 Silver Deduct 87  
 Plan HIOS ID: 2025 Silver Deduct 87  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.  
 Actuarial Value: 87.43%  
 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: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 1.4375 seconds  
 Draft 2025 AV Calculator





## SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.6%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $94.02\%/93.83\% = 1.002 \times 94.6\% = 94.8\%$

Adjusted AV = 94.8%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$300.00	\$0.00			\$6,500.00
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			60.00%
MOOP (\$)	\$1,100.00				\$8,700.00
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		
<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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 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: 2025 Silver Deduct 94  
 Plan HIOS ID: 2025 Silver Deduct 94  
 Issuer HIOS ID: 2025  
 AVC Version: 2025\_1a

**Output**

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.  
 Actuarial Value: 94.64%  
 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: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 1.6055 seconds  
 Draft 2025 AV Calculator





**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	300	0		
Family Deductible	600	0		
Individual Out-of-Pocket	1,100	250		
Family Out-of-Pocket	2,200	500		
Coinsurance (50% or Less)	8%	20%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical &	Medical &	Rx Only	Stacked
				2
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block; border-radius: 5px;">Calculate</div>				
			94.02%	0.998875





**MVP Health Care -- 2025 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2024 to 2025 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 -- 2025 Premium Rates

**Exhibit 1 – Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%	
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded	
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	50%	\$500 (Phys)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60.	
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60.	
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	\$30*	\$60	50%	\$400	50%	\$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%	
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40/60%, Subject to Med Deductible	
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #	
FRVT-HMO-SB-001-N (2025)	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

\*First 3 PCP Office Visits are covered in full

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

\* Family structure is \$9,200 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$598 per contract per year.

**Exhibit 1a -- Comparison of 2024 to 2025 Benefits by Plan**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2024)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,000	\$1,600	\$3,000	Separate	\$10/\$50/50%
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%
FRVT-HMO-SG-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	\$1,600	\$3,000	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMOH-SG-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	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$500 (Fac)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-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-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SS-001-N (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$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 #
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
VT-HMO-SS-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-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-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*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-SS-001-N II (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$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 #
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
FRVT-HMO-SB-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	\$1100/\$2200 Brand Ded then \$20/\$85/60%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMO-SB-003-S (2024)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,600	\$3,200	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-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-SB-004-S (2025)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-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-SB-005-N (2025)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #
FRVT-HMO-SB-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-SB-001-N (2025)	HyHMO	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Changes in benefits from 2024 to 2025 are shown in gray shading.

**Exhibit 2a -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Experience Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025

<b>Months of Trend</b>	<b>2024</b>	<b>2025</b>	<b>Total</b>
	12	12	<b>24</b>

**Medical Trend Summary**

<u>2024 Annual Trend</u>				
	<u>% of Allowed Claims</u>	<u>Unit Cost</u>	<u>Utilization</u>	<u>Total</u>
IP	15.9%	4.8%	1.0%	5.8%
OP	54.3%	5.2%	1.0%	6.2%
PHY	29.9%	1.7%	1.0%	2.7%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.1%</b>

<u>2025 Annual Trend</u>				
	<u>% of Allowed Claims</u>	<u>Unit Cost</u>	<u>Utilization</u>	<u>Total</u>
IP	16.0%	4.6%	1.0%	5.7%
OP	54.9%	4.3%	1.0%	5.4%
PHY	29.2%	2.0%	1.0%	3.0%
<b>Medical Total</b>		<b>3.7%</b>	<b>1.0%</b>	<b>4.7%</b>

**Annual Allowed Medical Trend** **4.9%**

<u>Leveraging Impact - Fee-For-Service Medical Claims</u>					
	<u>Allowed-COB</u>	<u>Coinsurance</u>	<u>Copay</u>	<u>Deductible</u>	<u>Paid*</u>
Rating Period:	\$622.53	\$18.80	\$9.22	\$81.43	\$513.07
24 Months of Trend:	1.101	1.101	1.020	1.035	<b>1.113</b>
Projection Period:	\$685.21	\$20.70	\$9.41	\$84.25	\$570.85
Allowed Trend (Annual)	4.9%				
Paid Trend (Annual)	5.5%				
<b>Leveraging (Annual)</b>	<b>0.5%</b>				

**Rx Trend Summary**

	<u>2024 Trend</u>		<u>2025 Trend</u>		<u>Annualized Trend</u>	
	<u>Unit Cost</u>	<u>Utilization</u>	<u>Unit Cost</u>	<u>Utilization</u>	<u>Unit Cost</u>	<u>Utilization</u>
Generic	-7.6%	9.4%	1.3%	8.1%	-3.2%	8.7%
Brand	10.8%	-1.8%	4.5%	9.2%	7.6%	3.6%
Specialty	-0.8%	15.3%	3.8%	12.8%	1.5%	14.1%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<u><b>Rx Claim Information</b></u>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	13,775	1,074	169	15,018
Experience Period Allowed Cost per Script	\$16.11	\$616.84	\$5,802.05	\$124.13
Experience Period Deductible Per Script	\$2.37	\$28.26	\$83.15	\$5.13
Experience Period Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.28
Experience Period Coinsurance Per Script	\$0.91	\$8.53	\$64.49	\$2.17
Experience Period Paid Cost Per Script	\$9.07	\$557.78	\$5,633.76	\$111.55
Experience Period Allowed PMPM	\$18.50	\$55.20	\$81.65	\$155.35
Experience Period Deductible PMPM	\$2.72	\$2.53	\$1.17	\$6.42
Experience Period Copay PMPM	\$4.33	\$1.99	\$0.29	\$6.61
Experience Period Coinsurance PMPM	\$1.04	\$0.76	\$0.91	\$2.72
Experience Period Paid PMPM	\$10.41	\$49.91	\$79.29	\$139.61
Experience Period Rx Rebates PMPM				(\$53.26)
Annual Util Trend	1.087	1.036	1.141	1.084
Annual Unit Cost Trend	0.968	1.076	1.015	1.042
Annual Allowed Trend	1.052	1.114	1.157	1.130
Annual Deductible Trend	1.017	1.017	1.017	1.096
Annual Paid Trend	1.022	1.120	1.157	1.135
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.137
Months of Trend	24	24	24	24
Projected Scripts / 1000	16,281	1,151	220	17,652
Projected Allowed Cost per Script	\$15.09	\$714.23	\$5,974.13	\$134.85
Projected Deductible Per Script	\$2.45	\$29.24	\$86.04	\$5.24
Projected Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.18
Projected Coinsurance Per Script	\$0.85	\$9.88	\$66.40	\$2.26
Projected Paid Cost Per Script	\$8.02	\$652.84	\$5,801.04	\$122.17
Projected Allowed PMPM	\$20.47	\$68.53	\$109.37	\$198.37
Projected Deductible PMPM	\$3.32	\$2.81	\$1.58	\$7.70
Projected Copay PMPM	\$5.11	\$2.14	\$0.38	\$7.63
Projected Coinsurance PMPM	\$1.16	\$0.95	\$1.22	\$3.32
Projected Paid PMPM	\$10.88	\$62.64	\$106.20	\$179.72
Projected Rx Rebates				(\$68.00)
Net Projected Paid PMPM				\$111.71



**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: Jan 2023 - Dec 2023

Completed Through: 3/31/24

	<b>ACA Compliant Small Group</b>
1 Member Months	192,917
2 FFS Paid Medical Claims	\$513.07
3 FFS Paid Pediatric Dental Claims	\$1.73
4 IBNR Factor	1.032
5 FFS Incurred Paid Medical Claims	\$530.97
6 FFS Incurred Rx Claims	\$139.61
7 Experience Period Rx Rebates	(\$53.26)
8 FFS Incurred Rx Claims (Net of Rebates)	\$86.35
9 Experience Period Capitation and Non-FFS Medical Costs	\$19.28
<b>10 Adjusted Experience Period Claim Expense</b>	<b>\$636.60</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
11 Adjustment for Waived Cost Share Due to COVID-19	(\$0.27)
12 Adjustment for COVID Vaccines	\$0.40
13 Adjustment for Hearing Aids as EHB	\$0.33
14 Adjustment for Abortions Covered in Full	\$0.03
15 Adjustment for H.766	\$5.73
<b>16 Experience Period Claim Expense After All Adjustments</b>	<b>\$642.82</b>
17 Annual FFS Medical projection factor	1.055
18 Annual FFS Rx projection factor	1.137
19 Annual FFS Claim trend projection factor	1.066
20 Months of Trend	24
21 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$709.03
22 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$8.15
23 Projection Period Capitation and Non-FFS Medical Costs	\$14.11
<b>24 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$731.29</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
25 Federal Risk Adjustment Program Impact	\$29.44
<b>26 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$760.73</b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	6,210	6,210	1.000	1.000
4	Double	1,380	2,760	2.000	2.000
4	Parent/Child(ren)	436	1,101	2.525	1.930
4	Family	1,280	4,956	3.872	2.810
<b>Single Conversion Factor</b>		<b>1.121</b>			

<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<b>% of Premium Retention Components</b>	
--	--

Broker Load	0.00%
Bad Debt	0.17%
Risk Margin	1.50%
<hr/>	
Total % of Premium Retention Components	1.67%

<b>PMPM Retention Components</b>	
----------------------------------	--

General Administrative Load	\$51.44
-----------------------------	---------

<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.57%
National High Cost Reinsurance Pool Charge	0.77%
<hr/>	
Total % of Premium Taxes/Assessments	1.34%

<b>% of Paid Claim Taxes and Assessments</b>	
--	--

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
<hr/>	
Total % of Paid Claim Taxes/Assessments	1.149%

<b>PMPM Taxes and Assessments</b>	
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HHS Risk Adjustment User Fee	\$0.17
PCORI Fee	\$0.27
18 VSA 9374(h) Billback	\$2.58
<hr/>	
Total PMPM Taxes/Assessments	\$3.02

**Exhibit 6 -- 2025 Small Group Exchange Premium Rates**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

2025 Adjusted Paid Claim Cost (Exhibit 3, Line 26)	\$760.73
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8261
Adjusted Claim Cost for Pricing	\$920.82


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	CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2024 Single Rate	Increase over 2024 Double Rate	Increase over 2024 P/C Rate	Increase over 2024 Family Rate
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.932	1.150	\$986.72	\$17.93	\$51.44	\$14.38	\$3.02	\$1,073.49	\$1,203.09	\$2,406.18	\$2,321.96	\$3,380.68	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-SG-001-S (2025)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.823	1.080	\$818.76	\$15.04	\$51.44	\$12.06	\$3.02	\$900.32	\$1,009.01	\$2,018.02	\$1,947.39	\$2,835.32	10.6%	10.6%	10.6%	10.6%
FRVT-HMO-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.861	1.080	\$856.05	\$15.68	\$51.44	\$12.58	\$3.02	\$938.77	\$1,052.10	\$2,104.20	\$2,030.55	\$2,956.40	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.080	\$813.59	\$14.95	\$51.44	\$11.99	\$3.02	\$894.99	\$1,003.03	\$2,006.06	\$1,935.85	\$2,818.51	N/A	N/A	N/A	N/A
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.683	1.030	\$647.31	\$12.08	\$51.44	\$9.70	\$3.02	\$723.55	\$810.90	\$1,621.80	\$1,565.04	\$2,278.63	12.6%	12.6%	12.6%	12.6%
FRVT-HMO-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.690	1.030	\$654.43	\$12.21	\$51.44	\$9.79	\$3.02	\$730.88	\$819.12	\$1,638.24	\$1,580.90	\$2,301.73	11.6%	11.6%	11.6%	11.6%
FRVT-HMO-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.698	1.030	\$661.54	\$12.33	\$51.44	\$9.89	\$3.02	\$738.22	\$827.34	\$1,654.68	\$1,596.77	\$2,324.83	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.682	1.030	\$646.56	\$12.07	\$51.44	\$9.69	\$3.02	\$722.77	\$810.02	\$1,620.04	\$1,563.34	\$2,276.16	12.5%	12.5%	12.5%	12.5%
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.683	1.030	\$647.31	\$12.08	\$51.44	\$9.70	\$3.02	\$723.55	\$810.90	\$1,621.80	\$1,565.04	\$2,278.63	12.6%	12.6%	12.6%	12.6%
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.690	1.030	\$654.43	\$12.21	\$51.44	\$9.79	\$3.02	\$730.88	\$819.12	\$1,638.24	\$1,580.90	\$2,301.73	11.6%	11.6%	11.6%	11.6%
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.697	1.030	\$660.97	\$12.32	\$51.44	\$9.88	\$3.02	\$737.63	\$826.68	\$1,653.36	\$1,595.49	\$2,322.97	11.7%	11.7%	11.7%	11.7%
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.682	1.030	\$646.56	\$12.07	\$51.44	\$9.69	\$3.02	\$722.77	\$810.02	\$1,620.04	\$1,563.34	\$2,276.16	12.5%	12.5%	12.5%	12.5%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.611	1.000	\$562.62	\$10.63	\$51.44	\$8.53	\$3.02	\$636.23	\$713.04	\$1,426.08	\$1,376.17	\$2,003.64	12.8%	12.8%	12.8%	12.8%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.617	1.000	\$568.15	\$10.72	\$51.44	\$8.60	\$3.02	\$641.93	\$719.42	\$1,438.84	\$1,388.48	\$2,021.57	12.2%	12.2%	12.2%	12.2%
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.625	1.000	\$575.70	\$10.85	\$51.44	\$8.71	\$3.02	\$649.71	\$728.15	\$1,456.30	\$1,405.33	\$2,046.10	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.000	\$566.77	\$10.70	\$51.44	\$8.58	\$3.02	\$640.50	\$717.83	\$1,435.66	\$1,385.41	\$2,017.10	12.5%	12.5%	12.5%	12.5%
FRVT-HMO-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.620	1.000	\$571.00	\$10.77	\$51.44	\$8.64	\$3.02	\$644.87	\$722.72	\$1,445.44	\$1,394.85	\$2,030.84	13.4%	13.4%	13.4%	13.4%

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

**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:** 05/13/2024

Question #4

Plan Name	VT Standard Platinum 1 (2025)	VT Standard Gold 1 (2025)	VT Non-Standard Gold 4 (2025)	VT Standard Gold 1 (2025) (Shift from Gold 2)	VT Non-Standard Gold 3 (2025)	VT Standard Silver 3 (2025)	VT Standard Silver 4 (2025)	VT Non-Standard Silver 2 (2025)
Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050032	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024
Metal	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver
Plan Category	Renewing	Renewing	New	Terminating	Renewing	Renewing	Renewing	Renewing
Plan Category All Renewing for Calc	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing
Cumulative Rate Change % (over 12 mos prior) Rounded from URRT	8.120%	8.840%	0.000%	5.180%	9.240%	10.860%	9.850%	9.930%
URRT Current Enrollment	2,351	2,704	0	349	2,095	3	8	1
Rate Increase Exhibit Enrollment (For Memo)	2,351	2,704	0	349	2,095	3	8	1
Current Premium PMPM	\$973.10	\$817.16	\$0.00	\$861.44	\$820.64	\$720.03	\$734.06	\$740.87
Product Rate Increase % Using URRT Membership	9.5%							
Product Rate Increase % Using Rate Increase Exhibit Membership	9.3%							

Question #4

VT Non-Standard Silver 1 (2025) 77566VT0050007 Silver Renewing Renewing	VT Standard Silver 3 II (2025) 77566VT0050030 Silver Renewing Renewing	VT Standard Silver 4 II (2025) 77566VT0050031 Silver Renewing Renewing	VT Non-Standard Silver 2 II (2025) 77566VT0050029 Silver Renewing Renewing	VT Non-Standard Silver 1 II (2025) 77566VT0050028 Silver Renewing Renewing	VT Standard Bronze 2 (2025) 77566VT0050009 Bronze Renewing Renewing	VT Standard Bronze 3 (2025) 77566VT0050010 Bronze Renewing Renewing	VT Standard Bronze 4 (2025) 77566VT0050025 Bronze Renewing Renewing	VT Non-Standard Bronze 5 (2025) 77566VT0050026 Bronze Renewing Renewing	VT Non-Standard Bronze 1 (2025) 77566VT0050011 Bronze Renewing Renewing	
	10.740%	10.860%	9.860%	9.930%	10.740%	11.090%	10.480%	9.750%	10.770%	11.700%
61	1,275	1,330	838	1,247	621	1,769	120	137	118	
61	1,275	1,330	838	1,247	621	1,769	120	137	118	
\$652.63	\$660.74	\$632.50	\$667.54	\$669.54	\$585.70	\$561.97	\$578.84	\$591.72	\$573.71	

Question #5 Facility Trends

Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider					
Facility Name	Inpatient %	2024 IP		2025 IP	
		Contract	2024 Trended IP %	Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					Best estimate of contract negotiation
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.4%</b>	<b>3.9%</b>	<b>50.0%</b>	<b>3.8%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>4.8%</b>	

Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider					
Facility Name	Outpatient %	2024 OP		2025 OP	
		Contract	2024 Trended OP %	Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					Best estimate of contract negotiation
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.6%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>5.0%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>5.5%</b>	



Question #5 Physician Trends

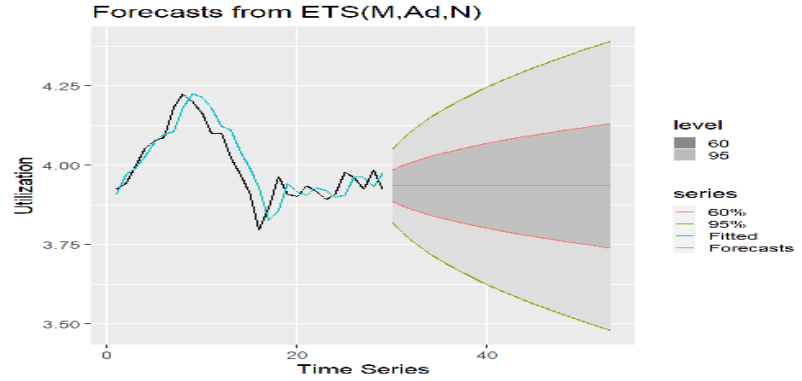
**Derivation of Physician Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Physician %	2024 PHY		2025 PHY
		Contract	2024 Trended PHY %	Contract
UVMHC				
Rutland Regional				
CVMC				
Porter Hospital				
HealthFirst				
VT Community				
All Other Vermont				
VT PT-OT				
VT BH				
VT Chiro				
New Hampshire Participating				
Ambulatory - Ancillary				
DME - Ancillary				
Home Infusion - Ancillary				
Lab - Ancillary				
Rental/NY/Negotiated/Other				
<b>TOTAL</b>	<b>100.0%</b>	<b>1.7%</b>	<b>100.0%</b>	<b>1.3%</b>

Prediction Intervals for Utilization

Data set: VT IP

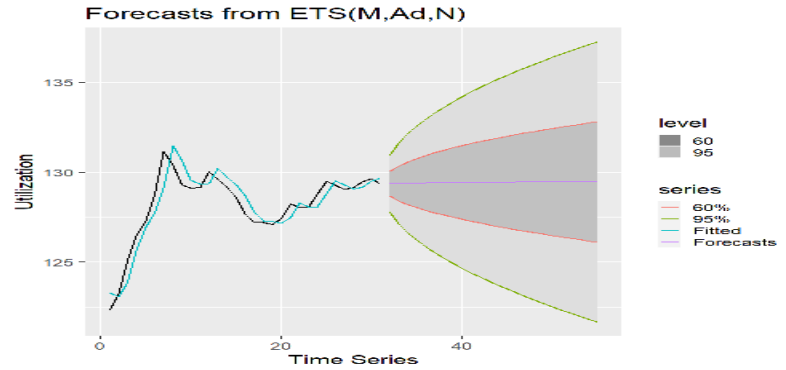
R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	3.924209407					
2021-07	2	3.943194525					
2021-08	3	3.996441905					
2021-09	4	4.053764201					
2021-10	5	4.07762955					
2021-11	6	4.086869135					
2021-12	7	4.18294201					
2022-01	8	4.223912842					
2022-02	9	4.199713959					
2022-03	10	4.163198343					
2022-04	11	4.100982667					
2022-05	12	4.101575002					
2022-06	13	4.023547766					
2022-07	14	3.973248699					
2022-08	15	3.911672041					
2022-09	16	3.796917228					
2022-10	17	3.865756267					
2022-11	18	3.965552228					
2022-12	19	3.909236041					
2023-01	20	3.901984278					
2023-02	21	3.935036943					
2023-03	22	3.917829034					
2023-04	23	3.892587358					
2023-05	24	3.908093793					
2023-06	25	3.9792618					
2023-07	26	3.961855021					
2023-08	27	3.924609191					
2023-09	28	3.985996295					
2023-10	29	3.924486872					
2023-11	30		3.935533959	3.886055001	3.985012917	3.820307571	4.050760348
2023-12	31		3.935561236	3.872669481	3.99845299	3.789099183	4.082023289
2024-01	32		3.935583058	3.861589005	4.00957711	3.76326602	4.107900096
2024-02	33		3.935600515	3.851904749	4.019296281	3.740690168	4.130510862
2024-03	34		3.935614481	3.843186118	4.028042845	3.720367698	4.150861265
2024-04	35		3.935625654	3.835188554	4.036062755	3.701728158	4.169523151
2024-05	36		3.935634593	3.827757142	4.043512044	3.684410039	4.186859147
2024-06	37		3.935641744	3.820786233	4.050497255	3.668166713	4.203116775
2024-07	38		3.935647465	3.814199821	4.057095108	3.652820704	4.218474225
2024-08	39		3.935652041	3.807940973	4.06336311	3.638239042	4.233065041
2024-09	40		3.935655703	3.801965662	4.069345744	3.624318898	4.246992508
2024-10	41		3.935658632	3.796238972	4.075078292	3.610978715	4.260338549
2024-11	42		3.935660975	3.79073263	4.08058932	3.598152456	4.273169494
2024-12	43		3.93566285	3.785423343	4.085902357	3.585785719	4.285539981
2025-01	44		3.93566435	3.780291638	4.091037062	3.573833032	4.297495668
2025-02	45		3.93566555	3.775321034	4.096010066	3.562255916	4.309075183
2025-03	46		3.935666509	3.770497432	4.100835587	3.551021458	4.320311561
2025-04	47		3.935667277	3.765808658	4.105525897	3.54010124	4.331233314
2025-05	48		3.935667892	3.761244112	4.110091671	3.529470529	4.341865254
2025-06	49		3.935668383	3.756794499	4.114542267	3.519107635	4.352229132
2025-07	50		3.935668776	3.752451613	4.11888594	3.508993417	4.362344136
2025-08	51		3.935669091	3.748208168	4.123130014	3.499110884	4.372227298
2025-09	52		3.935669343	3.744057663	4.127281022	3.489444871	4.381893815
2025-10	53		3.935669544	3.739994265	4.131344822	3.479981779	4.391357308



Prediction Intervals for Utilization

Data set: VT OP

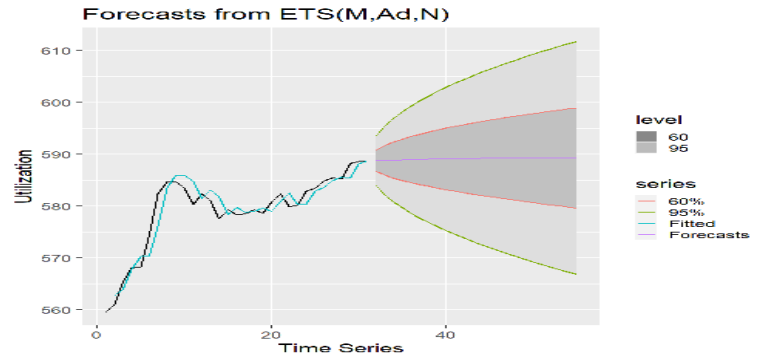
R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	122.3755937					
2021-07	2	123.2507142					
2021-08	3	125.104325					
2021-09	4	126.4723009					
2021-10	5	127.3117071					
2021-11	6	128.7512778					
2021-12	7	131.1499335					
2022-01	8	130.3775359					
2022-02	9	129.2933521					
2022-03	10	129.128427					
2022-04	11	129.1657661					
2022-05	12	130.0437934					
2022-06	13	129.5928495					
2022-07	14	129.1748811					
2022-08	15	128.5863935					
2022-09	16	127.7034053					
2022-10	17	127.2131319					
2022-11	18	127.209282					
2022-12	19	127.0986798					
2023-01	20	127.4229811					
2023-02	21	128.2384051					
2023-03	22	128.0480614					
2023-04	23	128.0276943					
2023-05	24	128.7733004					
2023-06	25	129.5033326					
2023-07	26	129.276305					
2023-08	27	129.0402769					
2023-09	28	129.1670053					
2023-10	29	129.4844705					
2023-11	30	129.647635					
2023-12	31	129.3532666					
2024-01	32		129.3672747	128.6861687	130.0483808	127.7811179	130.9534316
2024-02	33		129.3795617	128.4162349	130.3428886	127.1361703	131.6229532
2024-03	34		129.3903391	128.210399	130.5702792	126.6424996	132.1381787
2024-04	35		129.3997924	128.0371965	130.7623882	126.2265849	132.5729998
2024-05	36		129.4080841	127.8845327	130.9316355	125.860044	132.9561242
2024-06	37		129.4153572	127.7462649	131.0844494	125.5283821	133.3023322
2024-07	38		129.4217366	127.6187847	131.2246884	125.2230299	133.6204433
2024-08	39		129.4273322	127.4997697	131.3548947	124.9384328	133.9162317
2024-09	40		129.4322404	127.3876267	131.4768541	124.6707526	134.1937281
2024-10	41		129.4365455	127.2812101	131.5918809	124.4172094	134.4558815
2024-11	42		129.4403216	127.1796654	131.7009779	124.1757148	134.7049285
2024-12	43		129.4436339	127.0823362	131.8049316	123.9446537	134.942614
2025-01	44		129.4465391	126.9887057	131.9043726	123.7227469	135.1703313
2025-02	45		129.4490874	126.8983587	131.9998162	123.5089611	135.3892138
2025-03	46		129.4513227	126.8109556	132.0916897	123.302447	135.6001983
2025-04	47		129.4532832	126.7262144	132.1803521	123.1024968	135.8040697
2025-05	48		129.455003	126.6438977	132.2661082	122.9085128	136.0014931
2025-06	49		129.4565114	126.5638032	132.3492195	122.7199849	136.1930379
2025-07	50		129.4578345	126.485757	132.4299119	122.536473	136.3791959
2025-08	51		129.458995	126.4096077	132.5083822	122.3575948	136.5603952
2025-09	52		129.4600129	126.3352228	132.584803	122.1830149	136.737011
2025-10	53		129.4609058	126.2624852	132.6593264	122.0124373	136.9093743
2025-11	54		129.461689	126.1912907	132.7320872	121.8455993	137.0777787
2025-12	55		129.4623759	126.1215463	132.8032056	121.6822659	137.242486



Prediction Intervals for Utilization

Data set: VT PHY

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	559.5926943					
2021-07	2	561.0510047					
2021-08	3	565.4223621					
2021-09	4	568.0690613					
2021-10	5	568.2827917					
2021-11	6	574.549943					
2021-12	7	582.351805					
2022-01	8	584.6558117					
2022-02	9	584.7572946					
2022-03	10	583.5600365					
2022-04	11	580.2938304					
2022-05	12	582.3408699					
2022-06	13	581.0238574					
2022-07	14	577.5277458					
2022-08	15	579.2720953					
2022-09	16	578.2847308					
2022-10	17	578.5386547					
2022-11	18	579.2754012					
2022-12	19	578.6207984					
2023-01	20	580.7257532					
2023-02	21	582.3716579					
2023-03	22	579.8901691					
2023-04	23	580.1335167					
2023-05	24	582.8637166					
2023-06	25	583.4734663					
2023-07	26	584.8560574					
2023-08	27	585.4764395					
2023-09	28	585.207523					
2023-10	29	588.2159179					
2023-11	30	588.6321916					
2023-12	31	588.6625047					
2024-01	32		588.7404035	586.6658502	590.8149569	583.9091924	593.5716146
2024-02	33		588.8077023	585.9509	591.6645045	582.1547932	595.4606113
2024-03	34		588.8671003	585.4000657	592.3341348	580.7930848	596.9411157
2024-04	35		588.919525	584.9344735	592.9045765	579.6391538	598.1998962
2024-05	36		588.9657951	584.5225874	593.4090029	578.6184716	599.3131187
2024-06	37		589.0066332	584.1481787	593.8650876	577.6922849	600.3209815
2024-07	38		589.0426769	583.801687	594.2836669	576.8374816	601.2478723
2024-08	39		589.0744892	583.4769733	594.672005	576.0390178	602.1099605
2024-09	40		589.1025667	583.169851	595.0352824	575.2864834	602.9186501
2024-10	41		589.127348	582.8773325	595.3773635	574.5723382	603.6823577
2024-11	42		589.14922	582.5972089	595.701231	573.8909242	604.4075157
2024-12	43		589.1685242	582.327799	596.0092494	573.2378721	605.0991763
2025-01	44		589.1855621	582.0677916	596.303327	572.6097281	605.7613962
2025-02	45		589.2005998	581.8161426	596.5850571	572.0037068	606.3974929
2025-03	46		589.2138721	581.5720048	596.8557394	571.4175238	607.0102205
2025-04	47		589.2255863	581.3346801	597.1164925	570.8492772	607.6018954
2025-05	48		589.2359252	581.1035842	597.3682662	570.2973638	608.1744867
2025-06	49		589.2450504	580.8782221	597.6118787	569.7604158	608.7296849
2025-07	50		589.2531042	580.6581689	597.8480396	569.237255	609.2689535
2025-08	51		589.2602126	580.4430566	598.0773686	568.7268568	609.7935684
2025-09	52		589.2664864	580.2325628	598.3004101	568.2283231	610.3046497
2025-10	53		589.2720237	580.0264029	598.5176445	567.740861	610.8031865
2025-11	54		589.276911	579.8243236	598.7294983	567.2637653	611.2900566
2025-12	55		589.2812244	579.6260975	598.9363513	566.7964056	611.7660433



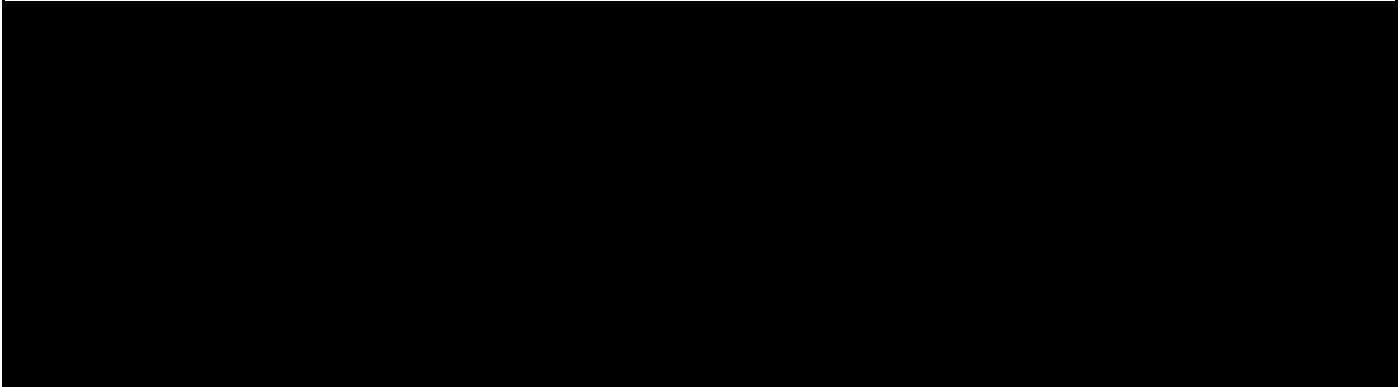
Question #6 Aggregate

Utilization	R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence		
IP	2023-10	29	3.92							
IP	2025-10	53		3.94	3.74	4.13	3.48	4.39		
OP	2023-12	31	129.35							
OP	2025-12	55		129.46	126.12	132.80	121.68	137.24		
PHY	2023-12	31	588.66							
PHY	2025-12	55		589.28	579.63	598.94	566.80	611.77		
<b>24 month Trends</b>										
Utilization	Mean	Standard Deviation	Weight							
IP	0.28%	5.92%	21.17%							
OP	0.08%	3.07%	50.53%							
PHY	0.11%	1.95%	28.30%							
Blend	0.13%	2.07%								
<b>2-Year Trends</b>										
5th Percentile	10th Percentile	20th Percentile	30th Percentile	40th Percentile	50th Percentile	60th Percentile	70th Percentile	80th Percentile	90th Percentile	95th Percentile
-3.27%	-2.52%	-1.61%	-0.95%	-0.39%	0.13%	0.66%	1.22%	1.87%	2.78%	3.54%

