

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.
 Product Name: VT 2018 Exchange Filing Rates
 State: VermontGMCB
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.002C Any Size Group - HMO
 Filing Type: GMCB Rate
 Date Submitted: 05/12/2017
 SERFF Tr Num: MVPH-131034103
 SERFF Status: Closed-Approved
 State Tr Num:
 State Status:
 Co Tr Num:

 Implementation: 01/01/2018
 Date Requested:
 Author(s): Matt Lombardo, Eric Bachner
 Reviewer(s): Noel Hudson (primary), Thomas Crompton, David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed

 Disposition Date: 08/10/2017
 Disposition Status: Approved
 Implementation Date: 01/01/2018

 State Filing Description:

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

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer, Other	Explanation for Other Group Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 08/11/2017
	State Status Changed:
Deemer Date:	Created By: Eric Bachner
Submitted By: Eric Bachner	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2018 Exchange products.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2018 and December 31, 2018.

Company and Contact

Filing Contact Information

Matt Lombardo,	mlombardo@mvphealthcare.com
625 State Street	518-388-2483 [Phone]
Schenectady, NY 12305	

Filing Company Information

MVP Health Plan, Inc.	CoCode: 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:

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Noel Hudson	08/11/2017	08/11/2017

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/07/2017	07/07/2017
Pending Response	Jacqueline Lee	06/26/2017	06/26/2017
Pending Response	Jacqueline Lee	06/22/2017	06/22/2017
Pending Response	Jacqueline Lee	06/19/2017	06/19/2017
Pending Response	Jacqueline Lee	06/13/2017	06/13/2017
Pending Response	Jacqueline Lee	05/25/2017	05/25/2017
Pending Response	Jacqueline Lee	05/16/2017	05/16/2017

Response Letters

Responded By	Created On	Date Submitted
Eric Bachner	07/07/2017	07/07/2017
Eric Bachner	06/28/2017	06/28/2017
Eric Bachner	06/23/2017	06/23/2017
Eric Bachner	06/23/2017	06/23/2017
Eric Bachner	06/20/2017	06/20/2017
Eric Bachner	06/01/2017	06/01/2017
Eric Bachner	05/22/2017	05/22/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Eric Bachner	08/10/2017	08/10/2017
Supporting Document	Unified Rate Review Template	Eric Bachner	08/10/2017	08/10/2017

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Confidentiality granted; L&E Objection 6, Question #2	Note To Filer	Noel Hudson	07/10/2017	07/10/2017
Request for Confidentiality- L&E Objection #6 Question #2	Note To Reviewer	Eric Bachner	07/07/2017	07/07/2017

SERFF Tracking #:

MVPH-131034103

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

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT 2018 Exchange Filing Rates

Project Name/Number:

/

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Confidentiality granted; L&E Objection 5, Question 2	Note To Filer	Noel Hudson	06/30/2017	06/30/2017
Request for Confidentiality- L&E Objection #5 Question #2	Note To Reviewer	Eric Bachner	06/28/2017	06/28/2017
Confidentiality granted; L&E Objection #2 Question 5	Note To Filer	Noel Hudson	06/21/2017	06/21/2017
Request for Confidentiality- L&E Objection #2 Question #5	Note To Reviewer	Eric Bachner	06/20/2017	06/20/2017
Grant of confidentiality for RATEE file and Objection 1, Question 6	Note To Filer	Noel Hudson	06/02/2017	06/02/2017
Request for Confidentiality- L&E Objection #1 Question #6	Note To Reviewer	Eric Bachner	06/01/2017	06/01/2017
Request for Confidentiality- RATEE File	Note To Reviewer	Eric Bachner	05/18/2017	05/18/2017

SERFF Tracking #:

MVPH-131034103

State Tracking #:

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Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Disposition

Disposition Date: 08/10/2017

Implementation Date: 01/01/2018

Status: Approved

HHS Status: HHS Deferred

State Review: Reviewed by Actuary

Comment:

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	3.420%	3.420%	\$1,881,053	4,889	\$55,032,648	7.070%	-0.950%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Consumer Disclosure Form		No
Supporting Document	Filing Compliance Certification		No
Supporting Document	Third Party Filing Authorization		No
Supporting Document (revised)	Unified Rate Review Template		No
Supporting Document	Unified Rate Review Template		No
Supporting Document	Response to L&E Objection #1		No
Supporting Document	Response to L&E Objection #2		No

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to L&E Objection #3		No
Supporting Document	Response to L&E Objection #4		No
Supporting Document	Response to L&E Objection #5		No
Supporting Document	Response to L&E Objection #6		No

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/07/2017
Submitted Date	07/07/2017
Respond By Date	07/10/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
 S. Scott Gibson, F.S.A.
 Glenn A. Tobleman, F.S.A., F.C.A.S.
 Michael A. Mayberry, F.S.A.
 David M. Dillon, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 Steven D. Bryson, F.S.A.
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 Larry Choi, A.S.A.
 Kevin Rugeberg, A.S.A.
 Traci Hughes, A.S.A.

**Kansas City**

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 Leon L. Langlitz, F.S.A.
 D. Patrick Glenn, A.S.A., A.C.A.S.
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 Michael A. Brown, F.S.A.
 Naomi J. Kloppersmith, F.S.A.
 Stephanie T. Crownhart, F.S.A.
 Mark W. Birdsall, F.S.A.

London/Kansas City

Timothy A. DeMars, F.S.A., F.I.A.
 Scott E. Morrow, F.S.A., F.I.A.

Denver

Mark P. Stukowski, F.S.A.
 William J. Gorski, F.S.A.

Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

July 7, 2017

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

Re: MVP Health Plan, Inc.
 2018 Vermont Exchange Rate Filing
 SERFF Tracking #: MVPH-131034103
 Objection #6

Dear Mr. Bachner:

Thank you for your responses. We request the following remaining information items regarding this filing.

1. Please provide the following clarifications regarding your proposed modifications to the risk adjustment assumption:
 - a. How does the proposed assumption take the 14% admin reduction into account?
 - b. Using the percentage of the paid index rate implicitly assumes that the state-wide average premium is increasing at the same rate as MVP's paid index rate. Did MVP consider the impact of this assumption?
 - c. Please provide a calculation demonstrating the 0.74% of paid index rate referenced in your previous response.
 - d. Please provide a revised version of "VT 2018 Exchange Rate Filing SERFF.xlsx" which reflects the proposed risk adjustment change.
2. Provide a confidential exhibit detailing the relationship between facility and non-facility unit cost trends for the specified facilities we have discussed.
3. Provide an explanation of how the projected 3.1% rate increase contingent on CSR defunding was calculated.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 10, 2017. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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, appearing to read 'Kevin Ruggeberg', written over a horizontal line.

Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/26/2017
Submitted Date	06/26/2017
Respond By Date	06/28/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
S. Scott Gibson, F.S.A.
Glenn A. Tobleman, F.S.A., F.C.A.S.
Michael A. Mayberry, F.S.A.
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Kevin Rugeberg, A.S.A.
Traci Hughes, A.S.A.

**Kansas City**

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London/Kansas City

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Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

June 26, 2017

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

Re: MVP Health Plan, Inc.
2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103
Objection #5

Dear Mr. Bachner:

Thank you for your responses. We request the following remaining information items regarding this filing.

1. The final 2016 risk adjustments results differ from what was anticipated by MVP when developing assumptions for the 2018 rate filing. Would MVP like to propose a new risk adjustment assumption in light of this new information?
2. Please provide assumed unit cost increases for provider groups associated with Vermont hospitals, similar to the confidential exhibits already provided.
3. Your response on June 20th provides reasonable arguments that mid-year enrollments and terminations may be lower in 2018 than in 2016. However, these environmental factors are highly unlikely to result in all members enrolling in January and maintaining coverage through December. Please provide further support for the assumption that all individual enrollees will maintain a full 12 months of coverage, or propose a modified assumption that reflects MVP's best estimate of 2018 enrollment patterns.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 28, 2017. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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, appearing to read 'Kevin Rugeberg', written over a horizontal line.

Kevin Rugeberg, ASA, MAAA

Associate Actuary

Lewis & Ellis, Inc.

KRugeberg@LewisEllis.com

(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/22/2017
Submitted Date	06/22/2017
Respond By Date	06/23/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
S. Scott Gibson, F.S.A.
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**Kansas City**

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Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

June 22, 2017

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

Re: MVP Health Plan, Inc.
2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103
Objection #4

Dear Mr. Bachner:

Thank you for your responses. We request the following remaining information items regarding this filing.

1. Were the letters sent by the Green Mountain Care Board to Vermont hospitals in April 2017 considered in setting facility-level trend assumptions for 2018? See <http://gmcboard.vermont.gov/content/fy-2016-actuals> for copies of these letters.
2. It is our understanding that final 2016 risk adjustment payment data is now available through the EDGE server. Please provide this information if it is available.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 23, 2017. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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, appearing to read 'Kevin Rugeberg', written over a horizontal line.

Kevin Rugeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRugeberg@LewisEllis.com
(972)-850-0850

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

Objection Letter Status	Pending Response
Objection Letter Date	06/19/2017
Submitted Date	06/19/2017
Respond By Date	06/23/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
 S. Scott Gibson, F.S.A.
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**Kansas City**

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London/Kansas City

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 William J. Gorski, F.S.A.

Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

June 19, 2017

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

Re: MVP Health Plan, Inc.
 2018 Vermont Exchange Rate Filing
 SERFF Tracking #: MVPH-131034103
 Objection #3

Dear Mr. Bachner:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced QHP products filing submitted on 5/12/2017. The following additional information is required for this filing and is being submitted on behalf of the GMCB based on suggested questions submitted by the Office of the Health Care Advocate.

1. How many individuals enrolled in Medicaid in 2016 enrolled in your QHPs for 2017? How did this enrollment affect your trend estimates for 2018?
2. Paragraph 6 refers to calculating the impact of cost share leveraging on the carrier’s share of medical cost. Did you incorporate the adjustments made to QHP cost sharing to keep the plans aligned with federal AV requirements? If you did not adjust for these changes, please provide calculations of how this impacts the trend assumption.
3. Please provide a more qualitative explanation to support your claim that utilization will increase in 2018. Please include your clinical team’s interpretation and justification of your statistical results.
4. PBMs are responsible for managing Rx costs and as such may have a vested interest in stating a conservative trend. Do you have any internal trend analytics to support the reasonableness of the PBM findings? Please provide historic PBM forecasts compared to actual trends for 2014-2016.
5. Please provide quantitative and qualitative support for the expected impact due to new Vermont rules on limiting opiate prescriptions.


6. Please provide quantitative and qualitative support for the expected impact due to new rules requiring generic substitution for interchangeable biological products.
7. Have you studied the impact of providers driving costs? For example:
 - a. Services moving into high cost health systems;
 - b. Services moving from PCP to specialist; or
 - c. Services moving from an office setting to a facility setting.If so, please provide the study.
8. Please explain how ACA growth in insured population creating less bad debt and growth in covered members (and in turn more FFS volume helping to ease provider overhead strain) haven't led to lower unit cost increases.
9. Please describe any vended services from the corporate for-profit parent.
10. Is any overhead from the parent passed through to the VT non-profit?
11. Please provide support for your CTR estimate.
 - a. Other carriers in the market include a detailed exhibit of their CTR needs – please provide a similar exhibit or the components required for us to replicate the other carrier's exhibit including anticipated investment income, target RBC ratio, and current and projected authorized control level.
 - b. How does your parent impact your CTR requirement?
 - c. Do you have a target RBC and/or run simulations models to validate the need for this RBC level?

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 23, 2017. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

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

Sincerely,



Kevin Ruggeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRuggeberg@LewisEllis.com
(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
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Product Name: VT 2018 Exchange Filing Rates
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Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/13/2017
Submitted Date	06/13/2017
Respond By Date	06/23/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
S. Scott Gibson, F.S.A.
Glenn A. Tobleman, F.S.A., F.C.A.S.
Michael A. Mayberry, F.S.A.
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**Kansas City**

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D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher J. Merkel, F.S.A.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Kimberly S. Shores, F.S.A.
Michael A. Brown, F.S.A.
Naomi J. Kloppersmith, F.S.A.
Stephanie T. Crownhart, F.S.A.
Mark W. Birdsall, F.S.A.

London/Kansas City

Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

Denver

Mark P. Stukowski, F.S.A.
William J. Gorski, F.S.A.

Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

June 13, 2017

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

Re: MVP Health Plan, Inc.
2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing.

General

1. The memorandum states that MVP would seek a modification to the rates if the CSR subsidies are unfunded for 2018. Please provide the rates that MVP would propose in this scenario.
2. The projected incurred claims by plan on Worksheet 2 of the URRT coincide with the corresponding values in column H of Exhibit 6 on a PMPM basis. These values reflect the increased cost due to induced utilization. However, the allowed amount implied by Exhibit 6 does not seem to agree with the Total Allowed Cost in the URRT. For example, the Platinum plan has Net Claim Cost of \$606.97 PMPM and a Benefit AV of 0.890 as displayed in Exhibit 6. This would seem to imply a projected allowed cost of \$681.99 PMPM, as opposed to the \$592.03 in the URRT. Please explain this apparent discrepancy.
3. While we understand that the URRT Paid to Allowed factor will not tie to the experience period Paid to Allowed, we would anticipate that it would be consistent with the projected Paid to Allowed factors by plan provided in Column F of Exhibit 6. We understand that these factors are not the source of the URRT value, but they should logically be consistent. Please explain why these values appear to be quite different, or demonstrate that they are reasonably consistent.

Base Period Data

4. Please provide the claims data in the “Trend & Projection Assumptions” section of the Actuarial Memo Dataset split separately into Medical and Rx claims.

Trend

5. Please provide an expanded version of the facility-level cost trend file provided previously, with the effective date of approved rate changes included by facility. This response may be provided confidentially.

Experience Adjustments

6. Based on the persistency data provided, it appears that mid-year enrollment and terminations were roughly consistent in 2015 with the 2016 base period experience. As such, it is unclear why the “Adjustment for average policy during beginning of policy year” should be applied to Individual experience. The adjustment seems to implicitly assume that all Individual enrollees in 2018 will have coverage that is effective for 12 full months, which would be a break from past experience. Please clarify the purpose of this adjustment.
7. It appears that the “Other” factor in the URRT reflects the combined impact of the pooling charge, the durational adjustment, and the leap year adjustment. Please tie the URRT value to these adjustments, and clarify whether the “Other” factor includes any other adjustments.

Non-Benefit Expenses

8. Provide actual bad debt as a percentage of premium for each of the last three years.
9. Please demonstrate how MVP developed the 1.0% assumption for the Health Insurer Fee in 2018.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 23, 2017.

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, appearing to read 'Kevin Rugeberg', written over a horizontal line.

Kevin Rugeberg, ASA, MAAA

Associate Actuary

Lewis & Ellis, Inc.

KRugeberg@LewisEllis.com

(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/25/2017
Submitted Date	05/25/2017
Respond By Date	06/01/2017

Dear Matt Lombardo,

Introduction:

Please see the attached letter.

Conclusion:

Sincerely,
Jacqueline Lee

Dallas

Cabe W. Chadick, F.S.A.
 S. Scott Gibson, F.S.A.
 Glenn A. Tobleman, F.S.A., F.C.A.S.
 Michael A. Mayberry, F.S.A.
 David M. Dillon, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 Steven D. Bryson, F.S.A.
 Brian D. Rankin, F.S.A.
 Bonnie S. Albritton, F.S.A.
 Jacqueline B. Lee, F.S.A.
 Xiaoxiao (Lisa) Jiang, F.S.A.
 Brian C. Stentz, A.S.A.
 Jennifer M. Allen, A.S.A.
 Josh A. Hammerquist, A.S.A.
 Johnathan L. O'Dell, A.S.A.
 Clint Prater, A.S.A.
 Larry Choi, A.S.A.
 Kevin Rugeberg, A.S.A.
 Traci Hughes, A.S.A.

**Kansas City**

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 Leon L. Langlitz, F.S.A.
 D. Patrick Glenn, A.S.A., A.C.A.S.
 Christopher J. Merkel, F.S.A.
 Christopher H. Davis, F.S.A.
 Karen E. Elsom, F.S.A.
 Jill J. Humes, F.S.A.
 Kimberly S. Shores, F.S.A.
 Michael A. Brown, F.S.A.
 Naomi J. Kloepersmith, F.S.A.
 Stephanie T. Crownhart, F.S.A.
 Mark W. Birdsall, F.S.A.

London/Kansas City

Timothy A. DeMars, F.S.A., F.I.A.
 Scott E. Morrow, F.S.A., F.I.A.

Denver

Mark P. Stukowski, F.S.A.
 William J. Gorski, F.S.A.

Indianapolis

Kathryn R. Koch, A.C.A.S.

Baltimore

David A. Palmer, C.F.E.

May 25, 2017

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

Re: MVP Health Plan, Inc.
 2018 Vermont Exchange Rate Filing
 SERFF Tracking #: MVPH-131034103
 Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

General

1. Several items in the file "Federal AVC Actuarial Certification for Non-standard Plans – 2018 v2.pdf" are highlighted in grey. Please clarify whether this is an incomplete draft, or if there is some other significance to this highlighting.
2. Reconcile the discrepancy between the plan-level premium rates calculated by the Actuarial Memo Dataset (i.e. \$858.32 for platinum) with the proposed premiums shown in the Rate Increase Exhibit (i.e. \$728.70 for platinum).
3. Tie the following URRT figures to the relevant values in the rate development exhibits: Index Rate, Paid to Allowed Factor, and Projected Incurred Claims.

Base Period Data

4. Explain why the memorandum lists total experience period non-FFS and capitation amounts as \$7.48 PMPM, while Exhibit 3 shows this value as \$12.02 PMPM.

Trend

5. How do the assumed unit cost trends reflect the impact of changes to the Vermont Hospital Budgets?

6. Provide the facility-level unit cost changes for 2017 and 2018 underlying the assumed unit cost trends, and label the 2018 facility assumptions as either “Known” or “Assumed”. Please note this response may be provided confidentially.
7. The actuarial memorandum states that the regression analysis was set to start at December 2015 because this is when an increase in utilization was first observed.
 - a. Explain why MVP believes it is appropriate to use this type of regression analysis when it suggests positive trend but chose not to include prior years when there was a clear pattern of decreasing utilization.
 - b. Explain why MVP believes that selecting these 13 months as the data for the regression is appropriate, given that more data is available that does not suggest a general increase in utilization over time.
8. MVP is using historical data from all lines of business to set utilization trend rates for the Exchange population. Why was this data being used to support a utilization trend only on the Exchange population?

Experience Adjustments

9. Please complete the following table, illustrating the persistency of individual Vermont policies.

Number of Members	Months of Coverage											
Effective Date	1	2	3	4	5	6	7	8	9	10	11	12+
January 2015												
February 2015												
March 2015												
April 2015												
May 2015												
June 2015												
July 2015												
August 2015												
September 2015												
October 2015												
November 2015												
December 2015												
January 2016												
February 2016												
March 2016												
April 2016												

10. As with last year’s filing, please confirm that the normalization factor for Benefit Relativities and Induced Demand of 0.735 is the average of the products, rather than the product of the averages.

Non-Benefit Expenses

11. Please reconcile the URRT admin expense load of 8.38% of premium with the Act Memo Dataset value of 8.02%.

Risk Adjustment

12. Demonstrate numerically how the risk adjustment methodology described in the actuarial memorandum ties to the PMPM adjustment reflected in the URRT.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 1, 2017.

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

Sincerely,



Kevin Rugeberg, ASA, MAAA
Associate Actuary
Lewis & Ellis, Inc.
KRugeberg@LewisEllis.com
(972)-850-0850

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	05/16/2017
Submitted Date	05/16/2017
Respond By Date	05/18/2017

Dear Matt Lombardo,

Introduction:

Please provide the RATEE report from CMS.

Conclusion:

Sincerely,
Jacqueline Lee

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/07/2017
Submitted Date 07/07/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached Supporting Documentation which provides MVP's response to L&E Objection #6.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #6
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #6.pdf VT 2018 Exchange Rate Filing Updated Risk Adjustment SERFF.xlsx VT 2018 Exchange Rate Filing Updated Risk Adjustment SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Eric Bachner*

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/28/2017
 Submitted Date 06/28/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached supporting documentation which provides MVP's response to L&E Objection Letter #5.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #5
Comments:	
Attachment(s):	Support for L&E Objection #5 SERFF.xlsx Support for L&E Objection #5 SERFF.pdf Response to 2018 VT Exchange Objection #5 SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/23/2017
Submitted Date 06/23/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached supporting documentation which provides MVP's reponse to L&E Objection #4.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #4
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #4 SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Eric Bachner*

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/23/2017
Submitted Date 06/23/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached Supporting Documentation which provides MVP's response to L&E Objection Letter #3.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #3
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx Support for L&E Objection #3 SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Eric Bachner*

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/20/2017
Submitted Date 06/20/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached supporting documentation which provides responses to L&E's Objection #2. Please note that Question #5 has been deemed by MVP to contain confidential information and will be provided outside of SERFF.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #2
Comments:	
Attachment(s):	Rate Increase Exhibit 2017-2018 CSR Defund_All Plans SERFF.xlsx Rate Increase Exhibit 2017-2018 CSR Defund_Silver Plans SERFF.xlsx Response to 2018 VT Exchange Objection #2 SERFF.pdf Support for L&E Objection #2 SERFF.xlsx Support for L&E Objection #2 SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/01/2017
 Submitted Date 06/01/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

Please see the attached documents which provide MVP's response to L&E Objection Letter #1. Please note that the response to question #6 has been redacted and will be provided confidentially apart from SERFF.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to L&E Objection #1
Comments:	
Attachment(s):	Actuarial Memo Dataset 2018 VT Exchange v2 SERFF.xlsx Actuarial Memo Dataset 2018 VT Exchange v2 SERFF.pdf Response to 2018 VT Exchange Objection #1 SERFF.pdf Support for L&E Objection #1 SERFF.xlsx Support for L&E Objection #1 SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/22/2017
Submitted Date	05/22/2017

Dear Noel Hudson,

Introduction:

Response 1

Comments:

MVP has provided the response to this objection under separate cover as it contains information deemed to be confidential and proprietary.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Eric Bachner

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT 2018 Exchange Filing Rates

Project Name/Number:

/

Amendment Letter

Submitted Date:

08/10/2017

Comments:

Please see the attached Supporting Documentation which provides MVP's updated rate documents reflecting the Board's Decision and Order.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: VermontGMCB
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Filing Company: MVP Health Plan, Inc.
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2018 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2018 v2.pdf 2015 Market Share Report- GMCB.pdf Green Mountain Care Board-FY 2018 Proposed Budget Request.pdf Rate Increase Exhibit 2017-2018 GMCB DECISION SERFF.xlsx Rate Increase Exhibit 2017-2018 GMCB DECISION SERFF.pdf Utilization Data 2018 VT Exchange SERFF.xlsx VT Standard Plan Designs - AV Certification 2017-05-08 Updated for HSA R....pdf Non-Standard AVC Screenshots 2018 Exchange.pdf VT 2018 Exchange Rate Filing GMCB DECISION SERFF.pdf VT 2018 Exchange Rate Filing GMCB DECISION SERFF.xlsx Utilization Data 2018 VT Exchange SERFF.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	<i>Rate Increase Exhibit 2017-2018 SERFF.xlsx</i> <i>Rate Increase Exhibit 2017-2018 SERFF.pdf</i> <i>2018 Actuarial Memorandum Vermont Exchange.pdf</i> <i>Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx</i> <i>Coverage Month Adjustments 2018 Exchange SERFF.xlsx</i> <i>Coverage Month Adjustments 2018 Exchange SERFF.pdf</i> <i>Federal AVC Actuarial Certification for Non-standard Plans - 2018 v2.pdf</i> <i>VT Standard Plan Designs - AV Certification 2017-05-08 Updated for HSA R....pdf</i> <i>Non-Standard AVC Screenshots 2018 Exchange.pdf</i> <i>VT 2018 Exchange Rate Filing SERFF.pdf</i> <i>VT 2018 Exchange Rate Filing SERFF.xlsx</i> <i>2015 Market Share Report- GMCB.pdf</i> <i>Green Mountain Care Board-FY 2018 Proposed Budget Request.pdf</i> <i>Utilization Data 2018 VT Exchange SERFF.pdf</i> <i>Utilization Data 2018 VT Exchange SERFF.xlsx</i>
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT VT Exchange 2018_GMCB DECISION.xlsm UnifiedRateReviewSubmission_2017081092949.xml URRT VT Exchange 2018_GMCB DECISION.pdf

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Previous Version

Satisfied - Item: *Unified Rate Review Template*

Comments:

Attachment(s): *URRT VT Exchange 2018.xlsm*
URRT VT Exchange 2018.pdf
UnifiedRateReviewSubmission_20170507132747.xml

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Filer

Created By:

Noel Hudson on 07/10/2017 07:43 AM

Last Edited By:

Noel Hudson

Submitted On:

07/10/2017 07:43 AM

Subject:

Confidentiality granted; L&E Objection 6, Question #2

Comments:

I have reviewed your request for confidential treatment of certain information requested by Lewis & Ellis on July 7 regarding the 2018 Exchange Filing, MVPH-131034103.

The information you have identified is exempt from disclosure under Vermont's Access to Public Records Act. Specifically, it falls within the exemption set forth at 1 V.S.A. § 317(c)(9) because its public disclosure would reveal proprietary information. That information is competitively sensitive because MVP's competitors could use it to undermine MVP's competitive advantage that flows from having exclusive possession of such information. Accordingly, your request for confidential treatment of the above-referenced information is granted.

Please forward the material to L&E and the HCA and copy the undersigned, Judy Henkin, Tom Crompton and Marisa Melamed.

Noel Hudson, Esq.
Health Policy Director
Green Mountain Care Board

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Reviewer

Created By:

Eric Bachner on 07/07/2017 04:12 PM

Last Edited By:

Eric Bachner

Submitted On:

07/07/2017 04:12 PM

Subject:

Request for Confidentiality- L&E Objection #6 Question #2

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential provider contract negotiations between MVP and different providers, disclosure of which would not only violate contractual agreements with those providers, but would result in competitive disadvantage if our competitors were to learn the results of these negotiations. Also, it would harm MVP's future ability to negotiate with these providers, as they could become aware of discounts negotiated with other similarly situated providers, also harming MVP's competitive advantage. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Filer

Created By:

Noel Hudson on 06/30/2017 01:55 PM

Last Edited By:

Noel Hudson

Submitted On:

06/30/2017 01:55 PM

Subject:

Confidentiality granted; L&E Objection 5, Question 2

Comments:

I have reviewed your request for confidential treatment of certain information requested by Lewis & Ellis's Question #2 in their June 26 request regarding the 2018 Exchange Filing, MVPH-131034103.

The information you have identified is exempt from disclosure under Vermont's Access to Public Records Act. Specifically, it falls within the exemption set forth at 1 V.S.A. § 317(c)(9) because its public disclosure would reveal proprietary information. That information is competitively sensitive because MVP's competitors could use it to undermine MVP's competitive advantage that flows from having exclusive possession of such information. Accordingly, your request for confidential treatment of the above-referenced information is granted.

Please forward the material to L&E and the HCA and copy the undersigned, Judy Henkin, and Marisa Melamed.

Noel Hudson, Esq.
Health Policy Director
Green Mountain Care Board

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Reviewer

Created By:

Eric Bachner on 06/28/2017 04:11 PM

Last Edited By:

Eric Bachner

Submitted On:

06/28/2017 04:11 PM

Subject:

Request for Confidentiality- L&E Objection #5 Question #2

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential provider contract negotiations between MVP and different providers, disclosure of which would not only violate contractual agreements with those providers, but would result in competitive disadvantage if our competitors were to learn the results of these negotiations. Also, it would harm MVP's future ability to negotiate with these providers, as they could become aware of discounts negotiated with other similarly situated providers, also harming MVP's competitive advantage. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Filer

Created By:

Noel Hudson on 06/21/2017 03:10 PM

Last Edited By:

Noel Hudson

Submitted On:

06/21/2017 03:11 PM

Subject:

Confidentiality granted; L&E Objection #2 Question 5

Comments:

I have reviewed your request for confidential treatment of certain information requested by Lewis & Ellis's Question #5 in their June 13 request regarding the 2018 Exchange Filing, MVPH-131034103.