EP Allowed Trend  
RP Allowed Trend  
Exp Pd Allowed PMPM  
Rating Pd Trended Allowed PMPM



Deductible Level	HDHP Allowed \$	Distinct Mbrs	Average Annual Cost of Claim in Band	Freq	Experiences Pd Trended average annual cost of claim per band	Rating Pd Trended average annual cost of claim per band	Deductible Value Exp Pd	Deductible Value Rating Pd	Paid Yr 1	Paid Yr 2	Deductible Trend
[Redacted]											



Member Months    Distinct Members    Avg Months per Member

Plan Name	2023 SG Member Months	Deductible	Deductible Trend
[Redacted]			
Total Deductible Trend			1.036

**2023 Reserve Calculation, MVP Vermont Total**

Incurred Month	Paid Claims	Incurred Claims	Reserve for Unreported Claims	Reserve for Reported Claims yet to be Paid	Reserve Factor, without Reported Claims
202312	\$15,290,309	\$17,350,110	\$1,672,885.32	\$386,916	1.109
202311	\$16,637,866	\$17,401,828	\$763,961.36	\$0	1.046
202310	\$16,172,146	\$16,762,348	\$343,480.94	\$246,722	1.021
202309	\$16,238,927	\$16,611,553	\$372,626.07	\$0	1.023
202308	\$15,669,658	\$15,845,804	\$176,145.67	\$0	1.011
202307	\$14,087,163	\$14,181,084	\$93,920.63	\$0	1.007
202306	\$15,263,143	\$15,843,689	\$81,062.18	\$499,484	1.005
202305	\$15,679,643	\$15,774,380	\$94,737.48	\$0	1.006
202304	\$15,703,226	\$15,737,218	\$33,991.99	\$0	1.002
202303	\$17,603,896	\$17,643,311	\$39,414.41	\$0	1.002
202302	\$12,895,950	\$12,893,145	(\$2,805.63)	\$0	1.000
202301	\$13,884,444	\$13,901,258	\$16,814.66	\$0	1.001
<b>TOTAL</b>	<b>\$185,126,371</b>	<b>\$189,945,727</b>	<b>\$3,686,235</b>	<b>\$1,133,121</b>	<b>1.020</b>
	<b>Total Reserve, Model</b>	<b>\$4,819,356</b>			

**2023 Reserve Calculation, MVP Vermont Group Size Specific**

Incurred Month	Paid Claims- INDV	Paid Claims- SG	Paid Claims- LG	Incurred Claims- INDV	Incurred Claims- SG	Incurred Claims- LG	IBNR Factor- INDV	IBNR Factor- SG
202312	\$6,470,622	\$7,933,556	\$886,131	\$7,178,561	\$9,188,468	\$983,081	1.109	1.158
202311	\$7,107,608	\$8,868,893	\$661,379	\$7,433,968	\$9,276,126	\$691,748	1.046	1.046
202310	\$6,476,589	\$9,018,856	\$676,702	\$6,614,146	\$9,457,129	\$691,075	1.021	1.049
202309	\$6,529,853	\$8,949,124	\$759,950	\$6,679,690	\$9,154,475	\$777,389	1.023	1.023
202308	\$6,307,532	\$8,591,269	\$770,858	\$6,378,437	\$8,687,846	\$779,523	1.011	1.011
202307	\$5,953,124	\$7,111,173	\$1,022,874	\$5,992,814	\$7,158,584	\$1,029,694	1.007	1.007
202306	\$6,586,075	\$7,962,325	\$714,747	\$6,621,053	\$8,504,096	\$718,543	1.005	1.068
202305	\$6,694,670	\$8,419,269	\$565,704	\$6,735,119	\$8,470,139	\$569,122	1.006	1.006
202304	\$6,355,042	\$8,514,804	\$833,382	\$6,368,799	\$8,533,235	\$835,186	1.002	1.002
202303	\$7,559,990	\$9,134,877	\$909,046	\$7,576,917	\$9,155,330	\$911,082	1.002	1.002
202302	\$5,544,158	\$6,636,294	\$715,507	\$5,542,951	\$6,634,850	\$715,352	1.000	1.000
202301	\$6,087,009	\$7,078,366	\$719,069	\$6,094,381	\$7,086,938	\$719,939	1.001	1.001
<b>TOTAL</b>	<b>\$77,672,271</b>	<b>\$98,218,806</b>	<b>\$9,235,350</b>	<b>\$79,216,835</b>	<b>\$101,307,216</b>	<b>\$9,421,733</b>	<b>1.020</b>	<b>1.031</b>
					<b>Total Reserve, Alternate Methodology</b>	<b>\$4,819,357</b>		



Month	Member Months	Medical Allowed PMPM	Pharmacy Allowed PMPM	Dental Allowed PMPM	Age Fx	ID Fx	Medical Unit		Normalized Medical Allowed PMPM	Normalized Pharmacy Allowed PMPM	Normalized Dental Allowed PMPM	Normalized Total Allowed PMPM
							Cost Fx	Rx Unit Cost Fx				
201901	15941	\$412.18	\$69.45	\$1.11	1.601	1.077	1.000	1.000	\$412.18	\$69.45	\$1.11	\$482.74
201902	15916	\$379.11	\$73.00	\$0.95	1.600	1.077	1.000	1.000	\$379.11	\$73.01	\$0.95	\$453.10
201903	15916	\$455.26	\$78.41	\$1.54	1.602	1.077	1.000	1.000	\$454.68	\$78.31	\$1.54	\$534.53
201904	15909	\$428.20	\$86.77	\$1.21	1.606	1.077	1.000	1.000	\$426.52	\$86.43	\$1.20	\$514.15
201905	15876	\$410.51	\$80.17	\$1.71	1.606	1.077	1.000	1.000	\$408.87	\$79.84	\$1.70	\$490.42
201906	15824	\$373.65	\$75.26	\$2.78	1.607	1.077	1.000	1.000	\$371.97	\$74.93	\$2.77	\$449.67
201907	15862	\$387.41	\$80.44	\$2.28	1.609	1.077	1.000	1.000	\$385.36	\$80.01	\$2.27	\$467.64
201908	15866	\$413.54	\$80.57	\$1.29	1.611	1.077	1.000	1.000	\$410.71	\$80.02	\$1.28	\$492.02
201909	15871	\$414.28	\$77.67	\$1.26	1.611	1.077	1.000	1.000	\$411.53	\$77.16	\$1.25	\$489.94
201910	15884	\$434.60	\$78.39	\$1.38	1.612	1.077	1.000	1.000	\$431.35	\$77.80	\$1.37	\$510.52
201911	15878	\$420.78	\$80.36	\$2.05	1.614	1.077	1.000	1.000	\$417.17	\$79.67	\$2.03	\$498.88
201912	15924	\$411.52	\$92.38	\$1.92	1.614	1.077	1.000	1.000	\$407.97	\$91.58	\$1.91	\$501.45
202001	20828	\$432.22	\$74.38	\$2.05	1.607	1.064	1.037	1.039	\$420.08	\$72.14	\$1.99	\$494.22
202002	20833	\$400.31	\$82.35	\$1.18	1.608	1.064	1.037	1.039	\$388.89	\$79.83	\$1.15	\$469.87
202003	20768	\$330.52	\$98.67	\$0.96	1.610	1.065	1.037	1.039	\$320.70	\$95.54	\$0.93	\$417.16
202004	20641	\$224.46	\$99.95	\$0.02	1.609	1.065	1.037	1.039	\$217.80	\$96.78	\$0.02	\$314.60
202005	20565	\$334.25	\$90.19	\$0.19	1.611	1.065	1.037	1.039	\$323.97	\$87.23	\$0.18	\$411.39
202006	20653	\$403.69	\$101.22	\$1.78	1.611	1.065	1.037	1.039	\$391.08	\$97.85	\$1.73	\$490.66
202007	20531	\$470.81	\$98.90	\$2.47	1.612	1.065	1.037	1.039	\$455.88	\$95.56	\$2.39	\$553.83
202008	20510	\$414.49	\$99.13	\$1.28	1.614	1.065	1.037	1.039	\$400.86	\$95.66	\$1.23	\$497.76
202009	20523	\$445.35	\$93.70	\$1.21	1.616	1.065	1.037	1.039	\$430.08	\$90.29	\$1.17	\$521.54
202010	20579	\$457.48	\$98.23	\$1.94	1.618	1.065	1.037	1.039	\$441.55	\$94.61	\$1.87	\$538.03
202011	20696	\$403.44	\$98.48	\$1.24	1.617	1.065	1.037	1.039	\$389.61	\$94.91	\$1.19	\$485.71
202012	20620	\$430.19	\$115.75	\$2.04	1.619	1.065	1.037	1.039	\$414.77	\$111.37	\$1.96	\$528.10
202101	21795	\$467.63	\$86.18	\$1.43	1.617	1.066	1.090	1.136	\$429.16	\$75.88	\$1.31	\$506.35
202102	21855	\$466.38	\$102.77	\$1.85	1.617	1.066	1.090	1.136	\$428.11	\$90.50	\$1.70	\$520.31
202103	21817	\$532.71	\$113.78	\$1.77	1.619	1.066	1.090	1.136	\$488.41	\$100.08	\$1.63	\$590.12
202104	21757	\$517.38	\$104.65	\$1.53	1.619	1.066	1.090	1.136	\$474.10	\$92.00	\$1.40	\$567.50
202105	21667	\$499.71	\$103.55	\$1.92	1.622	1.066	1.090	1.136	\$457.18	\$90.89	\$1.76	\$549.83
202106	21722	\$539.91	\$106.99	\$1.93	1.622	1.066	1.090	1.136	\$493.80	\$93.88	\$1.77	\$589.45
202107	21773	\$486.88	\$114.11	\$1.70	1.622	1.066	1.090	1.136	\$445.35	\$100.14	\$1.56	\$547.04
202108	21797	\$482.47	\$112.80	\$2.46	1.621	1.066	1.090	1.136	\$441.62	\$99.06	\$2.25	\$542.92
202109	21751	\$660.16	\$115.31	\$0.89	1.622	1.066	1.090	1.136	\$603.78	\$101.18	\$0.81	\$705.78
202110	21721	\$531.88	\$116.67	\$1.98	1.623	1.066	1.090	1.136	\$486.38	\$102.36	\$1.81	\$590.55
202111	21623	\$583.60	\$117.52	\$1.77	1.622	1.066	1.090	1.136	\$533.72	\$103.11	\$1.62	\$638.45
202112	21514	\$546.82	\$122.72	\$2.96	1.623	1.066	1.090	1.136	\$500.00	\$107.65	\$2.71	\$610.36
202201	20922	\$533.07	\$111.49	\$1.88	1.625	1.066	1.151	1.224	\$460.75	\$90.58	\$1.63	\$552.96
202202	20903	\$479.79	\$113.99	\$1.57	1.625	1.066	1.151	1.224	\$414.56	\$92.59	\$1.35	\$508.50
202203	20868	\$582.69	\$129.63	\$1.72	1.626	1.067	1.151	1.224	\$503.11	\$105.22	\$1.49	\$609.81
202204	20891	\$539.99	\$126.53	\$1.65	1.629	1.067	1.151	1.224	\$465.57	\$102.56	\$1.42	\$569.55
202205	20800	\$520.81	\$124.98	\$1.94	1.628	1.067	1.151	1.224	\$449.29	\$101.35	\$1.67	\$552.32
202206	20771	\$577.62	\$131.98	\$2.30	1.627	1.067	1.151	1.224	\$498.49	\$107.07	\$1.98	\$607.54
202207	20755	\$560.02	\$130.00	\$2.30	1.626	1.066	1.151	1.224	\$483.59	\$105.53	\$1.98	\$591.10
202208	20796	\$615.49	\$140.62	\$3.04	1.625	1.067	1.151	1.224	\$532.01	\$114.26	\$2.63	\$648.90
202209	20772	\$523.69	\$134.64	\$1.73	1.627	1.067	1.151	1.224	\$451.89	\$109.21	\$1.50	\$562.61
202210	20659	\$667.26	\$134.76	\$2.17	1.626	1.067	1.151	1.224	\$576.17	\$109.39	\$1.88	\$687.44
202211	20611	\$578.73	\$143.31	\$2.79	1.626	1.067	1.151	1.224	\$499.72	\$116.33	\$2.41	\$618.46
202212	20552	\$605.15	\$148.95	\$2.96	1.627	1.067	1.151	1.224	\$521.99	\$120.78	\$2.56	\$645.32
202301	16394	\$609.08	\$139.23	\$2.51	1.648	1.063	1.275	1.320	\$469.76	\$103.75	\$1.94	\$575.45
202302	16230	\$543.04	\$134.73	\$2.45	1.649	1.063	1.275	1.320	\$418.73	\$100.38	\$1.89	\$520.99
202303	16178	\$705.35	\$152.31	\$4.80	1.649	1.063	1.275	1.320	\$543.66	\$113.43	\$3.70	\$660.79
202304	16065	\$649.85	\$162.67	\$2.79	1.649	1.063	1.275	1.320	\$501.25	\$121.23	\$2.15	\$624.64
202305	16033	\$642.68	\$168.50	\$1.69	1.648	1.063	1.275	1.320	\$496.15	\$125.69	\$1.31	\$623.15
202306	16012	\$609.59	\$161.28	\$4.16	1.646	1.063	1.275	1.320	\$471.03	\$120.41	\$3.21	\$594.66
202307	15975	\$543.55	\$162.87	\$4.18	1.647	1.062	1.275	1.320	\$419.96	\$121.59	\$3.23	\$544.78
202308	16031	\$636.85	\$163.93	\$3.86	1.646	1.062	1.275	1.320	\$492.33	\$122.44	\$2.99	\$617.76
202309	16018	\$651.93	\$153.56	\$2.49	1.645	1.063	1.275	1.320	\$504.13	\$114.74	\$1.93	\$620.79
202310	15984	\$661.59	\$158.62	\$2.61	1.645	1.063	1.275	1.320	\$511.52	\$118.49	\$2.02	\$632.03
202311	16036	\$644.02	\$150.91	\$2.55	1.644	1.062	1.275	1.320	\$498.31	\$112.83	\$1.97	\$613.11
202312	15961	\$572.88	\$156.28	\$3.48	1.646	1.063	1.275	1.320	\$442.78	\$116.71	\$2.69	\$562.17
202401	14993	\$713.58	\$145.97	\$4.02	1.636	1.071	1.333	1.343	\$526.35	\$106.89	\$2.96	\$636.21
202402	15027	\$892.19	\$149.54	\$10.74	1.634	1.071	1.333	1.343	\$659.03	\$109.65	\$7.93	\$776.62

Question #14 Waived Cost Share

<b>Adjustments to Make to Experience Period Data due to Cost Share Changes</b>	
<b>(Remove Dollars)/Add Dollars</b>	<b>VT AR44 Small Group</b>
<b>Treatment</b>	<b>(\$0.07)</b>
<b>Visits</b>	<b>(\$0.13)</b>
<b>Testing</b>	<b>(\$0.07)</b>
<b>Total Adjustment</b>	<b>(\$0.27)</b>

Question #14 Hearing Aids

<b>Adjustments to Make to Experience Period Data due to Hearing Aids as EHB</b>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>3 Year Total</b>
<b>Claim Expense</b>	\$308,635	\$290,142	\$190,158	\$788,935
<b>Member Months</b>	886256	780934	720211	2387401
<b>Claim Expense PMPM</b>	\$0.35	\$0.37	\$0.26	<b>\$0.33</b>

Question #14 Abortions

<b>Adjustments to Make to Experience Period Data due to Abortions Covered in Full</b>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>3 Year Total</b>
<b>Allowed-COB</b>	\$30,419	\$26,838	\$14,654	\$71,911
<b>Claim Expense</b>	\$22,439	\$18,057	\$12,559	\$53,056
<b>Cost Sharing</b>	\$7,980	\$8,781	\$2,095	\$18,855
<b>Member Months</b>	260792	249300	192917	703009
<b>Cost Share PMPM</b>	\$0.03	\$0.04	\$0.01	<b>\$0.03</b>

Question #15

Calculation of Adjustment to Make to Experience Period Data due to Covid Vaccine Cost Increase		
2023 Membership	192,917	a
2023 Total Covid Vaccine Cost	\$280,928	b
2023 # of Vaccines Administered	2,551	c
2023 Actual Cost PMPM of Covid Vaccines	\$1.46	=b/a
Assumed 2025 Cost per Vaccine	\$140.00	d
2023 PMPM with \$140 vaccine cost	\$1.85	=(d*c)/a
Additional Cost over EP	\$0.40	=((d*c)/a)-(b/a)

Question #17

**Derivation of Experience Period Average AV and Induced Demand Factor**

				Weighted Average AV * ID
				<b>0.8261</b>
<b>Medical Coplan</b>	<b>Member Months</b>	<b>Pricing Model AV</b>	<b>Induced Demand Factor</b>	<b>AV * ID</b>
VT Standard Bronze 3 (2023)	21,713	0.617	1.000	0.617
VT Non-Standard Gold 3 (2023)	32,846	0.853	1.080	0.921
VT Standard Silver 4 (2023)	448	0.696	1.030	0.717
VT Standard Silver 3 (2023)	9	0.680	1.030	0.700
VT Non-Standard Bronze 1 (2023)	1,854	0.613	1.000	0.613
VT Standard Bronze 2 (2023)	7,769	0.613	1.000	0.613
VT Standard Bronze 4 (2023)	1,102	0.628	1.000	0.628
VT Non-Standard Bronze 5 (2023)	1,669	0.615	1.000	0.615
VT Standard Gold 1 (2023)	35,951	0.825	1.080	0.891
VT Non-Standard Gold 2 (2023)	4,395	0.855	1.080	0.923
VT Standard Platinum 1 (2023)	30,662	0.935	1.150	1.075
VT Non-Standard Silver 1 (2023)	592	0.688	1.030	0.709
VT Non-Standard Silver 2 II (2023)	8,374	0.703	1.030	0.725
VT Standard Silver 4 II (2023)	14,564	0.696	1.030	0.717
VT Non-Standard Silver 1 II (2023)	15,507	0.688	1.030	0.709
VT Standard Silver 3 II (2023)	15,462	0.680	1.030	0.700

Question #18

<b>Derivation of Expected Risk Adjustment Payment</b>	
2023 Expected Transfer Payment	-\$5,283,764
2023 Member Months	192917
Risk Adjustment PMPM	-\$27.39
Adjusted Experience Period Claim Expense PMPM (line 10)	\$636.60
2023 Risk Adjustment, % of Paid Index Rate	4.3%
Paid Index Rate PMPM (line 26)	\$717.01
Federal Risk Adjustment Program Impact (line 27)	\$30.85

Question #23

<b>Historical Bad Debt as % of Premium, 2021 to 2023</b>			
<b>Small Group</b>			
<b>Year</b>	<b>Bad Debt</b>	<b>Premium</b>	<b>Bad Debt as % Premium</b>
2021	\$34,362	\$148,055,670	0.02%
2022	\$75,800	\$143,443,945	0.05%
2023	\$55,609	\$129,780,210	0.04%
Total	\$165,770	\$421,279,825	0.04%



	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>																		
2																				
3		Company Legal Name:	MVP Health Plan, Inc.																	
4		HIOS Issuer ID:	77566	State:	VT															
5		Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group															
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:	1/1/2023	to	12/31/2023															
13				Total		PMPM														
14		Allowed Claims			\$147,897,728.90		\$766.64													
15		Reinsurance			\$0.00		\$0.00													
16		Incurred Claims in Experience Period			\$122,811,234.00		\$636.60													
17		Risk Adjustment			-\$5,043,570.65		-\$26.14													
18		Experience Period Premium			\$129,780,209.85		\$672.73													
19		Experience Period Member Months			192,917															
20																				
21		<b>Section II: Projections</b>																		
22																				
23		<b>Benefit Category</b>	<b>Experience Period Index Rate PMPM</b>	<b>Year 1 Trend</b>			<b>Year 2 Trend</b>			<b>Trended EHB Allowed Claims PMPM</b>										
24		Inpatient Hospital	\$101.94	Cost	1.048	Utilization	1.010	Cost	1.048	Utilization	1.010	\$114.20								
25		Outpatient Hospital	\$348.49		1.052		1.010		1.055		1.010	\$394.40								
26		Professional	\$191.70		1.017		1.010		1.013		1.010	\$201.35								
27		Other Medical	\$3.13		1.000		1.010		1.000		1.010	\$3.19								
28		Capitation	\$19.28		1.084		1.000		1.084		1.000	\$22.67								
29		Prescription Drug	\$102.09		1.042		1.029		1.042		1.029	\$117.55								
30		<b>Total</b>	<b>\$766.64</b>									<b>\$853.37</b>								
31																				
32		Morbidity Adjustment					1.001													
33		Demographic Shift					1.000													
34		Plan Design Changes					1.059													
35		Other					1.000													
36		Adjusted Trended EHB Allowed Claims PMPM for 1/1/2025					\$903.87													
37																				
38		Manual EHB Allowed Claims PMPM					\$0.00													
39		Applied Credibility %					100.00%													
40																				
41																				
42																				
43		Projected Index Rate for 1/1/2025					\$903.87		\$162,989,453.88		\$0.00									
44		Reinsurance					\$0.00		\$0.00		\$0.00									
45		Risk Adjustment Payment/Charge					-\$39.99		-\$7,211,217.63		\$0.00									
46		Exchange User Fees					\$943.86		\$170,200,671.51		\$0.00									
47		Market Adjusted Index Rate																		
48		Projected Member Months					180,324													
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																				

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.

**Product-Plan Data Collection**

Company Legal Name: MVP Health Plan, Inc.  
 HIOS Issuer ID: 77566 State: VT  
 Effective Date of Rate Change(s): 1/1/2025 Market: Small Group

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

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

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

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 + G.

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

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

1.1 Product Name	Small Group																			
1.2 Product ID	77566VT005																			
1.3 Plan Name	FRVT-HMO-SP-001	FRVT-HMO-SG-002	FRVT-HMO-SG-004	FRVT-HMO-SG-002	FRVT-HMOH-SG	FRVT-HMO-SG-003	FRVT-HMOH-SS	FRVT-HMOH-SS	FRVT-HMOH-SS	FRVT-HMO-SG-001	VT-HMO-SS-003	VT-HMO-SS-004	VT-HMOH-SS-002	VT-HMO-SS-001	FRVT-HMO-SB-002	FRVT-HMO-SB-002	FRVT-HMO-SB-002	FRVT-HMO-SB-002	FRVT-HMO-SB-005	FRVT-HMO-SB-001
1.4 Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050003	77566VT0050003	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050003	77566VT0050003	77566VT0050003	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050002	77566VT0050026	77566VT0050011	
1.5 Metal	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
1.6 AV Metal Value	0.800	0.807	0.815	0.808	0.710	0.713	0.709	0.712	0.715	0.710	0.709	0.712	0.715	0.618	0.621	0.626	0.629	0.647		
1.7 Plan Category	Renewing	Renewing	New	Terminated	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	HMO	HMO	
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	
1.10 Effective Date of Proposed Rates	1/1/2025	1/1/2025	1/1/2025	1/1/2024	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	
1.11 Cumulative Rate Change % (over 12 mos prior)	15.39%	16.08%	0.00%	0.00%	16.52%	18.11%	17.03%	17.12%	17.98%	18.11%	17.05%	17.13%	17.98%	18.26%	17.62%	16.86%	17.94%	18.92%		
1.12 Product Rate Increase %	16.69%																			
1.13 Submission Level Rate Increase %	16.69%																			

**Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information**

2.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050003	77566VT0050003	77566VT0050003	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050002	77566VT0050026	77566VT0050011
2.2 Allowed Claims	\$147,897,729	\$32,114,585	\$29,052,564	\$0	\$4,529,827	\$30,381,175	\$17,579	\$250,086	\$245	\$419,141	\$9,057,130	\$8,565,103	\$6,857,289	\$8,546,119	\$3,601,244	\$12,034,655	\$346,428	\$1,109,912	\$1,014,646	
2.3 Administrative Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2.4 Member Cost Sharing	\$25,086,495	\$2,036,093	\$4,318,859	\$0	\$541,766	\$4,752,304	\$3,795	\$65,647	\$245	\$55,134	\$2,219,008	\$2,055,098	\$1,340,636	\$2,030,692	\$1,249,694	\$3,736,759	\$169,202	\$266,526	\$245,077	
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	\$122,811,234	\$30,078,493	\$24,731,705	\$0	\$1,988,061	\$25,628,871	\$11,823	\$184,440	\$0	\$364,008	\$6,838,122	\$6,510,005	\$5,516,654	\$6,515,427	\$2,351,551	\$8,297,896	\$177,225	\$843,386	\$769,568	
2.7 Risk Adjustment Transfer Amount	\$5,043,571	\$4,319,609	\$0	\$0	\$14,949	\$2,326,029	\$6,339	\$51,672	\$0	\$100,273	\$2,386,301	\$2,064,312	\$637,669	\$2,215,171	\$1,809,489	\$2,322,323	\$0	\$273,482	\$273,482	
2.8 Premium	\$129,780,210	\$26,236,497	\$25,600,456	\$0	\$3,354,533	\$23,569,678	\$6,015	\$297,755	\$0	\$352,593	\$9,438,833	\$8,480,166	\$5,104,178	\$9,586,364	\$4,201,656	\$11,103,576	\$584,125	\$890,176	\$964,610	
2.9 Experience Period Member Months	192,917	30,662	35,951	0	4,395	32,846	9	448	0	592	15,462	14,564	8,374	15,507	7,769	21,713	1,102	1,669	1,854	
2.10 Current Enrollment	15,027	2,351	2,704	0	349	2,095	3	48	0	8	1,275	1,330	838	1,247	621	1,769	120	137	118	
2.10 Current Premium P/MPM	\$746,465	\$973,389	\$817,166	\$0.00	\$81,144	\$820,64	\$720.03	\$734.06	\$740.87	\$743.81	\$652.63	\$660.74	\$623.50	\$667.54	\$669.54	\$561.97	\$578.84	\$591.72	\$573.71	
2.12 Loss Ratio	98.46%	98.44%	96.74%	#DIV/0!	116.29%	98.97%	111.50%	74.95%	#DIV/0!	144.41%	96.93%	101.33%	133.51%	88.63%	69.32%	96.81%	61.24%	163.21%	108.12%	
<b>Per Member Per Month</b>																				
2.13 Allowed Claims	\$766.64	\$1,047.37	\$808.12	#DIV/0!	\$1,030.68	\$924.96	\$1,953.20	\$558.23	#DIV/0!	\$708.01	\$585.77	\$588.10	\$818.88	\$551.11	\$463.54	\$554.26	\$314.36	\$665.02	\$547.27	
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$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	\$130.04	\$66.40	\$120.13	#DIV/0!	\$132.27	\$144.68	\$417.30	\$146.51	#DIV/0!	\$93.13	\$143.51	\$143.11	\$160.10	\$130.95	\$172.10	\$163.86	\$152.70	\$153.54	\$159.69	
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2.17 Incurred Claims	\$636.60	\$980.97	\$687.98	#DIV/0!	\$907.41	\$780.27	\$1,535.94	\$411.70	#DIV/0!	\$614.88	\$442.25	\$446.99	\$658.78	\$420.16	\$302.68	\$382.16	\$505.32	\$505.32	\$415.09	
2.18 Risk Adjustment Transfer Amount	\$26.14	\$140.88	\$0.51	#DIV/0!	\$17.05	\$70.77	\$704.35	\$115.34	#DIV/0!	\$169.80	\$154.20	\$143.74	\$76.15	\$144.14	\$116.63	\$127.45	\$223.75	\$136.38		
2.19 Premium	\$672.73	\$855.67	\$712.09	#DIV/0!	\$763.26	\$717.58	\$668.30	\$664.61	#DIV/0!	\$595.60	\$610.45	\$582.89	\$609.51	\$618.20	\$540.82	\$511.38	\$530.06	\$533.36	\$520.29	

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050003	77566VT0050003	77566VT0050003	77566VT0050003	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050002	77566VT0050026	77566VT0050011
3.2 Market Adjusted Index Rate	9343.96																			
3.3 AV and Cost Sharing Design of Plan	1.007	0.9133	0.9075	0.0000	0.9549	0.7221	0.7300	0.7379	0.7212	0.7221	0.7300	0.7373	0.7212	0.6276	0.6338	0.6422	0.6322	0.6369		
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	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	1.0000	
3.6 Administrative Expense	4.56%	5.44%	5.48%	0.00%	5.22%	6.78%	6.71%	6.84%	6.79%	6.78%	6.71%	6.79%	6.79%	6.79%	7.71%	7.64%	7.55%	7.66%	7.61%	
3.7 Taxes and Fees	1.61%	1.66%	1.66%	0.00%	1.63%	1.74%	1.73%	1.74%	1.74%	1.74%	1.73%	1.74%	1.74%	1.79%	1.79%	1.78%	1.78%	1.79%		
3.8 Profit & Risk Load	1.67%	1.67%	1.67%	0.00%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	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	\$1,127.26	\$944.93	\$939.32	\$0.00	\$985.42	\$758.82	\$766.55	\$774.27	\$758.00	\$758.82	\$766.55	\$773.65	\$758.00	\$666.89	\$672.89	\$681.08	\$671.39	\$675.98		

**Section III: Plan Adjustment Factors (continued)**

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	\$1,127.26	\$944.93	\$939.32	\$0.00	\$985.42	\$758.82	\$766.55	\$774.27	\$758.00	\$758.82	\$766.55	\$773.65	\$758.00	\$666.89	\$672.89	\$681.08	\$671.39	\$675.98	

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050003	77566VT0050005	77566VT0050006	77566VT0050004	77566VT0050007	77566VT0050003	77566VT0050003	77566VT0050003	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050002	77566VT0050026	77566VT0050011
4.2 Allowed Claims	\$177,732,206	\$30,156,534	\$36,777,442	\$0	\$25,237,059	\$34,466	\$91,909	\$11,489	\$700,806	\$14,648,001	\$15,279,876	\$9,627,471	\$14,326,320	\$6,926,639	\$19,731,441	\$1,338,441	\$1,528,099	\$1,316,173		
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
4.4 Member Cost Sharing	\$41,040,716	\$2,056,676	\$6,498,574	\$0	\$3,512,999	\$10,943	\$28,492	\$3,475	\$223,087	\$4,650,740	\$4,736,762	\$2,918,088	\$4,500,068	\$2,694,463	\$7,257,142	\$501,663	\$887,554	\$900,014		
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
4.6 Incurred Claims	\$136,691,490	\$28,099,859	\$30,278,868	\$0	\$21,724,060	\$23,523	\$63,147	\$8,013	\$477,740	\$9,997,261	\$10,543,114	\$6,709,384	\$9,766,252	\$4,232,177	\$12,174,299	\$36,818	\$940,545	\$816,159		
4.7 Risk Adjustment Transfer Amount	\$5,880,941	\$1,208,953	\$1,302,702	\$0	\$0</															

## 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



**MVP Health Care -- 2025 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2024 to 2025 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 -- 2025 Premium Rates

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

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$80 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%	
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded	
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	\$500 (Fac)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded	
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60,	
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #	
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60,	
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	\$30*	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #	
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$1 #	
FRVT-HMO-SB-001-N (2025)	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

\*First 3 PCP Office Visits are covered in full

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

\* Family structure is \$9,200 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$598 per contract per year.

**Exhibit 1a -- Comparison of 2024 to 2025 Benefits by Plan**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-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-SP-001-S (2025)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,500	\$3,200	\$1,500	\$3,200	Separate	\$10/\$50/50%
FRVT-HMO-SG-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	\$1,600	\$3,000	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMOH-SG-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	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$1,000 (Fac)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-003-S (2024)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	\$500 (Phys)	\$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-SS-003-S (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	\$500	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SS-001-N (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$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%, VBIID = \$1 #
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,500 (Fac) \$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBIID = \$1 #
VT-HMO-SS-003-S II (2024)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	\$500	\$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-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	\$500	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-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*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-SS-001-N II (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$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%, VBIID = \$1 #
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,500 (Fac) \$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBIID = \$1 #
FRVT-HMO-SB-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	\$1100/\$2200 Brand Ded then \$20/\$85/60%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2024)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,600	\$3,200	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2024)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,450	\$18,900	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-SB-004-S (2025)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-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, VBIID = \$3 #
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBIID = \$1 #
FRVT-HMO-SB-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, VBIID = \$3 #
FRVT-HMO-SB-001-N (2025)	HyHMO	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBIID = \$1 #

Changes in benefits from 2024 to 2025 are shown in gray shading.