The information you have identified is exempt from disclosure under Vermont's Access to Public Records Act. Specifically, it falls within the exemption set forth at 1 V.S.A. § 317(c)(9) because its public disclosure would reveal proprietary information. That information is competitively sensitive because MVP's competitors could use it to undermine MVP's competitive advantage that flows from having exclusive possession of such information. Accordingly, your request for confidential treatment of the above-referenced information is granted.

Please forward the material to L&E and the HCA and copy the undersigned, Judy Henkin, and Marisa Melamed.

Noel Hudson, Esq.
Health Policy Director
Green Mountain Care Board

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Reviewer

Created By:

Eric Bachner on 06/20/2017 08:41 PM

Last Edited By:

Eric Bachner

Submitted On:

06/20/2017 08:41 PM

Subject:

Request for Confidentiality- L&E Objection #2 Question #5

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential provider contract negotiations between MVP and different providers, disclosure of which would not only violate contractual agreements with those providers, but would result in competitive disadvantage if our competitors were to learn the results of these negotiations. Also, it would harm MVP's future ability to negotiate with these providers, as they could become aware of discounts negotiated with other similarly situated providers, also harming MVP's competitive advantage. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Filer

Created By:

Noel Hudson on 06/02/2017 03:41 PM

Last Edited By:

Noel Hudson

Submitted On:

06/02/2017 03:41 PM

Subject:

Grant of confidentiality for RATEE file and Objection 1, Question 6

Comments:

I have reviewed your request for confidential treatment of certain information sought by Lewis & Ellis's 5/16 request for MVP's RATEE report and L&E's Objection 1, Question 6, posted 5/25, regarding the 2018 Exchange Filing.

In my opinion, the information you have identified is exempt from disclosure under Vermont's Access to Public Records Act. Specifically, it falls within the exemption set forth at 1 V.S.A. § 317(c)(9) because its public disclosure would reveal proprietary information. That information is competitively sensitive because MVP's competitors could use it to undermine MVP's competitive advantage that flows from having exclusive possession of such information. Therefore, it is exempt from disclosure under Vermont's Public Records Act. Accordingly, your request for confidential treatment of the information designated as confidential in your attached requests in the above-referenced rate review matter is granted.

Please forward the material to L&E and the HCA and copy Noel Hudson, Judy Henkin, Marisa Melamed.

Thank you,
Noel Hudson

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Reviewer

Created By:

Eric Bachner on 06/01/2017 04:19 PM

Last Edited By:

Eric Bachner

Submitted On:

06/01/2017 04:20 PM

Subject:

Request for Confidentiality- L&E Objection #1 Question #6

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential provider contract negotiations between MVP and different providers, disclosure of which would not only violate contractual agreements with those providers, but would result in competitive disadvantage if our competitors were to learn the results of these negotiations. Also, it would harm MVP's future ability to negotiate with these providers, as they could become aware of discounts negotiated with other similarly situated providers, also harming MVP's competitive advantage. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Note To Reviewer

Created By:

Eric Bachner on 05/18/2017 11:28 AM

Last Edited By:

Eric Bachner

Submitted On:

05/18/2017 11:29 AM

Subject:

Request for Confidentiality- RATEE File

Comments:

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential financial information which would result in a competitive disadvantage if our competitors were to learn these results. The file contains detailed financial and risk score information supplied confidentially by CMS. If our competitors were to learn this information, they could modify their products to match the benefits which are generating risk adjustment receipts for MVP and also identify plan designs which are generating risk adjustment payments to CMS. MVP maintains the secrecy of this data, and requests that the Board do likewise.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Post Submission Update Request Processed On 08/11/2017

Status: Allowed
Created By: Eric Bachner
Processed By: Noel Hudson
Comments:

Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	3.420%	6.740%
Overall % Rate Impact	3.420%	6.740%
Written Premium Change for this Program	\$1881053	\$3707740
Maximum %Change (where required)	7.070%	10.550%
Minimum %Change (where required)	-0.950%	2.280%

Product: NEW
Product Name Vermont HMO Contract Grp
HIOS Product ID 77566VT005
HIOS Submission ID 77566VT005
Number of Covered Lives 4618

Product: NEW
Product Name Vermont HMO Contract Ind
HIOS Product ID 77566VT004
HIOS Submission ID 77566VT004
Number of Covered Lives 5687

REQUESTED RATE CHANGE INFORMATION:

Min:	-0.950	2.280
Max:	7.070	10.55
Weighted Avg.:	3.420	6.74

REQUESTED RATE:

Projected Earned Premium:	56,913,700.000	58,740,388.000
Projected Incurred Claims:	50,140,970.000	51,867,763.000
Min:	3,492.620	3,621.600
Max:	7,368.140	8,744.400
Weighted Avg.:	5,522.920	5,700.180

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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	3.420%	3.420%	\$1,881,053	4,889	\$55,032,648	7.070%	-0.950%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
 Product Name: VT 2018 Exchange Filing Rates
 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
Vermont HMO Contract Grp	77566VT005	77566VT005	4618
Vermont HMO Contract Ind	77566VT004	77566VT004	5687

Trend Factors:

FORMS:

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

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 82,377
 Benefit Change: Increase
 Percent Change Requested: Min: -0.95 Max: 7.07 Avg: 3.42

PRIOR RATE:

Total Earned Premium: 55,032,648.00
 Total Incurred Claims: 49,749,513.00
 Annual \$: Min: 3,306.24 Max: 8,078.52 Avg: 5,340.38

REQUESTED RATE:

Projected Earned Premium: 56,913,700.00
 Projected Incurred Claims: 50,140,970.00
 Annual \$: Min: 3,492.62 Max: 7,368.14 Avg: 5,522.92

State: VermontGMCB
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Filing Company: MVP Health Plan, Inc.
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2018 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2018 v2.pdf 2015 Market Share Report- GMCB.pdf Green Mountain Care Board-FY 2018 Proposed Budget Request.pdf Rate Increase Exhibit 2017-2018 GMCB DECISION SERFF.xlsx Rate Increase Exhibit 2017-2018 GMCB DECISION SERFF.pdf Utilization Data 2018 VT Exchange SERFF.xlsx VT Standard Plan Designs - AV Certification 2017-05-08 Updated for HSA R....pdf Non-Standard AVC Screenshots 2018 Exchange.pdf VT 2018 Exchange Rate Filing GMCB DECISION SERFF.pdf VT 2018 Exchange Rate Filing GMCB DECISION SERFF.xlsx Utilization Data 2018 VT Exchange SERFF.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2018 Federal Act Memo Vermont Exchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP complies with the requirements of this regulation.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2018 VT Exchange.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - VT.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT VT Exchange 2018_GMCB DECISION.xlsm UnifiedRateReviewSubmission_2017081092949.xml URRT VT Exchange 2018_GMCB DECISION.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to L&E Objection #1
Comments:	
Attachment(s):	Actuarial Memo Dataset 2018 VT Exchange v2 SERFF.xlsx Actuarial Memo Dataset 2018 VT Exchange v2 SERFF.pdf Response to 2018 VT Exchange Objection #1 SERFF.pdf Support for L&E Objection #1 SERFF.xlsx Support for L&E Objection #1 SERFF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to L&E Objection #2
Comments:	
Attachment(s):	Rate Increase Exhibit 2017-2018 CSR Defund_All Plans SERFF.xlsx Rate Increase Exhibit 2017-2018 CSR Defund_Silver Plans SERFF.xlsx Response to 2018 VT Exchange Objection #2 SERFF.pdf Support for L&E Objection #2 SERFF.xlsx Support for L&E Objection #2 SERFF.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Satisfied - Item:	Response to L&E Objection #3
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #3 SERFF.pdf Support for L&E Objection #3 SERFF.xlsx Support for L&E Objection #3 SERFF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to L&E Objection #4
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #4 SERFF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to L&E Objection #5
Comments:	
Attachment(s):	Support for L&E Objection #5 SERFF.xlsx Support for L&E Objection #5 SERFF.pdf Response to 2018 VT Exchange Objection #5 SERFF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to L&E Objection #6
Comments:	
Attachment(s):	Response to 2018 VT Exchange Objection #6.pdf VT 2018 Exchange Rate Filing Updated Risk Adjustment SERFF.xlsx VT 2018 Exchange Rate Filing Updated Risk Adjustment SERFF.pdf
Item Status:	
Status Date:	

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Attachment Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Coverage Month Adjustments 2018 Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2017-2018 GMCB DECISION SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Utilization Data 2018 VT Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2018 Exchange Rate Filing GMCB DECISION SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRT VT Exchange 2018_GMCB DECISION.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2017081092949.xml is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2018 VT Exchange v2 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Support for L&E Objection #1 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2017-2018 CSR Defund_All Plans SERFF.xlsx is not a PDF document and cannot be reproduced here.

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
Project Name/Number: /

Attachment Rate Increase Exhibit 2017-2018 CSR Defund_Silver Plans SERFF.xlsx is not a PDF document and cannot be reproduced here.

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

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

Attachment Support for L&E Objection #5 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2018 Exchange Rate Filing Updated Risk Adjustment SERFF.xlsx is not a PDF document and cannot be reproduced here.



Contact Information

Company Information

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

Primary Contact Information

Contact Name:	Eric Bachner, ASA
Contact Title:	Senior Actuarial Analyst
Primary Contact Phone #:	1-800-777-4793, ext. 7213
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Primary Contact E-mail:	ebachner@mvphealthcare.com

ACTUARIAL MEMORANDUM 2018 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2018 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2018 and 12/31/2018. There are no benefit plans being retired, and there are 3 new base plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing as well as forms for the new plans. The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2018)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2017 to 2018. Please note that MVP has changed its internal naming structure for its plans for 2018, and Exhibit 1A displays both the old plan name from 2017 as well as the new plan. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

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 4,889 policyholders, 6,847 subscribers and 10,305 members based on February 2017 membership.

Experience Period Claims

MVP Health Plan, Inc. historical claim data was the basis of the premium rate development. ACA compliant individual and small employer group data are included in the experience period data set. There were no products excluded.

MVP combined the experience of these separate pools of data to satisfy the single risk pool requirement of the Federal ACA as well as Vermont rating requirements. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/16 and 12/31/16, paid through 2/28/17. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/17.

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

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

Summary of Experience Period Non-FFS and Capitation Amounts	
	Post-ACA Individual / Small Group
Other Medical Expenses not in claim warehouse	\$3.23
Net Reinsurance Expense	\$0.21
Wellstyle Rewards	\$0.00
Medical Home and PCP Incentive	\$2.06
Chiropractic Cap	\$0.68
18 VSA 9374(h) Billback	\$1.30
Total Non-FFS and Capitation Amounts	\$7.48

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

Adjustments to Experience Period Claims

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2016 dates of service. MVP’s claim system processes CSR member claims to reflect MVP’s expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 4 of Exhibit 3. Because of the magnitude of these CSR payments as a percentage of MVP’s total claim liability, any potential State or Federal regulations defunding these payments would leave MVP’s proposed premium rates inadequate to cover the benefits of the proposed plans. Should these payments be defunded between the current date and the beginning of the coverage effective date, MVP will pursue modifications to its premium rates to cover this potential shortfall.

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

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

Category for Rating	Rx Rebates	Rx Claims	Rebate %
ACA Compliant Small Group	(\$355,459)	\$2,680,819	-13.3%
ACA Compliant Individual	(\$365,608)	\$1,995,421	-18.3%
Total	(\$721,067)	\$4,676,240	-15.4%

To account for volatility in high cost claims, claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 15.2% was determined by computing the annual average cost of claims in excess of \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2014 and December 2016. Note that claims were capped at MVP's corporate reinsurance attachment point of \$675,000 as MVP will not be at risk for these claim amounts. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
CY2014	11.1%
CY2015	18.5%
CY2016	15.3%
Average	15.2%

Market-Wide Adjustments to Experience Period Claims

Two adjustments to the experience period incurred claim cost were necessary to adjust for items not captured in the experience period or that will not be applicable during the rating period. The adjustments are explained below.

Adjustment for Average Policy Duration Reflected in Experience Period

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

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors.

An upward adjustment was required for the ACA Compliant Small Group and Individual data due to MVP's membership in these pools being more heavily weighted towards earlier contract months. This is consistent with MVP's increasing membership over the time period.

The impact of this adjustment can be found in line 15 of Exhibit 3. Please see the attached file, "Coverage Month Adjustments 2018 Exchange SERFF.xlsx" which provides a calculation of these factors for each cohort.

Adjustment for Impact of Leap Year during Experience Period

MVP has made a downward adjustment to the experience period claim expense to reflect the fact that 2016 was a leap year and therefore had one extra day than the rating period. This adjustment factor is equal to 365/366 (approximately 0.997) and can be found in line 16 of Exhibit 3.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2017 and 2018 is illustrated in Exhibit 2a. MVP has performed regression analysis on its historical data which indicates that a positive utilization trend is justified and necessary to reflect an increase in the number of services being performed over time. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network as of the filing date.

As stated previously, MVP analyzed historical utilization patterns to determine whether a utilization trend is justifiable. Claims were aggregated from MVP's historical business in Vermont, including ACA Compliant Small Group and Individual and non-ACA Compliant Large Group and Small Group business, for the time period January 2014 to December 2016. For purposes of this analysis, a service is counted as a unique member plus date of service combination (with the exception of Inpatient services, which are measured in length of stay in days). Services are bucketed into Inpatient, Outpatient, or Physician based on the place of service. Raw Utilization data was completed with IBNR factors and normalized for changes in age over time.

The data was then aggregated by rolling twelve-month time periods over the 36 months (providing 25 rolling twelve month periods to analyze). MVP has seen flat to negative utilization trends over the course of earlier time periods, however there is an increase in utilization over the recent time period (rolling twelve-month ending dates of December 2015 and forward). Therefore, MVP made the December 2015 end date as its starting period for its regression analysis.

MVP plotted utilization against a numeric indicator (with rolling twelve ending December 2015 as 1 and increasing by 1 each month) and fit these points with a logarithmic line of best fit. MVP chose a logarithmic curve because of its tendency to have a reduced slope over time. The curves were tested using R-squared analysis. After performing this analysis, MVP determined that the R-squared of the Inpatient data was not high enough to justify that utilization was increasing over time, but the Outpatient and Physician lines did justify the use of a trend.

MVP calculated the Outpatient and Physician utilization trends by comparing the output of the logarithmic curve at time period 13 (the experience period) to the output at time period 37 (the rating period). This trend was then annualized and appears in Exhibit 2A (1.1% annually for Outpatient and 0.5% annually for Physician). Please see the attached file, "Utilization Data 2018 VT Exchange SERFF.xlsx", for this utilization data and a detail of the calculations used to determine these trends.

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

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

The average annual allowed trend factor applied to FFS medical claims in this filing is 4.2%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.7% which can be found in line 18 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 data over the experience period by drug class. Small group and Individual data was not separated as these blocks alone would not have been credible enough to produce a reliable forecast. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2017/2018 can be found in Exhibit 2b.

MVP received 2018 forecasted Rx rebate information from its PBM which is reflected in the projected Rx rebate calculation. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals \$11.99 PMPM across all blocks in 2018.

The average annual allowed Rx trend in this filing is 11.9%, and the average annual paid Rx trend net of Rx rebates is 12.7% which can be found in line 19 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 20 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 20, the following calculation is performed: [line 6 * line 18 + line 9 * line 19] / [line 6 + line 9].

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

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 23 and 24 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 24 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.

Capitation and Non-FRDM Expense Reflected in Rate Filing	
Other Medical Expense not in warehouse	\$2.72
Chiro Cap	\$0.68
Acupuncture Cap	\$0.03
Net Reinsurance Expense	\$0.21
Medical Home and PCP Incentive (VT Blueprint)	\$2.06
18 VSA 9374(h) Billback	\$3.10
Total	\$8.80

Upon further research between the prior filing (SERFF# MVPH-130558905) and this one, MVP has determined that "Expenses incurred to obtain information, analyze expenditures, review hospital budgets, and for any other contracts authorized by the board" (18 V.S.A § 9374 (h)(1)) have both not been previously included in prior filings as well as have been increasing substantially for the past two years. MVP is therefore building this expense into the rates based on its portion of the Green Mountain Care Board's proposed FY18 budgeted billback amount of \$3,743,883 (page 6 of the attached Report, sum of the three lines labeled "Health Care Billback"). MVP's portion of this amount is estimated by taking the budgeted billback amount divided by 4 (because the amount billed to hospitals and insurance carriers is split

evenly between hospitals, health insurance companies, medical service corporations, and health management organizations), which amounts to \$935,971.

Based on the attached 2015 Vermont Annual Statement Supplement Market Share Report, MVP Health Plan has approximately 40.9% of the Article 44 (HMO) business in Vermont. This equates to a share of \$382,812 for FY18 for MVPHP. MVP has 10,305 members enrolled on its Health Plan line as of February 2017. This means that the estimated amount due to MVP is \$37.15 PMPY or \$3.10 PMPM. Also, based on guidance from the GMCB, the assessment to fund the Health Care Advocate included in the previous filing is included in the total amount above.

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2018 and equal 0.999%.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2016 provided by CMS, MVP is slated to pay \$249,794 into the merged market transfer pool for 2016. This is \$3.03 on a PMPM basis or approximately 0.8% of experience period claims. However, MVP has learned based on conversations between MVP and the state that these interim results reflect claims paid through November 2016 for approximately 90% of the market, whereas MVP's data submission reflected claims paid through December 2016.

MVP has therefore assumed the market-wide average risk factor by comparing how MVP-specific risk factors change from November to December. MVP has compared its entire ACA-compliant book of business for 2016 paid through November to its entire book of business for 2016 paid through December and found that yearly risk score increased by approximately 4.1% with an added month of data. To simulate the increase to the market-wide average risk score, MVP has then assumed that 91.2% of the merged market (based on comparing MVP's membership as of December 2016 to publicly available membership for December 2016) will increase by 4.1% while the remaining 8.8% (reflecting MVP's market share) will not change. This results in a 3.7% increase in MVP's estimated liability for 2016.

Finally, CMS has proposed a change to the risk adjustment formula that removes a percentage of the money paid into/out of the transfer pool to reflect the portion of premium which is not claim-related. This percentage is 14%, so MVP has multiplied its projected 2016 payment by 0.86 to reflect the projected payment for 2018. This ultimate projected liability is \$1,350,446 and is approximately 3.9% of MVP's Paid Index Rate PMPM for 2018. This amount is converted to a PMPM basis and reflected in line 26 on Exhibit 3.

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

Line 27 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2018. This is the starting net claim cost that will be used to set 2018 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:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 6)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 27 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

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

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

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal 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. MVP did not reflect induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.700.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.042 and the experience period actuarial value times induced demand factor (0.735) 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 \$0.35 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.14 HHS risk adjustment user fee and \$0.21 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

The ACA Insurer Tax is being reinstated for 2018 dates of service. MVP is adding an expense load equal to 1.0% of premium to account for this tax. The load was derived based on the anticipated cost of this tax as a percentage of MVP Health Plan, Inc. revenue in 2018.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$38.10 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 2016 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.81 PMPM of the \$38.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2014, 2015, and 2016 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51

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

Contribution to Reserves/Risk Charge

MVP is building a 2.0% contribution to reserves/risk charge into the VT Exchange premium rates for 2018. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2017 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2017.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of February 2017, 24 of the 28 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.618 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.045
Single Risk Pool Total	1.691
Catastrophic Adjustment	0.618

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 2017. 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 88.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 89.6%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2018 VT Exchange	
A) Claims Expense	\$437.48
B) Taxes/Assessments	\$2.83
C) Quality Improvement	\$3.81
D) Premium	\$495.25
E) Traditional Loss Ratio = A) / D)	88.3%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	89.6%

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2016 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3. The data presented below does not reflect the impact of the Federal Risk Adjustment or Risk Corridor programs. MVP does not anticipate having to rebate members for 2016 per the ACA minimum MLR requirements.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
ACA Compliant Small Group	37,600	\$433.58	\$436.72	\$13.92	\$3.16	99.3%	103.3%
ACA Compliant Individual	44,777	\$313.39	\$415.39	\$13.37	\$3.16	75.4%	78.7%
Small Group + Individual Single Risk Pool	82,377	\$368.25	\$425.13	\$13.62	\$3.16	86.6%	90.3%

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

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2017, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2017 enrollment of the population eligible to purchase these products, or 10,305 members. On Worksheet 2 of the URRT, members are mapped based on their February 2017 benefit to the same benefits for 2018.

Actuarial Certification

I, Eric Bachner, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes

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

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

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2018 plan year after this filing is submitted, including changes to the enforcement of the individual mandate, repeal of the individual mandate or changes to rules around selling across state lines, 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 2018 plan year.

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



Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care, Inc.

05/12/2017
Date

Small ACA

Adjustment Factors by Deductible Level

Deductible Level	Factors											
	1	2	3	4	5	6	7	8	9	10	11	12
\$150	0.98	0.98	0.99	1.00	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01
\$650	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.04
\$750	0.92	0.92	0.96	0.99	1.00	1.01	1.02	1.03	1.03	1.04	1.04	1.04
\$1,550	0.87	0.87	0.94	0.98	1.00	1.02	1.03	1.04	1.05	1.06	1.07	1.07
\$2,000	0.85	0.85	0.93	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.08	1.08
\$2,400	0.83	0.83	0.92	0.97	1.00	1.02	1.04	1.06	1.07	1.08	1.09	1.09
\$4,000	0.80	0.80	0.88	0.95	0.99	1.03	1.05	1.07	1.09	1.10	1.12	1.13
\$4,400	0.79	0.79	0.88	0.94	0.99	1.03	1.05	1.08	1.09	1.11	1.12	1.13
\$5,000	0.78	0.78	0.87	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.13	1.14

Percent of Total Member Months

Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12
\$150	2.7%	2.6%	2.6%	2.5%	2.5%	2.4%	2.3%	2.2%	2.2%	2.0%	2.0%	1.9%
\$650	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
\$750	0.6%	0.5%	0.5%	0.5%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$1,550	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.7%	0.7%
\$2,000	1.6%	1.6%	1.5%	1.5%	1.4%	1.3%	1.3%	1.2%	1.0%	0.9%	0.8%	0.8%
\$2,400	1.6%	1.5%	1.5%	1.5%	1.4%	1.5%	1.4%	1.4%	1.4%	1.3%	1.1%	1.0%
\$4,000	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.5%	0.5%	0.5%
\$4,400	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.8%	0.7%	0.7%	0.7%
\$5,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%

Avg Policy Duration Factor 0.992
 Inverse of Factor 1.008
 FFS Experience Period Claim Expense After Pooling Adjustment \$403.44
 Market-Wide Claim Adjustment \$3.31

Individual ACA

Adjustment Factors by Deductible Level													Percent of Total Member Months												
Deductible Level	Factors												Deductible Level	Coverage Month											
	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$0	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	
\$60	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$60	1.4%	1.4%	1.3%	1.1%	1.1%	0.9%	0.7%	0.6%	0.5%	0.5%	0.4%	0.3%
\$100	0.99	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01	1.01	1.01	\$100	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$150	0.98	0.98	0.99	1.00	1.00	1.00	1.01	1.01	1.01	1.01	1.01	1.01	\$150	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%
\$300	0.96	0.96	0.98	1.00	1.00	1.01	1.01	1.01	1.02	1.02	1.02	1.02	\$300	0.8%	0.8%	0.7%	0.6%	0.6%	0.5%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%
\$500	0.94	0.94	0.97	0.99	1.00	1.01	1.02	1.02	1.02	1.03	1.03	1.03	\$500	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
\$600	0.93	0.93	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.03	\$600	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$650	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.02	1.03	1.03	1.03	1.04	\$650	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$700	0.92	0.92	0.97	0.99	1.00	1.01	1.02	1.03	1.03	1.03	1.04	1.04	\$700	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%
\$750	0.92	0.92	0.96	0.99	1.00	1.01	1.02	1.03	1.03	1.04	1.04	1.04	\$750	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$1,200	0.89	0.89	0.95	0.98	1.00	1.02	1.03	1.04	1.04	1.05	1.05	1.06	\$1,200	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
\$1,400	0.88	0.88	0.94	0.98	1.00	1.02	1.03	1.04	1.05	1.06	1.06	1.07	\$1,400	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
\$1,550	0.87	0.87	0.94	0.98	1.00	1.02	1.03	1.04	1.05	1.06	1.07	1.07	\$1,550	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%
\$1,600	0.87	0.87	0.94	0.98	1.00	1.02	1.03	1.04	1.05	1.06	1.07	1.07	\$1,600	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%
\$2,000	0.85	0.85	0.93	0.97	1.00	1.02	1.04	1.05	1.06	1.07	1.08	1.08	\$2,000	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
\$2,400	0.83	0.83	0.92	0.97	1.00	1.02	1.04	1.06	1.07	1.08	1.09	1.09	\$2,400	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
\$4,000	0.80	0.80	0.88	0.95	0.99	1.03	1.05	1.07	1.09	1.10	1.12	1.13	\$4,000	2.5%	2.5%	2.4%	2.3%	2.1%	2.1%	2.0%	1.9%	1.8%	1.8%	1.6%	1.6%
\$4,400	0.79	0.79	0.88	0.94	0.99	1.03	1.05	1.08	1.09	1.11	1.12	1.13	\$4,400	1.8%	1.7%	1.6%	1.4%	1.3%	1.2%	1.2%	1.0%	1.0%	0.9%	0.7%	0.6%
\$5,000	0.78	0.78	0.87	0.93	0.98	1.02	1.06	1.08	1.10	1.12	1.13	1.14	\$5,000	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%
\$6,850	0.76	0.76	0.85	0.92	0.97	1.02	1.05	1.09	1.11	1.14	1.15	1.17	\$6,850	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%

Avg Policy Duration Factor 0.986
 Inverse of Factor 1.014
 FFS Experience Period Claim Expense After Pooling Adjustment \$325.34
 Market-Wide Claim Adjustment \$4.55



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ACTUARIAL CERTIFICATION
FEDERAL ACTUARIAL VALUE ADJUSTMENT
VERMONT EXCHANGE
Gold 3 HDHP Plus 2400
Silver 2 HDHP Plus 4800
Bronze 1 HMO Plus 6000

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and non-standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an actuary representing Wakely Consulting Firm. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus 2400, Silver 2 HDHP Plus 4800, and Bronze 1 HMO Plus 6000, 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 2018 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 216,000 covered MVP commercial members. 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 1000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

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

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. I used the AV Calculator to determine the Federal AV for the plan provisions that do 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 2400 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 3 benefit features for the Silver 2 HDHP Plus 4800 were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- “Stacked” Aggregate Family Deductible and OOP Max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 4800 73% cost-sharing reduction plan were determined to not fit the Federal Calculator:

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

The following benefit feature for the Silver 2 HDHP Plus 4800 77% cost-sharing reduction plan was determined to not fit the Federal Calculator:

- VT secondary Rx OOP max

The following benefit feature for the Silver 2 HDHP Plus 4800 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

- Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Bronze 1 HMO Plus 6000 was determined to not fit the Federal Calculator:

- VT secondary Rx OOP max

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 2400 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	75.60%	78.36%
Gold 3 HDHP Plus 2400 including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.40%	78.12%

Silver 2 HDHP Plus 4800 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	63.40%	67.01%
Silver 2 HDHP Plus 4800 including the secondary Rx OOP max, the "stacked" aggregate family deductible and the safe harbor drug benefit	64.80%	68.48%

Silver 2 HDHP Plus 4800 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	68.30%	71.37%
Silver 2 HDHP Plus 4800 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	70.60%	73.73%

Silver 2 HDHP Plus 4800 77% CSR with no secondary Rx OOP max	75.00%	76.79%
Silver 2 HDHP Plus 4800 77% CSR including the secondary Rx OOP max	75.40%	77.17%

Silver 2 HDHP Plus 4800 87% CSR with no safe harbor drug benefit	85.40%	87.56%
Silver 2 HDHP Plus 4800 87% CSR including the safe harbor drug benefit	85.50%	87.65%