**Exhibit 2a -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Experience Period: January 1, 2023 - December 31, 2023  
 Rating Period: January 1, 2025 - December 31, 2025

	2024	2025	Total
Months of Trend	12	12	24

**Medical Trend Summary**

2024 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	15.9%	4.8%	1.0%	5.8%
OP	54.3%	5.2%	1.0%	6.2%
PHY	29.9%	1.7%	1.0%	2.7%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.1%</b>

2025 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	16.0%	4.8%	1.0%	5.9%
OP	54.9%	5.5%	1.0%	6.5%
PHY	29.2%	1.3%	1.0%	2.3%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.2%</b>

**Annual Allowed Medical Trend 5.1%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$622.53	\$18.80	\$9.22	\$81.43	\$513.07
24 Months of Trend:	1.106	1.106	1.020	1.036	<b>1.118</b>
Projection Period:	\$688.28	\$20.79	\$9.41	\$84.39	\$573.69
Allowed Trend (Annual)	5.1%				
Paid Trend (Annual)	5.7%				
<b>Leveraging (Annual)</b>	<b>0.6%</b>				

**Rx Trend Summary**

	<u>2024 Trend</u>		<u>2025 Trend</u>		<u>Annualized Trend</u>	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-7.6%	3.9%	1.3%	2.6%	-3.2%	3.2%
Brand	10.8%	-6.7%	4.5%	3.7%	7.6%	-1.7%
Specialty	-0.8%	9.5%	3.8%	7.1%	1.5%	8.3%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<b><u>Rx Claim Information</u></b>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	13,775	1,074	169	15,018
Experience Period Allowed Cost per Script	\$16.11	\$616.84	\$5,802.05	\$124.13
Experience Period Deductible Per Script	\$2.37	\$28.26	\$83.15	\$5.13
Experience Period Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.28
Experience Period Coinsurance Per Script	\$0.91	\$8.53	\$64.49	\$2.17
Experience Period Paid Cost Per Script	\$9.07	\$557.78	\$5,633.76	\$111.55
Experience Period Allowed PMPM	\$18.50	\$55.20	\$81.65	\$155.35
Experience Period Deductible PMPM	\$2.72	\$2.53	\$1.17	\$6.42
Experience Period Copay PMPM	\$4.33	\$1.99	\$0.29	\$6.61
Experience Period Coinsurance PMPM	\$1.04	\$0.76	\$0.91	\$2.72
Experience Period Paid PMPM	\$10.41	\$49.91	\$79.29	\$139.61
Experience Period Rx Rebates PMPM				(\$53.26)
Annual Util Trend	1.032	0.983	1.083	1.029
Annual Unit Cost Trend	0.968	1.076	1.015	1.042
Annual Allowed Trend	0.999	1.058	1.099	1.073
Annual Deductible Trend	1.018	1.018	1.018	1.041
Annual Paid Trend	0.970	1.064	1.099	1.077
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.080
Months of Trend	24	24	24	24
Projected Scripts / 1000	14,681	1,038	198	15,917
Projected Allowed Cost per Script	\$15.09	\$714.23	\$5,974.13	\$134.85
Projected Deductible Per Script	\$2.45	\$29.28	\$86.18	\$5.24
Projected Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.18
Projected Coinsurance Per Script	\$0.85	\$9.88	\$66.40	\$2.26
Projected Paid Cost Per Script	\$8.02	\$652.80	\$5,800.90	\$122.16
Projected Allowed PMPM	\$18.46	\$61.79	\$98.62	\$178.87
Projected Deductible PMPM	\$3.00	\$2.53	\$1.42	\$6.96
Projected Copay PMPM	\$4.61	\$1.93	\$0.34	\$6.88
Projected Coinsurance PMPM	\$1.04	\$0.85	\$1.10	\$2.99
Projected Paid PMPM	\$9.81	\$56.48	\$95.76	\$162.04
Projected Rx Rebates				(\$61.32)
Net Projected Paid PMPM				\$100.72



**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: Jan 2023 - Dec 2023

Completed Through: 3/31/24

	<b>ACA Compliant Small Group</b>
1 Member Months	192,917
2 FFS Paid Medical Claims	\$513.07
3 FFS Paid Pediatric Dental Claims	\$1.73
4 IBNR Factor	1.032
5 FFS Incurred Paid Medical Claims	<u>\$530.97</u>
6 FFS Incurred Rx Claims	\$139.61
7 Experience Period Rx Rebates	(\$53.26)
8 FFS Incurred Rx Claims (Net of Rebates)	<u>\$86.35</u>
9 Experience Period Capitation and Non-FFS Medical Costs	\$19.28
<b>10 Adjusted Experience Period Claim Expense</b>	<b>\$636.60</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
11 Adjustment for Waived Cost Share Due to COVID-19	(\$0.27)
12 Adjustment for COVID Vaccines	\$0.40
13 Adjustment for Hearing Aids as EHB	\$0.33
14 Adjustment for Abortions Covered in Full	\$0.03
15 Adjustment for H.766	\$44.72
<b>16 Experience Period Claim Expense After All Adjustments</b>	<b>\$681.81</b>
17 Annual FFS Medical projection factor	1.057
18 Annual FFS Rx projection factor	1.080
19 Annual FFS Claim trend projection factor	1.061
20 Months of Trend	24
21 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	<u>\$745.23</u>
22 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$8.56
23 Projection Period Capitation and Non-FFS Medical Costs	\$14.11
<b>24 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$767.90</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
25 Federal Risk Adjustment Program Impact	\$33.04
<b>26 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$800.94</b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	6,210	6,210	1.000	1.000
4	Double	1,380	2,760	2.000	2.000
4	Parent/Child(ren)	436	1,101	2.525	1.930
4	Family	1,280	4,956	3.872	2.810

**Single Conversion Factor** **1.121**

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

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

**% of Premium Retention Components**

Broker Load	0.00%
Bad Debt	0.17%
Risk Margin	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.67%</b>

**PMPM Retention Components**

General Administrative Load	\$51.44
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**% of Premium Taxes and Assessments**

Premium Tax	0.00%
VT Vaccine Pilot	0.57%
National High Cost Reinsurance Pool Charge	0.77%
<b>Total % of Premium Taxes/Assessments</b>	<b>1.34%</b>

**% of Paid Claim Taxes and Assessments**

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>

**PMPM Taxes and Assessments**

HHS Risk Adjustment User Fee	\$0.17
PCORI Fee	\$0.27
18 VSA 9374(h) Billback	\$2.58
<b>Total PMPM Taxes/Assessments</b>	<b>\$3.02</b>

**Exhibit 6 -- 2025 Small Group Exchange Premium Rates**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

2025 Adjusted Paid Claim Cost (Exhibit 3, Line 26)	\$800.94
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8261
Adjusted Claim Cost for Pricing	\$969.49

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	CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost		Parent/Child(ren)		Family	Increase over 2024 Single Rate	Increase over 2024 Double Rate	Increase over 2024 P/C Rate	Increase over 2024 Family Rate
													PMPM	Single***	Double						
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.932	1.150	\$1,038.88	\$18.83	\$51.44	\$15.11	\$3.02	\$1,127.26	\$1,263.35	\$2,526.70	\$2,438.27	\$3,550.01	15.4%	15.4%	15.4%	15.4%
FRVT-HMO-SG-001-S (2025)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.823	1.080	\$862.04	\$15.78	\$51.44	\$12.66	\$3.02	\$944.94	\$1,059.01	\$2,118.02	\$2,043.89	\$2,975.82	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.861	1.080	\$901.30	\$16.46	\$51.44	\$13.20	\$3.02	\$985.42	\$1,104.38	\$2,208.76	\$2,131.45	\$3,103.31	16.5%	16.5%	16.5%	16.5%
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.080	\$856.59	\$15.69	\$51.44	\$12.59	\$3.02	\$939.32	\$1,052.72	\$2,105.44	\$2,031.75	\$2,958.14	N/A	N/A	N/A	N/A
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.683	1.030	\$681.53	\$12.67	\$51.44	\$10.17	\$3.02	\$758.82	\$850.43	\$1,700.86	\$1,641.33	\$2,389.71	18.1%	18.1%	18.1%	18.1%
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.690	1.030	\$689.02	\$12.80	\$51.44	\$10.27	\$3.02	\$766.55	\$859.09	\$1,718.18	\$1,658.04	\$2,414.04	17.0%	17.0%	17.0%	17.0%
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.698	1.030	\$696.51	\$12.93	\$51.44	\$10.38	\$3.02	\$774.27	\$867.74	\$1,735.48	\$1,674.74	\$2,438.35	17.1%	17.1%	17.1%	17.1%
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.682	1.030	\$680.73	\$12.66	\$51.44	\$10.16	\$3.02	\$758.00	\$849.51	\$1,699.02	\$1,639.55	\$2,387.12	18.0%	18.0%	18.0%	18.0%
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.683	1.030	\$681.53	\$12.67	\$51.44	\$10.17	\$3.02	\$758.82	\$850.43	\$1,700.86	\$1,641.33	\$2,389.71	18.1%	18.1%	18.1%	18.1%
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.690	1.030	\$689.02	\$12.80	\$51.44	\$10.27	\$3.02	\$766.55	\$859.09	\$1,718.18	\$1,658.04	\$2,414.04	17.0%	17.0%	17.0%	17.0%
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.697	1.030	\$695.91	\$12.92	\$51.44	\$10.37	\$3.02	\$773.65	\$867.05	\$1,734.10	\$1,673.41	\$2,436.41	17.1%	17.1%	17.1%	17.1%
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.682	1.030	\$680.73	\$12.66	\$51.44	\$10.16	\$3.02	\$758.00	\$849.51	\$1,699.02	\$1,639.55	\$2,387.12	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.611	1.000	\$592.36	\$11.14	\$51.44	\$8.94	\$3.02	\$666.89	\$747.40	\$1,494.80	\$1,442.48	\$2,100.19	18.3%	18.3%	18.3%	18.3%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.617	1.000	\$598.18	\$11.24	\$51.44	\$9.02	\$3.02	\$672.89	\$754.12	\$1,508.24	\$1,455.45	\$2,119.08	17.6%	17.6%	17.6%	17.6%
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.625	1.000	\$606.13	\$11.37	\$51.44	\$9.13	\$3.02	\$681.08	\$763.31	\$1,526.62	\$1,473.19	\$2,144.90	16.9%	16.9%	16.9%	16.9%
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.000	\$596.72	\$11.21	\$51.44	\$9.00	\$3.02	\$671.39	\$752.44	\$1,504.88	\$1,452.21	\$2,114.36	17.9%	17.9%	17.9%	17.9%
FRVT-HMO-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.620	1.000	\$601.18	\$11.29	\$51.44	\$9.06	\$3.02	\$675.98	\$757.59	\$1,515.18	\$1,462.15	\$2,128.83	18.9%	18.9%	18.9%	18.9%

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



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July 15, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/23/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. *Please provide the 2023 RATEE report from CMS.*

Response: This file has been determined to be confidential and will be provided under separate cover.

2. *Please provide the average age factor for MVP's small group market for 2023 and 2024.*

Response: Please see the table below for the average HHS age factor for this market in each year. Note that 2024 membership data only includes through February.

Age Factors for MVP's Small Group Market	
Year	Average Age Factor
2023	1.647
2024	1.635

3. *Please provide the company's historical RBC ratio for a minimum of three years.*

Response: Please see the table below.

MVPHP RBC Ratio	
Year	Actual
2021	354.0%
2022	369.3%
2023	416.5%



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4. Please reconcile WS2 of the URRT, rows 21-22, showing a rate increase of 9.5% to the requested rate increase shown in the Actuarial Memo and SERFF of 9.3%.

Response: Please see "Question #4" in the attached Excel document for derivations of the two percentages. This difference is driven by the membership used to weight each plan for the total average rate increase. The URRT uses our current enrollment as of February 2024. The rate increase exhibit, which is referenced in the Actuarial Memo and SERFF, uses our projected 2025 membership. This includes shifts in members from the terminated Gold 2 plan. The URRT does not include terminated plans in the calculation. There may be small differences between the rate increase exhibit and the calculation we provided in the support file due to rounding of rate changes in the URRT and weighting based on contract size.

5. Please provide detailed quantitative and qualitative support for the 2024 & 2025 medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the approved budget changes for FY24 (<https://gmcbboard.vermont.gov/FY2024hospitalbudgets>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.

Response:

### **Facility Trends**

For Facility (Inpatient and Outpatient) trends, facilities can generally be bucketed into three categories:

1. Vermont facilities under GMCB jurisdiction
2. Facilities MVP negotiates contractual discounts with directly but are not under GMCB jurisdiction
3. Facilities under a rental network arrangement, facilities that are non-participating, or facilities where discounts are negotiated on a claim-by-claim basis.

The starting point for MVP's facility trends in this rate filing is facility claims processed for all Vermont small group members for the calendar year 2023.

For facilities under GMCB jurisdiction, MVP is using the approved rate increases as referenced above, with the following exceptions:

### **Central Vermont Medical Center (CVMC)**

In CVMC's budget submission the standard requested changes were 11.9% for IP, 11.1% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 5.0% and therefore MVP is reflecting the proportional increase for each area of service: 6.0% for IP, 5.6% for OP, and 2.5% for PHY.

### **Copley Hospital**

In Copley's budget submission the standard requested changes were 16.2% for IP, 16.2% for OP, and 3.5% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore the proportional increase for each area of service is 8.6% for IP and 8.6% for OP. The Green Mountain Care Board approved a 7% mid-year



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budget increase effective in April 2024, so MVP is reflecting 14.3% in 2024 for both IP and OP. The assumed 2025 trend reflects the approved 8.6%.

### **North Country Hospital**

In North Country's budget submission, the standard requested changes were 5.0% for IP, 5.0% for OP, and 0.0% PHY, for a total commercial increase of 4.5%. This submission was approved at 4.0% and therefore MVP is reflecting the proportional increase for each area of service: 4.4% for IP and 4.4% for OP.

### **Northeast Vermont Regional Hospital**

In NVRH's budget submission, the standard requested changes were 16.8% for IP, 16.8% for OP, and 0.0% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore MVP is reflecting the proportional increase for each area of service: 9.0% for IP and 9.0% for OP.

### **Southwestern Vermont Medical Center**

### **Springfield Hospital**

In Springfield's budget submission, the standard requested changes were 1.8% for IP, 8.4% for OP, and 7.7% PHY, for a total commercial increase of 7.0%. This submission was approved at 6.0% and therefore MVP is reflecting the proportional increase for each area of service: 1.5% for IP and 7.2% for OP.

### **University of Vermont Medical Center (UVMC)**

In UVMC's budget submission the standard requested changes were 11.3% for IP, 11.3% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 3.1% and therefore MVP is reflecting the proportional increase for each area of service: 3.5% for IP, 3.5% for OP, and 1.6% for PHY.

2025 medical unit cost trend assumptions were assumed to be equal to the approved budgets from 2024, with the exception of Copley as explained above. The trends for facilities under the GMCB's jurisdiction are 3.9% IP / 5.1% OP for 2024/2023 and 3.8% IP / 5.0% OP for 2025/2024.

### **Non-GMCB Facilities**

For hospitals that negotiate contractual discounts with MVP directly but are not governed by the GMCB, the trends reflected are the most up-to-date information based on negotiations with the respective facilities. This includes Brattleboro Retreat and the Green Mountain Surgery Center in Vermont and Dartmouth-Hitchcock Medical Center in New Hampshire.

The final bucket reflects all remaining facilities with utilization by VT Exchange members, [REDACTED] MVP contracts with a partner to provide in-network access to hospitals throughout the country. This also includes New York Participating Hospitals, which represents a weighted average of contracted increases, based on actual utilization of Vermont members at New York facilities.

Because MVP does not receive trend analysis from this rental network partner, MVP has historically analyzed claim data for its commercial book of business under the rental network arrangement to determine a unit cost trend.



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[REDACTED] Therefore, MVP has set this line item equal to the New York Participating Hospitals trend, implicitly assuming that its rental network partner negotiates similarly to MVP.

Overall facility trends are calculated using a weighted average based on 2023 utilization and are 4.8% IP / 5.2% OP for 2024/2023 and 4.8% IP / 5.5% OP for 2025/2024. Please see the tab "Question #5 Facility Trends" in the attached Excel workbook for the quantitative derivation of the trends.

### **Physician Trends**

MVP has a few different contracting partners for physician claims in Vermont, including medical groups in VT/NH/NY, individual physicians participating in MVP's network, and physicians outside of MVP's network. The following physician groups are under the GMCB's jurisdiction: UVMC, Porter, Rutland and CVMC. Those trends match the approved GMCB rate increases for 2024, with the same exceptions previously explained. 2025 trends are assumed to be equal to 2024 trends for these providers.

All the other groups participating with MVP reflect MVP's best estimate of negotiated payment rates for 2024 and 2025, including claims for Vermont members at New York physician groups.

A similar analysis was performed for physician claims incurred via MVP's rental network as was performed on the facility side. MVP came to a similar conclusion, so the trend for rental network claims is equal to the New York physician trend. Note that for physician claims which are negotiated on an individual basis or for providers which do not participate in either (MVP or rental) network, MVP is reflecting the trend for its New York MVPHP participating providers. This is MVP's best estimate of those trends.

The individual trends are weighted together using 2023 experience for all Vermont small group members (in a similar fashion to the facility trends). The resulting physician trend is 1.7% for 2024/2023 and 1.3% for 2024/2023. Please see the "Question #5 Physician Trends" tab in the attached Excel workbook for a quantitative derivation of this calculation.

*6. We acknowledge the following from page 5 of the Actuarial Memorandum: "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." Please provide the analysis of the historical medical utilization trends. This analysis should include quantitative and qualitative components.*

Response: MVP used the triple exponential smoothing forecasting method for analyzing historical utilization patterns and projecting them to the rating period. MVP has experienced membership volatility in this block of business in the recent past, which may influence the results of historical trend methodologies. The utilization data is aggregated into rolling 12-month time periods at the service category level and adjusted for age/gender based on the Milliman age/gender table. The data inputs as well as the model outputs for the service categories can be seen on tabs "Question #6 Inpatient", "Question #6 Outpatient", and "Question #6 Physician" in the provided excel workbook. The results of the blended distribution can be seen in tab "Question #6 Aggregate" in the provided excel workbook. MVP has determined that the range of utilization trends forecasted by the model is too large to have confidence in the result.





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*7. Provide quantitative support for the 1.036 trend factor applied to the claims for the deductible in Exhibit 2a.*

Response: To value the impact of trend on claims under the deductible level, MVP utilized the probability distribution function table from its benefit relativity model that corresponds to all medical and pharmacy claims (except for preventive services covered in full). The average cost per claim band was calculated both with and without the total allowed claim trend from the filing, and the “deductible value” is calculated as:

[ Sum product of average claim band and frequency for bands below the deductible] PLUS [ Deductible level times probability of claims above the deductible].

The deductible trend is then calculated as the change in the “deductible value” from the experience period to the rating period.

The total deductible trend is calculated as:

[Sum product of the deductible trend for a plan based on its single deductible level and that plans experience period membership] Divided by [Total experience period membership]

The quantitative derivation of the trend factor has been determined to be confidential and has been provided under separate cover.

*8. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.*

Response: MVP is provided with pharmacy trend estimates by its Pharmacy Benefit Manager, CVSHealth. These trends are run for all of MVP’s Vermont fully insured membership (ACA and Large Group) and use historical utilization and unit cost data for those populations. This historical data is combined with CVSHealth estimates of changes in utilization, unit cost and generic dispensing rates to calculate their best estimate of Gross PMPM claim cost trends for 2024 and 2025. MVP also applies its best estimate of contract changes between the experience period and the rating period to the unit cost information using a trend model provided by CVSHealth. Please see the attached exhibit (CONFIDENTIAL\_MVP\_Vermont\_4Q2023\_CSTM\_02152024) which provides CVSHealth’s best estimate of trends as of the time of the filing.

The individual cost components (unit cost and utilization by Generic/Brand/Specialty) are included in the Rx Trend Summary in Exhibit 2a for 2024 and 2025. The trends are annualized and match those on Exhibit 2b. The individual cost components are calculated as follows:

**Generic:** Unit Cost trend is represented by Generic Non-Specialty Cost/Day trend which is found in cell L46 on Page 1 (2024) and Page 2 (2025) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend divided by the unit cost trend.

**Brand:** Unit Cost trend is represented by Brand Non-Specialty Cost/Day trend which is found in cell M46 on Page 1 (2024) and Page 2 (2025) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend



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divided by the unit cost trend. The impact of brand drugs moving to generic is implicitly covered under the cost/day trend under this methodology. This reflects the utilization of the current drug being re-weighted from the brand bucket to the generic bucket.

**Specialty:** Utilization trend is represented by Specialty Utilization trend which is found in cell N47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty unit cost trend is then calculated by taking Gross Cost PMPM Trend divided by the utilization trend.

CVSHealth buckets non-Specialty drugs by the first 2 characters of the GPI and Specialty drugs using their proprietary Rx Navigator methodology. The individual contribution of these buckets to Gross Cost PMPM trend can be found in column I of Page 1 (2024) and Page 2 (2025) of the attached. The Other bucket for non-Specialty claims includes all GPI categories not explicitly listed and the other bucket for Specialty claims include all conditions not explicitly listed.

MVP uses the trend factors calculated above and applies them to the experience period cost per script and scripts per 1,000 members to compute an annual paid trend. Scripts per 1,000 is trended using the utilization trends, while the allowed cost per script and coinsurance cost per script amounts are trended using the unit cost trends. Copay per script amounts are not trended and the deductible per script amounts are trended using the paid leveraging factor.

All of these trended items are then converted to a PMPM using the formula ( projected cost per script \* projected scripts per 1,000 members / 12,000 ) and the projected paid claims PMPM is calculated as the difference between the projected allowed claims PMPM and the sum of the cost sharing PMPM amounts. The total (24 month) paid trend (gross of rebate changes) is then calculated as the projected paid claims PMPM divided by the experience period paid claims PMPM. The paid claims net of pharmacy rebates is calculated as the projected net paid claims PMPM divided by the experience period net paid claims PMPM.

The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained above. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #7.

*9. Please provide the historical annual Rx trends observed from 2020-2023, as well as the actual-to-expected ratio for the Rx trend in each year.*

Response: Please see the following table for this trend analysis. Trends are taken from the most recent rate filing where a trend occurred (for instance, the 2022 to 2023 expected trend is taken from the 2024 VT Exchange filing). Also note that actuals and expected in the table below reflect both small and individual data since our PBM provides us with one trend for Vermont.



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While reviewing the table, it is important to note that this is a risk-adjusted population, and MVP’s membership and demographic mix have changed considerably over the period being measured. Therefore, reviewing the actual-to-expected trends in isolation does not indicate the impact of these trends on MVP’s financial performance.

**Comparison of Actual to Expected Pharmacy Allowed Trend,  
2020 to 2023, VT Exchange**

Year	Actual	Expected	Difference
2023/2022	18.4%	10.8%	6.9%
2022/2021	20.7%	10.4%	9.3%
2021/2020	13.8%	5.3%	8.0%
2020/2019	21.7%	5.8%	15.0%

10. Page 3 of the Actuarial Memorandum states “our emerging unpaid experience indicates that there are high-cost claims only attributable to small group, so we have modified the IBNR factor for the entire VT population to reflect these amounts specifically in the small group filing”. Please provide quantitative and further qualitative support for the IBNR adjustment, including the small-group-specific adjustment factor.

Response: Please see the tab “Question #10” in the attached Excel file which provides a quantitative derivation of the separate Small Group and Individual IBNR factors used in the 2025 filings, along with a confirmation that the alternative methodology used results in the same reserve amount is held (in total dollars) as is held in MVP’s internal reserving model.

MVP’s reserving actuary runs reserving models every month for different lines of business which are utilized to book incurred estimates in MVP’s financial statements. For the Vermont Small Group and Individual business, the model that is run incorporates all commercial Vermont members. This is done on the one hand to increase credibility of the model, and on the other hand is separated by state with the recognition that provider billing and submission practices differ by state within MVP’s footprint.

The reserving model accounts for two different types of “reserves” at one time: reserves for large claims that are known but have yet to make it into MVP’s paid claim system, and reserves for claims that have not been received. For the former, MVP adds explicit amounts to the reserves to capture these claims, and for the latter MVP uses a completion factor approach utilizing historical paid claim triangles.

Upon review of the reserving model for March 2024 (the model used to determine reserves in this filing), there were several large claims being held for 2023 incurred dates. MVP reviewed the detail for those claims and found that they are all for Small Group members. It would be imprudent, then, to spread those claims across all three group sizes in Vermont. A listing of those claims is as follows:



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To adjust the total reserve by the group size, MVP performed the calculation that is detailed in the attached Excel file. Specifically, MVP calculated an IBNR factor removing the known claims. For Individual, the reserve is the sumproduct of the paid claims and the IBNR factor removing the known claims for every month. For Small Group, the reserve is calculated as:

$$[\text{PAID CLAIMS}] * [\text{IBNR FACTOR REMOVING THE KNOWN CLAIMS}] + [\text{KNOWN CLAIM AMOUNTS}]$$

As you can see in the attached Excel file, using this alternative methodology (extending the Individual logic to the Large Group claims, which are not in scope in this filing) results in a total reserve that is equivalent to the reserve produced in the reserving model.

11. Please provide qualitative and quantitative support for the decrease in “Other Medical Expenses not in claim warehouse” and “Net Reinsurance Expense” shown on page 4 of the Actuarial Memorandum. Please elaborate on what is driving the decreased amounts for these two items compared to last year’s filing.

Response: The decrease in “Other Medical Expenses not in claim warehouse” between the 2024 and 2025 rate filing is driven by moving the majority of our claim settlements to another line item in the table, “Claim Settlements to Providers”. Please see the table below. Notice that \$6.48 is the sum of the lines “Other Medical Expenses not in claim warehouse” and “Claim Settlements to Providers”.

	2024 Rate Filing	2025 Rate Filing
Claims Settlement	\$1.98	\$3.80
Other Items	\$1.68	\$2.68
<b>Total</b>	<b>\$3.66</b>	<b>\$6.48</b>

The decrease in net reinsurance expense from \$1.09 to \$0.65 PMPM is due to a decrease in reinsurance premiums from 2022 to 2023.

12. Please provide further qualitative and quantitative support for the Well-Being Reimbursement and Claim Settlements to Providers amounts shown on page 4 of the Actuarial Memorandum.

Response: Vermont small group members incurred \$247,766, or \$1.28 PMPM, of wellness dollars in the experience period. We are trending this by 40% over two years to the projection period based on historical utilization increases. Not only are we seeing more utilizers, but those who utilize the benefit are sticky. The table below shows how the claims for this benefit has increased over the past few years for all of our VT members, with a particularly large increase in the past year.



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VT Commercial Well-Being Data by Incurred Year			
Incurred Year	Total Well-Being Expense	Expense PMPM	YoY Increase
2020	\$61,920	\$0.14	
2021	\$83,166	\$0.18	29%
2022	\$99,924	\$0.23	28%
2023	\$547,766	\$1.61	600%

13. For each month from January 2019 through March 2024, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.

Response: Please see the tab "Question #13" in the attached Excel document which provides this information. The age normalization reflects the age curve created by HHS and the induced demand normalization factors reflect the induced demand slope MVP uses to price (which complies with HHS guidelines). The unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2023/2022 trend is from the 2024 Exchange filing, as opposed to the 2023 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payments as a percentage of allowed claims have increased over this period and this will serve to deflate allowed trends above and beyond analysis of a static population.

14. Please provide further qualitative and quantitative support for the adjustment on lines 11-14 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.

Response:

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

MVP is removing \$0.27 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 for these services began to be the member's responsibility in 2024 with the unwinding of the Public Health Emergency. Please see the tab "Question #14 Waived Cost Share" in the attached Excel document for further support. A cost share factor based on historical utilization was developed and applied to the COVID services.



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*Line 12- Adjustment for COVID Vaccines*

MVP will be responsible for the full administration cost and ingredient cost of COVID-19 vaccines in the projection period. The \$0.40 PMPM value found in line 12 represents the **difference** between the projected cost and the experience cost. Further support is provided in the response to Question #15.

*Line 13- Adjustment for Hearing Aids as EHB*

Hearing aids were added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and used a three-year average to calculate the additional \$0.33 PMPM. Please see the tab "Question #14 Hearing Aids" in the attached Excel document for further support.

*Line 14- 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 for this block and used a three-year average to calculate the additional \$0.03 PMPM. Please see the tab "Question #14 Abortions" in the attached Excel document for further support.

*15. The Actuarial Memo states the following about the morbidity adjustment for the impact of COVID vaccines: "During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs." If MVP was responsible for the ingredient cost starting in September 2023, that implies that there are 4 months of ingredient costs included in the experience period. However, MVP is adding 12 months of ingredient costs into the rating period. Why isn't MVP adding only 8 months of ingredient costs into the rating period?*

Response: MVP calculated the Covid Vaccine adjustment by subtracting the total 2023 Covid Vaccine PMPM from what the PMPM would have been if each administered vaccine cost \$140. The actual PMPM in 2023 for Covid Vaccines was \$1.46 but it would have been \$1.85 if the cost per vaccine was \$140 for the entire year (instead of just September – December). Thus, MVP made the \$0.40 adjustment up due to this expected increase in Covid Vaccine cost. Please see the tab "Question #15" in the attached Excel document for further support.

*16. Page 5 of the Actuarial Memorandum states that "MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates." Further, MVP states that "our preliminary analysis suggest this would increase premium rates by 8-10%." We note that H.766 was signed into law on May 10th. Please provide only an updated URRT and the updated "VT 2025 Exchange Rate Filing..." rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.*

Response: We are still quantifying the impact of this bill and request that you grant us an extension. We can respond to this question by Tuesday, June 4<sup>th</sup>.



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17. Please provide quantitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate factor in Exhibit 6.

Response: Please see the tab “Question #17” in the attached Excel document for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2025 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

The average factor is calculated by member-weighting the product of the benefit relativity model actuarial value and induced demand factor, consistent with prior filings.

18. Please provide quantitative and further qualitative support for the expected 2023 risk adjustment payment.

Response: Please see the attached exhibit (CONFIDENTIAL Round 1 2023 VT Risk Adjustment Study - MVP Health Plan) for the study provided by the external actuarial consultant. The tab “Question #18” in the attached Excel document demonstrates how this value was used to calculate the federal risk adjustment program impact on Exhibit 3. MVP did not make any changes to the estimated risk adjustment payment for population changes, as the goal of risk adjustment in pricing should be to place carriers at the same level (in this case, 2023 claims at a 1.0 risk level) when calculating their rate increases, and any incorporation of 2024 (or projected 2025) membership changes between carriers assumes the carriers are no longer pricing to the same level. MVP did not incorporate model changes from 2023 to 2025 into our estimates, as we do not have enough data to make a determination about their impact.

19. Please provide the national study performed by Wakely Consulting Group for the 0.77% impact of the National High Cost Reinsurance Pool.

Response: This file has been determined to be confidential and will be provided under separate cover.

20. Please provide a breakdown of the assumed general administrative load of \$51.44 shown in Exhibit 5 by expense category. Please also provide this breakdown for the actual 2023 expenses.

Response: Please see the table below which provides a breakout of the administrative expense by major category.

VT Small Group Administrative Expense by Category	
	2025 Admin PMPM
Personnel Expenses	\$33.78
Software	\$2.83
Consulting/Project Expenses	\$5.20
All Other Administrative Expenses	\$9.62
Total	\$51.44



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21. What were the drivers of the significant increase in administrative costs in SHCE admin PMPM from 2022 to 2023, as shown on page 9 of the Actuarial Memorandum?

Response: The main drivers of the increase in administrative costs from 2022 to 2023 were increased spending of personnel related costs, software/hardware, and advertising/promotion.

22. Please provide the historical actual to expected profit margin for a minimum of three years.

Response: See the table below for the historical actual to expected profit margin in the individual market. The actual margin was calculated on a run rate basis instead of a financial statement basis to best represent our premiums and claims in each period.

VT Small Group Actual to Expected Profit Margin		
Year	Actual	Expected (Approved)
2021	-8.1%	0.5%
2022	-10.3%	1.0%
2023	-5.0%	-0.2%

23. Please provide the actual bad debt expense as a percentage of premium for 2023.

Response: Please see the tab "Question #23" in the attached Excel document for historical actual bad debt information.

24. Please provide the historical loss ratio for a minimum of three years. Additionally, please provide the projection loss ratio for 2024, based on 2024 experience to date.

Response: Please see rows 167-175 of the Actuarial Memo Dataset provided with the initial submission for loss ratio information.

If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.





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July 15, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/23/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*16. Page 5 of the Actuarial Memorandum states that “MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates.” Further, MVP states that “our preliminary analysis suggest this would increase premium rates by 8-10%.” We note that H.766 was signed into law on May 10th. Please provide only an updated URRT and the updated “VT 2025 Exchange Rate Filing...” rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.*

Response: According to the Act Summary as found on the Vermont State Legislature website (<https://legislature.vermont.gov/Documents/2024/Docs/ACTS/ACT111/ACT111%20Act%20Summary.pdf>), bill H.766 has implications for at least three areas of MVP’s current business operations: step-therapy protocols, claims edit and payment policies, and prior authorization protocols. For each of these three areas, MVP’s actuarial team has pulled together a broad area of operations to determine the bill’s impact and quantify this impact financially. This bill impacts internal as well as vendor operations, so cost increase estimates may be from both internal analysis and research as well as cost saving estimates provided to MVP by program vendors.