Silver 2 HDHP Plus 4800 94% CSR with no safe harbor drug benefit	92.60%	94.90%
Silver 2 HDHP Plus 4800 94% CSR including the safe harbor drug benefit	92.60%	94.90%

Bronze 1 HMO Plus 6000 with no secondary Rx OOP max	57.70%	60.65%
Bronze 1 HMO Plus 6000 with secondary Rx OOP max	58.70%	61.75%

Actuarial Adjustment factor for Gold 3 Plan: $0.997 = 75.40\% / 75.60\%$
Final Federal AV for Gold 3 Plan: $78.36\% \times 0.997 = 78.12\%$

Actuarial Adjustment factor for Silver 2 Plan: $1.022 = 64.80\% / 63.40\%$
Final Federal AV for Silver 2 Plan: $67.01\% \times 1.022 = 68.48\%$

Actuarial Adjustment factor for Silver 2 73% Plan: $1.033 = 70.60\% / 68.30\%$
Final Federal AV for Silver 2 73% Plan: $71.37\% \times 1.033 = 73.73\%$

Actuarial Adjustment factor for Silver 2 77% Plan: $1.005 = 75.40\% / 75.00\%$

Final Federal AV for Silver 2 77% Plan: $76.79\% \times 1.005 = 77.17\%$

Actuarial Adjustment factor for Silver 2 87% Plan: $1.001 = 85.50\% / 85.40\%$

Final Federal AV for Silver 2 87% Plan: $87.56\% \times 1.001 = 87.65\%$

Actuarial Adjustment factor for Silver 2 94% Plan: $1.000 = 92.60\% / 92.60\%$

Final Federal AV for Silver 2 94% Plan: $94.90\% \times 1.000 = 94.90\%$

Actuarial Adjustment factor for Bronze 1 Plan: $1.018 = 58.70\% / 57.70\%$

Final Federal AV for Bronze 1 Plan: $60.65\% \times 1.018 = 61.75\%$

CERTIFICATION

I, Matthew Lombardo, Associate Director of Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2018 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

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



Matthew Lombardo, FSA, MAAA
Associate Director, Actuarial Services
MVP Health Care

05/09/2017

Date

2015 Vermont
Annual Statement Supplement
Market Share Reports

Presented by



2015 Vermont Annual Statement Supplement Market Share Reports

This report is a compilation of information reported by commercial insurers that sold Vermont residents health, accident, or medical insurance during 2015.

Two types of adjustments were made on pages 6-8 to correct the reported information.

First, the number of covered lives were adjusted to avoid counting lives twice. Second, some TPA/ASO insurers did not correctly include the full premium amount so we completed the report to align with other reported insurer information.

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2015 Vermont Annual Statement Supplement Market Share Reports

Types of Insurance	Definition
Accident Only or AD&D	Policies that provide coverage, for accidental death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).
Catamount Health Insurance	An individual health insurance product for uninsured Vermonters who do not have access to employer (group) insurance and do not qualify for other state subsidized health programs.
Comprehensive Major Medical	These policies include, but are not limited to, policies that provide indemnity, HMO, PPO, POS or expense based coverage for hospital, medical and surgical expenses. This category excludes limited benefit plans such as short term medical insurance, hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as coverage described in the other categories of this exhibit. Note: Non-HDHP plans should be reported independently of HDHP plans.
Dental	Policies providing only dental treatment benefits such as routine dental examinations, preventative dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw. If dental benefits are part of a comprehensive medical plan, this data should be included under comprehensive/major medical category.
Disability - Long Term	Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide overhead expense benefits. This does not include credit disability.
Disability - Short Term	Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. This does not include credit disability.
Discretionary Groups	This line pertains to groups that do not meet the statutory requirements of employer groups, associations or trusts, and have received discretionary approval by the Department of Financial Regulation. Column totals should be calculated so as to include the total number covered lives in each discretionary group.
High Deductible Health Plan (HDHP)	As defined in the Medicare Modernization and Prescription Drug Act of 2003.
Non-Exempt Associations	Business subject to the statewide community rate. Column totals should be calculated in a such a manner so as to include the number of covered lives in each association.
Exempt Associations	Applied and received exemption from the Vermont Department of Financial Regulation. Exempt associations are community rated within the association. Column totals should be calculated so as to include the number of lives covered in each association.
Federal Employees	Coverage administered by the Office of Personnel Management under the FEHBP (Federal Employees Health Benefit Program) for federal employees, retirees and their survivors.
Limited Benefit	Policies that provide coverage that is designed to provide specified health benefits in certain limited and clearly specified circumstances. Only include policies that are not requested elsewhere in the submission. For example include hospital confinement only, vision care only and short term major medical, but not dental only, specified disease and accident only & accidental death and dismemberment.
Long Term Care - Tax Qualified	Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital including policies that provide benefits for cognitive impairment, or loss of functional capacity. This includes policies providing nursing home care plus home health care and/or community based care. This coverage meets the federal IRS requirements to qualify for a tax deduction.

2015 Vermont Annual Statement Supplement Market Share Reports

Types of Insurance	Definition
Long Term Care - Non-Tax Qualified	Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital including policies that provide benefits for cognitive impairment, or loss of functional capacity. This includes policies providing nursing home care plus home health care and/or community based care. This coverage does NOT meet the federal IRS requirements to qualify for a tax deduction.
Medicare Part C	Refers to private managed care plans that offer Parts A and B services together. Also known as Medicare Advantage program, which offers the option of enrolling in a managed care plan to receive Medicare benefits (both medical and drug coverage). Types of plans authorized under The Federal Balanced Budget Act of 1997 include preferred provider organizations (PPOs), provider-sponsored organizations (PSOs), private fee-for-service (PFFS) plans and high deductible plans linked to Medical Savings Accounts (MSAs), and as of 2003, Special Needs Plans (SNPs) for dual eligibles and other vulnerable populations.
Medicare Part D	Created under the Medicare Modernization Act of 2003 (MMA), it is a voluntary outpatient prescription drug benefit for Medicare beneficiaries that began in 2006. Medicare Part D does not need to be licensed by the state of Vermont as it is licensed by Centers for Medicare and Medicaid Services (CMS).
Medicare Supplement (MEDIGAP) Standardized Plans	Standardized Plans are policies sold by insurance companies to fill "gaps" in a policyholder's Medicare coverage. These policies were issued after July 1, 1992.
Medicare Supplement (MEDIGAP) Pre-Standardized Plans	Policies sold by insurance companies to fill "gaps" in a policyholder's Medicare coverage. These policies were issued before July 1, 1992.
Other	Plans that do not fit into the categories listed in this document and must be identified.
Other Medical (Non-Comprehensive)	This includes policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies). Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS supplement, Medicare supplement, or Federal Employee Health Benefit Program coverage, comprehensive major medical or limited benefit coverage.
Specified or Named Disease	This includes policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or as a principle sum.
Stop Loss / Excess Loss	This insurance or other risk-transfer arrangement that is purchased by a group health plan or by the sponsor or trustee of such plan to limit the exposure of such person against losses sustained by such plan.
Student Policies	This includes policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.
Third Party Administrator (TPA) and Administrative Services Only (ASO)	An entity or person contracting to provide any combination of services in administering health benefits for a health insurer or other entity such as self-insured employer plans, to include claims processing, underwriting, premium collection, case management, authorizations and customer service. Note: Please estimate your comprehensive major medical business separately.
Trusts	The total number of policies issued to a trust, or to one or more trustees of a fund established or adopted by two or more employers or one or more labor unions or similar employee organizations. The total number of policies includes the number of trusts not the number of groups within the trust. The total number of lives includes all the members/employees and all dependents of all the groups that belong to every trust.

2015 Vermont Annual Statement Supplement Market Share Reports

Summary of Insurer Reported Data

	2014			2015		
	Vermont Lives	Earned Premium Total	% of Total	Vermont Lives	Earned Premium Total	% of Total
TPA - ASO (Self-Insured) as Reported	266,727	\$479,589,893	27.8%	266,868	\$486,832,613	28.2%
Stoploss	77,679	\$50,631,687	2.9%	103,037	\$54,275,235	3.1%
Large Employer-Major Medical	47,400	\$227,321,739	13.2%	40,190	\$206,247,024	12.0%
Small Employer-Major Medical	37,231	\$175,703,274	10.2%	36,656	\$165,902,526	9.6%
Non-Group-Major Medical	32,038	\$134,414,445	7.8%	29,547	\$167,524,045	9.7%
Medicare Supplement	41,277	\$77,548,177	4.5%	43,462	\$83,817,776	4.9%
Federal Employee Plan	14,535	\$75,471,233	4.4%	14,666	\$80,356,896	4.7%
Accident, Short & Long-Term Disability, and Other	659,361	\$61,672,319	3.6%	826,805	\$66,509,747	3.9%
Medicare Part D	68,934	\$56,940,595	3.3%	68,624	\$53,777,638	3.1%
Dental	85,631	\$39,890,811	2.3%	90,329	\$39,594,551	2.3%
Medicare Part C	4,050	\$31,839,425	1.8%	7,424	\$57,748,211	3.4%
Long Term Care (Tax and Non-Tax Qualified)	15,286	\$24,974,845	1.4%	15,925	\$21,262,639	1.2%
Limited Benefit, Special Diseases, Student, and Other Health	138,025	\$19,804,592	1.1%	102,147	\$18,577,968	1.1%
Catamount-Major Medical	0	\$13,133,107	0.8%	0	\$289	0.0%
Associations-Major Medical	39,758	\$259,033,158	15.0%	39,410	\$220,993,063	12.8%
Other Major Medical (Discretionary, Trusts)	2	\$2,528	0.0%	0	-\$23,952	0.0%
Grand Total	1,527,934	\$1,727,971,828		1,685,090	\$1,723,396,270	

Note: Lives are not mutually exclusive, insurers reported by product line

**2015 Vermont Annual Statement Supplement Market Share Reports
Summary of Insurer Reported Data**

Line of Business	Type of Insurance	2015 As Reported		Adjustments		2015 Adjusted for Health Only		
		Vermont Lives	Earned Premium Total	Vermont Lives	Earned Premium Total	Vermont Lives	Earned Premium Total	% of Total
Associations-Major Medical	Major Medical	39,410	\$220,993,063	0	\$0	39,410	\$220,993,063	26%
Large Employer-Major Medical	Major Medical	40,190	\$206,247,024	20,077	\$97,048,593	60,267	\$303,295,618	35%
Small Employer-Major Medical	Major Medical	36,656	\$165,902,526	0	\$0	36,656	\$165,902,526	19%
Non-Group-Major Medical	Major Medical	29,547	\$167,524,045	0	\$0	29,547	\$167,524,045	20%
Other Major Medical (Discretionary, Trusts)	Major Medical	0	-\$23,952	0	\$0	0	-\$23,952	0%
Catamount-Major Medical	Major Medical	0	\$289	0	\$0	0	\$289	0%
Total Major Medical		145,803	\$760,642,995	20,077	\$97,048,593	165,880	\$857,691,588	100%
Federal Employee Plan	Self Insured	14,666	\$80,356,896	0	\$0	14,666	\$80,356,896	11%
TPA - ASO (Self-Insured) as Reported	Self Insured	266,868	\$486,832,613	-140,300	\$139,003,799	126,568	\$625,836,412	89%
Military - Vt Household Health Insurance Survey	Self Insured			18,578	\$0	18,578	\$0	0%
Total Self Insured		281,534	\$567,189,508	-121,722	\$139,003,799	159,812	\$706,193,307	100%
Vermont Resident Insured Lives		427,337	\$1,327,832,503	-101,645	\$236,052,392	325,692	\$1,563,884,895	
Dental	Other Insurance	90,329	\$39,594,551			90,329	\$39,594,551	
Medicare Supplement	Other Insurance	43,462	\$83,817,776			43,462	\$83,817,776	
Medicare Part D	Other Insurance	68,624	\$53,777,638			68,624	\$53,777,638	
Medicare Part C	Other Insurance	7,424	\$57,748,211			7,424	\$57,748,211	
Long Term Care (Tax and Non-Tax Qualified)	Other Insurance	15,925	\$21,262,639			15,925	\$21,262,639	
Limited Benefit, Special Diseases, Student, and Other Health	Other Insurance	102,147	\$18,577,968			102,147	\$18,577,968	
Stoploss	Other Insurance	103,037	\$54,275,235			103,037	\$54,275,235	
Accident, Short & Long-Term Disability, and Other	Other Insurance	826,805	\$66,509,747			826,805	\$66,509,747	
Total All Other Insurance		1,257,753	\$395,563,766			1,257,753	\$395,563,766	
Grand Total		1,685,090	\$1,723,396,270	-101,645	\$236,052,392	1,583,445	\$1,959,448,662	

Note: Adjustments were made to account for duplicate lives and to adjust premiums to premium equivalents

2015 Vermont Annual Statement Supplement Market Share Reports

All Major Medical

Small and Large Employer Group, Non-Group, Associations, Catamount, Discretionary and Trusts

Company Name	Vermont Lives	Earned Premium/Premium Equivalents		
		Total	% of Total	Cumulative %
Blue Cross and Blue Shield of Vermont	123,876	\$640,039,813	75%	75%
The Vermont Health Plan, LLC	7,158	\$39,964,417	5%	79%
MVP Health Insurance Company	6,080	\$27,900,347	3%	83%
MVP Health Plan Inc	5,093	\$27,662,967	3%	86%
Cigna Health & Life Insurance Company, Inc.	1,617	\$16,107,652	2%	88%
UnitedHealthcare Insurance Company	857	\$4,357,178	1%	88%
Aetna Life Insurance Company	669	\$3,010,438	0%	88%
4 Ever Life Insurance Company	79	\$544,433	0%	89%
QCC Insurance Company	87	\$447,634	0%	89%
State Farm Mutual Automobile Insurance Company	46	\$277,285	0%	89%
MVP Health Services Corp	58	\$222,504	0%	89%
MVP Health Insurance Company of New Hampshire, INC.	0	\$41,068	0%	89%
United States Life Insurance Company	92	\$30,649	0%	89%
Connecticut General Life Insurance Company	21	\$28,136	0%	89%
AXA Equitable Life Insurance Company	16	\$14,215	0%	89%
Metropolitan Life Insurance Company	1	\$10,682	0%	89%
Golden Rule Insurance Company	2	\$4,428	0%	89%
MONY Life Insurance Company	1	\$730	0%	89%
Prudential Insurance Company of America	7	\$721	0%	89%
Mid-West National Life Insurance Company of Tennessee	0	\$636	0%	89%
National Benefit Life Insurance Company	1	\$393	0%	89%
American Progressive Life & Health Insurance Company of New York	2	\$337	0%	89%
American Heritage Life Insurance Co.	0	\$283	0%	89%
UniCare Life & Health Insurance Company	36	\$0	0%	89%
John Alden Life Insurance Company	0	\$0	0%	89%
Centre Life Insurance Company	2	\$0	0%	89%
Mutual of Omaha Insurance Co	2	\$0	0%	89%
Grand Total as reported	145,803	\$760,666,947		
Large Employer Group Lives from VHCURES	20,077	\$97,048,593	11%	100%
Grand Total	165,880	\$857,715,540		

Note: Lives are not mutually exclusive, insurers reported by product line

2015 Vermont Annual Statement Supplement Market Share Reports

TPA - ASO (Self-Insured) as Reported				
Company Name	Vermont Lives	Earned Premium/Premium Equivalents		
		Total	% of Total Cumulative %	
Cigna Health & Life Insurance Company, Inc.	99,080	\$239,866,351	49%	49%
Blue Cross and Blue Shield of Vermont	43,543	\$205,030,530	42%	91%
Delta Dental Plan of Vermont	103,044	\$37,062,238	8%	99%
Aetna Life Insurance Company	8,000	\$2,640,070	1%	100%
MVP Select Care	10,643	\$2,432,921	0%	100%
United of Omaha Life Insurance Co	391	\$0	0%	100%
UniCare Life & Health Insurance Company	327	\$0	0%	100%
QCC Insurance Company	1,335	\$0	0%	100%
Prudential Insurance Company of America	0	\$0	0%	100%
Connecticut General Life Insurance Company	505	-\$199,497	0%	100%
BlueCard Plans Self Insured Lives from VHCURES	0	\$0	0%	100%
Grand Total as Reported	266,363	\$487,032,110		
Adjustment TPA - ASO (Self-Insured)				
Company Name	vermont Lives - Adj. for Major	Earned Premium/Premium Equivalents Adjustment for Premium		
Cigna Health & Life Insurance Company, Inc.	(47,784)			
Blue Cross and Blue Shield of Vermont				
Delta Dental Plan of Vermont	(103,044)			
Aetna Life Insurance Company		\$29,343,798		
MVP Select Care		\$55,123,300		
United of Omaha Life Insurance Co				
UniCare Life & Health Insurance Company				
QCC Insurance Company		\$4,611,979		
Prudential Insurance Company of America				
Connecticut General Life Insurance Company				
BlueCard Plans Self Insured Lives from VHCURES	10,528	\$49,924,722		
Total Adjustments	(140,300)	\$139,003,799		
TPA - ASO (Self-Insured) Adjusted				
Company Name	Vermont Lives	Earned Premium/Premium Equivalents		
		Total	% of Total Cumulative %	
Cigna Health & Life Insurance Company, Inc.	51,296	\$239,866,351	38%	38%
Blue Cross and Blue Shield of Vermont	43,543	\$205,030,530	33%	71%
Delta Dental Plan of Vermont	-	\$37,062,238	6%	77%
Aetna Life Insurance Company	8,000	\$31,983,868	5%	82%
MVP Select Care	10,643	\$57,556,220	9%	91%
United of Omaha Life Insurance Co	391	\$0	0%	91%
UniCare Life & Health Insurance Company	327	\$0	0%	91%
QCC Insurance Company	1,335	\$4,611,979	1%	92%
Prudential Insurance Company of America	-	\$0	0%	92%
Connecticut General Life Insurance Company	505	-\$199,497	0%	92%
BlueCard Plans Self Insured Lives from VHCURES	10,528	\$49,924,722	8%	100%
Grand Total TPA - ASO	126,568	\$625,836,412		

Federal Employee Plan				
Company Name	Vermont Lives	Earned Premium/Premium Equivalents		
		Total	% of Total Cumulative %	
Blue Cross and Blue Shield of Vermont	14,543	\$79,766,692	99%	99%
Aetna Life Insurance Company	116	\$523,629	1%	100%
MVP Health Plan Inc	7	\$66,574	0%	100%
Grand Total	14,666	\$80,356,896		

Military - Vt Household Health Insurance Survey	18,578
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Total Self Insured	159,812	\$706,193,307
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Note: Lives are not mutually exclusive, insurers reported by product line

2015 Vermont Annual Statement Supplement Market Share Reports

All Other

Medicare Supplement, Medicare Part C & D, Dental, Long Term Care, Student, Special Diseases, Other Medical, Limited Benefit, Accident, Short & Long-Term Disability, and Other

	193 Insurers	Vermont Lives	Earned Premium/Premium Equivalents
7 Insurers with More than \$10,000,000 in premiums		345,429	\$235,336,384
45 Insurers with Between \$9,999,999 and \$1,000,000 in premiums		641,134	\$143,703,491
139 Insurers with Less than \$1,000,000 in premiums		271,190	\$16,523,891
Grand Total		1,257,753	\$395,563,766

Note: Grouped for convenience, for detail contact Lori Perry at GMCB
 Note: Lives are not mutually exclusive, insurers reported by product line

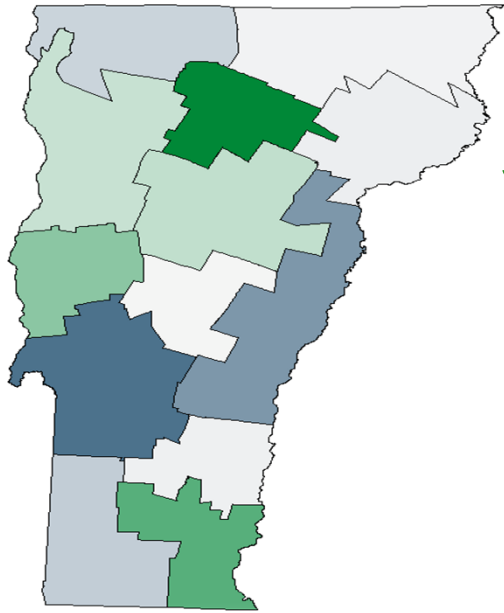
Source:

The Annual Statement Supplement Market Share report is prepared from a compilation of the ASSR.

The Annual Statement Supplement Report (ASSR) is in statute 8 V.S.A. § 3561.

Commercial insurers are required to report if they have sold active Health or Medical related insurance to Vermont Residents during the calendar year.

If you have questions about this report, please contact Lori Perry at the GMCB (802)828-2177.

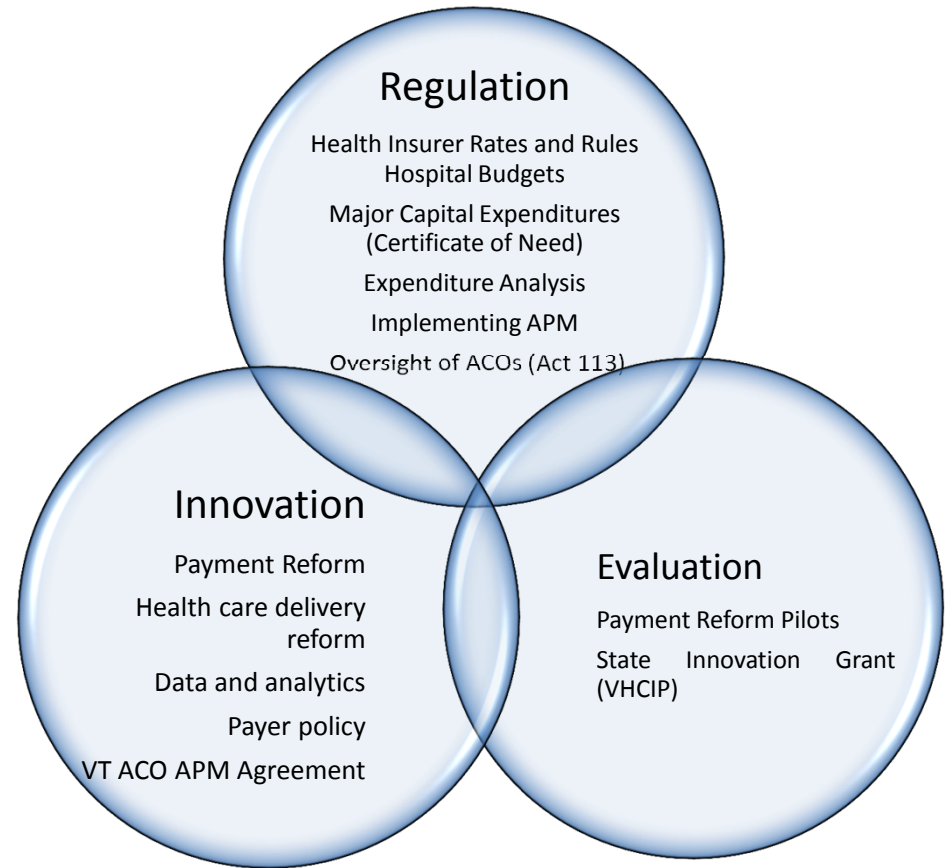
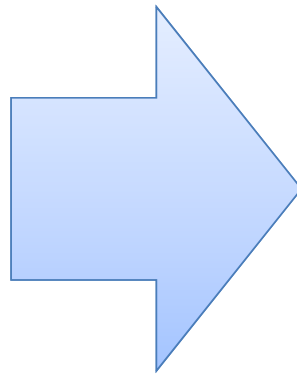


Susan Barrett, Executive Director
Kate Slocum, Financial Director

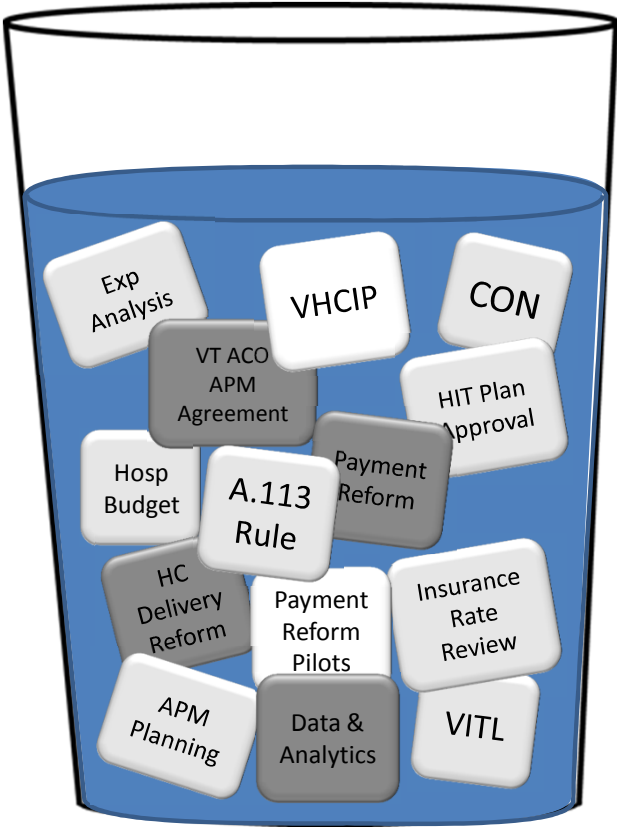
Green Mountain Care Board FY
2018 Budget
March 31, 2017

What do we do?

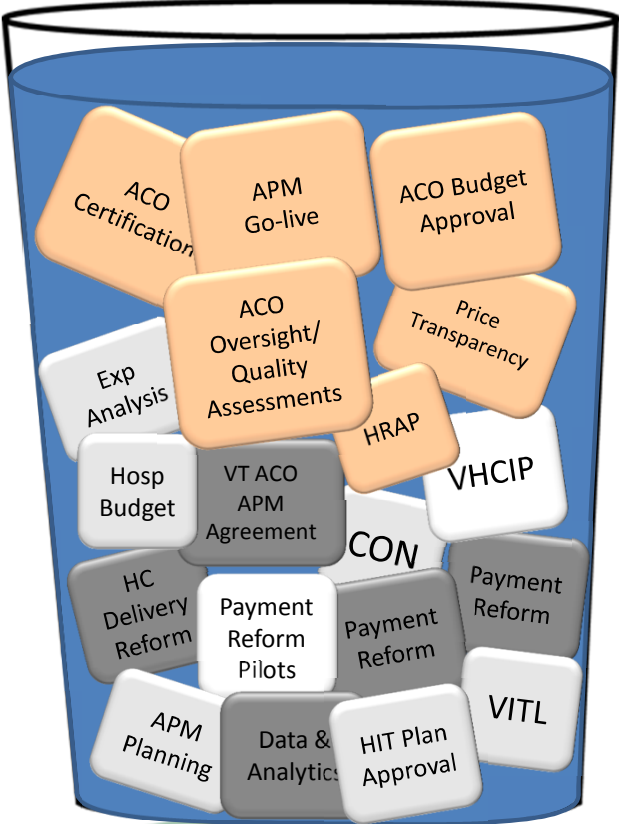
The **Green Mountain Care Board** is charged with reducing the rate of health care cost growth in Vermont while ensuring that the State of Vermont maintains a high quality, accessible health care system.