For prior authorization, MVP’s actuarial team was provided cost estimates for the prohibition of health plans “imposing prior authorization requirements on any admission, item, service, treatment or procedure *ordered by a primary care provider.*” This includes estimates both from MVP’s internal Medical Economics team as well as for programs related to Oncology and Radiology (assuming in both cases that these services may be ordered by the member’s primary care provider). This totaled approximately [REDACTED] across MVP’s Vermont commercial population for 2023.

For claims edit and payment policies, MVP analyzed the impact of removing and restricting claim edits and payment policies that were beyond the current Medicare and/or Medicaid guidelines. These guidelines include the National Correct Coding Initiative standards for Outpatient and Professional claims and Medicare Code Editor standards for Inpatient Facility claims (among others). This also includes the prohibition of prepayment coding validation edit reviews, except in certain circumstances. MVP analyzed claim lines that were edited and/or denied in its 2023 commercial Vermont population and found that these edits saved approximately [REDACTED] dollars from *billed charges*. MVP converted this billed charge savings to allowed claim expense by taking the average billed to allowed



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ratio for approved and paid claims in its 2023 Vermont commercial population (a ratio which came out to approximately [REDACTED]). Therefore, MVP assumed that the removal and restriction of these payment policies will add an additional [REDACTED] to allowed claim expense.

MVP also reviewed claim editing procedures and payment policies enacted by vendors on MVP’s behalf and found those will add an additional [REDACTED] of allowed claim expense.

For step therapy policies, MVP does not currently have an estimate for the impact of these payment policies on its pharmacy claim cost.

In order to convert the allowed claim increases to a paid claim increase in the rate filing, MVP performed the following calculation:

Total Allowed Claim Cost Increases	\$20,143,904	(a)
2023 Average Paid/Allowed Ratio, Commercial Lines of Business	79%	(b)
Estimated Paid Claim Cost Impact	\$15,913,684	(c) = (a) * (b)
2023 Paid Claims, Vermont Commercial Lines of Business	\$226,743,943	(d)
<b>Estimated Paid Claim Cost Impact</b>	<b>7.0%</b>	<b>(e) = (c) / (d)</b>

In the rate filings, MVP has assumed this will increase trended paid claim expense by 7.0% (with the assumption that these payment policies will cost more in 2025 than in 2023 due to unit cost and utilization trend increases consistent with paid claims). This will also increase MVP’s assuming risk adjustment payment, as bill H.766 will increase the claim cost of the entire market in total (which will make payments and receipts greater on an absolute value basis, given the same risk profile). This will have the impact of increasing the member-weighted rate increase by 6.6% on each line of business.

If you have any questions or require any additional information, please contact me at ebachner@mvphhealthcare.com.

Sincerely,

Eric Bachner, ASA  
 Director, Commercial Market & Valuation Actuary  
 MVP Health Care, Inc.

Question #1 Facility Trends

**Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Inpatient %	2024 IP		2025 IP		Notes
		Contract	2024 Trended IP %	Contract		
Brattleboro Memorial Hospital						GMCB Rate effective 10/01/23
Brattleboro Retreat						GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center						GMCB Rate effective 10/01/23
Copley Hospital						GMCB Rate effective 10/01/23
Gifford Medical Center						GMCB Rate effective 10/01/23
Grace Cottage Hospital						GMCB Rate effective 10/01/23
Green Mountain Surgery Center						Best estimate of contract negotiation
Mt. Ascutney Hospital						GMCB Rate effective 10/01/23
North Country Hospital						GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital						GMCB Rate effective 10/01/23
Northwestern Medical Center						GMCB Rate effective 10/01/23
Porter Hospital						GMCB Rate effective 10/01/23
Rutland Regional						GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center						GMCB Rate effective 10/01/23
Springfield Hospital						GMCB Rate effective 10/01/23
University of Vermont Medical Center						GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)						Best estimate of contract negotiation
Rental/NY/Negotiated/Other						Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.9%</b>	<b>3.9%</b>	<b>50.5%</b>	<b>3.8%</b>		
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>4.8%</b>		

**Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Outpatient %	2024 OP		2025 OP		Notes
		Contract	2024 Trended OP %	Contract		
Brattleboro Memorial Hospital						GMCB Rate effective 10/01/23
Brattleboro Retreat						GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center						GMCB Rate effective 10/01/23
Copley Hospital						GMCB Rate effective 10/01/23
Gifford Medical Center						GMCB Rate effective 10/01/23
Grace Cottage Hospital						GMCB Rate effective 10/01/23
Green Mountain Surgery Center						Best estimate of contract negotiation
Mt. Ascutney Hospital						GMCB Rate effective 10/01/23
North Country Hospital						GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital						GMCB Rate effective 10/01/23
Northwestern Medical Center						GMCB Rate effective 10/01/23
Porter Hospital						GMCB Rate effective 10/01/23
Rutland Regional						GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center						GMCB Rate effective 10/01/23
Springfield Hospital						GMCB Rate effective 10/01/23
University of Vermont Medical Center						GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)						Best estimate of contract negotiation
Rental/NY/Negotiated/Other						Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.7%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>5.0%</b>		
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>5.5%</b>		

## Question #6

<b>Small Group Market Age Distribution 202402</b>	
Age	Count of Members
0	80
1	82
2	90
3	68
4	98
5	89
6	100
7	93
8	115
9	116
10	97
11	102
12	113
13	141
14	114
15	117
16	150
17	155
18	145
19	176
20	200
21	161
22	188
23	197
24	206
25	255
26	230
27	247
28	231
29	235
30	249
31	242
32	224
33	289
34	269
35	267
36	270
37	267
38	271

Question #6

39	235
40	244
41	261
42	259
43	247
44	264
45	274
46	295
47	259
48	253
49	242
50	256
51	261
52	287
53	346
54	306
55	364
56	290
57	351
58	353
59	387
60	361
61	383
62	357
63	332
64	292
65	149
66	108
67	67
68	56
69	39
70	29
71	10
72	19
73	9
74	14
75	3
76	7
77	4
78	0
79	4
80	3
81	4
82	0

Question #6

83	0
84	2
85	0
86	1
87	0
88	1



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July 15, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/12/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Follow-up to Objection #1, Question 5 – Brattleboro Retreat is now under GMCB hospital budget review/approval. The approved increase was 1.9% or below (see here <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Order%20-%20Brattleboro%20Retreat%20-%20FINAL.pdf>). The unit cost exhibit does not show compliance with the order. Please reconcile and provide an updated unit cost trend exhibit that is in compliance. No further updated documentation will be needed at this time.*

Response: Please see the tab “Question #1 Facility Trends” in the attached Excel workbook for updated inpatient and outpatient trend derivations.

*2. Follow-up to Objection #1, Question 9 – What is driving the higher actual trends compared to expected? Are these drivers expected to be one-time occurrences or recurring? What drivers are expected to contribute to decreasing Rx trend in 2025?*

Response: The allowed trends in the table do not take rebates into consideration, and our rebates have increased as a percentage of allowed dollars. It is important to note that this is a risk-adjusted population, and MVP’s membership and demographic mix have changed considerably over the period being measured. Our risk adjustment payment as a percentage of claim expense has decreased over the past few years, indicating greater morbidity. We expect these patterns to continue into the future, as well as increased utilization of specialty drugs. We are projecting a *higher* Rx trend in 2025, which is primarily driven by specialty drugs.

*3. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the actual 2023 expenses by expense category, similar to the table provided for projected 2025 amounts.*



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Response: Please see the table below which provides a breakout of the administrative expense by major category.

<b>VT Small Group Administrative Expense by Category</b>	
	<b>2023 Actual Admin PMPM</b>
Personnel Expenses	\$32.26
Software	\$2.85
Consulting/Project Expenses	\$5.03
All Other Administrative Expenses	\$8.35
<b>Total</b>	<b>\$48.49</b>

4. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the projected 2024 expenses by expense category, similar to the table provided for projected 2025 amounts.

Response: Please see the table below which provides a breakout of the administrative expense by major category.

<b>VT Small Group Administrative Expense by Category</b>	
	<b>2024 Admin PMPM</b>
Personnel Expenses	\$31.42
Software	\$2.63
Consulting/Project Expenses	\$4.84
All Other Administrative Expenses	\$8.95
<b>Total</b>	<b>\$47.84</b>

5. Please complete the following table regarding the rating year 2024 QHP Filing URRT morbidity adjustment:

Response: Please see the completed table below. The values may differ slightly from those displayed in the URRT due to rounding.

	2024 QHP Filing (As Filed)	2024 QHP Filing (As Ordered)
COVID-19 Testing	-0.06%	-0.22%
COVID-19 Vaccinations	0.35%	0.21%
<b>Total Morbidity Adjustment</b>	<b>0.29%</b>	<b>-0.01%</b>

6. Please provide the age distribution, by each age, of MVP’s current membership.

Response: Please see the tab “Question #6” in the attached Excel workbook for the age distribution of MVP’s small group membership as of February 2024.





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7. Regarding the support provided for the adjustment for H766, please address the following:

- a. The support states, "MVP analyzed claim lines that were edited and/or denied in its 2023 commercial Vermont population and found that these edits saved approximately..." and "MVP also reviewed claim editing procedures and payment policies enacted by vendors on MVP's behalf and found those will add an additional..." Please clarify whether this amount represents all claims lines edit and/or denied or if this amount represents claims lines edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines. If the latter, please provide adjusted amounts that reflect only those claims that were edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines.
- b. The support states, "MVP's actuarial team was provided cost estimates for the prohibition of health plans 'imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider'...This totaled approximately..." Please demonstrate how this amount does not overlap with the two amounts provided as quoted above in part (a).
- c. Please provide quantitative support for the calculation of the risk adjustment PMPM in the URRT before versus after the impact of H766.
- d. The updated URRT after the impact of H766 that was provided shows an increase in the capitation trend compared to the URRT before the impact of H766, please provide qualitative and quantitative support for why and how the impact of H766 affects the capitation trend.
- e. Please provide the 2023 claims denial rate.
- f. Please provide 2023 reduced or denied billed claim amounts by reason, similar to the following structure:

<i>Denial/Edit Reason</i>	<i>Reduction or Denied Billed Amount</i>

Response: As of the time of this response, bill H.890 was passed by the Vermont House and Senate, which would delay until 2026 the implementation of certain H.766 provisions regarding health insurance claims processing requirements, including the provisions prohibiting the use of claims edits that aren't in effect for Medicare. Due to the potential for this delay, it is MVP's strong preference not to answer any further questions related to H.766 until bill H.890 is signed or vetoed. Once the final version of the bill is settled, MVP will respond to the pieces of the question that are still pertinent to the filing.

If you have any questions or require any additional information, please contact me at ebachner@mvphhealthcare.com.

Sincerely,

Eric Bachner, ASA  
 Director, Commercial Market & Valuation Actuary  
 MVP Health Care, Inc.

Question #1c

	Original	H.766
Paid Index Rate PMPM (Exh 3 Line 23/24)	\$717.01	\$723.54
Risk Adjustment as % of Paid Index Rate	4.3%	4.3%
Paid Risk Adjustment PMPM (Exh 3 Line 24/25)	\$30.85	\$31.13
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8261	0.8261
Allowed Risk Adjustment PMPM for URRT	\$37.34	\$37.68

Question #1d

	Original	H.766
Exp Pd Capitation, Non-FFS Medical Costs, and State Surcharges (Exh 3 Line 9)	\$19.28	\$19.28
Proj Pd FFS Claim Expense PMPM (Exh 3 Line 20/21)	\$694.92	\$701.37
Proj Pd State Surcharges as % of Paid Claims	1.149%	1.149%
Proj Pd State Surcharges (Exh 3 Line 21/22)	\$7.98	\$8.06
Proj Pd Capitation and Non-FFS Medical Costs (Exh 3 Line 22/23)	\$14.11	\$14.11
Capitation Trend for URRT	1.070	1.072



**MVP Health Care -- 2025 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2024 to 2025 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 -- 2025 Premium Rates

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

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%	
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded	
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	50%	\$500 (Phys)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60,	
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded	
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible \$850/\$1700 Ded then \$5/\$30/\$60,	
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	\$30*	\$60	50%	\$400	50%	\$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	VBID = \$1 #
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%	
FRVT-HMOH-SB-003-S (2025)	HyHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40/60%, Subject to Med Deductible	
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0/0%, Subject to Med Deductible	
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #	
FRVT-HMO-SB-001-N (2025)	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

\*First 3 PCP Office Visits are covered in full

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

\* Family structure is \$9,200 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$598 per contract per year.

**Exhibit 1a -- Comparison of 2024 to 2025 Benefits by Plan**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2024)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,000	\$1,600	\$3,000	Separate	\$10/\$50/50%
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%
FRVT-HMO-SG-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	\$1,600	\$3,000	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMOH-SG-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	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$500 (Fac)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-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-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SS-001-N (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$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 #
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
VT-HMO-SS-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-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-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*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-SS-001-N II (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac)	\$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 #
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
FRVT-HMO-SB-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	\$1100/\$2200 Brand Ded then \$20/\$85/60%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMO-SB-003-S (2024)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,600	\$3,200	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-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-SB-004-S (2025)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-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-SB-005-N (2025)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #
FRVT-HMO-SB-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-SB-001-N (2025)	HyHMO	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	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Changes in benefits from 2024 to 2025 are shown in gray shading.

**Exhibit 2a -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Experience Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025

<b>Months of Trend</b>	<b>2024</b>	<b>2025</b>	<b>Total</b>
	12	12	<b>24</b>

**Medical Trend Summary**

<b>2024 Annual Trend</b>				
	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	15.9%	4.8%	1.0%	5.8%
OP	54.3%	5.2%	1.0%	6.2%
PHY	29.9%	1.7%	1.0%	2.7%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.1%</b>

<b>2025 Annual Trend</b>				
	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	16.0%	4.8%	1.0%	5.9%
OP	54.9%	5.5%	1.0%	6.5%
PHY	29.2%	1.3%	1.0%	2.3%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.2%</b>

**Annual Allowed Medical Trend** **5.1%**

<b>Leveraging Impact - Fee-For-Service Medical Claims</b>					
	<b>Allowed-COB</b>	<b>Coinsurance</b>	<b>Copay</b>	<b>Deductible</b>	<b>Paid*</b>
Rating Period:	\$622.53	\$18.80	\$9.22	\$81.43	\$513.07
24 Months of Trend:	1.106	1.106	1.020	1.036	<b>1.118</b>
Projection Period:	\$688.28	\$20.79	\$9.41	\$84.39	\$573.69
Allowed Trend (Annual)	5.1%				
Paid Trend (Annual)	5.7%				
<b>Leveraging (Annual)</b>	<b>0.6%</b>				

**Rx Trend Summary**

	<b>2024 Trend</b>		<b>2025 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	-7.6%	3.9%	1.3%	2.6%	-3.2%	3.2%
Brand	10.8%	-6.7%	4.5%	3.7%	7.6%	-1.7%
Specialty	-0.8%	9.5%	3.8%	7.1%	1.5%	8.3%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<u><b>Rx Claim Information</b></u>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	13,775	1,074	169	15,018
Experience Period Allowed Cost per Script	\$16.11	\$616.84	\$5,802.05	\$124.13
Experience Period Deductible Per Script	\$2.37	\$28.26	\$83.15	\$5.13
Experience Period Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.28
Experience Period Coinsurance Per Script	\$0.91	\$8.53	\$64.49	\$2.17
Experience Period Paid Cost Per Script	\$9.07	\$557.78	\$5,633.76	\$111.55
Experience Period Allowed PMPM	\$18.50	\$55.20	\$81.65	\$155.35
Experience Period Deductible PMPM	\$2.72	\$2.53	\$1.17	\$6.42
Experience Period Copay PMPM	\$4.33	\$1.99	\$0.29	\$6.61
Experience Period Coinsurance PMPM	\$1.04	\$0.76	\$0.91	\$2.72
Experience Period Paid PMPM	\$10.41	\$49.91	\$79.29	\$139.61
Experience Period Rx Rebates PMPM				(\$53.26)
Annual Util Trend	1.032	0.983	1.083	1.029
Annual Unit Cost Trend	0.968	1.076	1.015	1.042
Annual Allowed Trend	0.999	1.058	1.099	1.073
Annual Deductible Trend	1.018	1.018	1.018	1.041
Annual Paid Trend	0.970	1.064	1.099	1.077
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.080
Months of Trend	24	24	24	24
Projected Scripts / 1000	14,681	1,038	198	15,917
Projected Allowed Cost per Script	\$15.09	\$714.23	\$5,974.13	\$134.85
Projected Deductible Per Script	\$2.45	\$29.28	\$86.18	\$5.24
Projected Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.18
Projected Coinsurance Per Script	\$0.85	\$9.88	\$66.40	\$2.26
Projected Paid Cost Per Script	\$8.02	\$652.80	\$5,800.90	\$122.16
Projected Allowed PMPM	\$18.46	\$61.79	\$98.62	\$178.87
Projected Deductible PMPM	\$3.00	\$2.53	\$1.42	\$6.96
Projected Copay PMPM	\$4.61	\$1.93	\$0.34	\$6.88
Projected Coinsurance PMPM	\$1.04	\$0.85	\$1.10	\$2.99
Projected Paid PMPM	\$9.81	\$56.48	\$95.76	\$162.04
Projected Rx Rebates				(\$61.32)
Net Projected Paid PMPM				\$100.72



**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: Jan 2023 - Dec 2023

Completed Through: 3/31/24

	<b>ACA Compliant Small Group</b>
1 Member Months	192,917
2 FFS Paid Medical Claims	\$513.07
3 FFS Paid Pediatric Dental Claims	\$1.73
4 IBNR Factor	1.032
5 FFS Incurred Paid Medical Claims	\$530.97
6 FFS Incurred Rx Claims	\$139.61
7 Experience Period Rx Rebates	(\$53.26)
8 FFS Incurred Rx Claims (Net of Rebates)	\$86.35
9 Experience Period Capitation and Non-FFS Medical Costs	\$19.28
<b>10 Adjusted Experience Period Claim Expense</b>	<b>\$636.60</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
11 Adjustment for Waived Cost Share Due to COVID-19	(\$0.27)
12 Adjustment for COVID Vaccines	\$0.40
13 Adjustment for Hearing Aids as EHB	\$0.33
14 Adjustment for Abortions Covered in Full	\$0.03
15 Adjustment for H.766	\$5.73
<b>16 Experience Period Claim Expense After All Adjustments</b>	<b>\$642.82</b>
17 Annual FFS Medical projection factor	1.057
18 Annual FFS Rx projection factor	1.080
19 Annual FFS Claim trend projection factor	1.061
20 Months of Trend	24
21 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$701.37
22 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$8.06
23 Projection Period Capitation and Non-FFS Medical Costs	\$14.11
<b>24 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$723.54</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
25 Federal Risk Adjustment Program Impact	\$31.13
<b>26 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$754.67</b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Tier	Contract Type	Subscribers	Members	Avg Contract Size	Load Factor
4	Single	6,210	6,210	1.000	1.000
4	Double	1,380	2,760	2.000	2.000
4	Parent/Child(ren)	436	1,101	2.525	1.930
4	Family	1,280	4,956	3.872	2.810
<b>Single Conversion Factor</b>		<b>1.121</b>			

<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<b>% of Premium Retention Components</b>	
--	--

Broker Load	0.00%
Bad Debt	0.17%
Risk Margin	1.50%
<hr/>	
Total % of Premium Retention Components	1.67%

<b>PMPM Retention Components</b>	
----------------------------------	--

General Administrative Load	\$51.44
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<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.57%
National High Cost Reinsurance Pool Charge	0.77%
<hr/>	
Total % of Premium Taxes/Assessments	1.34%

<b>% of Paid Claim Taxes and Assessments</b>	
--	--

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
<hr/>	
Total % of Paid Claim Taxes/Assessments	1.149%

<b>PMPM Taxes and Assessments</b>	
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HHS Risk Adjustment User Fee	\$0.17
PCORI Fee	\$0.27
18 VSA 9374(h) Billback	\$2.58
<hr/>	
Total PMPM Taxes/Assessments	\$3.02

**Exhibit 6 -- 2025 Small Group Exchange Premium Rates**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

2025 Adjusted Paid Claim Cost (Exhibit 3, Line 26)	\$754.67
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8261
Adjusted Claim Cost for Pricing	\$913.48

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	CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2024 Single Rate	Increase over 2024 Double Rate	Increase over 2024 P/C Rate	Increase over 2024 Family Rate
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.932	1.150	\$978.86	\$17.79	\$51.44	\$14.28	\$3.02	\$1,065.39	\$1,194.01	\$2,388.02	\$2,304.44	\$3,355.17	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-SG-001-S (2025)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.823	1.080	\$812.24	\$14.92	\$51.44	\$11.97	\$3.02	\$893.59	\$1,001.47	\$2,002.94	\$1,932.84	\$2,814.13	9.8%	9.8%	9.8%	9.8%
FRVT-HMO-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.861	1.080	\$849.23	\$15.56	\$51.44	\$12.49	\$3.02	\$931.74	\$1,044.22	\$2,088.44	\$2,015.34	\$2,934.26	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.080	\$807.11	\$14.83	\$51.44	\$11.90	\$3.02	\$888.30	\$995.54	\$1,991.08	\$1,921.39	\$2,797.47	N/A	N/A	N/A	N/A
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.683	1.030	\$642.16	\$11.99	\$51.44	\$9.62	\$3.02	\$718.23	\$804.94	\$1,609.88	\$1,553.53	\$2,261.88	11.8%	11.8%	11.8%	11.8%
FRVT-HMO-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.690	1.030	\$649.21	\$12.12	\$51.44	\$9.72	\$3.02	\$725.51	\$813.09	\$1,626.18	\$1,569.26	\$2,284.78	10.8%	10.8%	10.8%	10.8%
FRVT-HMO-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.698	1.030	\$656.27	\$12.24	\$51.44	\$9.82	\$3.02	\$732.78	\$821.25	\$1,642.50	\$1,585.01	\$2,307.71	10.8%	10.8%	10.8%	10.8%
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.682	1.030	\$641.40	\$11.98	\$51.44	\$9.61	\$3.02	\$717.46	\$804.07	\$1,608.14	\$1,551.86	\$2,259.44	11.7%	11.7%	11.7%	11.7%
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.683	1.030	\$642.16	\$11.99	\$51.44	\$9.62	\$3.02	\$718.23	\$804.94	\$1,609.88	\$1,553.53	\$2,261.88	11.8%	11.8%	11.8%	11.8%
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.690	1.030	\$649.21	\$12.12	\$51.44	\$9.72	\$3.02	\$725.51	\$813.09	\$1,626.18	\$1,569.26	\$2,284.78	10.8%	10.8%	10.8%	10.8%
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.697	1.030	\$655.71	\$12.23	\$51.44	\$9.81	\$3.02	\$732.20	\$820.60	\$1,641.20	\$1,583.76	\$2,305.89	10.9%	10.9%	10.9%	10.9%
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.682	1.030	\$641.40	\$11.98	\$51.44	\$9.61	\$3.02	\$717.46	\$804.07	\$1,608.14	\$1,551.86	\$2,259.44	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.611	1.000	\$558.14	\$10.55	\$51.44	\$8.46	\$3.02	\$631.61	\$707.86	\$1,415.72	\$1,366.17	\$1,989.09	12.0%	12.0%	12.0%	12.0%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.617	1.000	\$563.62	\$10.64	\$51.44	\$8.54	\$3.02	\$637.26	\$714.19	\$1,428.38	\$1,378.39	\$2,006.87	11.4%	11.4%	11.4%	11.4%
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.625	1.000	\$571.11	\$10.77	\$51.44	\$8.64	\$3.02	\$644.98	\$722.85	\$1,445.70	\$1,395.10	\$2,031.21	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.000	\$562.25	\$10.62	\$51.44	\$8.52	\$3.02	\$635.85	\$712.61	\$1,425.22	\$1,375.34	\$2,002.43	11.7%	11.7%	11.7%	11.7%
FRVT-HMO-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.620	1.000	\$566.45	\$10.69	\$51.44	\$8.58	\$3.02	\$640.18	\$717.46	\$1,434.92	\$1,384.70	\$2,016.06	12.6%	12.6%	12.6%	12.6%

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

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>																		
2																			
3	Company Legal Name:	MVP Health Plan, Inc.																	
4	HIOS Issuer ID:	77566	State:	VT															
5	Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group															
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:	1/1/2023	to	12/31/2023															
13			Total		PMPM														
14	Allowed Claims		\$147,897,728.90		\$766.64														
15	Reinsurance		\$0.00		\$0.00														
16	Incurred Claims in Experience Period		\$122,811,234.00		\$636.60														
17	Risk Adjustment		-\$5,043,570.65		-\$26.14														
18	Experience Period Premium		\$129,780,209.85		\$672.73														
19	Experience Period Member Months		192,917																
20																			
21	<b>Section II: Projections</b>																		
22			Year 1 Trend			Year 2 Trend													
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM												
24	Inpatient Hospital	\$101.94	1.048	1.010	1.048	1.010	\$114.20												
25	Outpatient Hospital	\$348.49	1.052	1.010	1.055	1.010	\$394.40												
26	Professional	\$191.70	1.017	1.010	1.013	1.010	\$201.35												
27	Other Medical	\$3.13	1.000	1.010	1.000	1.010	\$3.19												
28	Capitation	\$19.28	1.072	1.000	1.072	1.000	\$22.17												
29	Prescription Drug	\$102.09	1.042	1.029	1.042	1.029	\$117.55												
30	Total	\$766.64					\$852.87												
31																			
32	Morbidity Adjustment				1.001														
33	Demographic Shift				1.000														
34	Plan Design Changes				1.008														
35	Other				1.000														
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2025			\$860.04														
37																			
38	Manual EHB Allowed Claims PMPM				\$0.00														
39	Applied Credibility %				100.00%														
40																			
41																			
42	<b>Projected Period Totals</b>																		
43	Projected Index Rate for	1/1/2025			\$860.04	\$155,085,852.96													
44	Reinsurance				\$0.00	\$0.00													
45	Risk Adjustment Payment/Charge				-\$37.68	-\$6,794,635.86													
46	Exchange User Fees				0.00%	\$0.00													
47	Market Adjusted Index Rate				\$897.72	\$161,880,488.82													
48	Projected Member Months				180,324														
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): 1/1/2025 Market: Small Group

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

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

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

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

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

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

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

Field #	Section I: General Product and Plan Information	Small Group																			
Field #	Section I: General Product and Plan Information	77566VT005																			
1.1	Product Name	Small Group																			
1.2	Product ID	77566VT005																			
1.3	Plan Name	001-S (2025)	001-S (2025)	004-N (2025)	002-N (2024)	003-N (2025)	003-S (2025)	004-S (2025)	002-N (2025)	001-N (2025)	II (2025)	S II (2025)	N II (2025)	N II (2025)	002-S (2025)	003-S (2025)	004-S (2025)	005-N (2025)	001-N (2025)		
1.4	Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018		
1.5	Metal	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze		
1.6	AV Metal Value	0.900	0.810	0.807	0.815	0.808	0.710	0.709	0.715	0.710	0.709	0.712	0.715	0.618	0.621	0.646	0.629	0.647	0.647		
1.7	Plan Category	Renewing	Renewing	New HMO	Terminated	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	HMO		
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes		
1.10	Effective Date of Proposed Rates	1/1/2025	1/1/2025	1/1/2025	1/1/2024	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025		
1.11	Cumulative Rate Change % (over 12 mos prior)	9.06%	9.77%	0.00%	0.00%	10.17%	11.79%	10.77%	10.85%	11.79%	10.78%	10.85%	11.67%	12.01%	11.40%	10.66%	11.69%	12.62%	12.62%		
1.12	Product Rate Increase %																			10.39%	
1.13	Submission Level Rate Increase %																			10.39%	

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018
\$147,897,729	2.1 Plan ID (Standard Component ID)	\$147,897,729	\$32,114,585	\$29,052,564	\$0	\$4,529,827	\$30,381,175	\$17,579	\$250,086	\$245	\$49,141	\$9,057,130	\$8,385,108	\$6,875,289	\$8,546,119	\$3,801,244	\$12,034,654	\$346,428	\$1,109,912	\$1,014,644
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$25,086,493	2.3 Reinsurance	\$25,086,493	\$2,036,093	\$4,318,859	\$0	\$41,764	\$4,752,304	\$3,750	\$65,647	\$345	\$55,134	\$2,219,008	\$2,095,098	\$1,340,636	\$2,030,692	\$1,249,694	\$3,736,759	\$169,202	\$266,526	\$245,077
\$0	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$122,811,234	2.5 Cost Sharing Reduction	\$122,811,234	\$30,078,493	\$24,733,705	\$0	\$3,988,061	\$25,628,871	\$13,823	\$184,440	\$0	\$364,008	\$6,838,122	\$6,510,005	\$5,516,654	\$6,515,427	\$2,351,551	\$8,297,894	\$177,225	\$843,386	\$769,568
\$5,043,571	2.6 Incurred Claims	\$5,043,571	\$4,319,000	\$32,650	\$0	\$74,949	\$2,324,629	\$6,339	\$51,974	\$0	\$100,323	\$2,384,301	\$2,284,313	\$637,689	\$2,335,172	\$809,489	\$5,103,374	\$238,722	\$373,442	\$252,853
\$129,780,210	2.7 Premium	\$129,780,210	\$26,236,497	\$25,600,458	\$0	\$3,354,533	\$23,569,678	\$4,015	\$397,275	\$0	\$335,259	\$9,438,833	\$8,489,166	\$5,104,178	\$9,586,364	\$4,201,656	\$11,033,574	\$584,125	\$890,176	\$964,613
192.917	2.8 Experience Period Member Months	192.917	30,662	35,951	0	4,393	32,846	9	448	0	592	15,462	14,564	8,374	15,707	7,769	21,713	1,102	1,669	1,854
15.027	2.9 Current Enrollment	15.027	2,351	2,704	0	349	2,095	3	8	1	61	1,275	1,330	838	1,247	621	1,769	120	137	118
\$746.65	2.11 Current Premium PMPM	\$746.65	\$973.10	\$812.16	\$0.00	\$861.44	\$820.64	\$720.03	\$734.06	\$740.87	\$652.63	\$660.74	\$632.50	\$667.54	\$669.54	\$585.70	\$561.97	\$578.84	\$591.72	\$573.71
98.46%	2.12 Loss Ratio	98.46%	98.44%	96.74%	#DIV/0!	116.29%	98.97%	111.90%	74.95%	#DIV/0!	144.41%	96.93%	101.33%	123.51%	88.63%	69.32%	96.81%	61.24%	163.21%	108.12%
	Per Member Per Month																			
\$766.64	2.13 Allowed Claims	\$766.64	\$1,047.37	\$808.12	#DIV/0!	\$1,030.68	\$924.96	\$1,953.20	\$558.23	#DIV/0!	\$708.01	\$585.77	\$588.10	\$818.88	\$551.11	\$463.54	\$554.26	\$314.36	\$665.02	\$547.27
\$0.00	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$130.04	2.15 Member Cost Sharing	\$130.04	\$66.40	\$120.13	#DIV/0!	\$123.27	\$144.68	\$417.26	\$146.53	#DIV/0!	\$93.13	\$143.53	\$141.11	\$160.10	\$130.95	\$160.86	\$172.10	\$153.54	\$159.69	\$132.19
\$0.00	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$636.60	2.17 Incurred Claims	\$636.60	\$980.97	\$687.98	#DIV/0!	\$907.41	\$780.27	\$1,535.94	\$411.70	#DIV/0!	\$614.88	\$442.25	\$446.99	\$658.78	\$420.16	\$302.88	\$382.14	\$160.82	\$505.32	\$415.00
-\$26.14	2.18 Risk Adjustment Transfer Amount	-\$26.14	\$140.88	-\$0.91	#DIV/0!	\$117.05	\$704.37	-\$114.34	\$115.34	#DIV/0!	-\$169.80	-\$154.20	-\$141.74	-\$76.15	-\$144.14	-\$116.63	-\$267.45	-\$223.75	-\$136.38	-\$136.38
\$672.73	2.19 Premium	\$672.73	\$855.67	\$712.09	#DIV/0!	\$783.26	\$717.58	\$668.30	\$664.63	#DIV/0!	\$595.60	\$610.45	\$582.89	\$609.53	\$618.20	\$540.82	\$511.38	\$530.06	\$533.36	\$520.29

**Section III: Plan Adjustment Factors**

3.1	Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018
3.2	Market Adjusted Index Rate	5897.72																	
3.3	AV and Cost Sharing Design of Plan	1.0904	0.9048	0.8991	0.0000	0.9460	0.7153	0.7232	0.7310	0.7145	0.7153	0.7232	0.7304	0.7145	0.6217	0.6278	0.6362	0.6263	0.6310
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	0.0000	1.0000	1.0000	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 Costs	4.83%	5.76%	0.00%	0.00%	5.52%	7.16%	7.09%	7.02%	7.17%	7.16%	7.09%	7.03%	7.17%	8.07%	7.98%	8.09%	8.04%	8.04%
3.7	Taxes and Fees	1.62%	1.68%	1.68%	0.00%	1.66%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.81%	1.81%	1.81%	1.81%	1.81%
3.8	Profit & Risk Load	1.67%	1.67%	1.67%	0.00%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	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	Calibrated Plan Adjusted Index Rate	\$1,065.38	\$893.59	\$888.30	\$0.00	\$931.73	\$718.23	\$725.51	\$732.78	\$717.45	\$718.23	\$725.51	\$732.20	\$717.45	\$631.60	\$637.24	\$644.98	\$635.84	\$640.18
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	\$1,065.38	\$893.59	\$888.30	\$0.00	\$931.73	\$718.23	\$725.51	\$732.78	\$717.45	\$718.23	\$725.51	\$732.20	\$717.45	\$631.60	\$637.24	\$644.98	\$635.84	\$640.18

**Section IV: Projected Plan Level Information**

4.1	Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018
4.2	Allowed Claims	\$187,464,874	\$28,414,434	\$34,852,862	\$0	\$23,779,150	\$32,475	\$86,860	\$10,825	\$680,322	\$13,801,807	\$14,397,176	\$9,071,365	\$13,498,709	\$6,326,497	\$18,591,584	\$1,261,159	\$1,439,823	\$1,240,144	
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.4	Member Cost Sharing	\$38,669,852	\$1,937,864	\$6,123,161	\$0	\$3,310,058	\$10,311	\$26,846	\$3,375	\$210,180	\$4,382,074	\$4,463,126	\$2,749,513	\$4,296,639	\$2,538,807	\$7,120,576	\$472,682	\$553,612	\$471,129	
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.6	Incurred Claims	\$128,795,017	\$26,476,570	\$28,529,701	\$0	\$20,469,992	\$27,164	\$59,754	\$7,550	\$450,141	\$9,419,733	\$9,934,054	\$6,321,793	\$9,202,070	\$3,987,696	\$11,471,007	\$788,477	\$886,211	\$769,011	
4.7	Risk Adjustment Transfer Amount	-\$5,541,208	\$5,139,114	\$1,227,447	\$0	\$880,851	-\$994	-\$2,571	-\$325	-\$19,367	-\$405,270	-\$4								

## 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



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July 15, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

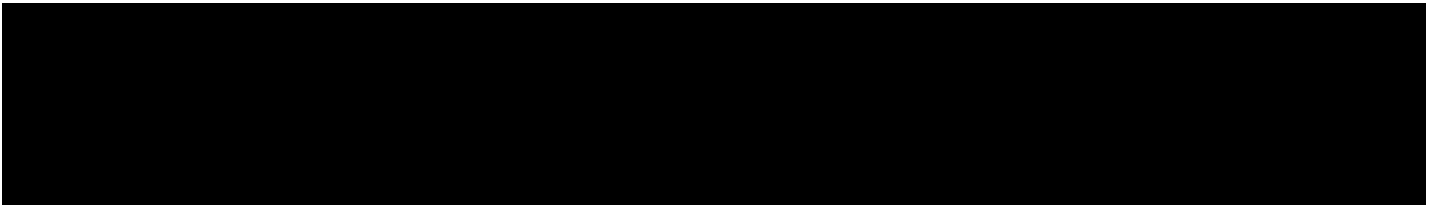
This letter is in response to your correspondence received 06/27/24 regarding the above-mentioned rate filing. The response to your question is provided below.