Current State vs. Future State



Current State vs. Future State



GMCB - HR Overview March 2017

Board:

Board Chair	Vacant – under recruitment, Term Ends September 2018
Con Hogan	October 2011 – Present, Term Ends September 2017
Jessica A. Holmes, Ph.D.	October 2014 – Present, Term Ends September 2020
Robin Lunge, J.D., MHCDS	November 2016 – Present, Term Ends September 2022
Board Member	Vacant – under recruitment, Term Ends September 2019

Staff:

Base: 21 Positions with 1 Vacancy - Private Secretary

APM/Act 113 of 2016: 7 Positions

2 Filled: Staff Attorney I, Health Services Researcher

5 Vacancies: Under Classification: Healthcare Statistical Information Administrator; Health Policy Advisor

Undergoing position creation: Health Policy Analyst; Financial Manager II, Financial Systems Analyst

Proposed GMCB FY18 Budget

Budget Group	FY2017 As Passed	FY2018 Dept Proposed	Year over Year	Percent Change
1. Salaries & Benefits				
General Fund	507,826	936,199	428,373	84.4%
Health Care Billback	761,998	1,566,515	804,517	105.6%
Global Commitment	1,938,154	936,197	(1,001,957)	-51.7%
IDT - SIM From AHS	260,412	33,827	(226,585)	-87.0%
Total	3,468,390	3,472,738	4,348	0.1%
2. Operating				
General Fund	100,333	211,081	110,748	110.4%
Health Care Billback	150,477	302,839	152,362	101.3%
Global Commitment	585,185	264,886	(320,299)	-54.7%
Total	835,995	778,806	(57,189)	-6.8%
3. Contracts				
General Fund	793,130	1,116,202	323,072	40.7%
Health Care Billback	1,370,450	1,874,529	504,079	36.8%
Global Commitment	1,758,481	1,606,435	(152,046)	-8.6%
IDT - SIM From AHS	1,232,149	184,244	(1,047,905)	-85.0%
Federal Fund	448,808	226,574	(222,234)	-49.5%
HIT	60,000	60,000	0	0.0%
Total	5,663,019	5,067,983	(595,036)	-10.5%
Grand Total	9,967,404	9,319,528	(647,876)	-6.5%

Fund Name	FY2017 As Passed	FY2018 Dept Proposed	Year over Year	Percent Change
General Funds	1,401,276	2,263,482	862,206	61.5%
Special Fund	2,342,927	3,803,883	1,460,956	62.4%
Federal Funds	448,808	226,574	(222,234)	-49.5%
Global Commitment	4,281,832	2,807,518	(1,474,314)	-34.4%
IDT Funds	1,492,561	218,070	(1,274,491)	-85.4%
Funds Total	9,967,404	9,319,528	(647,876)	-6.5%

MVP Health Care Derivation of 2018 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2017

	NON-STANDARD PLANS				PLATINUM	STANDARD PLANS						Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium		
	GOLD		SILVER			GOLD	SILVER		BRONZE								
	HDHP	Non-HDHP	CSR	Non-CSR			CSR	Non-HDHP	HDHP	Non-CSR	HDHP					Non-HDHP	
2018 Finalized Rates																	
Single Rate	\$568.54	\$604.43	\$474.08	\$474.08	\$425.35	\$705.42	\$596.79	\$505.48	\$528.79	\$505.48	\$528.79	\$429.17	\$425.27	\$293.04			
Couple Rate	\$1,137.08	\$1,208.86	\$948.16	\$948.16	\$850.70	\$1,410.84	\$1,193.58	\$1,010.96	\$1,057.58	\$1,010.96	\$1,057.58	\$858.34	\$850.54	\$586.08			
Adult and Child(ren) Rate	\$1,097.28	\$1,166.55	\$914.97	\$914.97	\$820.93	\$1,361.46	\$1,151.80	\$975.58	\$1,020.56	\$975.58	\$1,020.56	\$828.30	\$820.77	\$565.57			
Family Rate	\$1,597.60	\$1,698.45	\$1,332.16	\$1,332.16	\$1,195.23	\$1,982.23	\$1,676.98	\$1,420.40	\$1,485.90	\$1,420.40	\$1,485.90	\$1,205.97	\$1,195.01	\$823.44	\$56,913,700	\$460.24	\$5,522.92
2017 Approved Rates																	
Single Rate	\$530.99	\$586.08	\$470.40	\$470.40	\$406.28	\$673.21	\$602.52	\$491.74	\$521.73	\$491.74	\$521.73	\$412.52	\$408.10	\$275.52			
Couple Rate	\$1,061.98	\$1,172.16	\$940.80	\$940.80	\$812.56	\$1,346.42	\$1,205.04	\$983.48	\$1,043.46	\$983.48	\$1,043.46	\$825.04	\$816.20	\$551.04			
Adult and Child(ren) Rate	\$1,024.81	\$1,131.13	\$907.87	\$907.87	\$784.12	\$1,299.30	\$1,162.86	\$949.06	\$1,006.94	\$949.06	\$1,006.94	\$796.16	\$787.63	\$531.75			
Family Rate	\$1,492.08	\$1,646.88	\$1,321.82	\$1,321.82	\$1,141.65	\$1,891.72	\$1,693.08	\$1,381.79	\$1,466.06	\$1,381.79	\$1,466.06	\$1,159.18	\$1,146.76	\$774.21	\$55,032,648	\$445.03	\$5,340.38
2018 Finalized Rate Increases																	
Single Rate	7.1%	3.1%	0.8%	0.8%	4.7%	4.8%	-1.0%	2.8%	1.4%	2.8%	1.4%	4.0%	4.2%	6.4%			
Couple Rate	7.1%	3.1%	0.8%	0.8%	4.7%	4.8%	-1.0%	2.8%	1.4%	2.8%	1.4%	4.0%	4.2%	6.4%			
Adult and Child(ren) Rate	7.1%	3.1%	0.8%	0.8%	4.7%	4.8%	-1.0%	2.8%	1.4%	2.8%	1.4%	4.0%	4.2%	6.4%			
Family Rate	7.1%	3.1%	0.8%	0.8%	4.7%	4.8%	-1.0%	2.8%	1.4%	2.8%	1.4%	4.0%	4.2%	6.4%			
February 2017 Contracts																	
Single Rate	364	69	860	217	360	313	113	175	180	245	210	742	858	21			
Couple Rate	141	16	218	53	93	119	38	41	55	58	48	132	239	2			
Adult and Child(ren) Rate	32	3	25	9	18	23	8	3	3	10	16	23	25	0			
Family Rate	114	15	26	35	37	105	15	6	5	58	48	104	100	1			
Total	651	103	1,129	314	508	560	174	225	243	371	322	1,001	1,222	24			
2018 Proposed PMPY Revenue	\$5,934.17	\$6,354.62	\$5,599.32	\$5,232.41	\$4,800.68	\$7,368.14	\$6,516.42	\$5,993.96	\$6,261.41	\$5,306.61	\$5,574.57	\$4,678.35	\$4,847.79	\$3,492.62			
2017 Approved PMPY Revenue	\$5,542.24	\$6,161.69	\$5,555.85	\$5,191.79	\$4,585.45	\$7,031.71	\$6,578.98	\$5,831.03	\$6,177.81	\$5,162.37	\$5,500.14	\$4,496.85	\$4,652.06	\$3,283.80			
															3.4%	Total Revenue Change	



May 8, 2017

Mr. Dana Houlihan
Director, Enrollment Policy & Plan Management
VT Health Connect
Department of Vermont Health Access
Via Email Only

Re: State of Vermont Actuarial Value Certification for 2018 Standard Plan Designs - Revised

Dear Dana:

This memo replaces an earlier version provided on February 24, 2017. The Internal Revenue Code for 2018 per § 223(c)(2)(A), released on May 4, 2017¹, stated that the individual minimum deductible for High Deductible Health Plans (HDHP) would increase \$50 to \$1,350 from the 2017 minimum at \$1,300. Additionally, Vermont's statute (H.559 Sec. 32. 8 V.S.A. § 4089) on prescription drug deductibles and MOOPs, is tied to the same minimum deductible for HDHPs. This statute is described in more detail below. The prior memo did not incorporate any changes to the HDHP plans as the limits had not yet been released. This iteration of the memo updates the Silver and Bronze HDHPs to have a pharmacy deductible and pharmacy MOOP equal to the IRS minimum of \$1,350 in order to maintain status as an HDHP. Similar changes were made to the Cost sharing reduction plan (CSR) designs tied to the silver HDHP at the 73% and 77% AV levels. The deductible plans have not been updated since they do not need to comply with the IRS limits and they continue to comply with the Vermont statute. The prescription drug deductibles for the deductible plans may be updated for 2019 to be consistent with the HDHPs.

The Green Mountain Care Board has given prior approval to change the prescription drug deductibles and maximum out of pockets for the HDHPs if required due to changes in the 2018 IRS specified minimum deductible and in order to qualify as an HDHP in 2018.

Additionally, the proposed regulation expanding the low end of the de minimis range from -2% to -4% was finalized in the Market Stabilization Final Rule for 2018² released on April 18, 2017. No changes were

¹ <https://www.irs.gov/pub/irs-drop/rp-17-37.pdf>

² <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-07712.pdf>

made to the standard plan designs for 2018 as all plans were still within the de minimis range. However, we have updated any references to the acceptable AV range to account for this change.

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 Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs prior to 2018. For example, any plan design that has an AV from 68-72%, is considered a Silver plan.

Beginning in 2018, Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans (HDHPs), or plans that cover at least one major service, other than preventive, prior to the deductible. The Bronze HDHP plan would qualify for the expanded range, but the Bronze Deductible plan would not.

Also beginning in 2018, the de minimis range for all other metal tiers has been expanded to -4% on the low end (the high end of the range would remain at +2%). For example, a Silver plan could have an AV from 66-72%. This change did not impact the resulting standard plan designs.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2018 Actuarial Value Calculator (AVC)³ that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2017, one Platinum, one Gold, two Silver, and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a HDHP at each of the Silver and Bronze levels. 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. In 2018, the 2017 standard plan designs are all continuing and the State is adding a second traditional deductible Bronze plan. Due to regulatory constraints and additional pressure

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

on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs as described below. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range described above.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2017 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – the medical deductible was increased and the emergency department visits were made subject to the deductible
- Gold – the coinsurance applicable to hospital and radiology services was increased and the emergency department visits were made subject to the deductible
- Silver Deductible – the medical deductible, drug deductible, combined medical/drug MOOP, specialist copay, and urgent care copay were all increased
- Bronze Deductible – the medical deductible, drug deductible, and combined medical/drug MOOP were all increased
- Silver HDHP – the coinsurance applicable to all medical services except preventive, primary care and mental health/substance abuse office visits, the pharmacy deductible, the pharmacy MOOP, and the embedded individual MOOP were increased
- Bronze HDHP – the combined medical/drug deductible, the pharmacy deductible, the pharmacy MOOP, and the embedded individual MOOP were increased

For the Silver and Bronze HDHPs, all carriers will have the same plan design. In 2016 and 2017, there were two options from which the issuers may choose at each level. Beginning in 2016, the regulations⁴ required that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016, \$7,150 in 2017, and \$7,350 in 2018). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with this regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$7,350 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the federal regulations on individual maximum out of pocket costs. The first option had operational challenges, therefore, the issuers were allowed to choose either option for the HDHP standard plans in 2016 and 2017. For 2018, it is our

⁴ <http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>

understanding that all issuers will be able to administer the first option. Therefore, only this option is presented for 2018.

In addition to the standard plans, starting in 2016 the State of Vermont is requesting 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.

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

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

Executive Summary

A summary of Vermont's standard plan designs is in Appendix D. The Silver HDHP and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and

aggregate⁵. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,350, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,350. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2017, increasing to \$1,350 and \$2,700 for individual and family coverage in 2018). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,350 and \$2,700 for individual and family coverage in 2018) 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 \$1,350 for individual or \$2,700 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 \$1,350 or \$2,700, 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.

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

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

- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. 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).
- If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix E contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the “other” benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these dental services would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

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

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont’s prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

	Plan	Adjusted Acceptable Range
Deductible Plans	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
	Silver	66.0%-72.0%
	Bronze (Continuing, with drug limit)	56.0%-61.5%
	Bronze (New, without drug limit)	56.0%-64.5%
HDHPs	Silver - Embedded MOOP	66.0%-71.0%
	Bronze - Embedded MOOP	56.0%-64.0%
Cost Sharing Reduction Plan Designs - Deductible Plans	250-300% FPL (73% AV)	72.0%-74.0%
	200-250% FPL (77% AV)	76.0%-78.0%
	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	72.0%-73.0%
	200-250% FPL (77% AV)	76.0%-77.0%
	150-200% FPL (87% AV)	86.0%-87.0%
	133-150% FPL (94% AV)	93.0%-94.0%

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. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, both models include all members regardless of duration), there are also differences (for example, only group data is included in the HDHP model, while the AVC includes both small group and individual experience).

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

the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

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

HDHP Model

Anticipating the need to quantify some of Vermont's unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. For the 2016 AV adjustments, this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

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 a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012 (an attempt was made to update the data but was not possible due to timing issues)
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP 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 HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The HDHP 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. This changed from Option 1 due to the new federal regulations in 2016.

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

Adjusted AV Calculations

Using the federal AV calculator and the HDHP 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 HDHP model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were

developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.

- b. The HDHP 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 HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
 - c. The plan design in the HDHP 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 \$7,350.
3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze⁶ 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 HDHP 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 HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The HDHP 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

⁶ Only the continuing Bronze plan needs to be adjusted. The new bronze plan is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.

- c. The HDHP 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.

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

Disclosures and Limitations

Responsible Actuary. Julie Peper is the actuary responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report.

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

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that 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. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is

incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Final 2018 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.

Subsequent Events. Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to changes to regulations passed subsequent to this report. In particular, differences between the current regulations of the ACA and the American Health Care Act (AHCA) or further finalized legislation.

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

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

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

Sincerely,



Julie A. Peper, FSA, MAAA
Principal and Senior Consulting Actuary



Brittney Phillips, ASA, MAAA
Consulting Actuary

Appendix A

**Actuarial Certification
State of Vermont
Actuarial Value of Standard Plan Designs
Effective January 1, 2018**

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), 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, 2018 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:

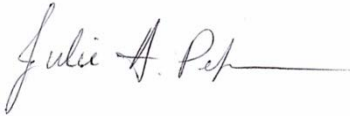
- The final 2018 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters 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, two Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, and Silver Deductible CSR 77%) that will be effective as of January 1, 2018 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.

A handwritten signature in black ink that reads 'Julie A. Peper' followed by a horizontal line.