*1. Follow-up to Objection #2, Question 7 – HB 890 was passed on 6/17/2024 by both the House and Senate. Assuming it will be signed by the Governor, please provide a complete response to each part of Question 7 from Objection #2.*

Response: The Vermont governor approved bill H.890 on 6/28. MVP has assumed the implemented portions of H.766 (which include restrictions on prior authorization, step therapy and pre-payment reviews) will increase trended paid claim expense by 0.9% in the rate filings. This results in an average rate increase of 10.27%, instead of the 9.34% initially filed. We attached the updated rate filing exhibit and URRT demonstrating this impact with the objection. Please see below for an updated response to Objection #1, Question 16 to reflect the true impact of H.766 and H.890, followed by responses to Objection #2, Question 7 that are still pertinent.

For prior authorization, MVP’s actuarial team was provided cost estimates for the prohibition of health plans “imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider.” This includes estimates both from MVP’s internal Medical Economics team as well as for programs related to Oncology and Radiology (assuming in both cases that these services may be ordered by the member’s primary care provider). This totaled approximately [REDACTED] across MVP’s Vermont commercial population for 2023.

Specifically, the Prior Authorization costs break down into the following buckets:



For step therapy, MVP’s pharmacy team informed the actuarial team that there would be minimal disruption to our current policies and procedures and therefore no cost impact.





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For pre-payment review, MVP’s actuarial team was provided with data that estimated the value of a [REDACTED]

To convert the allowed claim increases to a paid claim increase in the rate filing, MVP performed the following calculation:

Total Allowed Claim Cost Increases	\$2,718,630	(a)
2023 Average Paid/Allowed Ratio, Commercial Lines of Business	79%	(b)
Estimated Paid Claim Cost Impact	\$2,147,718	(c) = (a) * (b)
2023 Paid Claims, Vermont Commercial Lines of Business	\$226,743,943	(d)
<b>Estimated Paid Claim Cost Impact</b>	<b>0.9%</b>	<b>(e) = (c) / (d)</b>

In the rate filings, MVP has assumed this will increase trended paid claim expense by 0.9% (with the assumption that these payment policies will cost more in 2025 than in 2023 due to unit cost and utilization trend increases consistent with paid claims). This will also increase MVP’s assuming risk adjustment payment, as bill H.766 will increase the claim cost of the entire market in total.

a. This portion of the question is no longer applicable.

b. This portion of the question is no longer applicable.

c. The risk adjustment payment is calculated as a percentage of claim expense. Our expected claim expense increased due to the impact of H.766, therefore the risk transfer increased as well. Keep in mind that the URRT is not meant to be used to develop rates, and we are simply providing our best representation of paid costs on an allowed basis. Please see the tab “Question #1c” in the attached Excel workbook for further quantitative support.

d. For the purposes of the URRT, the capitation trend displayed on Worksheet 1 is calculated by dividing the capitation costs in the projection period by those in the experience period. These costs include capitation, non-FFS medical, VT claim surcharges, and NYS HCRA. Although most of these costs stayed the same, the VT paid claim surcharge and NYS HCRA surcharge are calculated as a percentage of claims, and expected claims increased due to H.766, resulting in an increased capitation trend. Please see the tab “Question #1d” in the attached Excel workbook for further quantitative support.

e. In 2023 for Vermont commercial policies, MVP denied [REDACTED] prior authorization requests out of [REDACTED]. Of those [REDACTED] denials, [REDACTED] of them are subject to the H.766 provision [REDACTED].

f. MVP does not have data on prior authorization denials at the denial reason level of detail.



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If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.



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July 16, 2024

Michael Barber  
General Counsel  
Green Mountain Care Board

Re: 2025 Vermont Exchange Rate Filing - Individual  
SERFF Tracking #: MVPH-134081032  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Mr. Barber:

This letter is in response to your correspondence received 06/25/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please provide more information about the Well-Being Reimbursement program described on page 4 of the Actuarial Memorandum. What are the categories for which members can receive reimbursement? What method has MVP chosen to allow members to submit for reimbursement? Provide any evidence MVP possesses showing that the program is improving member health and lowering claims costs overall.*

Response: MVP's Well-Being Reimbursement program offers up to \$600 per Subscriber per year in reimbursements for items that will improve the health of our members in four different categories. The Social category includes things such as registration fees for walks/runs. The Surroundings category includes items such as ergonomic equipment to improve posture while working. The Physical category includes things such as healthy weight support programs, gym memberships and health monitoring devices. The Mind & Spirit category includes items such as stress-reduction classes and mindfulness apps. These show a commitment by MVP to improve the health of its members in all facets of their life.

Subscribers can submit for reimbursement by downloading and filling out the "Well-Being Reimbursement Request" form found in their member portal on <https://www.mvphealthcare.com/> and submitting the form and receipt(s) either by mail or email.

There are too many overlapping cost drivers that make it impossible to measure the claim cost impact of wellness. While there is no direct data to support the claim that the program is lowering claim cost overall, it is designed to incent behavioral changes that will improve the health of our members and reduce the morbidity of chronic conditions and reduce complications of those conditions.

*2. Please provide additional information about MVP's current claims edits and payment policies that will be removed or restricted as a result of Act No. 111 of 2024 (H.766) and describe in greater detail how MVP determined the impact of removing or restricting these claims edits and payment policies. For each edit or policy (or category thereof), provide the corresponding dollar amount, ensuring that the total equals the billed charges amount mentioned in MVP's response to Objection 1, Question 16.*



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Response: The passing and subsequent signing of H.890 delays implementation of some of the policies that were referred to in Objection #1, Question 16. For the most up-to-date information regarding the portions of H.766 that impact the 2025 rate filings, please see MVP's response to Objection #5.

*3. Is the \$25,000,000 surplus note issued on 02/20/2024 to MVP HSC (2023 MVPHP Annual Statement at 26.6) included in MVPHP's "TOTAL Adjusted Capital" amount listed on line 14 of page 29?*

Response: Yes, the surplus is included.

*4. Confirm that MVP has renewed its contract with CVS/Caremark for pharmacy benefit management (PBM) services and state when the new contract term ends. Did MVP negotiate with CVS/Caremark over the terms of the new contract? If so, please describe any contract enhancements that MVP received as a result of the negotiations and demonstrate the impact of those enhancements on the filed rates.*

Response: MVP has a contract for PBM with CVS/Caremark through [REDACTED]. MVP did issue an RFP for PBM services prior to the newest agreement with CVS/Caremark. MVP did receive enhanced pricing terms that were included in the modeling for rates. No specific evaluation was done to compare the value of the contract pre and post negotiation for this filing.

*5. Prior to renewing the contract with CVS/Caremark, did MVP:*

- a. audit CVS/Caremark's performance under the prior contract? If so, describe all aspects of the audit.*
- b. perform any market comparison checks to evaluate whether MVP is receiving the best possible terms for PBM services? If so, thoroughly describe the process, including timelines, evaluation criteria, and benchmarks.*
- c. solicit or receive bids or outreach from any PBM other than CVS/Caremark?*

Response: MVP does audit its PBM. MVP has audited claims and rebates as part of the audit process. We also perform periodic market comparisons to ensure we have competitive PBM pricing terms. This process includes hiring a consultant who will compare the key aspects of services and pricing to the market (similar size plans and lines of business). MVP also performed a full RFP with multiple PBM vendors prior to the current CVS/Caremark contract. After a full RFP evaluation, CVS/Caremark was the selected vendor.

*6. In general, what are the "known contract changes for 2024 and 2025" that are reflected in the Rx trend factors? What is your best estimate of how those contract changes impacted the Rx unit cost trends in the filings?*

Response: The trend files we receive from CVS include contract changes as part of the unit cost trends. If we know of any changes that are not handled within those trend files, we will adjust them, but otherwise we rely on the analytics performed by CVS. MVP does not evaluate the impact of contract changes on the trend as part of their filing process.



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*7. Has MVP evaluated CVS Caremark's TrueCost program, which CVS describes as offering a deeper level of transparency" and "the same or better value," to determine whether the program would benefit MVP's members? If so, what were MVP's findings?*

Response: CVS Caremark's TrueCost program was not released until late in 2023 and will not be implemented until at least 2025. The TrueCost program was not a part of MVP's discussions with CVS for its current contract and MVP has not evaluated the program.

*8. Does MVP acknowledge that some of its members are purchasing prescriptions "off benefit" through services such as GoodRx or Mark Cuban Cost Plus Drug Company, because, in many cases, those members are able to obtain lower prices "off benefit" than they receive through their benefit plan? Does MVP or its PBM have hard data on the amount of such "off benefit" spending by its Vermont QHP membership? If so, please provide the data. What does MVP see as the plusses and minuses of "off benefit" drug spending?*

Response: We do not have data regarding "off benefit" drug spending by our Vermont QHP membership. We do not know how many members, if any, are purchasing prescriptions using these services, nor do we know of any impact to cost or health status related to this spending. Because of this, any discussion of the "plusses and minuses" of this spending would lead to speculation, and MVP does not have any comment.

If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.



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July 9, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/03/24 regarding the above-mentioned rate filing. The response to your question is provided below.

*1. Are there any IRS-mandated plan design changes that impact any plan's filed premium rates?*

Response: No, our initially submitted premiums reflect plan benefits that comply with the IRS QHDHP and federal ACA requirements.

*2. Follow-up to Objection #2, Question 2 – In the latter half of the question, we were inquiring about the drivers of the decrease in Rx trend from the prior approved filing (7.3% in this filing vs 8.6% approved in the prior filing). MVP explained that they expect the greater morbidity and increased utilization of specialty drugs, as observed in the historical trends, to continue, however, are projecting a lower Rx trend compared to all three prior approved filings from 2023-2021. Please provide further justification for the decrease in Rx trend from the prior approved filings.*

Response: MVP primarily relies on the Rx trends supplied by the PBM. This is their best estimate of the trend for each year as time progresses and more information is obtained. As you can see from the bottom of Exhibit 2a, the 2024 trend is lower than what was projected in the prior filing (approximately 5.2% instead of 6.3%). The 2024 trend is particularly low when compared to the preceding years, with trends that are lower than typical for drugs associated with [REDACTED]. The 2025 trend is an increase over 2024 (approximately 9.4%). The 2024 and 2025 trend estimates are both used to develop the annualized allowed trend of 7.3%.

*3. Follow-up to Objection #1, Question 22 – Given MVP has had materially unfavorable actual-to-expected profit from 2021-2023, please address the following:*

- a. What are the primary drivers of the lower-than-expected underwriting losses?*
- b. Are the primary drivers expected to continue into 2025?*
- c. Discuss how MVP has considered and adjusted for the historical losses in the development of the proposed premium rates.*



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Response:

a. The drivers of underwriting losses are difficult to pin down in a market that is risk adjusted. For example, MVP has (during the 2021 to 2023 period) seen their risk adjustment payment decrease (which would indicate a population that is utilizing services at a greater rate than the market). That would lead to a higher utilization trend than was projected in the premium rates but may (or may not) lead to underwriting losses, and MVP has not performed any analysis to determine what share of losses can be attributed to specific services post-risk adjustment.

However, MVP can point to areas where trends have been higher than expected as areas where losses may have been sustained. These include: the severity of inpatient and outpatient claims and both unit cost and utilization of brand and specialty pharmacy. It's not clear to what extent these are driving specific losses, but they have been identified as areas where the actual trend has outpaced projected trend.

Next, MVP's actual admin is higher than the admin assumed in premium rates during that period. This has happened for several reasons, including mandated reductions to the available admin expense built into premium rates (in 2021), unforeseen expenses and inflationary pressures, additional spending on strategic initiatives, and changes in the allocation of expenses to MVP's varying lines of business. This has contributed generally to 0.0%-0.5% of the actual vs. projected margin shortfall.

MVP would also note that cuts to our premium rates that are outside of the scope of explicit reductions to margin were not captured in the table in the original response. Any cuts to items such as utilization trend, assumptions related to COVID or methodology do not reduce MVP's filed margin assumption, but they have the functional impact of reducing margin by reducing premium collected (often with no recourse for reducing the related expense).

Finally, every assumption that MVP makes within a given filing is truly a point estimate within a range of possible outcomes. MVP does not always choose the point estimate which provides for equally likely gains and losses but must consider outside factors such as competitive positioning when setting the assumptions. Assumptions that fall within the range of actuarial soundness (as defined by Actuarial Standards of Practice) may have potential downside risks associated with them. Without pointing to specific examples, MVP generally falls on the "aggressive" side when setting assumptions ("aggressive", in this case, meaning assumptions which will provide a lower premium rate for the consumer).

b. MVP does not have the ability to predict whether the higher-than-expected losses are going to persist into 2025.

c. MVP generally does not explicitly account for historical losses in the development of premium rates, as those premium rates should reflect the experience expected to occur in the rating year. Said differently, MVP is not considering losses from 2021 or 2022 in the development of premium rates for 2025 (which use 2023 experience as their base).

Losses from 2023 would implicitly be taken into consideration, as they are included in the experience period used to derive rates. Said differently, if MVP's actual trend for 2023 (compared to 2022) is X% higher than what was expected in the previous rate filing, that X% shortfall is taken into consideration through a higher-than-expected starting point for claims.



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For specific drivers of higher-than-expected medical or pharmacy utilization, MVP may take those into account when developing assumptions (if they are of sufficient magnitude and should be expected to persist into the rating period).

If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "E. Bachner", is positioned below the word "Sincerely,".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.





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July 12, 2024

Michael Barber  
 General Counsel  
 Green Mountain Care Board

Re: 2025 Vermont Exchange Rate Filing - Individual  
 SERFF Tracking #: MVPH-134081032  
 2025 Vermont Exchange Rate Filing – Small Group  
 SERFF Tracking #: MVPH-134081005

Dear Mr. Barber:

This letter is in response to your correspondence received 06/13/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Provide MVP’s Supplemental Health Care Exhibit and Annual Statement Key Pages for 2023.

Response: Please see the attached document, “MVPHP Financials”.

2. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by MVP under each alternative payment model category below across MVP’s individual and small group plans and identify the relevant program or payment arrangement(s).

Response: Please see the table below.

2023			
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Quality and Value			
1: FFS-No link to Quality & Value		\$162M	77%
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations		\$0	0%
2B: Pay for reporting		\$0	0%
2C: Pay for performance		\$0	0%
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings		\$0	0%



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3B: APMs with shared savings and downside risk	OneCare VT	\$48M	23%
3N: Risk based payments NOT linked to quality		\$0	0%
Category 4: Population-Based Payment			
4A: Condition-specific population-based payment		\$0	0%
4B: Comprehensive population-based payment		\$0	0%
<i>4B with reconciliation to FFS and ultimate accountability for TCOC</i>		\$0	0%
<i>4B with NO reconciliation to FFS</i>		\$0	0%
4C: Integrated finance & delivery system		\$0	0%
4N: Capitated payments NOT linked to quality		\$0	0%

3. Using the most recent calendar year of complete data for the populations covered by these filings, compare MVP’s average payment to primary care providers to MVP’s average payment to non-primary care providers. Please use NESCSCO definition 2 (Defined PCPs, All Services) and NESCSCO definition 4 (Defined PCPs, Selected OB/GYN Services) for this analysis and include non-claims-based payments as applicable.<sup>1</sup> See New England States Consortium Systems Organization, *The New England States’ All-Payer Report on Primary Care Payments* (Dec. 22, 2020), <https://nescso.org/wp-content/uploads/2021/02/NESCSCO-New-England-States-All-Payer-Report-on-Primary-Care-Payments-2020-12-22.pdf>.

Response: Based on 2023 data for MVP’s Vermont small group and individual populations, the average payment to PCPs was \$151 and non-PCPs was \$201. We used the definitions for PCP as described above, and non-PCPs include all the rest of physician claims besides drugs administered in office (for example, vaccines). This data only includes Vermont providers. Please keep in mind that the services performed by primary care providers and non-primary care providers differ in cost and complexity.

4. The Board’s 2024 QHP order required MVP to “report back to the GMCB describing the rates awarded to Board-regulated and non-Board-regulated entities and explaining how MVP considered and utilized affordability, access, and quality in negotiating rates.” In response to this requirement, MVP submitted a PowerPoint presentation on April 12, 2024. Please reproduce slide two of this presentation, clarify what the table reflects, and provide comparable data for non-Board regulated entities. Please also explain how MVP considered affordability, access, and quality in negotiating provider reimbursement rates.

Response: Please see the attached presentation, “CONFIDENTIAL MVP Revised Vermont Hospital Table July 2024”.

5. RAND recently released Round 5 of its Hospital Price Transparency Study. See RAND, *Hospital Price Transparency Study Round 5*, <https://www.rand.org/health-care/projects/hospital-pricing/round5.html>. The data shows Vermont being above the national benchmark on several metrics, such as outpatient facility plus physician price and total facility plus physician price. The accompanying research report also shows that Vermont had the highest State-Level



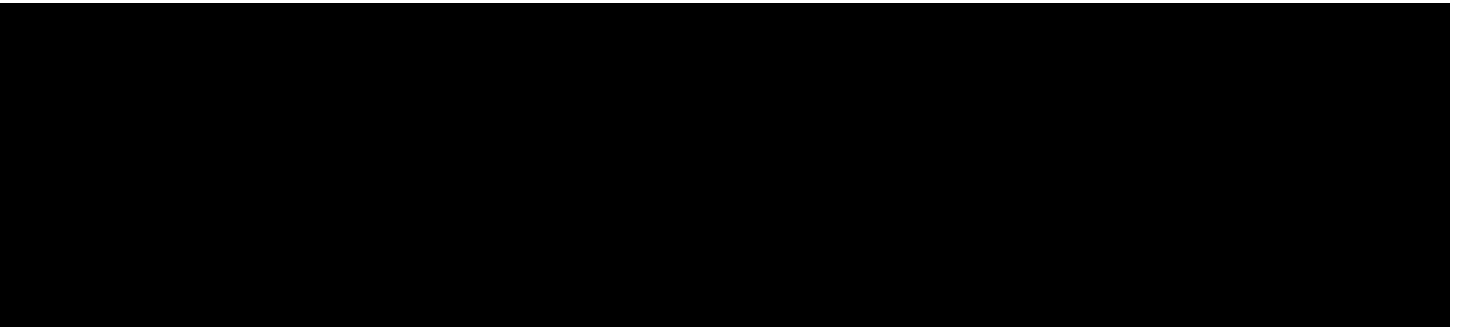
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*Hospital-Administered Commercial Drug Price Relative to ASP of any state. See Christopher M. Waley, Rose Kerber, Daniel Wang, Aaron Kofner, and Brian Briscoombe, Prices Paid to Hospitals by Private Health Plans: Findings from Round 5 of an Employer-Led Transparency Initiative, 22. Describe how MVP interprets these findings and whether they are consistent with or vary from any similar analyses or studies MVP has done or accessed. Describe how MVP can leverage information in this study.*

Response: MVP notes that these findings are consistent with comparison across our commercial block of business. Vermont providers have consistently higher costs as compared to our New York providers on both facility and physician, including drug prices for physician-purchased drugs. The Vermont commercial drug reimbursement is significantly above NY, in some cases 50% to 100% more.

MVP uses the data to leverage and limit rate increases with the hospitals and educate each specific hospital on how their costs compare across our entire network. The goal is to get each hospital to a benchmark average and reduce higher outlying costs and trend renewals.

*6. Explain in detail how charge increases get applied within the categories of inpatient, outpatient, and physician services. Is it completely up to the hospital? Is it a matter that is or can be negotiated? Has MVP observed any patterns or trends related to how charge increases are applied at the service level?*



If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.

**ANNUAL STATEMENT**

**OF THE**

**MVP Health Plan, Inc.**

**of**

**Schenectady**

**in the state of**

**New York**

**TO THE**

**Insurance Department**

**OF THE STATE OF**

**New York**

**For the Year Ended**  
**DECEMBER 31, 2023**

**2023**

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	282,318,771		282,318,771	276,937,623
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	2,000,000		2,000,000	2,000,000
2.2 Common stocks .....	41,230,963		41,230,963	28,627,957
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....1,454,278, Schedule E-Part 1), cash equivalents (\$.....138,513,439, Schedule E-Part 2) and short-term investments (\$.....2,351,508, Schedule DA) .....	142,319,226		142,319,226	119,673,193
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....	89,716		89,716	29,652
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....	100,000,000		100,000,000	75,000,000
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	567,958,676		567,958,676	502,268,425
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,665,032		1,665,032	1,475,143
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	109,638,585		109,638,585	78,734,219
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....626,578) and contracts subject to redetermination (\$.....3,211,904) .....	3,838,482		3,838,482	11,217,303
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	9,185,246		9,185,246	20,768,506
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	17,841,922	16,109,007	1,732,915	3,471,494
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	8,989,517	8,989,517		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	89,536		89,536	2,019,873
24. Health care (\$.....167,662,582) and other amounts receivable .....	167,662,582		167,662,582	162,809,130
25. Aggregate write-ins for other-than-invested assets .....	14,929,528	13,090,746	1,838,782	257,081
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	901,799,106	38,189,270	863,609,836	783,021,174
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	901,799,106	38,189,270	863,609,836	783,021,174
<b>DETAILS OF WRITE-INS</b>				
1101. HSC 1307 Loan .....	100,000,000		100,000,000	75,000,000
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	100,000,000		100,000,000	75,000,000
2501. Prepaid Expense .....	13,071,028	13,071,028		
2502. Deposits .....	19,718	19,718		
2503. Miscellaneous Receivable .....	1,835,113		1,835,113	253,268
2598. Summary of remaining write-ins for Line 25 from overflow page .....	3,669		3,669	3,813
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	14,929,528	13,090,746	1,838,782	257,081

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	293,961,507		293,961,507	262,951,982
2. Accrued medical incentive pool and bonus amounts .....	12,476,433		12,476,433	15,351,830
3. Unpaid claims adjustment expenses .....	6,011,000		6,011,000	6,061,710
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	54,136,680		54,136,680	32,853,209
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	6,025,223		6,025,223	7,983,073
9. General expenses due or accrued .....	13,799,636		13,799,636	19,687,069
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	59,848		59,848	262,211
10.2 Net deferred tax liability .....	3,063,255		3,063,255	2,150,954
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	36,764,871		36,764,871	9,696,250
16. Derivatives .....				
17. Payable for securities .....				344,213
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....	14,475,064		14,475,064	12,223,870
24. TOTAL Liabilities (Lines 1 to 23) .....	440,773,517		440,773,517	369,566,371
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X		
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X	297,192,139	306,163,230
31. Unassigned funds (surplus) .....	X X X	X X X	125,644,180	107,291,572
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	422,836,319	413,454,802
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	863,609,836	783,021,173
<b>DETAILS OF WRITE-INS</b>				
2301. Payable to CMS .....	13,376,132		13,376,132	10,696,940
2302. Preventative In-Home Assessments Payable .....	1,098,932		1,098,932	1,526,930
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	14,475,064		14,475,064	12,223,870
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. New York State Statutory Deposit .....	X X X	X X X	285,046,335	293,463,243
3002. Vermont State Statutory Deposit .....	X X X	X X X	12,145,804	12,699,987
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X	297,192,139	306,163,230

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	X X X	4,874,133	4,992,793
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	3,034,492,322	3,136,705,960
3. Change in unearned premium reserves and reserve for rate credits .....	X X X	(901,526)	6,102,405
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. TOTAL Revenues (Lines 2 to 7) .....	X X X	3,033,590,796	3,142,808,365
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		2,001,168,650	1,885,382,690
10. Other professional services .....		305,878,650	296,941,338
11. Outside referrals .....			
12. Emergency room and out-of-area .....		113,047,819	101,219,986
13. Prescription drugs .....		284,465,729	508,655,777
14. Aggregate write-ins for other hospital and medical .....		61,933,795	58,160,362
15. Incentive pool, withhold adjustments and bonus amounts .....		8,328,782	29,127,026
16. Subtotal (Lines 9 to 15) .....		2,774,823,425	2,879,487,179
<b>Less:</b>			
17. Net reinsurance recoveries .....		24,409,285	13,280,644
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		2,750,414,140	2,866,206,535
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....47,976,482 cost containment expenses .....		61,145,504	71,413,625
21. General administrative expenses .....		203,760,480	188,532,664
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		25,637,295	(22,743,338)
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		3,040,957,419	3,103,409,486
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(7,366,623)	39,398,879
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		19,303,672	8,078,430
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		(5,940,059)	(1,817,317)
27. Net investment gains (losses) (Lines 25 plus 26) .....		13,363,613	6,261,113
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....		72,571	(127,143)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	6,069,561	45,532,849
31. Federal and foreign income taxes incurred .....	X X X	832,983	295,277
32. Net income (loss) (Lines 30 minus 31) .....	X X X	5,236,578	45,237,572
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. Equipment .....		60,737,717	56,116,730
1402. Contraceptive .....		1,196,078	2,043,632
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		61,933,795	58,160,362
2901. Other Income .....		72,571	(127,143)
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....		72,571	(127,143)

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	413,454,802	379,571,899
34. Net income or (loss) from Line 32 .....	5,236,578	45,237,572
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	6,204,009	(6,840,970)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(2,059,071)	(4,513,700)
40. Change in unauthorized and certified reinsurance .....		
41. Change in treasury stock .....		
42. Change in surplus notes .....		
43. Cumulative effect of changes in accounting principles .....		
44. Capital Changes:		
44.1 Paid in .....		
44.2 Transferred from surplus (Stock Dividend) .....		
44.3 Transferred to surplus .....		
45. Surplus adjustments:		
45.1 Paid in .....		
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	9,381,516	33,882,902
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	422,836,318	413,454,801
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		



**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	3,030,292,398	3,066,888,473
2. Net investment income .....	19,211,865	8,505,734
3. Miscellaneous income .....		
4. TOTAL (Lines 1 through 3) .....	3,049,504,263	3,075,394,207
5. Benefit and loss related payments .....	2,736,334,047	2,820,092,804
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	270,771,556	262,969,774
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	123,045	251,115
10. TOTAL (Lines 5 through 9) .....	3,007,228,648	3,083,313,693
11. Net cash from operations (Line 4 minus Line 10) .....	42,275,615	(7,919,486)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	116,163,384	78,867,713
12.2 Stocks .....	6,502,162	4,402,676
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7 Miscellaneous proceeds .....	53,545	341,875
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	122,719,091	83,612,264
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	125,836,844	80,798,584
13.2 Stocks .....	14,700,534	2,957,810
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....	25,404,277	2,200
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6) .....	165,941,655	83,758,594
14. Net increase/(decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(43,222,564)	(146,330)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....	8,971,092	(14,515,041)
16.3 Borrowed funds .....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....	14,621,891	35,248,089
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	23,592,983	20,733,048
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	22,646,034	12,667,232
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	119,673,193	107,005,961
19.2 End of year (Line 18 plus Line 19.1) .....	142,319,226	119,673,193

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001			
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**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

BUSINESS IN THE STATE OF New York DURING THE YEAR 2023

NAIC Company Code 95521

Supp216-1 New York

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	171,265,890	37,994,392	209,894,259							1,437,708,306	204,677,015	718,180,354	2,779,720,216	X X X	2,779,720,216
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	171,265,890	37,994,392	209,894,259							1,437,708,306	204,677,015	718,180,354	2,779,720,216	X X X	2,779,720,216
1.5 Federal taxes and federal assessments	125,897	31,605	64,065								76,209		297,776		297,776
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)	1,516,576	243,194	1,324,177							1,254,815	1,285,242		5,624,004		5,624,004
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	843,861	187,206	1,012,591							41,098	5,851	20,530	2,111,137		2,111,137
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	168,779,556	37,532,387	207,493,426							1,436,412,393	203,309,713	718,159,824	2,771,687,299	X X X	2,771,687,299
1.9 Net assumed less ceded reinsurance premiums earned (170,136)	(170,136)	(43,818)	(275,225)							(10,330,685)	(680,777)	(558,591)	(12,059,232)	X X X	(12,059,232)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	168,609,420	37,488,569	207,218,201							1,426,081,708	202,628,936	717,601,233	2,759,628,067	X X X	2,759,628,067
2. Claims:															
2.1 Incurred claims excluding prescription drugs	131,412,908	29,970,328	148,128,765							1,170,492,704	130,405,729	626,447,194	2,236,857,628	X X X	2,236,857,628
2.2 Prescription drugs	50,436,790	9,243,347	46,258,429							97,144,495	51,779,540	163,942,308	418,804,909	X X X	418,804,909
2.3 Pharmaceutical rebates	17,816,958	5,803,147	19,445,034							4,322,244	17,352,524	99,912,526	164,652,433	X X X	164,652,433
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	7,755,213	816,727	7,190,888							34,147,130	5,470,181		55,380,139	X X X	55,380,139
3. Incurred medical incentive pools and bonuses	504,452	150,545	1,358,395							12,420,376	268,363	(7,075,465)	7,626,666	X X X	7,626,666
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1,344	384	2,506							309,904	31,249	251,790	597,177		597,177
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	164,537,192	33,561,073	176,300,555							1,275,735,331	165,101,108	683,401,511	2,498,636,770	X X X	2,498,636,770
5.1 Net assumed less ceded reinsurance claims incurred	(1,097,115)	(950,416)	(319,958)							(19,732,976)	(950,698)	(1,350,533)	(24,401,696)	X X X	(24,401,696)
5.2 Other adjustments due to MLR calculations - Claims	2,463,244	167,771	(417,544)							2,356,509		15,162,309	19,732,289	X X X	19,732,289
5.3 Rebates Paid			4,383,888							X X X	X X X		4,383,888	X X X	4,383,888
5.4 Estimated rebates unpaid prior year			3,966,344							X X X	X X X		3,966,344	X X X	3,966,344
5.5 Estimated rebates unpaid current year										X X X	X X X			X X X	
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	165,903,321	32,778,428	175,980,597							1,258,358,864	164,150,410	697,213,287	2,494,384,907	X X X	2,494,384,907
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	539,711	119,637	563,339							9,088,845	887,958	4,278,055	15,477,545		15,477,545
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	559,353	93,363	392,255							1,820,767	469,349	2,677,712	6,012,799		6,012,799
6.4 Wellness and health promotion activities	91,985	23,471	90,233							357,609	47,871	812,568	1,423,737		1,423,737
6.5 Health Information Technology expenses related to health improvement	33,739	6,434	27,455							356,313	34,346	140,502	598,789		598,789
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	1,224,788	242,905	1,073,282							11,623,534	1,439,523	7,908,837	23,512,870		23,512,870
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.982	0.901	0.855							X X X	X X X	0.963	X X X	X X X	X X X
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	2,619,615	370,495	1,485,508							17,004,110	2,626,709	13,487,627	37,594,064		37,594,064
8.2 All other claims adjustment expenses	903,678	198,937	911,494							6,390,480	887,979	2,530,341	11,822,909		11,822,909
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	3,523,293	569,432	2,397,002							23,394,590	3,514,688	16,017,968	49,416,973		49,416,973
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.021	0.015	0.012							0.016	0.017	0.022	X X X	X X X	X X X

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	350,586	72,713	324,326							601,293		2,054,182	3,403,100		3,403,100
10.2 Agents and brokers fees and commissions	1,078,845	1,610,222	2,920,479							827		4,217,877	9,828,250		9,828,250
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	10,372,260	2,162,192	8,229,443							80,187,824	8,635,613	42,097,976	151,685,308		151,685,308
10.4A Community Benefit Expenditures (informational only)	54,290	13,982	54,367							593,606	69,216	243,352	1,028,813		1,028,813
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	11,801,691	3,845,127	11,474,248							80,789,944	8,635,613	48,370,035	164,916,658		164,916,658
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(13,843,673)	52,677	16,293,072							51,914,776	24,888,702	(51,908,894)	27,396,659	X X X	27,396,659
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	13,436,184	X X X	13,436,184
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	832,983	X X X	832,983
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	39,999,860	X X X	39,999,860
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies	15,380	3,677	10,091							213,916	31,252	55,474	329,790		329,790
2. Number of Covered Lives	22,400	5,350	22,148							222,174	31,252	55,474	358,798		358,798
3. Number of Groups	X X X	1,017	84	X X X						14		183	1,298		1,298
4. Member Months	261,748	67,412	262,119							2,861,969	333,714	669,301	4,456,263		4,456,263

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 New York

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	2,528,740	(7,516,348)	24,850	3,436
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			3,487,014	(6,317,854)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

**BUSINESS IN THE STATE OF New York DURING THE YEAR 2023**

**NAIC Group Code 1198**

**NAIC Company Code 95521**

		Business Subject to MLR								10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						9 Student Health Plans
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned:													
1.1	Direct premiums written	171,733,399	38,086,626	210,311,424						1,442,059,728	205,062,823	718,180,354	2,785,434,354	
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits			4,383,888									4,383,888	
1.6	Reserve for rate credits current year									138,730		5,829,136	5,967,866	
1.7	Reserve for rate credits prior year			5,348,344						138,730			5,487,074	
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)			(5,348,344)								5,829,136	480,792	
1.9	Premium balances written off	467,509	92,234	417,165						4,351,422	385,808		5,714,138	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	171,265,890	37,994,392	209,894,259						1,437,708,306	204,677,015	718,180,354	2,779,720,216	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	170,136	43,818	275,225						10,330,685	680,777	558,591	12,059,232	
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	171,095,754	37,950,574	210,583,490						1,427,377,621	203,996,238	711,792,627	2,762,796,304	
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	161,605,819	37,124,087	175,745,695						1,250,913,427	169,729,241	670,158,256	2,465,276,525	
2.2	Direct claim liability current year	20,353,613	6,532,529	15,401,407						128,856,589	18,017,567	70,286,831	259,448,536	
2.3	Direct claim liability prior year	14,441,754	9,014,776	12,705,623						125,296,722	20,645,474	55,315,629	237,419,978	
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits			4,383,888									4,383,888	
2.9	Reserve for rate credits current year									138,730		5,829,136	5,967,866	
2.10	Reserve for rate credits prior year			5,348,344						138,730			5,487,074	
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	504,452	150,545	1,358,395						12,420,376	268,363	(7,075,465)	7,626,666	
2.11A	Paid medical incentive pools and bonuses current year	3,265,837	71,106	2,657,974						11,852,462	644,012	(7,718,189)	10,773,202	
2.11B	Accrued medical incentive pools and bonuses current year	614,356	479,234	2,133,824						6,254,387	129,489	2,749,851	12,361,141	
2.11C	Accrued medical incentive pools and bonuses prior year	3,375,741	399,795	3,433,403						5,686,473	505,138	2,107,127	15,507,677	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	3,484,938	1,231,311	2,534,864						(8,841,661)	2,268,588	481,617	1,159,657	
2.12A	Healthcare receivables current year	13,724,300	2,921,992	11,455,453						2,145,279	10,653,964	80,733,422	121,634,410	
2.12B	Healthcare receivables prior year	10,239,362	1,690,681	8,920,589						10,986,940	8,385,376	80,251,805	120,474,753	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	164,537,192	33,561,074	176,300,554						1,275,735,331	165,101,109	683,401,512	2,498,636,772	
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,097,115	950,416	319,958						19,732,976	950,698	1,350,533	24,401,696	
2.19	Other Adjustments due to MLR calculation - Claims	2,463,244	167,771							2,356,509		15,162,309	20,149,833	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	165,903,321	32,778,429	176,945,052						1,258,358,864	164,150,411	691,384,152	2,489,520,229	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1,344	384	2,506						309,904	31,249	251,790	597,177	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp216.3 New York

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305



NAIC Group Code 1198

BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023

NAIC Company Code 95521

Supp216.1 Vermont

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	95,210,746	121,951,925	12,284,508								63,280	41,990,770	271,501,229	X X X	271,501,229
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	95,210,746	121,951,925	12,284,508								63,280	41,990,770	271,501,229	X X X	271,501,229
1.5 Federal taxes and federal assessments	67,854	101,601	5,505										174,960		174,960
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	2,862	3,666	370								2	1,262	8,162		8,162
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	95,140,030	121,846,658	12,278,633								63,278	41,989,508	271,318,107	X X X	271,318,107
1.9 Net assumed less ceded reinsurance premiums earned	(84,636)	(125,401)	(18,935)									(57,034)	(286,006)	X X X	(286,006)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	95,055,394	121,721,257	12,259,698											X X X	
2. Claims:															
2.1 Incurred claims excluding prescription drugs	80,154,657	107,755,576	10,552,541								41,346	46,328,577	244,832,697	X X X	244,832,697
2.2 Prescription drugs	17,124,102	26,123,238	2,154,123									9,977,942	55,379,405	X X X	55,379,405
2.3 Pharmaceutical rebates	6,716,276	10,711,563	1,382,503									6,255,810	25,066,152	X X X	25,066,152
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1,598,886	2,079,943	181,603										3,860,432	X X X	3,860,432
3. Incurred medical incentive pools and bonuses	452,666	695,877	52,520									(498,945)	702,118	X X X	702,118
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		11,691											11,691		11,691
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	91,015,149	123,863,128	11,376,681								41,346	49,551,764	275,848,068	X X X	275,848,068
5.1 Net assumed less ceded reinsurance claims incurred	(7,651)	63											(7,588)	X X X	(7,588)
5.2 Other adjustments due to MLR calculations - Claims		197,641										5,289,821	5,487,462	X X X	5,487,462
5.3 Rebates Paid											X X X	X X X		X X X	
5.4 Estimated rebates unpaid prior year											X X X	X X X		X X X	
5.5 Estimated rebates unpaid current year											X X X	X X X		X X X	
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	91,007,498	124,060,832	11,376,681								41,346	54,841,585	281,327,942	X X X	281,327,942
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	292,121	397,232	40,073								5	348,083	1,077,514		1,077,514
6.2 Activities to prevent hospital readmissions												131,696	507,172		507,172
6.3 Improve patient safety and reduce medical errors	143,295	212,006	20,175									81,826	200,660		200,660
6.4 Wellness and health promotion activities	45,463	67,154	6,217									5,409	48,452		48,452
6.5 Health Information Technology expenses related to health improvement	16,033	24,945	2,065												
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	496,912	701,337	68,530								5	567,014	1,833,798		1,833,798
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.962	1.022	0.932								X X X	X X X	1.194	X X X	X X X
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,691,937	1,042,888	103,445								839	899,674	3,738,783		3,738,783
8.2 All other claims adjustment expenses	449,976	623,897	56,369								85	215,764	1,346,091		1,346,091
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	2,141,913	1,666,785	159,814								924	1,115,438	5,084,874		5,084,874
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.023	0.014	0.013								0.015	0.027	X X X	X X X	X X X

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	174,403	208,095	69,891									173,490	625,879		625,879
10.2 Agents and brokers fees and commissions			252,976								784	382,664	636,424		636,424
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	4,440,970	6,774,338	617,440								5,883	4,447,840	16,286,471		16,286,471
10.4A Community Benefit Expenditures (informational only)	27,007	40,015	3,740								2,002	24,376	97,140		97,140
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	4,615,373	6,982,433	940,307								6,667	5,003,994	17,548,774		17,548,774
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(3,206,302)	(11,690,130)	(285,634)								14,336	(19,595,557)	(34,763,287)	X X X	(34,763,287)
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(34,763,287)	X X X	(34,763,287)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies	7,484	9,790	796									514	5,791	24,375	24,375
2. Number of Covered Lives	10,371	15,963	1,337									805	5,791	34,267	34,267
3. Number of Groups	X X X	1,247	8	X X X								81	2	1,338	1,338
4. Member Months	130,209	192,924	18,033									9,653	67,051	417,870	417,870

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 Vermont

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(8,125,558)	(5,778,869)	180	5
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			(12,259,723)	(9,633,904)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

**BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023**

NAIC Group Code 1198

NAIC Company Code 95521

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned:													
1.1	Direct premiums written	95,504,205	122,438,617	12,309,164							63,280	41,990,770	272,306,036	
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year											456,050	456,050	
1.7	Reserve for rate credits prior year			35,316									35,316	
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)			(35,316)								456,050	420,734	
1.9	Premium balances written off	293,459	486,692	24,656									804,807	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	95,210,746	121,951,925	12,284,508							63,280	41,990,770	271,501,229	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	84,636	125,401	18,935								57,034	286,006	
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	95,126,110	121,826,524	12,300,889							63,280	41,477,686	270,794,489	
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	88,371,885	123,564,570	10,723,271								41,346	268,207,826	
2.2	Direct claim liability current year	12,371,851	13,595,987	2,137,112								6,408,018	34,512,968	
2.3	Direct claim liability prior year	9,796,098	13,295,787	1,087,897								1,352,222	25,532,004	
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year											456,050	456,050	
2.10	Reserve for rate credits prior year			35,316									35,316	
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	452,666	695,877	52,520								(498,945)	702,118	
2.11A	Paid medical incentive pools and bonuses current year	462,030	738,047	50,572								(507,978)	742,671	
2.11B	Accrued medical incentive pools and bonuses current year	42,384	61,036	2,661								9,212	115,293	
2.11C	Accrued medical incentive pools and bonuses prior year	51,748	103,206	713								179	155,846	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	385,155	697,520	413,011								967,891	2,463,577	
2.12A	Healthcare receivables current year	4,269,995	6,677,873	920,618								1,660,453	13,528,939	
2.12B	Healthcare receivables prior year	3,884,840	5,980,353	507,607								692,562	11,065,362	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	91,015,149	123,863,127	11,376,679								41,346	49,551,764	275,848,065
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	7,651	(63)										7,588	
2.19	Other Adjustments due to MLR calculation - Claims		197,641									5,289,821	5,487,462	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	91,007,498	124,060,831	11,411,995							41,346	54,385,535	280,907,205	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		11,691										11,691	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....63,280 for stand-alone vision policies.

Supp216.3 Vermont

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305



NAIC Group Code 1198

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023

NAIC Company Code 95521

Supp216.1 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	266,476,636	159,946,317	222,178,767							1,437,708,306	204,740,295	760,171,124	3,051,221,445	X X X	3,051,221,445
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	266,476,636	159,946,317	222,178,767							1,437,708,306	204,740,295	760,171,124	3,051,221,445	X X X	3,051,221,445
1.5 Federal taxes and federal assessments	193,751	133,206	69,570								76,209		472,736		472,736
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)	1,516,576	243,194	1,324,177							1,254,815	1,285,242		5,624,004		5,624,004
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	846,723	190,872	1,012,961							41,098	5,853	21,792	2,119,299		2,119,299
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	263,919,586	159,379,045	219,772,059							1,436,412,393	203,372,991	760,149,332	3,043,005,406	X X X	3,043,005,406
1.9 Net assumed less ceded reinsurance premiums earned	(254,772)	(169,219)	(294,160)							(10,330,685)	(680,777)	(615,625)	(12,345,238)	X X X	(12,345,238)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	263,664,814	159,209,826	219,477,899							1,426,081,708	202,692,214	759,533,707	3,030,660,168	X X X	3,030,660,168
2. Claims:															
2.1 Incurred claims excluding prescription drugs	211,567,565	137,725,904	158,681,306							1,170,492,704	130,447,075	672,775,771	2,481,690,325	X X X	2,481,690,325
2.2 Prescription drugs	67,560,892	35,366,585	48,412,552							97,144,495	51,779,540	173,920,250	474,184,314	X X X	474,184,314
2.3 Pharmaceutical rebates	24,533,234	16,514,710	20,827,537							4,322,244	17,352,524	106,168,336	189,718,585	X X X	189,718,585
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	9,354,099	2,896,670	7,372,491							34,147,130	5,470,181		59,240,571	X X X	59,240,571
3. Incurred medical incentive pools and bonuses	957,118	846,422	1,410,915							12,420,376	268,363	(7,574,410)	8,328,784	X X X	8,328,784
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1,344	12,075	2,506							309,904	31,249	251,790	608,868		608,868
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	255,552,341	157,424,201	187,677,236							1,275,735,331	165,142,454	732,953,273	2,774,484,838	X X X	2,774,484,838
5.1 Net assumed less ceded reinsurance claims incurred	(1,104,766)	(950,353)	(319,958)							(19,732,976)	(950,698)	(1,350,533)	(24,409,284)	X X X	(24,409,284)
5.2 Other adjustments due to MLR calculations - Claims	2,463,244	365,412	(417,544)							2,356,509		20,452,130	25,219,751	X X X	25,219,751
5.3 Rebates Paid			4,383,888							X X X	X X X		4,383,888	X X X	4,383,888
5.4 Estimated rebates unpaid prior year			3,966,344							X X X	X X X		3,966,344	X X X	3,966,344
5.5 Estimated rebates unpaid current year										X X X	X X X			X X X	
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	256,910,819	156,839,260	187,357,278							1,258,358,864	164,191,756	752,054,872	2,775,712,849	X X X	2,775,712,849
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	831,832	516,869	603,412							9,088,845	887,963	4,626,138	16,555,059		16,555,059
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	702,648	305,369	412,430							1,820,767	469,349	2,809,408	6,519,971		6,519,971
6.4 Wellness and health promotion activities	137,448	90,625	96,450							357,609	47,871	894,394	1,624,397		1,624,397
6.5 Health Information Technology expenses related to health improvement	49,772	31,379	29,520							356,313	34,346	145,911	647,241		647,241
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	1,721,700	944,242	1,141,812							11,623,534	1,439,528	8,475,851	25,346,668		25,346,668
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.975	0.994	0.859							X X X	X X X	0.976	X X X	X X X	X X X
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,311,552	1,413,383	1,588,953							17,004,110	2,627,548	14,387,301	41,332,847		41,332,847
8.2 All other claims adjustment expenses	1,353,654	822,834	967,863							6,390,480	888,064	2,746,105	13,169,000		13,169,000
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	5,665,206	2,236,217	2,556,816							23,394,590	3,515,612	17,133,406	54,501,847		54,501,847
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.021	0.014	0.012							0.016	0.017	0.023	X X X	X X X	X X X



**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	524,989	280,808	394,217							601,293		2,227,672	4,028,979		4,028,979
10.2 Agents and brokers fees and commissions	1,078,845	1,610,222	3,173,455							827	784	4,600,541	10,464,674		10,464,674
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	14,813,230	8,936,530	8,846,883							80,187,824	8,641,496	46,545,816	167,971,779		167,971,779
10.4A Community Benefit Expenditures (informational only)	81,297	53,997	58,107							593,606	71,218	267,728	1,125,953		1,125,953
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	16,417,064	10,827,560	12,414,555							80,789,944	8,642,280	53,374,029	182,465,432		182,465,432
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(17,049,975)	(11,637,453)	16,007,438							51,914,776	24,903,038	(71,504,451)	(7,366,628)	X X X	(7,366,628)
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	13,436,184	X X X	13,436,184
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	832,983	X X X	832,983
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	5,236,573	X X X	5,236,573
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies	22,864	13,467	10,887							213,916	31,766	61,265	354,165		354,165
2. Number of Covered Lives	32,771	21,313	23,485							222,174	32,057	61,265	393,065		393,065
3. Number of Groups	X X X	2,264	92	X X X						14	81	185	2,636		2,636
4. Member Months	391,957	260,336	280,152							2,861,969	343,367	736,352	4,874,133		4,874,133

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(5,596,818)	(13,295,217)	25,030	3,441
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			(8,772,709)	(15,951,758)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

**BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023**

NAIC Group Code 1198

NAIC Company Code 95521

Supp216.3 Grand Total

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
1.1	Direct premiums written	267,237,604	160,525,243	222,620,588							1,442,059,728	205,126,103	760,171,124	3,057,740,390
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits			4,383,888										4,383,888
1.6	Reserve for rate credits current year										138,730		6,285,186	6,423,916
1.7	Reserve for rate credits prior year			5,383,660							138,730			5,522,390
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)			(5,383,660)									6,285,186	901,526
1.9	Premium balances written off	760,968	578,926	441,821							4,351,422	385,808		6,518,945
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	266,476,636	159,946,317	222,178,767							1,437,708,306	204,740,295	760,171,124	3,051,221,445
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	254,772	169,219	294,160							10,330,685	680,777	615,625	12,345,238
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	266,221,864	159,777,098	222,884,379							1,427,377,621	204,059,518	753,270,313	3,033,590,793
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	249,977,704	160,688,657	186,468,966							1,250,913,427	169,770,587	715,665,010	2,733,484,351
2.2	Direct claim liability current year	32,725,464	20,128,516	17,538,519							128,856,589	18,017,567	76,694,849	293,961,504
2.3	Direct claim liability prior year	24,237,852	22,310,563	13,793,520							125,296,722	20,645,474	56,667,851	262,951,982
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits			4,383,888										4,383,888
2.9	Reserve for rate credits current year										138,730		6,285,186	6,423,916
2.10	Reserve for rate credits prior year			5,383,660							138,730			5,522,390
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	957,118	846,422	1,410,915							12,420,376	268,363	(7,574,410)	8,328,784
2.11A	Paid medical incentive pools and bonuses current year	3,727,867	809,153	2,708,546							11,852,462	644,012	(8,226,167)	11,515,873
2.11B	Accrued medical incentive pools and bonuses current year	656,740	540,270	2,136,485							6,254,387	129,489	2,759,063	12,476,434
2.11C	Accrued medical incentive pools and bonuses prior year	3,427,489	503,001	3,434,116							5,686,473	505,138	2,107,306	15,663,523
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	3,870,093	1,928,831	2,947,875							(8,841,661)	2,268,588	1,449,508	3,623,234
2.12A	Healthcare receivables current year	17,994,295	9,599,865	12,376,071							2,145,279	10,653,964	82,393,875	135,163,349
2.12B	Healthcare receivables prior year	14,124,202	7,671,034	9,428,196							10,986,940	8,385,376	80,944,367	131,540,115
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	255,552,341	157,424,201	187,677,233							1,275,735,331	165,142,455	732,953,276	2,774,484,837
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,104,766	950,353	319,958							19,732,976	950,698	1,350,533	24,409,284
2.19	Other Adjustments due to MLR calculation - Claims	2,463,244	365,412								2,356,509		20,452,130	25,637,295
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	256,910,819	156,839,260	188,357,047							1,258,358,864	164,191,757	745,769,687	2,770,427,434
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1,344	12,075	2,506							309,904	31,249	251,790	608,868

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....63,280 for stand-alone vision policies.



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

July 17, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 07/15/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please provide the rating impact of assuming each of the following scenarios:
  - a. Hospital budgets are approved as recently submitted.
  - b. Hospital budgets are approved at zero unit cost change for FY2025.
  - c. Hospital budgets are approved at a uniform 10% unit cost increase for FY2025 for all facilities.

Response: The impact of scenarios a, b, and c on the total rate increase are 0.8%, -2.0%, and 2.8%, respectively. Please see the attached Excel workbook for updated trend derivations corresponding to each of the scenarios above. Regarding the recently submitted hospital budgets, we did not update the estimate for Brattleboro Retreat. We used the overall proposed increase for inpatient, outpatient, and professional services, unless otherwise specified in the narrative.

If you have any questions or require any additional information, please contact me at [ebachner@mvphhealthcare.com](mailto:ebachner@mvphhealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.

Question #1a Facility Trends

**Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Inpatient %	2024 IP Contract	2024 Trended IP %	2025 IP Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.9%</b>	<b>3.9%</b>	<b>50.5%</b>	<b>6.0%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>5.9%</b>	

**Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Outpatient %	2024 OP Contract	2024 Trended OP %	2025 OP Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.7%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>5.8%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>6.1%</b>	

Question #1a Physician Trends

**Derivation of Physician Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Physician %	2024 PHY		2025 PHY	
		Contract	2024 Trended PHY %	Contract	
UVMHC					
Rutland Regional					
CVMC					
Porter Hospital					
HealthFirst					
VT Community					
All Other Vermont					
VT PT-OT					
VT BH					
VT Chiro					
New Hampshire Participating					
Ambulatory - Ancillary					
DME - Ancillary					
Home Infusion - Ancillary					
Lab - Ancillary					
Rental/NY/Negotiated/Other					
<b>TOTAL</b>	<b>100.0%</b>	<b>1.7%</b>	<b>100.0%</b>		<b>2.7%</b>

Question #1b Facility Trends

**Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Inpatient %	2024 IP		2025 IP		Notes
		Contract	2024 Trended IP %	Contract		
Brattleboro Memorial Hospital						GMCB Rate effective 10/01/23
Brattleboro Retreat						GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center						GMCB Rate effective 10/01/23
Copley Hospital						GMCB Rate effective 10/01/23
Gifford Medical Center						GMCB Rate effective 10/01/23
Grace Cottage Hospital						GMCB Rate effective 10/01/23
Green Mountain Surgery Center						Best estimate of contract negotiation
Mt. Ascutney Hospital						GMCB Rate effective 10/01/23
North Country Hospital						GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital						GMCB Rate effective 10/01/23
Northwestern Medical Center						GMCB Rate effective 10/01/23
Porter Hospital						GMCB Rate effective 10/01/23
Rutland Regional						GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center						GMCB Rate effective 10/01/23
Springfield Hospital						GMCB Rate effective 10/01/23
University of Vermont Medical Center						GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)						Best estimate of contract negotiation
Rental/NY/Negotiated/Other						Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.9%</b>	<b>3.9%</b>	<b>50.5%</b>	<b>0.0%</b>		
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>2.9%</b>		

**Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Outpatient %	2024 OP		2025 OP		Notes
		Contract	2024 Trended OP %	Contract		
Brattleboro Memorial Hospital						GMCB Rate effective 10/01/23
Brattleboro Retreat						GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center						GMCB Rate effective 10/01/23
Copley Hospital						GMCB Rate effective 10/01/23
Gifford Medical Center						GMCB Rate effective 10/01/23
Grace Cottage Hospital						GMCB Rate effective 10/01/23
Green Mountain Surgery Center						Best estimate of contract negotiation
Mt. Ascutney Hospital						GMCB Rate effective 10/01/23
North Country Hospital						GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital						GMCB Rate effective 10/01/23
Northwestern Medical Center						GMCB Rate effective 10/01/23
Porter Hospital						GMCB Rate effective 10/01/23
Rutland Regional						GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center						GMCB Rate effective 10/01/23
Springfield Hospital						GMCB Rate effective 10/01/23
University of Vermont Medical Center						GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)						Best estimate of contract negotiation
Rental/NY/Negotiated/Other						Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.7%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>0.0%</b>		
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>1.8%</b>		

Question #1b Physician Trends

**Derivation of Physician Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Physician %	2024 PHY		2025 PHY	
		Contract	2024 Trended PHY %	Contract	
UVMC					
Rutland Regional					
CVMC					
Porter Hospital					
HealthFirst					
VT Community					
All Other Vermont					
VT PT-OT					
VT BH					
VT Chiro					
New Hampshire Participating					
Ambulatory - Ancillary					
DME - Ancillary					
Home Infusion - Ancillary					
Lab - Ancillary					
Rental/NY/Negotiated/Other					
<b>TOTAL</b>	<b>100.0%</b>	<b>1.7%</b>	<b>100.0%</b>		<b>0.8%</b>

Question #1c Facility Trends

**Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Inpatient %	2024 IP Contract	2024 Trended IP %	2025 IP Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.9%</b>	<b>3.9%</b>	<b>50.5%</b>	<b>10.0%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>7.9%</b>	

**Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Outpatient %	2024 OP Contract	2024 Trended OP %	2025 OP Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23
Brattleboro Retreat					GMCB Rate effective 01/01/24
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23
Green Mountain Surgery Center					Best estimate of contract negotiation
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23
Dartmouth-Hitchcock Medical Center (NH)					Best estimate of contract negotiation
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.7%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>10.0%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>9.2%</b>	



Question #1c Physician Trends

**Derivation of Physician Trends for VT Exchange, 2024-2025, by Provider**

Facility Name	Physician %	2024 PHY		2025 PHY	
		Contract	2024 Trended PHY %	Contract	
UVMMC					
Rutland Regional					
CVMC					
Porter Hospital					
HealthFirst					
VT Community					
All Other Vermont					
VT PT-OT					
VT BH					
VT Chiro					
New Hampshire Participating					
Ambulatory - Ancillary					
DME - Ancillary					
Home Infusion - Ancillary					
Lab - Ancillary					
Rental/NY/Negotiated/Other					
<b>TOTAL</b>	<b>100.0%</b>	<b>1.7%</b>	<b>100.0%</b>		<b>4.2%</b>

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/03/2024		Supporting Document	HCA Objection 4 Response	07/17/2024	REDACTED Response to 2025 VT Exchange Objection #4.pdf (Superseded)
07/02/2024		Supporting Document	L&E Objection 5 Response	07/17/2024	REDACTED Response to 2025 SG VT Exchange Objection #5 SERFF.pdf (Superseded) Support for 2025 SG Objection #5 SERFF.pdf Support for 2025 SG Objection #5 SERFF.xlsx VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766 v2_SERFF.xlsx Unified Rate Review VT SG 2025 H.766 v2.pdf Unified Rate Review VT SG 2025 H.766 v2.xlsm
06/19/2024		Supporting Document	L&E Objection 2 Response	07/17/2024	REDACTED Response to 2025 SG VT Exchange Objection #2.pdf (Superseded) REDACTED Support for 2025 SG Objection #2 SERFF.pdf REDACTED Support for 2025 SG Objection #2 SERFF.xlsx

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/07/2024		Supporting Document	L&E Objection 1 Response	07/17/2024	REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf (Superceded) REDACTED Support for 2025 SG Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.xlsx REDACTED Response to 2025 SG VT Exchange Objection #1 Q16.pdf (Superceded) Unified Rate Review VT SG 2025 H.766.pdf Unified Rate Review VT SG 2025 H.766.xlsm VT 2025 Exchange Rate Filing SMALL H.766_SERFF.pdf VT 2025 Exchange Rate Filing SMALL H.766_SERFF.xlsx
05/31/2024		Supporting Document	L&E Objection 1 Response	06/07/2024	REDACTED Response to 2025 SG VT Exchange Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.pdf REDACTED Support for 2025 SG Objection #1 SERFF.xlsx
05/09/2024		URRT	Unified Rate Review Template	08/13/2024	UnifiedRateReviewVTSG2025_2024 050914457.xml (Superceded)

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

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

Product Name: VT Small Group 2025

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/24/2024		Supporting Document	Actuarial Memorandum and Certifications	08/13/2024	Non-Standard AVC Screenshots 2025 VT.pdf Rate Increase Exhibit 2024-2025 SMALL_SERFF.pdf (Superceded) 2025 Actuarial Memorandum Vermont Exchange Small.pdf Actuarial Memo Dataset 2025 SMALL_SERFF.pdf Actuarial Memo Dataset 2025 SMALL_SERFF.xlsx Consumer-Disclosure-Form-2025-VT-Exchange-Small.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2025_05092024.pdf Rate Increase Exhibit 2024-2025 SMALL_SERFF.xlsx (Superceded) Unified Rate Review VT SG 2025.xlsm (Superceded) VT 2025 Exchange Rate Filing SMALL_SERFF.pdf (Superceded) VT 2025 Exchange Rate Filing SMALL_SERFF.xlsx (Superceded) VT Rx Data 2025 SMALL_SERFF.pdf VT Rx Data 2025 SMALL_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2024_03_06.pdf
04/24/2024		URRT	Other Supporting Documents	08/13/2024	Unified-Rate-Review-VT-SG-2025.pdf (Superceded)

SERFF Tracking #:

MVPH-134081005

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT Small Group 2025

Project Name/Number:

/

***Attachment UnifiedRateReviewVTSG2025\_2024050914457.xml is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2024-2025 SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified Rate Review VT SG 2025.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment VT 2025 Exchange Rate Filing SMALL\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***



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July 3, 2024

Michael Barber  
General Counsel  
Green Mountain Care Board

Re: 2025 Vermont Exchange Rate Filing - Individual  
SERFF Tracking #: MVPH-134081032  
2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Mr. Barber:

This letter is in response to your correspondence received 06/25/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please provide more information about the Well-Being Reimbursement program described on page 4 of the Actuarial Memorandum. What are the categories for which members can receive reimbursement? What method has MVP chosen to allow members to submit for reimbursement? Provide any evidence MVP possesses showing that the program is improving member health and lowering claims costs overall.*

Response: MVP's Well-Being Reimbursement program offers up to \$600 per Subscriber per year in reimbursements for items that will improve the health of our members in four different categories. The Social category includes things such as registration fees for walks/runs. The Surroundings category includes items such as ergonomic equipment to improve posture while working. The Physical category includes things such as healthy weight support programs, gym memberships and health monitoring devices. The Mind & Spirit category includes items such as stress-reduction classes and mindfulness apps. These show a commitment by MVP to improve the health of its members in all facets of their life.

Subscribers can submit for reimbursement by downloading and filling out the "Well-Being Reimbursement Request" form found in their member portal on <https://www.mvphealthcare.com/> and submitting the form and receipt(s) either by mail or email.

There are too many overlapping cost drivers that make it impossible to measure the claim cost impact of wellness. While there is no direct data to support the claim that the program is lowering claim cost overall, it is designed to incent behavioral changes that will improve the health of our members and reduce the morbidity of chronic conditions and reduce complications of those conditions.

*2. Please provide additional information about MVP's current claims edits and payment policies that will be removed or restricted as a result of Act No. 111 of 2024 (H.766) and describe in greater detail how MVP determined the impact of removing or restricting these claims edits and payment policies. For each edit or policy (or category thereof), provide the corresponding dollar amount, ensuring that the total equals the billed charges amount mentioned in MVP's response to Objection 1, Question 16.*



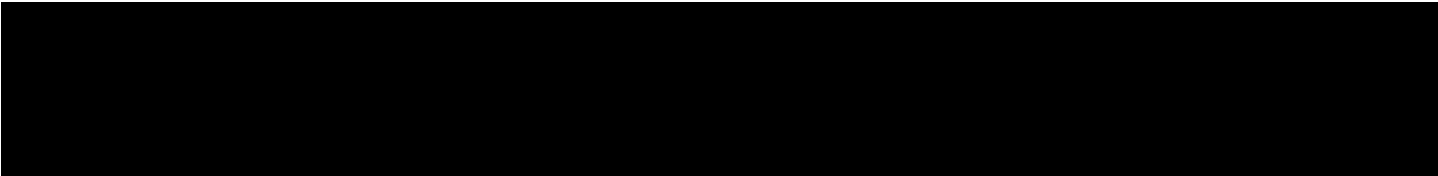
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Response: The passing and subsequent signing of H.890 delays implementation of some of the policies that were referred to in Objection #1, Question 16. For the most up-to-date information regarding the portions of H.766 that impact the 2025 rate filings, please see MVP's response to Objection #5.

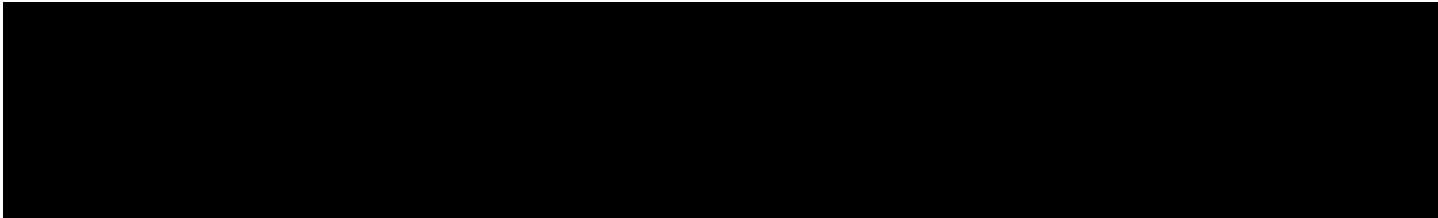
*3. Is the \$25,000,000 surplus note issued on 02/20/2024 to MVP HSC (2023 MVPHP Annual Statement at 26.6) included in MVPHP's "TOTAL Adjusted Capital" amount listed on line 14 of page 29?*

Response: Yes, the surplus is included.

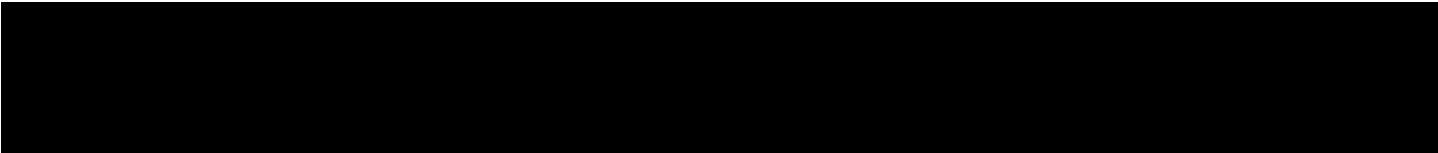
*4. Confirm that MVP has renewed its contract with CVS/Caremark for pharmacy benefit management (PBM) services and state when the new contract term ends. Did MVP negotiate with CVS/Caremark over the terms of the new contract? If so, please describe any contract enhancements that MVP received as a result of the negotiations and demonstrate the impact of those enhancements on the filed rates.*



*5. Prior to renewing the contract with CVS/Caremark, did MVP:*  
*a. audit CVS/Caremark's performance under the prior contract? If so, describe all aspects of the audit.*  
*b. perform any market comparison checks to evaluate whether MVP is receiving the best possible terms for PBM services? If so, thoroughly describe the process, including timelines, evaluation criteria, and benchmarks.*  
*c. solicit or receive bids or outreach from any PBM other than CVS/Caremark?*



*6. In general, what are the "known contract changes for 2024 and 2025" that are reflected in the Rx trend factors? What is your best estimate of how those contract changes impacted the Rx unit cost trends in the filings?*





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7. Has MVP evaluated CVS Caremark's TrueCost program, which CVS describes as offering a deeper level of transparency" and "the same or better value," to determine whether the program would benefit MVP's members? If so, what were MVP's findings?

8. Does MVP acknowledge that some of its members are purchasing prescriptions "off benefit" through services such as GoodRx or Mark Cuban Cost Plus Drug Company, because, in many cases, those members are able to obtain lower prices "off benefit" than they receive through their benefit plan? Does MVP or its PBM have hard data on the amount of such "off benefit" spending by its Vermont QHP membership? If so, please provide the data. What does MVP see as the plusses and minuses of "off benefit" drug spending?

Response: We do not have data regarding "off benefit" drug spending by our Vermont QHP membership. We do not know how many members, if any, are purchasing prescriptions using these services, nor do we know of any impact to cost or health status related to this spending. Because of this, any discussion of the "plusses and minuses" of this spending would lead to speculation, and MVP does not have any comment.

If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.





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mvphealthcare.com

July 2, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/27/24 regarding the above-mentioned rate filing. The response to your question is provided below.

*1. Follow-up to Objection #2, Question 7 – HB 890 was passed on 6/17/2024 by both the House and Senate. Assuming it will be signed by the Governor, please provide a complete response to each part of Question 7 from Objection #2.*

Response: The Vermont governor approved bill H.890 on 6/28. MVP has assumed the implemented portions of H.766 (which include restrictions on prior authorization, step therapy and pre-payment reviews) will increase trended paid claim expense by 0.9% in the rate filings. This results in an average rate increase of 10.27%, instead of the 9.34% initially filed. We attached the updated rate filing exhibit and URRT demonstrating this impact with the objection. Please see below for an updated response to Objection #1, Question 16 to reflect the true impact of H.766 and H.890, followed by responses to Objection #2, Question 7 that are still pertinent.

For prior authorization, MVP’s actuarial team was provided cost estimates for the prohibition of health plans “imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider.”

This totaled approximately across MVP’s Vermont commercial population for 2023.

Specifically, the Prior Authorization costs break down into the following buckets:

[Redacted content]

For step therapy, MVP’s pharmacy team informed the actuarial team that there would be minimal disruption to our current policies and procedures and therefore no cost impact.



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For pre-payment review, MVP’s actuarial team was provided with data that estimated the value of a [REDACTED]

To convert the allowed claim increases to a paid claim increase in the rate filing, MVP performed the following calculation:

Total Allowed Claim Cost Increases	\$2,718,630	(a)
2023 Average Paid/Allowed Ratio, Commercial Lines of Business	79%	(b)
Estimated Paid Claim Cost Impact	\$2,147,718	(c) = (a) * (b)
2023 Paid Claims, Vermont Commercial Lines of Business	\$226,743,943	(d)
<b>Estimated Paid Claim Cost Impact</b>	<b>0.9%</b>	<b>(e) = (c) / (d)</b>

In the rate filings, MVP has assumed this will increase trended paid claim expense by 0.9% (with the assumption that these payment policies will cost more in 2025 than in 2023 due to unit cost and utilization trend increases consistent with paid claims). This will also increase MVP’s assuming risk adjustment payment, as bill H.766 will increase the claim cost of the entire market in total.

a. This portion of the question is no longer applicable.

b. This portion of the question is no longer applicable.

c. The risk adjustment payment is calculated as a percentage of claim expense. Our expected claim expense increased due to the impact of H.766, therefore the risk transfer increased as well. Keep in mind that the URRT is not meant to be used to develop rates, and we are simply providing our best representation of paid costs on an allowed basis. Please see the tab “Question #1c” in the attached Excel workbook for further quantitative support.

d. For the purposes of the URRT, the capitation trend displayed on Worksheet 1 is calculated by dividing the capitation costs in the projection period by those in the experience period. These costs include capitation, non-FFS medical, VT claim surcharges, and NYS HCRA. Although most of these costs stayed the same, the VT paid claim surcharge and NYS HCRA surcharge are calculated as a percentage of claims, and expected claims increased due to H.766, resulting in an increased capitation trend. Please see the tab “Question #1d” in the attached Excel workbook for further quantitative support.

e. In 2023 for Vermont commercial policies, MVP denied [REDACTED] prior authorization requests out of [REDACTED]. Of those [REDACTED] denials [REDACTED] of them are subject to the H.766 provision [REDACTED].

f. MVP does not have data on prior authorization denials at the denial reason level of detail.



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[mvphealthcare.com](http://mvphealthcare.com)

If you have any questions or require any additional information, please contact me at [ebachner@mvphealthcare.com](mailto:ebachner@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.



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Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

June 19, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 06/12/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Follow-up to Objection #1, Question 5 – Brattleboro Retreat is now under GMCB hospital budget review/approval. The approved increase was 1.9% or below (see here <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Order%20-%20Brattleboro%20Retreat%20-%20FINAL.pdf>). The unit cost exhibit does not show compliance with the order. Please reconcile and provide an updated unit cost trend exhibit that is in compliance. No further updated documentation will be needed at this time.*

Response: Please see the tab “Question #1 Facility Trends” in the attached Excel workbook for updated inpatient and outpatient trend derivations.

*2. Follow-up to Objection #1, Question 9 – What is driving the higher actual trends compared to expected? Are these drivers expected to be one-time occurrences or recurring? What drivers are expected to contribute to decreasing Rx trend in 2025?*

Response: The allowed trends in the table do not take rebates into consideration, and our rebates have increased as a percentage of allowed dollars. It is important to note that this is a risk-adjusted population, and MVP’s membership and demographic mix have changed considerably over the period being measured. Our risk adjustment payment as a percentage of claim expense has decreased over the past few years, indicating greater morbidity. We expect these patterns to continue into the future, as well as increased utilization of specialty drugs. We are projecting a *higher* Rx

*3. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the actual 2023 expenses by expense category, similar to the table provided for projected 2025 amounts.*

This is confidential material.



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Response: Please see the table below which provides a breakout of the administrative expense by major category.

<b>VT Small Group Administrative Expense by Category</b>	
	<b>2023 Actual Admin PMPM</b>
Personnel Expenses	\$32.26
Software	\$2.85
Consulting/Project Expenses	\$5.03
All Other Administrative Expenses	\$8.35
<b>Total</b>	<b>\$48.49</b>

4. Follow-up to Objection #1, Question 20 – Please provide a breakdown of the projected 2024 expenses by expense category, similar to the table provided for projected 2025 amounts.

Response: Please see the table below which provides a breakout of the administrative expense by major category.

<b>VT Small Group Administrative Expense by Category</b>	
	<b>2024 Admin PMPM</b>
Personnel Expenses	\$31.42
Software	\$2.63
Consulting/Project Expenses	\$4.84
All Other Administrative Expenses	\$8.95
<b>Total</b>	<b>\$47.84</b>

5. Please complete the following table regarding the rating year 2024 QHP Filing URRT morbidity adjustment:

Response: Please see the completed table below. The values may differ slightly from those displayed in the URRT due to rounding.

	2024 QHP Filing (As Filed)	2024 QHP Filing (As Ordered)
COVID-19 Testing	-0.06%	-0.22%
COVID-19 Vaccinations	0.35%	0.21%
<b>Total Morbidity Adjustment</b>	<b>0.29%</b>	<b>-0.01%</b>

6. Please provide the age distribution, by each age, of MVP’s current membership.

Response: Please see the tab “Question #6” in the attached Excel workbook for the age distribution of MVP’s small group membership as of February 2024.



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7. Regarding the support provided for the adjustment for H766, please address the following:

- a. The support states, "MVP analyzed claim lines that were edited and/or denied in its 2023 commercial Vermont population and found that these edits saved approximately..." and "MVP also reviewed claim editing procedures and payment policies enacted by vendors on MVP's behalf and found those will add an additional..." Please clarify whether this amount represents all claims lines edit and/or denied or if this amount represents claims lines edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines. If the latter, please provide adjusted amounts that reflect only those claims that were edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines.
- b. The support states, "MVP's actuarial team was provided cost estimates for the prohibition of health plans 'imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider'...This totaled approximately..." Please demonstrate how this amount does not overlap with the two amounts provided as quoted above in part (a).
- c. Please provide quantitative support for the calculation of the risk adjustment PMPM in the URRT before versus after the impact of H766.
- d. The updated URRT after the impact of H766 that was provided shows an increase in the capitation trend compared to the URRT before the impact of H766, please provide qualitative and quantitative support for why and how the impact of H766 affects the capitation trend.
- e. Please provide the 2023 claims denial rate.
- f. Please provide 2023 reduced or denied billed claim amounts by reason, similar to the following structure:

Denial/Edit Reason	Reduction or Denied Billed Amount

Response: As of the time of this response, bill H.890 was passed by the Vermont House and Senate, which would delay until 2026 the implementation of certain H.766 provisions regarding health insurance claims processing requirements, including the provisions prohibiting the use of claims edits that aren't in effect for Medicare. Due to the potential for this delay, it is MVP's strong preference not to answer any further questions related to H.766 until bill H.890 is signed or vetoed. Once the final version of the bill is settled, MVP will respond to the pieces of the question that are still pertinent to the filing.

If you have any questions or require any additional information, please contact me at ebachner@mvphhealthcare.com.

Sincerely,

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.

This is confidential material.



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May 31, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/23/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please provide the 2023 RATEE report from CMS.

Response: This file has been determined to be confidential and will be provided under separate cover.

2. Please provide the average age factor for MVP's small group market for 2023 and 2024.

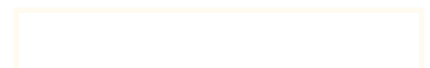
Response: Please see the table below for the average HHS age factor for this market in each year. Note that 2024 membership data only includes through February.

Age Factors for MVP's Small Group Market	
Year	Average Age Factor
2023	1.647
2024	1.635

3. Please provide the company's historical RBC ratio for a minimum of three years.

Response: Please see the table below.

MVPHP RBC Ratio	
Year	Actual
2021	354.0%
2022	369.3%
2023	416.5%





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4. Please reconcile WS2 of the URRT, rows 21-22, showing a rate increase of 9.5% to the requested rate increase shown in the Actuarial Memo and SERFF of 9.3%.

Response: Please see “Question #4” in the attached Excel document for derivations of the two percentages. This difference is driven by the membership used to weight each plan for the total average rate increase. The URRT uses our current enrollment as of February 2024. The rate increase exhibit, which is referenced in the Actuarial Memo and SERFF, uses our projected 2025 membership. This includes shifts in members from the terminated Gold 2 plan. The URRT does not include terminated plans in the calculation. There may be small differences between the rate increase exhibit and the calculation we provided in the support file due to rounding of rate changes in the URRT and weighting based on contract size.

5. Please provide detailed quantitative and qualitative support for the 2024 & 2025 medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the approved budget changes for FY24 (<https://gmcbboard.vermont.gov/FY2024hospitalbudgets>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.

Response:

### **Facility Trends**

For Facility (Inpatient and Outpatient) trends, facilities can generally be bucketed into three categories:

1. Vermont facilities under GMCB jurisdiction
2. Facilities MVP negotiates contractual discounts with directly but are not under GMCB jurisdiction
3. Facilities under a rental network arrangement, facilities that are non-participating, or facilities where discounts are negotiated on a claim-by-claim basis.

The starting point for MVP’s facility trends in this rate filing is facility claims processed for all Vermont small group members for the calendar year 2023.

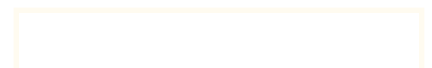
For facilities under GMCB jurisdiction, MVP is using the approved rate increases as referenced above, with the following exceptions:

### **Central Vermont Medical Center (CVMC)**

In CVMC’s budget submission the standard requested changes were 11.9% for IP, 11.1% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 5.0% and therefore MVP is reflecting the proportional increase for each area of service: 6.0% for IP, 5.6% for OP, and 2.5% for PHY.

### **Copley Hospital**

In Copley’s budget submission the standard requested changes were 16.2% for IP, 16.2% for OP, and 3.5% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore the proportional increase for each area of service is 8.6% for IP and 8.6% for OP. The Green Mountain Care Board approved a 7% mid-year







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budget increase effective in April 2024, so MVP is reflecting 14.3% in 2024 for both IP and OP. The assumed 2025 trend reflects the approved 8.6%.

### **North Country Hospital**

In North Country’s budget submission, the standard requested changes were 5.0% for IP, 5.0% for OP, and 0.0% PHY, for a total commercial increase of 4.5%. This submission was approved at 4.0% and therefore MVP is reflecting the proportional increase for each area of service: 4.4% for IP and 4.4% for OP.

### **Northeast Vermont Regional Hospital**

In NVRH’s budget submission, the standard requested changes were 16.8% for IP, 16.8% for OP, and 0.0% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore MVP is reflecting the proportional increase for each area of service: 9.0% for IP and 9.0% for OP.

### **Springfield Hospital**

In Springfield’s budget submission, the standard requested changes were 1.8% for IP, 8.4% for OP, and 7.7% PHY, for a total commercial increase of 7.0%. This submission was approved at 6.0% and therefore MVP is reflecting the proportional increase for each area of service: 1.5% for IP and 7.2% for OP.

### **University of Vermont Medical Center (UVMCMC)**

In UVMCMC’s budget submission the standard requested changes were 11.3% for IP, 11.3% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 3.1% and therefore MVP is reflecting the proportional increase for each area of service: 3.5% for IP, 3.5% for OP, and 1.6% for PHY.

2025 medical unit cost trend assumptions were assumed to be equal to the approved budgets from 2024, with the exception of Copley as explained above. The trends for facilities under the GMCB’s jurisdiction are 3.9% IP / 5.1% OP for 2024/2023 and 3.8% IP / 5.0% OP for 2025/2024.

### **Non-GMCB Facilities**





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Overall facility trends are calculated using a weighted average based on 2023 utilization and are 4.8% IP / 5.2% OP for 2024/2023 and 4.8% IP / 5.5% OP for 2025/2024. Please see the tab "Question #5 Facility Trends" in the attached Excel workbook for the quantitative derivation of the trends.

### **Physician Trends**

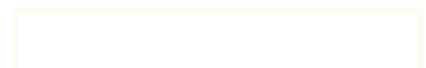
MVP has a few different contracting partners for physician claims in Vermont, including medical groups in VT/NH/NY, individual physicians participating in MVP's network, and physicians outside of MVP's network. The following physician groups are under the GMCB's jurisdiction: UVMCMC, Porter, Rutland and CVMC. Those trends match the approved GMCB rate increases for 2024, with the same exceptions previously explained. 2025 trends are assumed to be equal to 2024 trends for these providers.

All the other groups participating with MVP reflect MVP's best estimate of negotiated payment rates for 2024 and 2025, including claims for Vermont members at New York physician groups.

The individual trends are weighted together using 2023 experience for all Vermont small group members (in a similar fashion to the facility trends). The resulting physician trend is 1.7% for 2024/2023 and 1.3% for 2024/2023. Please see the "Question #5 Physician Trends" tab in the attached Excel workbook for a quantitative derivation of this calculation.

*6. We acknowledge the following from page 5 of the Actuarial Memorandum: "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." Please provide the analysis of the historical medical utilization trends. This analysis should include quantitative and qualitative components.*

Response: MVP used the triple exponential smoothing forecasting method for analyzing historical utilization patterns and projecting them to the rating period. MVP has experienced membership volatility in this block of business in the recent past, which may influence the results of historical trend methodologies. The utilization data is aggregated into rolling 12-month time periods at the service category level and adjusted for age/gender based on the Milliman age/gender table. The data inputs as well as the model outputs for the service categories can be seen on tabs "Question #6 Inpatient", "Question #6 Outpatient", and "Question #6 Physician" in the provided excel workbook. The results of the blended distribution can be seen in tab "Question #6 Aggregate" in the provided excel workbook. MVP has determined that the range of utilization trends forecasted by the model is too large to have confidence in the result.





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*7. Provide quantitative support for the 1.036 trend factor applied to the claims for the deductible in Exhibit 2a.*

Response: To value the impact of trend on claims under the deductible level, MVP utilized the probability distribution function table from its benefit relativity model that corresponds to all medical and pharmacy claims (except for preventive services covered in full). The average cost per claim band was calculated both with and without the total allowed claim trend from the filing, and the “deductible value” is calculated as:

[ Sum product of average claim band and frequency for bands below the deductible] PLUS [ Deductible level times probability of claims above the deductible].

The deductible trend is then calculated as the change in the “deductible value” from the experience period to the rating period.

The total deductible trend is calculated as:

[Sum product of the deductible trend for a plan based on its single deductible level and that plans experience period membership] Divided by [Total experience period membership]

The quantitative derivation of the trend factor has been determined to be confidential and has been provided under separate cover.

*8. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.*

Response: MVP is provided with pharmacy trend estimates by its Pharmacy Benefit Manager, CVSHealth. These trends are run for all of MVP’s Vermont fully insured membership (ACA and Large Group) and use historical utilization and unit cost data for those populations. This historical data is combined with CVSHealth estimates of changes in utilization, unit cost and generic dispensing rates to calculate their best estimate of Gross PMPM claim cost trends for 2024 and 2025. MVP also applies its best estimate of contract changes between the experience period and the rating period to the unit cost information using a trend model provided by CVSHealth. Please see the attached exhibit (CONFIDENTIAL\_MVP\_Vermont\_4Q2023\_CSTM\_02152024) which provides CVSHealth’s best estimate of trends as of the time of the filing.

The individual cost components (unit cost and utilization by Generic/Brand/Specialty) are included in the Rx Trend Summary in Exhibit 2a for 2024 and 2025. The trends are annualized and match those on Exhibit 2b. The individual cost components are calculated as follows:

**Generic:** Unit Cost trend is represented by Generic Non-Specialty Cost/Day trend which is found in cell L46 on Page 1 (2024) and Page 2 (2025) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend divided by the unit cost trend.

**Brand:** Unit Cost trend is represented by Brand Non-Specialty Cost/Day trend which is found in cell M46 on Page 1 (2024) and Page 2 (2025) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend





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divided by the unit cost trend. The impact of brand drugs moving to generic is implicitly covered under the cost/day trend under this methodology. This reflects the utilization of the current drug being re-weighted from the brand bucket to the generic bucket.

**Specialty:** Utilization trend is represented by Specialty Utilization trend which is found in cell N47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty unit cost trend is then calculated by taking Gross Cost PMPM Trend divided by the utilization trend.

CVSHealth buckets non-Specialty drugs by the first 2 characters of the GPI and Specialty drugs using their proprietary Rx Navigator methodology. The individual contribution of these buckets to Gross Cost PMPM trend can be found in column I of Page 1 (2024) and Page 2 (2025) of the attached. The Other bucket for non-Specialty claims includes all GPI categories not explicitly listed and the other bucket for Specialty claims include all conditions not explicitly listed.

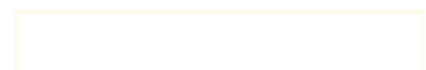
MVP uses the trend factors calculated above and applies them to the experience period cost per script and scripts per 1,000 members to compute an annual paid trend. Scripts per 1,000 is trended using the utilization trends, while the allowed cost per script and coinsurance cost per script amounts are trended using the unit cost trends. Copay per script amounts are not trended and the deductible per script amounts are trended using the paid leveraging factor.

All of these trended items are then converted to a PMPM using the formula ( projected cost per script \* projected scripts per 1,000 members / 12,000 ) and the projected paid claims PMPM is calculated as the difference between the projected allowed claims PMPM and the sum of the cost sharing PMPM amounts. The total (24 month) paid trend (gross of rebate changes) is then calculated as the projected paid claims PMPM divided by the experience period paid claims PMPM. The paid claims net of pharmacy rebates is calculated as the projected net paid claims PMPM divided by the experience period net paid claims PMPM.

The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained above. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #7.

*9. Please provide the historical annual Rx trends observed from 2020-2023, as well as the actual-to-expected ratio for the Rx trend in each year.*

Response: Please see the following table for this trend analysis. Trends are taken from the most recent rate filing where a trend occurred (for instance, the 2022 to 2023 expected trend is taken from the 2024 VT Exchange filing). Also note that actuals and expected in the table below reflect both small and individual data since our PBM provides us with one trend for Vermont.





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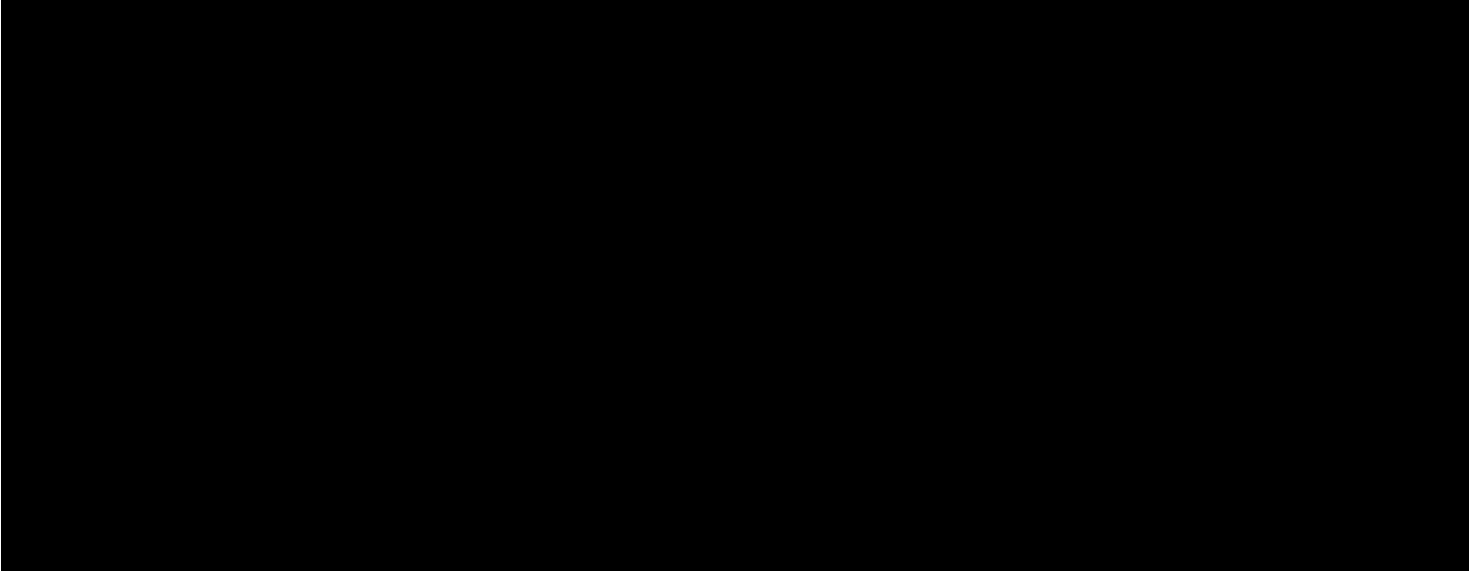
While reviewing the table, it is important to note that this is a risk-adjusted population, and MVP’s membership and demographic mix have changed considerably over the period being measured. Therefore, reviewing the actual-to-expected trends in isolation does not indicate the impact of these trends on MVP’s financial performance.

**Comparison of Actual to Expected Pharmacy Allowed Trend,  
2020 to 2023, VT Exchange**

Year	Actual	Expected	Difference
2023/2022	18.4%	10.8%	6.9%
2022/2021	20.7%	10.4%	9.3%
2021/2020	13.8%	5.3%	8.0%
2020/2019	21.7%	5.8%	15.0%

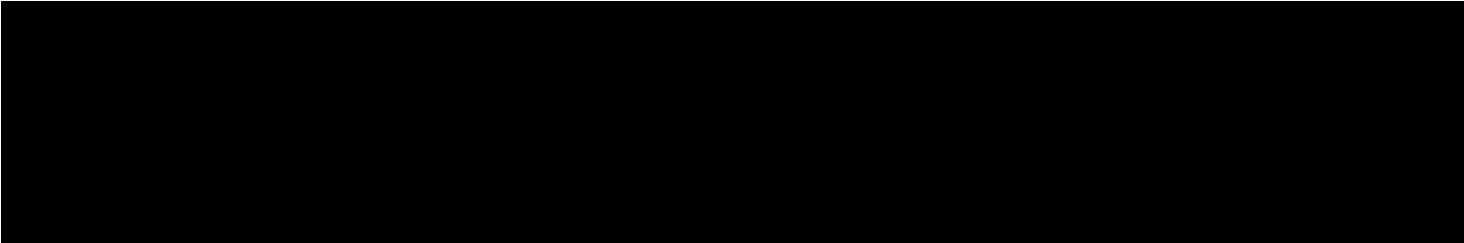
10. Page 3 of the Actuarial Memorandum states “our emerging unpaid experience indicates that there are high-cost claims only attributable to small group, so we have modified the IBNR factor for the entire VT population to reflect these amounts specifically in the small group filing”. Please provide quantitative and further qualitative support for the IBNR adjustment, including the small-group-specific adjustment factor.

Response: Please see the tab “Question #10” in the attached Excel file which provides a quantitative derivation of the separate Small Group and Individual IBNR factors used in the 2025 filings, along with a confirmation that the alternative methodology used results in the same reserve amount is held (in total dollars) as is held in MVP’s internal reserving model.





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To adjust the total reserve by the group size, MVP performed the calculation that is detailed in the attached Excel file. Specifically, MVP calculated an IBNR factor removing the known claims. For Individual, the reserve is the sumproduct of the paid claims and the IBNR factor removing the known claims for every month. For Small Group, the reserve is calculated as:

$$[\text{PAID CLAIMS}] * [\text{IBNR FACTOR REMOVING THE KNOWN CLAIMS}] + [\text{KNOWN CLAIM AMOUNTS}]$$

As you can see in the attached Excel file, using this alternative methodology (extending the Individual logic to the Large Group claims, which are not in scope in this filing) results in a total reserve that is equivalent to the reserve produced in the reserving model.

11. Please provide qualitative and quantitative support for the decrease in “Other Medical Expenses not in claim warehouse” and “Net Reinsurance Expense” shown on page 4 of the Actuarial Memorandum. Please elaborate on what is driving the decreased amounts for these two items compared to last year’s filing.

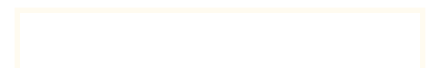
Response: The decrease in “Other Medical Expenses not in claim warehouse” between the 2024 and 2025 rate filing is driven by moving the majority of our claim settlements to another line item in the table, “Claim Settlements to Providers”. Please see the table below. Notice that \$6.48 is the sum of the lines “Other Medical Expenses not in claim warehouse” and “Claim Settlements to Providers”.

	2024 Rate Filing	2025 Rate Filing
Claims Settlement	\$1.98	\$3.80
Other Items	\$1.68	\$2.68
<b>Total</b>	<b>\$3.66</b>	<b>\$6.48</b>

The decrease in net reinsurance expense from \$1.09 to \$0.65 PMPM is due to a decrease in reinsurance premiums from 2022 to 2023.

12. Please provide further qualitative and quantitative support for the Well-Being Reimbursement and Claim Settlements to Providers amounts shown on page 4 of the Actuarial Memorandum.

Response: Vermont small group members incurred \$247,766, or \$1.28 PMPM, of wellness dollars in the experience period. We are trending this by 40% over two years to the projection period based on historical utilization increases. Not only are we seeing more utilizers, but those who utilize the benefit are sticky. The table below shows how the claims for this benefit has increased over the past few years for all of our VT members, with a particularly large increase in the past year.





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VT Commercial Well-Being Data by Incurred Year			
Incurred Year	Total Well-Being Expense	Expense PMPM	YoY Increase
2020	\$61,920	\$0.14	
2021	\$83,166	\$0.18	29%
2022	\$99,924	\$0.23	28%
2023	\$547,766	\$1.61	600%

13. For each month from January 2019 through March 2024, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.

Response: Please see the tab "Question #13" in the attached Excel document which provides this information. The age normalization reflects the age curve created by HHS and the induced demand normalization factors reflect the induced demand slope MVP uses to price (which complies with HHS guidelines). The unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2023/2022 trend is from the 2024 Exchange filing, as opposed to the 2023 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payments as a percentage of allowed claims have increased over this period and this will serve to deflate allowed trends above and beyond analysis of a static population.

14. Please provide further qualitative and quantitative support for the adjustment on lines 11-14 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.

Response:

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

MVP is removing \$0.27 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 for these services began to be the member's responsibility in 2024 with the unwinding of the Public Health Emergency. Please see the tab "Question #14 Waived Cost Share" in the attached Excel document for further support. A cost share factor based on historical utilization was developed and applied to the COVID services.





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*Line 12- Adjustment for COVID Vaccines*

MVP will be responsible for the full administration cost and ingredient cost of COVID-19 vaccines in the projection period. The \$0.40 PMPM value found in line 12 represents the **difference** between the projected cost and the experience cost. Further support is provided in the response to Question #15.

*Line 13- Adjustment for Hearing Aids as EHB*

Hearing aids were added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and used a three-year average to calculate the additional \$0.33 PMPM. Please see the tab "Question #14 Hearing Aids" in the attached Excel document for further support.

*Line 14- Adjustment for Abortions Covered in Full*

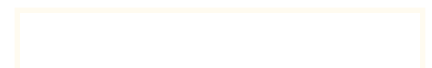
Vermont has mandated coverage of abortions without cost sharing except before the deductible on HDHPs. MVP analyzed its historical VT experience for this block and used a three-year average to calculate the additional \$0.03 PMPM. Please see the tab "Question #14 Abortions" in the attached Excel document for further support.

*15. The Actuarial Memo states the following about the morbidity adjustment for the impact of COVID vaccines: "During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs." If MVP was responsible for the ingredient cost starting in September 2023, that implies that there are 4 months of ingredient costs included in the experience period. However, MVP is adding 12 months of ingredient costs into the rating period. Why isn't MVP adding only 8 months of ingredient costs into the rating period?*

Response: MVP calculated the Covid Vaccine adjustment by subtracting the total 2023 Covid Vaccine PMPM from what the PMPM would have been if each administered vaccine cost \$140. The actual PMPM in 2023 for Covid Vaccines was \$1.46 but it would have been \$1.85 if the cost per vaccine was \$140 for the entire year (instead of just September – December). Thus, MVP made the \$0.40 adjustment up due to this expected increase in Covid Vaccine cost. Please see the tab "Question #15" in the attached Excel document for further support.

*16. Page 5 of the Actuarial Memorandum states that "MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates." Further, MVP states that "our preliminary analysis suggest this would increase premium rates by 8-10%." We note that H.766 was signed into law on May 10th. Please provide only an updated URRT and the updated "VT 2025 Exchange Rate Filing..." rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.*

Response: We are still quantifying the impact of this bill and request that you grant us an extension. We can respond to this question by Tuesday, June 4<sup>th</sup>.







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17. Please provide quantitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate factor in Exhibit 6.

Response: Please see the tab “Question #17” in the attached Excel document for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2025 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

The average factor is calculated by member-weighting the product of the benefit relativity model actuarial value and induced demand factor, consistent with prior filings.

18. Please provide quantitative and further qualitative support for the expected 2023 risk adjustment payment.

Response: Please see the attached exhibit (CONFIDENTIAL Round 1 2023 VT Risk Adjustment Study - MVP Health Plan) for the study provided by the external actuarial consultant. The tab “Question #18” in the attached Excel document demonstrates how this value was used to calculate the federal risk adjustment program impact on Exhibit 3. MVP did not make any changes to the estimated risk adjustment payment for population changes, as the goal of risk adjustment in pricing should be to place carriers at the same level (in this case, 2023 claims at a 1.0 risk level) when calculating their rate increases, and any incorporation of 2024 (or projected 2025) membership changes between carriers assumes the carriers are no longer pricing to the same level. MVP did not incorporate model changes from 2023 to 2025 into our estimates, as we do not have enough data to make a determination about their impact.

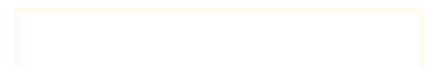
19. Please provide the national study performed by Wakely Consulting Group for the 0.77% impact of the National High Cost Reinsurance Pool.

Response: This file has been determined to be confidential and will be provided under separate cover.

20. Please provide a breakdown of the assumed general administrative load of \$51.44 shown in Exhibit 5 by expense category. Please also provide this breakdown for the actual 2023 expenses.

Response: Please see the table below which provides a breakout of the administrative expense by major category.

VT Small Group Administrative Expense by Category	
	2025 Admin PMPM
Personnel Expenses	\$33.78
Software	\$2.83
Consulting/Project Expenses	\$5.20
All Other Administrative Expenses	\$9.62
Total	\$51.44





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21. What were the drivers of the significant increase in administrative costs in SHCE admin PMPM from 2022 to 2023, as shown on page 9 of the Actuarial Memorandum?

Response: The main drivers of the increase in administrative costs from 2022 to 2023 were increased spending of personnel related costs, software/hardware, and advertising/promotion.

22. Please provide the historical actual to expected profit margin for a minimum of three years.

Response: See the table below for the historical actual to expected profit margin in the individual market. The actual margin was calculated on a run rate basis instead of a financial statement basis to best represent our premiums and claims in each period.

VT Small Group Actual to Expected Profit Margin		
Year	Actual	Expected (Approved)
2021	-8.1%	0.5%
2022	-10.3%	1.0%
2023	-5.0%	-0.2%

23. Please provide the actual bad debt expense as a percentage of premium for 2023.

Response: Please see the tab "Question #23" in the attached Excel document for historical actual bad debt information.

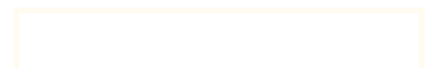
24. Please provide the historical loss ratio for a minimum of three years. Additionally, please provide the projection loss ratio for 2024, based on 2024 experience to date.

Response: Please see rows 167-175 of the Actuarial Memo Dataset provided with the initial submission for loss ratio information.

If you have any questions or require any additional information, please contact me at [ebachner@mvphhealthcare.com](mailto:ebachner@mvphhealthcare.com).

Sincerely,

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

June 7, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MvPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/23/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*16. Page 5 of the Actuarial Memorandum states that "MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates." Further, MVP states that "our preliminary analysis suggest this would increase premium rates by 8-10%." We note that H.766 was signed into law on May 10th. Please provide only an updated URRT and the updated "VT 2025 Exchange Rate Filing..." rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.*

Response: This response has been determined to be confidential and will be provided under separate cover.

If you have any questions or require any additional information, please contact me at [ebachner@mvphhealthcare.com](mailto:ebachner@mvphhealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Director, Commercial Market & Valuation Actuary  
MVP Health Care, Inc.





**MVP Health Care -- 2025 Small Group Exchange Rate Filing**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2024 to 2025 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 -- 2025 Premium Rates

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

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	\$0 No DD	\$0 No DD	20%	\$500	20%	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	\$30*	\$60	50%	\$400	50%	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	\$30*	\$60	50%	\$400	50%	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #
FRVT-HMO-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	On Exchange	\$40*	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Services subject to deductible (DD) unless otherwise stated.

\*\*First 3 PCP Office Visits are not subject to deductible

\*First 3 PCP Office Visits are covered in full

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

" Family structure is \$9,200 for each member up to family limit

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT366) attached which provides up to \$598 per contract per year.

**Exhibit 1a -- Comparison of 2024 to 2025 Benefits by Plan**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

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-SP-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-SP-001-S (2025)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$450	\$900	Embedded	10%	Embedded	Embedded	\$1,600	\$3,200	\$1,600	\$3,200	Separate	\$10/\$50/50%
FRVT-HMO-SG-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-SG-001-S (2025)	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	\$1,600	\$3,200	Separate	\$15/\$60/50%, \$200/\$400 Brand Ded
FRVT-HMOH-SG-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	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	0%	0%	0%	\$0	0%	\$0	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	\$0 No DD	\$0 No DD	20%	\$500	\$1,000 (Fac) \$500 (Phys)	\$150	\$5,000	\$10,000	Embedded	20%	Embedded	Embedded	\$8,000	\$16,000	\$500	\$1,000	Separate	\$0 No DD/\$40/\$80, \$250/\$500 Brand Ded
FRVT-HMO-SS-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-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$100 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2024)	HDHMO	Silver	Standard	15%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	35%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,775	\$11,550	Embedded	0%	Embedded	Aggregate	\$5,775	\$11,550	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SS-001-N (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$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 #
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac) \$300 (Phys)	\$100	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
VT-HMO-SS-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-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$250	50%	\$105 No DD	\$3,500	\$7,000	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$15 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-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*	\$1,600	\$3,200	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	10%	35%	35%	35%	35%	40%	\$2,100	\$4,200	Aggregate	35%	Stacked	Aggregate	\$7,050	\$14,100*	\$1,650	\$3,300	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2024)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,600	\$3,200	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,800	\$11,600	Embedded	0%	Embedded	Aggregate	\$5,800	\$11,600	\$1,650	\$3,300	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMO-SS-001-N II (2024)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$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 #
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	\$30*	\$60	50%	\$400	\$1,500 (Fac) \$300 (Phys)	\$105	\$2,500	\$5,000	Embedded	50%	Embedded	Embedded	\$7,600	\$15,200	\$1,600	\$3,200	Separate	\$850/\$1700 Ded then \$5/\$30/\$60, VBID = \$1 #
FRVT-HMO-SB-002-S (2024)	HMO	Bronze	Standard	\$35	\$90	50%	\$90	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,450	\$18,900	\$1,500	\$3,000	Integrated	\$1100/\$2200 Brand Ded then \$20/\$85/60%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$90	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,200	\$18,400	\$1,600	\$3,200	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2024)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,200	\$14,400*	\$1,600	\$3,200	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,650	\$3,300	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2024)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$25 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-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-SB-005-N (2025)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,200	\$18,400	Embedded	0%	Embedded	Embedded	\$9,200	\$18,400	N/A	N/A	N/A	\$10 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$1 #
FRVT-HMO-SB-001-N (2024)	HMO	Bronze	Non-Standard	\$40	\$100	50%	\$90	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-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	\$40*	\$100	50%	\$90	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$10/\$50/\$80, \$700/\$1400 Brand Ded, VBID = \$1 #

Changes in benefits from 2024 to 2025 are shown in gray shading.

**Exhibit 2a -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Experience Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025

	<b>2024</b>	<b>2025</b>	<b>Total</b>
<b>Months of Trend</b>	12	12	<b>24</b>

**Medical Trend Summary**

2024 Annual Trend

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	15.9%	4.8%	1.0%	5.8%
OP	54.3%	5.2%	1.0%	6.2%
PHY	29.9%	1.7%	1.0%	2.7%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.1%</b>

2025 Annual Trend

	<b>% of Allowed Claims</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Total</b>
IP	16.0%	4.8%	1.0%	5.9%
OP	54.9%	5.5%	1.0%	6.5%
PHY	29.2%	1.3%	1.0%	2.3%
<b>Medical Total</b>		<b>4.1%</b>	<b>1.0%</b>	<b>5.2%</b>

**Annual Allowed Medical Trend** **5.1%**

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:	\$622.53	\$18.80	\$9.22	\$81.43	\$513.07
24 Months of Trend:	1.106	1.106	1.020	1.036	<b>1.118</b>
Projection Period:	\$688.28	\$20.79	\$9.41	\$84.39	\$573.69
Allowed Trend (Annual)	5.1%				
Paid Trend (Annual)	5.7%				
<b>Leveraging (Annual)</b>	<b>0.6%</b>				

**Rx Trend Summary**

	<u>2024 Trend</u>		<u>2025 Trend</u>		<u>Annualized Trend</u>	
	<b>Unit Cost</b>	<b>Utilization</b>	<b>Unit Cost</b>	<b>Utilization</b>	<b>Unit Cost</b>	<b>Utilization</b>
Generic	-7.6%	3.9%	1.3%	2.6%	-3.2%	3.2%
Brand	10.8%	-6.7%	4.5%	3.7%	7.6%	-1.7%
Specialty	-0.8%	9.5%	3.8%	7.1%	1.5%	8.3%



<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

<u>Rx Claim Information</u>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	13,775	1,074	169	15,018
Experience Period Allowed Cost per Script	\$16.11	\$616.84	\$5,802.05	\$124.13
Experience Period Deductible Per Script	\$2.37	\$28.26	\$83.15	\$5.13
Experience Period Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.28
Experience Period Coinsurance Per Script	\$0.91	\$8.53	\$64.49	\$2.17
Experience Period Paid Cost Per Script	\$9.07	\$557.78	\$5,633.76	\$111.55
Experience Period Allowed PMPM	\$18.50	\$55.20	\$81.65	\$155.35
Experience Period Deductible PMPM	\$2.72	\$2.53	\$1.17	\$6.42
Experience Period Copay PMPM	\$4.33	\$1.99	\$0.29	\$6.61
Experience Period Coinsurance PMPM	\$1.04	\$0.76	\$0.91	\$2.72
Experience Period Paid PMPM	\$10.41	\$49.91	\$79.29	\$139.61
Experience Period Rx Rebates PMPM				(\$53.26)
Annual Util Trend	1.032	0.983	1.083	1.029
Annual Unit Cost Trend	0.968	1.076	1.015	1.042
Annual Allowed Trend	0.999	1.058	1.099	1.073
Annual Deductible Trend	1.018	1.018	1.018	1.041
Annual Paid Trend	0.970	1.064	1.099	1.077
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.080
Months of Trend	24	24	24	24
Projected Scripts / 1000	14,681	1,038	198	15,917
Projected Allowed Cost per Script	\$15.09	\$714.23	\$5,974.13	\$134.85
Projected Deductible Per Script	\$2.45	\$29.28	\$86.18	\$5.24
Projected Copay Per Script	\$3.77	\$22.27	\$20.65	\$5.18
Projected Coinsurance Per Script	\$0.85	\$9.88	\$66.40	\$2.26
Projected Paid Cost Per Script	\$8.02	\$652.80	\$5,800.90	\$122.16
Projected Allowed PMPM	\$18.46	\$61.79	\$98.62	\$178.87
Projected Deductible PMPM	\$3.00	\$2.53	\$1.42	\$6.96
Projected Copay PMPM	\$4.61	\$1.93	\$0.34	\$6.88
Projected Coinsurance PMPM	\$1.04	\$0.85	\$1.10	\$2.99
Projected Paid PMPM	\$9.81	\$56.48	\$95.76	\$162.04
Projected Rx Rebates				(\$61.32)
Net Projected Paid PMPM				\$100.72

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: Jan 2023 - Dec 2023

Completed Through: 3/31/24

	<b>ACA Compliant Small Group</b>
1 Member Months	192,917
2 FFS Paid Medical Claims	\$513.07
3 FFS Paid Pediatric Dental Claims	\$1.73
4 IBNR Factor	1.032
5 FFS Incurred Paid Medical Claims	<u>\$530.97</u>
6 FFS Incurred Rx Claims	\$139.61
7 Experience Period Rx Rebates	(\$53.26)
8 FFS Incurred Rx Claims (Net of Rebates)	<u>\$86.35</u>
9 Experience Period Capitation and Non-FFS Medical Costs	\$19.28
<b>10 Adjusted Experience Period Claim Expense</b>	<b><u>\$636.60</u></b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
11 Adjustment for Waived Cost Share Due to COVID-19	(\$0.27)
12 Adjustment for COVID Vaccines	\$0.40
13 Adjustment for Hearing Aids as EHB	\$0.33
14 Adjustment for Abortions Covered in Full	\$0.03
<b>15 Experience Period Claim Expense After All Adjustments</b>	<b><u>\$637.08</u></b>
16 Annual FFS Medical projection factor	1.057
17 Annual FFS Rx projection factor	1.080
18 Annual FFS Claim trend projection factor	1.061
19 Months of Trend	24
20 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	<u>\$694.92</u>
21 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$7.98
22 Projection Period Capitation and Non-FFS Medical Costs	\$14.11
<b>23 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b><u>\$717.01</u></b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
24 Federal Risk Adjustment Program Impact	\$30.85
<b>25 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b><u>\$747.86</u></b>

**Exhibit 4 -- Conversion Factor and Tier Ratios**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	6,210	6,210	1.000	1.000
4	Double	1,380	2,760	2.000	2.000
4	Parent/Child(ren)	436	1,101	2.525	1.930
4	Family	1,280	4,956	3.872	2.810

**Single Conversion Factor** 1.121

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

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

**% of Premium Retention Components**

Broker Load	0.00%
Bad Debt	0.17%
Risk Margin	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.67%</b>

**PMPM Retention Components**

General Administrative Load	\$51.44
-----------------------------	---------

**% of Premium Taxes and Assessments**

Premium Tax	0.00%
VT Vaccine Pilot	0.57%
National High Cost Reinsurance Pool Charge	0.77%
<b>Total % of Premium Taxes/Assessments</b>	<b>1.34%</b>

**% of Paid Claim Taxes and Assessments**

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>

**PMPM Taxes and Assessments**

HHS Risk Adjustment User Fee	\$0.17
PCORI Fee	\$0.27
18 VSA 9374(h) Billback	\$2.58
<b>Total PMPM Taxes/Assessments</b>	<b>\$3.02</b>

**Exhibit 6 -- 2025 Small Group Exchange Premium Rates**

MVP Health Plan, Inc. 2025 Vermont Small Group Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2025 - December 31, 2025

2025 Adjusted Paid Claim Cost (Exhibit 3, Line 25)	\$747.86
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8261
Adjusted Claim Cost for Pricing	\$905.25

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	CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Gross Claim Cost			Parent/Child(ren)	Family	Increase over 2024 Single Rate	Increase over 2024 Double Rate	Increase over 2024 P/C Rate	Increase over 2024 Family Rate
													PMPM	Single***	Double						
FRVT-HMO-SP-001-S (2025)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.932	1.150	\$970.04	\$17.64	\$51.44	\$14.15	\$3.02	\$1,056.29	\$1,183.81	\$2,367.62	\$2,284.75	\$3,326.51	8.1%	8.1%	8.1%	8.1%
FRVT-HMO-SG-001-S (2025)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.823	1.080	\$804.91	\$14.80	\$51.44	\$11.87	\$3.02	\$886.04	\$993.01	\$1,986.02	\$1,916.51	\$2,790.36	8.8%	8.8%	8.8%	8.8%
FRVT-HMOH-SG-003-N (2025)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.861	1.080	\$841.58	\$15.43	\$51.44	\$12.38	\$3.02	\$923.84	\$1,035.37	\$2,070.74	\$1,998.26	\$2,909.39	9.2%	9.2%	9.2%	9.2%
FRVT-HMO-SG-004-N (2025)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.080	\$799.83	\$14.71	\$51.44	\$11.80	\$3.02	\$880.80	\$987.13	\$1,974.26	\$1,905.16	\$2,773.84	N/A	N/A	N/A	N/A
FRVT-HMO-SS-003-S (2025)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.683	1.030	\$636.37	\$11.89	\$51.44	\$9.54	\$3.02	\$712.26	\$798.25	\$1,596.50	\$1,540.62	\$2,243.08	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-SS-004-S (2025)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.690	1.030	\$643.36	\$12.02	\$51.44	\$9.64	\$3.02	\$719.47	\$806.33	\$1,612.66	\$1,556.22	\$2,265.79	9.8%	9.8%	9.8%	9.8%
FRVT-HMOH-SS-002-N (2025)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.698	1.030	\$650.35	\$12.14	\$51.44	\$9.74	\$3.02	\$726.68	\$814.41	\$1,628.82	\$1,571.81	\$2,288.49	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-SS-001-N (2025)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.682	1.030	\$635.62	\$11.88	\$51.44	\$9.53	\$3.02	\$711.49	\$797.39	\$1,594.78	\$1,538.96	\$2,240.67	10.7%	10.7%	10.7%	10.7%
VT-HMO-SS-003-S II (2025)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.683	1.030	\$636.37	\$11.89	\$51.44	\$9.54	\$3.02	\$712.26	\$798.25	\$1,596.50	\$1,540.62	\$2,243.08	10.9%	10.9%	10.9%	10.9%
VT-HMOH-SS-004-S II (2025)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.690	1.030	\$643.36	\$12.02	\$51.44	\$9.64	\$3.02	\$719.47	\$806.33	\$1,612.66	\$1,556.22	\$2,265.79	9.9%	9.9%	9.9%	9.9%
VT-HMOH-SS-002-N II (2025)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.697	1.030	\$649.79	\$12.13	\$51.44	\$9.73	\$3.02	\$726.11	\$813.77	\$1,627.54	\$1,570.58	\$2,286.69	9.9%	9.9%	9.9%	9.9%
VT-HMO-SS-001-N II (2025)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.682	1.030	\$635.62	\$11.88	\$51.44	\$9.53	\$3.02	\$711.49	\$797.39	\$1,594.78	\$1,538.96	\$2,240.67	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-SB-002-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.611	1.000	\$553.11	\$10.46	\$51.44	\$8.39	\$3.02	\$626.42	\$702.04	\$1,404.08	\$1,354.94	\$1,972.73	11.1%	11.1%	11.1%	11.1%
FRVT-HMOH-SB-003-S (2025)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.617	1.000	\$558.54	\$10.55	\$51.44	\$8.47	\$3.02	\$632.02	\$708.32	\$1,416.64	\$1,367.06	\$1,990.38	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-SB-004-S (2025)	HyHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.625	1.000	\$565.96	\$10.68	\$51.44	\$8.57	\$3.02	\$639.67	\$716.90	\$1,433.80	\$1,383.62	\$2,014.49	9.8%	9.8%	9.8%	9.8%
FRVT-HMO-SB-005-N (2025)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.000	\$557.18	\$10.53	\$51.44	\$8.45	\$3.02	\$630.62	\$706.75	\$1,413.50	\$1,364.03	\$1,985.97	10.8%	10.8%	10.8%	10.8%
FRVT-HMO-SB-001-N (2025)	HyHMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.620	1.000	\$561.34	\$10.60	\$51.44	\$8.51	\$3.02	\$634.91	\$711.56	\$1,423.12	\$1,373.31	\$1,999.48	11.7%	11.7%	11.7%	11.7%

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

	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>																		
2																				
3		Company Legal Name:	MVP Health Plan, Inc.																	
4		HIOS Issuer ID:	77566	State:	VT															
5		Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group															
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:	1/1/2023		to	12/31/2023														
13					Total		PMPM													
14		Allowed Claims			\$147,897,728.90		\$766.64													
15		Reinsurance			\$0.00		\$0.00													
16		Incurred Claims in Experience Period			\$122,811,234.00		\$636.60													
17		Risk Adjustment			-\$5,043,570.65		-\$26.14													
18		Experience Period Premium			\$129,780,209.85		\$672.73													
19		Experience Period Member Months			192,917															
20																				
21		<b>Section II: Projections</b>																		
22																				
23		<b>Benefit Category</b>	<b>Experience Period Index Rate PMPM</b>	<b>Year 1 Trend</b>			<b>Year 2 Trend</b>			<b>Trended EHB Allowed Claims PMPM</b>										
24		Inpatient Hospital	\$101.94	Cost	1.048	Utilization	1.010	Cost	1.048	Utilization	1.010	\$114.20								
25		Outpatient Hospital	\$348.49	1.052	1.010	1.010	1.055	1.010	1.010	1.010	1.010	\$394.40								
26		Professional	\$191.70	1.017	1.010	1.010	1.013	1.010	1.010	1.010	1.010	\$201.35								
27		Other Medical	\$3.13	1.000	1.010	1.010	1.000	1.000	1.000	1.010	1.010	\$3.19								
28		Capitation	\$19.28	1.070	1.000	1.000	1.070	1.000	1.000	1.000	1.000	\$22.09								
29		Prescription Drug	\$102.09	1.042	1.029	1.029	1.042	1.029	1.029	1.029	1.029	\$117.55								
30		Total	\$766.64									\$852.79								
31																				
32		Morbidity Adjustment							1.001											
33		Demographic Shift							1.000											
34		Plan Design Changes							1.000											
35		Other							1.000											
36		Adjusted Trended EHB Allowed Claims PMPM for			1/1/2025				\$853.60											
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	1/1/2025					\$853.60		\$153,924,566.40										
43		Reinsurance						\$0.00		\$0.00										
44		Risk Adjustment Payment/Charge						-\$37.34		-\$6,733,373.83										
45		Exchange User Fees						0.00%		\$0.00										
46		Market Adjusted Index Rate						\$890.94		\$160,657,940.23										
47																				
48		Projected Member Months						180,324												
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): 1/1/2025 Market: Small Group

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

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

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

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

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

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

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

1.1 Product Name	Small Group																			
1.2 Product ID	77566VT005																			
1.3 Plan Name	77566VT0050001																			
1.4 Plan ID (Standard Component ID)	77566VT0050001																			
1.5 Metal	Platinum																			
1.6 AV Metal Value	0.800																			
1.7 Plan Category	Renewing																			
1.8 Plan Type	HMO																			
1.9 Exchange Plan?	Yes																			
1.10 Effective Date of Proposed Rates	1/1/2025																			
1.11 Cumulative Rate Change % (over 12 mos prior)	8.12%																			
1.12 Product Rate Increase %	9.46%																			
1.13 Submission Level Rate Increase %	9.46%																			

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

2.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019	77566VT0050020	
2.2 Allowed Claims	\$147,897,729	\$32,114,585	\$29,052,564	\$0	\$4,529,827	\$30,381,175	\$17,579	\$250,086	\$245	\$419,141	\$9,057,130	\$8,565,103	\$6,857,289	\$8,546,119	\$3,601,244	\$12,034,655	\$346,428	\$1,109,912	\$1,014,646			
2.3 Administrative Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$25,086,495	\$2,036,093	\$4,318,859	\$0	\$541,766	\$4,752,304	\$3,795	\$65,647	\$245	\$55,134	\$2,219,008	\$2,055,098	\$1,340,636	\$2,030,692	\$1,249,694	\$3,736,759	\$169,202	\$266,526	\$245,077			
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$122,811,234	\$30,078,493	\$24,731,705	\$0	\$1,988,061	\$25,628,871	\$11,823	\$184,440	\$0	\$364,008	\$6,838,122	\$6,510,005	\$5,516,654	\$6,515,427	\$2,351,551	\$8,297,896	\$177,225	\$843,386	\$769,568			
2.7 Risk Adjustment Transfer Amount	\$5,043,571	\$4,319,609	\$3,650,000	\$0	\$14,949	\$2,329,629	\$6,339	\$51,672	\$0	\$100,523	\$1,386,301	\$2,064,312	\$637,668	\$2,235,127	\$1,809,489	\$2,332,732	\$177,225	\$372,855	\$372,855			
2.8 Premium	\$129,780,210	\$26,236,497	\$25,600,456	\$0	\$3,354,533	\$23,569,678	\$6,015	\$297,755	\$0	\$352,593	\$9,438,313	\$8,480,166	\$5,104,178	\$9,586,364	\$4,201,656	\$11,103,576	\$584,125	\$890,176	\$964,610			
2.9 Experience Period Member Months	192,917	20,966.62	36,351.91	0	4,395	32,846	9	448	0	592	15,462	14,564	8,374	15,507	7,769	21,713	1,102	1,669	1,854			
2.10 Current Enrollment	15,027	7,351	7,704	0	349	2,095	3	48	0	8	1,275	1,330	838	1,247	621	1,769	120	137	138			
2.11 Current Premium P/MPM	\$746.45	\$973.38	\$817.16	\$0.00	\$81.44	\$820.64	\$720.03	\$734.06	\$740.87	\$682.63	\$660.74	\$632.50	\$667.54	\$585.70	\$561.97	\$698.84	\$59.72	\$59.72	\$57.71			
2.12 Loss Ratio	98.46%	98.44%	96.74%	#DIV/0!	116.29%	98.97%	111.50%	74.95%	#DIV/0!	144.41%	96.93%	101.33%	133.51%	88.63%	69.32%	96.81%	61.24%	163.21%	108.12%			
<b>Per Member Per Month</b>																						
2.13 Allowed Claims	\$766.64	\$1,047.37	\$808.12	#DIV/0!	\$1,030.68	\$924.96	\$1,953.20	\$558.23	#DIV/0!	\$708.01	\$585.77	\$588.10	\$818.88	\$551.11	\$463.54	\$554.26	\$314.36	\$665.02	\$547.27			
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$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	\$330.04	\$66.40	\$120.13	#DIV/0!	\$132.27	\$144.68	\$417.30	\$146.51	#DIV/0!	\$93.13	\$143.51	\$143.11	\$160.10	\$130.85	\$172.10	\$163.54	\$159.69	\$132.15	\$132.15			
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
2.17 Incurred Claims	\$636.60	\$980.97	\$687.98	#DIV/0!	\$907.41	\$780.27	\$1,535.94	\$411.70	#DIV/0!	\$614.88	\$442.25	\$446.99	\$658.78	\$420.16	\$302.68	\$382.16	\$160.82	\$505.32	\$415.09			
2.18 Risk Adjustment Transfer Amount	\$26.14	\$140.88	\$0.51	#DIV/0!	\$17.95	\$70.77	\$154.34	\$115.34	#DIV/0!	\$169.80	\$154.20	\$144.74	\$76.15	\$144.14	\$104.19	\$116.63	\$287.45	\$223.75	\$136.38			
2.19 Premium	\$672.73	\$855.67	\$712.09	#DIV/0!	\$763.26	\$717.58	\$968.30	\$664.63	#DIV/0!	\$595.60	\$610.45	\$582.89	\$609.51	\$618.20	\$540.82	\$511.38	\$530.06	\$533.38	\$520.29			

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019	77566VT0050020	
3.2 Market Adjusted Index Rate																					
3.3 AV and Cost Sharing Design of Plan	1.0888	0.9034	0.8977	0.0000	0.8446	0.7143	0.7221	0.7300	0.7134	0.7143	0.7221	0.7293	0.7134	0.6208	0.6269	0.6352	0.6254	0.6301			
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	1.0000		
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	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	4.87%	5.81%	5.84%	0.00%	5.57%	7.22%	7.15%	7.08%	7.23%	7.22%	7.15%	7.08%	7.23%	8.21%	8.14%	8.04%	8.16%	8.16%	8.16%		
3.7 Taxes and Fees	1.63%	1.68%	1.68%	0.00%	1.67%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.76%	1.82%	1.82%	1.81%	1.82%	1.82%	1.82%		
3.8 Profit & Risk Load	1.67%	1.67%	1.67%	0.00%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%	1.67%		
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	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	\$1,056.29	\$886.04	\$880.80	\$0.00	\$923.84	\$712.26	\$719.47	\$726.68	\$711.50	\$712.26	\$719.47	\$726.11	\$711.50	\$626.42	\$632.02	\$639.67	\$630.62	\$634.91			
3.11 Age Calibration Factor	1.0000								1.0000												
3.12 Geographic Calibration Factor	1.0000								1.0000												
3.13 Tobacco Calibration Factor	1.0000								1.0000												
3.14 Calibrated Plan Adjusted Index Rate	\$1,056.29	\$886.04	\$880.80	\$0.00	\$923.84	\$712.26	\$719.47	\$726.68	\$711.50	\$712.26	\$719.47	\$726.11	\$711.50	\$626.42	\$632.02	\$639.67	\$630.62	\$634.91			

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050003	77566VT0050004	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050008	77566VT0050009	77566VT0050010	77566VT0050011	77566VT0050012	77566VT0050013	77566VT0050014	77566VT0050015	77566VT0050016	77566VT0050017	77566VT0050018	77566VT0050019	77566VT0050020
4.2 Allowed Claims	\$165,954,967	\$28,158,243	\$34,340,423	\$0	\$23,564,752	\$32,182	\$85,819	\$10,727	\$654,368	\$13,677,367	\$14,267,371	\$8,989,516	\$13,377,001	\$6,467,653	\$18,423,957	\$1,248,788	\$1,426,841	\$1,238,958			
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	\$38,321,196	\$1,920,992	\$6,067,953	\$0	\$3,280,213	\$10,218	\$26,604	\$3,245	\$208,285	\$4,342,564	\$4,422,885	\$2,724,722	\$4,297,899	\$2,515,917	\$7,056,376	\$468,421	\$548,620	\$466,881			
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	\$127,633,771	\$26,237,851	\$28,272,471	\$0	\$20,284,338	\$21,964	\$59,215	\$7,482	\$446,083	\$9,334,803	\$9,844,485	\$6,264,794	\$9,119,102	\$3,951,736	\$11,367,582	\$781,367	\$878,221	\$762,077			
4.7 Risk Adjustment Transfer Amount	\$5,491,247	\$1,128,843	\$1,216,380	\$0	\$872,711	\$945	\$2,548	\$322	\$-19,192	\$401,616	\$423,544	\$269,533	\$392,335	\$-170,017	\$489,073	\$33,617	\$37,784	\$32,787			
4.8 Premium	\$147,380,947	\$29,799,993	\$32,460,994	\$0	\$23,225,862	\$25,041	\$69,069	\$8,720	\$520,813	\$10,897,817	\$11,482,783	\$7,301,721	\$10,646,798	\$4,688,070	\$13,416,487	\$921,127	\$1,036,237	\$899,035			
4.9 Projected Member Months	193,24	28,222	36,636	0	25,140	36	96	12	732	15,300	15,969	10,066	14,964	7,452	21,228	1,440	1,644	1,616			
4.10 Loss Ratio	89.95%	91.51%	90.49%	#DIV/0!	90.75%	88.94%	89.02%	89.09%	88.94%	89.02%	88.94%	89.02%	87.85%	87.93%	87.93%	87.91%	87.91%	87.91%			
<b>Per Member Per Month</b>																					
4.11 Allowed Claims	\$920.32	\$998.09	\$937.34</																		

## Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.*

*Select only the Rating Areas you are offering plans within and add a factor for each area.*

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

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

Rating Area	Rating Factor
Rating Area 1	1.0000