Julie A. Peper, FSA, MAAA
May 8, 2017

Appendix B – Summary of Plan Design Changes from 2017 Designs

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase deductible to \$300 from \$250 Make ER visits subject to the deductible	Make ER visits subject to the deductible Increase coinsurance to 30% from 20% Applies to inpatient, outpatient, and radiology

Deductible Plans		
Plan	Silver	Bronze
Changes	Increase medical deductible to \$2,600 from \$2,150 Increase Rx deductible to \$300 from \$150 Increase combined medical/Rx MOOP to \$6,800 from \$6,000 Increase specialist office visit copay to \$75 from \$65 Increase urgent care copay to \$80 from \$60	Increase medical deductible to \$5,000 from \$4,600 Increase Rx deductible to \$900 from \$700 Increase combined medical/Rx MOOP to \$7,350 from \$7,150

HDHPs		
Plan	Silver - Embedded MOOP	Bronze – Embedded MOOP
Changes	Increase embedded single MOOP to \$7,350 from \$7,150 Increase coinsurance to 30% from 25% Applies to all medical services except preventive, PCP, and MH/SA office visits Increase Rx Deductible and MOOP to \$1,350 from \$1,300	Increase combined medical/Rx deductible to \$5,250 from \$5,050 Increase embedded single MOOP to \$7,350 from \$7,150 Increase Rx Deductible and MOOP to \$1,350 from \$1,300

Additionally, a new Bronze deductible plan is being added for the 2018 plan year. Due to regulatory constraints and additional pressure on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range.

Appendix C – Comments Relative to Applicable ASOPs

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

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

ASOP 23: Data Quality

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

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. The data was for similar/same populations and the most applicable data set available.
 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 list the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - There are no subsequent events, as of the date of this report that would materially affect the results presented herein.

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 D – Standard Plan Designs

Deductible Plan Designs

2018 Plan Designs - Deductible Plans					
Deductible/OOP Max	Platinum	Gold	Silver	Bronze (Continuing, with drug limit)	Bronze (New, without drug limit)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$300	\$850	\$2,600	\$5,000	\$7,350
Rx Ded	\$0	\$100	\$300	\$900	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,300	\$4,500	\$6,800	\$7,350	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	40%	50%	0%
Outpatient	10%	30%	40%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$25	\$35	\$40
MH/SA Office Visit	\$10	\$15	\$25	\$35	\$40
Specialist Office Visit	\$30	\$30	\$75	\$90	\$100
Urgent Care	\$40	\$40	\$85	\$100	0%
Ambulance	\$50	\$50	\$100	\$100	0%
Rx Generic	\$5	\$5	\$15	\$20	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	89.9%	82.0%	72.0%	61.1%	62.1%

Deductible Plan Designs – Cost Sharing Reduction Plans

2018 Plan Designs - Deductible Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,600	\$2,600	\$2,000	\$800	\$150
Rx Ded	\$300	\$300	\$200	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$6,800	\$5,700	\$4,500	\$1,600	\$800
Rx OOPM	\$1,300	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	40%	40%	10%
Outpatient	40%	40%	40%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$25	\$20	\$10	\$5
Specialist Office Visit	\$75	\$65	\$40	\$30	\$15
Urgent Care	\$85	\$75	\$50	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	72.0%	73.9%	77.7%	87.7%	94.7%

HDHP Plan Designs

Deductible/OOP Max	2018 Plan Designs - HDHP Plans: Embedded MOOP	
	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,250
Rx Ded	\$1,350	\$1,350
Integrated Ded	Yes	Yes
Medical OOPM	\$6,400	\$6,550
Rx OOPM	\$1,350	\$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2018 Federal AVC, Adjusted if Necessary	69.5%	59.8%

HDHP Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	2018 Plan Designs - HDHP Plan CSR Variations				
	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,550	\$1,350	\$1,200	\$550
Rx Ded	\$1,350	\$1,350	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,400	\$4,100	\$3,000	\$1,200	\$550
Rx OOPM	\$1,350	\$1,350	\$1,350	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	69.5%	73.0%	76.4%	86.1%	93.2%

Appendix E – Class I Pediatric Dental Codes

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

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

Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$7,350	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.0%	69.5%
Bronze HDHP– Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.0%	59.8%
Silver Deductible	No	No	No	Yes	No	Yes	71.3%	72.0%
Bronze Deductible (Continuing, with drug limit)	No	No	No	Yes	No	Yes	60.3%	61.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.5%	73.0%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	78.8%	76.4%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	86.7%	86.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.3%	93.2%
Silver Deductible CSR – 73%	No	No	No	Yes	No	Yes	73.4%	73.9%
Silver Deductible CSR – 77%	No	No	No	Yes	No	Yes	77.2%	77.7%
Silver Deductible CSR – 87%	No	No	No	Yes	No	Yes	87.5%	87.7%
Silver Deductible CSR – 94%	No	No	No	Yes	No	Yes	94.6%	94.7%

Appendix G – Screen Shots and AV Development

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

1. Silver HDHP – Embedded MOOP

AV from AVC = 72.0%

Adjusted AV = 69.5%

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 OOP Maximum 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
		\$1,550.00			
		70.00%			
		\$6,400.00			

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
 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: Silver HDHP
 Plans Option 1: Embedded MOOP - Option 2
Name: _____
Plan HIOS ID: _____
Issuer HIOS ID: _____

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.98%
 Metal Tier: Silver
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.0938 seconds
2018 AV Calculator

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs				
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>				
		Medical	Rx	
Individual Deductible		1,550	1,550	
Family Deductible		3,100	3,100	
Individual Out-of-Pocket		6,400	6,400	
Family Out-of-Pocket		12,800	12,800	
Coinsurance (50% or Less)		28%	30%	
Individual Embedded Moop:		7,350		
		Costs that Accumulate		
			OOP	
		Deductible	Medical	Rx
	Settings	Medical & Rx	Medical & Rx	Medical & Rx
				Deductible / OOP Type
				Stacked
				5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>		
Results				
		Medical	Rx	Total
	Allowed PMPM	\$274.48	\$42.78	\$317.26
	Plan PMPM	\$202.55	\$25.75	\$228.30
	Actuarial Value	73.8%	60.2%	72.0%

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		6,400	1,350		
Family Out-of-Pocket		12,800	2,700		
Coinsurance (50% or Less)		28%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$274.48	\$42.78	\$317.26	
Plan PMPM		\$192.89	\$27.49	\$220.39	
Actuarial Value		70.3%	64.3%	69.5%	

2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.0%

Adjusted AV = 59.8%

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 OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,250.00			
		50.00%			
		\$6,550.00			

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> 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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<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:
Bronze HDHP
Plans Option 1:
Embedded
MOOP - No
Changes to Rx
OOPM - Option 1

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output
Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 60.97%
 Metal Tier: Bronze
 Additional Notes:
 Calculation Time: 0.125 seconds
 2018 AV Calculator

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
<p>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.</p>					
		Medical	Rx		
Individual Deductible		5,250	5,250		
Family Deductible		10,500	10,500		
Individual Out-of-Pocket		6,550	6,550		
Family Out-of-Pocket		13,100	13,100		
Coinsurance (50% or Less)		50%	47%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$302.60	\$47.16	\$349.76	
Plan PMPM		\$191.38	\$21.89	\$213.27	
Actuarial Value		63.2%	46.4%	61.0%	

2. **Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,250	1,350		
Family Deductible		10,500	2,700		
Individual Out-of-Pocket		6,550	1,350		
Family Out-of-Pocket		13,100	2,700		
Coinsurance (50% or Less)		50%	47%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$302.60	\$47.16	\$349.76	
	Plan PMPM	\$181.93	\$27.21	\$209.14	
	Actuarial Value	60.1%	57.7%	59.8%	

3. Silver Deductible

AV from AVC = 71.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.6%/66.0 %
= 1.009 x .713 = 72.0%

Adjusted AV = 72.0%

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 OOP Maximum 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 (\$)	\$2,600.00	\$300.00				
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%				
MOOP (\$)	\$6,800.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$25.00	<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Deductible
Plan - Option 1
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.34%
Metal Tier: Silver
Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time: 0.1094 seconds
2018 AV Calculator

3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,800	6,800		
Family Out-of-Pocket		13,600	13,600		
Coinsurance (50% or Less)		39%	36%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$274.48	\$42.78	\$317.26	
Plan PMPM		\$180.78	\$28.74	\$209.52	
Actuarial Value		65.9%	67.2%	66.0%	

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,800	1,300		
Family Out-of-Pocket		13,600	2,600		
Coinsurance (50% or Less)		39%	36%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$274.48	\$42.78	\$317.26	
Plan PMPM		\$179.90	\$31.54	\$211.44	
Actuarial Value		65.5%	73.7%	66.6%	

4. Bronze Deductible (Continuing, with drug limit)

AV from AVC = 60.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $61.5\%/60.7\% = 1.013 \times .603 = 61.1\%$

Adjusted AV = 61.1%

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 OOP Maximum 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 (\$)	\$5,000.00	\$900.00			
Coinsurance (% Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$7,350.00				
MOOP if Separate (\$)					

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

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: Bronze Deductible Plan - No Changes to Rx OOPM - Option 1

Name: _____

Plan HIOS ID: _____

Issuer HIOS ID: _____

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.33%

Metal Tier: Bronze

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

Calculation Time: 0.1094 seconds

2018 AV Calculator

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

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<p>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.</p>					
		Medical	Rx		
Individual Deductible		5,000	900		
Family Deductible		10,000	1,800		
Individual Out-of-Pocket		7,350	7,350		
Family Out-of-Pocket		14,700	14,700		
Coinsurance (50% or Less)		51%	48%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$302.60	\$47.16	\$349.76	
Plan PMPM		\$184.95	\$27.23	\$212.18	
Actuarial Value		61.1%	57.7%	60.7%	

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

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,000	900		
Family Deductible		10,000	1,800		
Individual Out-of-Pocket		7,350	1,300		
Family Out-of-Pocket		14,700	2,600		
Coinsurance (50% or Less)		51%	48%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked
					2
		<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$302.60	\$47.16	\$349.76	
Plan PMPM		\$183.23	\$32.04	\$215.27	
Actuarial Value		60.6%	67.9%	61.5%	

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.0%

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 OOP Maximum 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 (\$)			\$1,550.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
MOOP (\$)			\$4,100.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
 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:

2017 Silver HDHP Plan
 Option 1:
 Embedded MOOP - 73% CSR Variation

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 Actuarial Value: 75.54%

Metal Tier:

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

Calculation Time: 0.1094 seconds

2018 AV Calculator

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,550		
Family Deductible		3,100	3,100		
Individual Out-of-Pocket		4,100	4,100		
Family Out-of-Pocket		8,200	8,200		
Coinsurance (50% or Less)		24%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$289.21	\$45.07	\$334.29	
Plan PMPM		\$224.19	\$28.19	\$252.37	
Actuarial Value		77.5%	62.5%	75.5%	

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		4,100	1,350		
Family Out-of-Pocket		8,200	2,700		
Coinsurance (50% or Less)		24%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$289.21	\$45.07	\$334.29	
Plan PMPM		\$214.65	\$29.36	\$244.01	
Actuarial Value		74.2%	65.1%	73.0%	

6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 78.8%

Adjusted AV = 76.4%

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 OOP Maximum 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 (\$)			\$1,350.00			
Coinsurance (% Insurer's Cost Share)			75.00%			
MOOP (\$)			\$3,000.00			
MOOP if Separate (\$)						

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

<p>Options for Additional Benefit Design Limits:</p> <p>Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/></p> <p>Specialty Rx Coinsurance Maximum: _____</p> <p>Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/></p> <p># Days (1-10): _____</p> <p>Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/></p> <p># Visits (1-10): _____</p> <p>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/></p> <p># Copays (1-10): _____</p>	<p>Plan Description:</p> <p>Silver HDHP Plan Option 1: Embedded MOOP - 77%</p> <p>Name: CSR Variation</p> <p>Plan HIOSID:</p> <p>Issuer HIOS ID:</p>
---	--

Output

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
78.81%

Actuarial Value: 78.81%

Metal Tier:

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

Calculation Time: 0.0625 seconds

2018 AV Calculator

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,000	3,000		
Family Out-of-Pocket		6,000	6,000		
Coinsurance (50% or Less)		24%	28%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$239.61	\$30.97	\$270.58	
Actuarial Value		80.6%	66.8%	78.8%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
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		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,000	1,350		
Family Out-of-Pocket		6,000	2,700		
Coinsurance (50% or Less)		24%	28%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$231.74	\$30.86	\$262.60	
Actuarial Value		78.0%	66.6%	76.4%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 86.7%

Adjusted AV = 86.1%

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 OOP Maximum 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 (\$)			\$1,200.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,200.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Silver HDHP
 Embedded
 MOOP Plan CSR
 Variations - 150-
 200% FPL
 (87% AV)
 2018 Option 1

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 86.71%
 Metal Tier: Gold
 Additional Notes:
 Calculation Time: 0.1406 seconds

2018 AV Calculator

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$299.92	\$46.74	\$346.67	
Plan PMPM		\$263.74	\$36.83	\$300.57	
Actuarial Value		87.9%	78.8%	86.7%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
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		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$299.92	\$46.74	\$346.67	
Plan PMPM		\$262.02	\$36.60	\$298.62	
Actuarial Value		87.4%	78.3%	86.1%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.3%

Adjusted AV = 93.2%

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 OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$550.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$550.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):

Plan Description:

2017 Silver HDHP Plan
Option 1: Embedded MOOP - 94% CSR Variation

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value: 93.27%

Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.0938 seconds

2018 AV Calculator

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

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$313.31	\$48.83	\$362.14	
Plan PMPM		\$294.51	\$43.20	\$337.71	
Actuarial Value		94.0%	88.5%	93.3%	

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

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$313.31	\$48.83	\$362.14	
Plan PMPM		\$294.42	\$43.13	\$337.55	
Actuarial Value		94.0%	88.3%	93.2%	

9. Silver Deductible CSR – 73%

AV from AVC = 73.4%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $68.9\%/68.4\% = 1.007 \times .734 = 73.9\%$

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 OOP Maximum 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 (\$)	\$2,600.00	\$300.00				
Coinsurance (% , Insurer's Cost Share)	60.00%	50.00%				
MOOP (\$)	\$5,700.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<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"/>		\$25.00	<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"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<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"/>
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?
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:
Deductible Plan
CSR Variations -
250-300% FPL
(73% AV)
Name: 2018 Option 1
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value: 73.40%

Metal Tier: Silver

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

Calculation Time: 0.1094 seconds

2018 AV Calculator

9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
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		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		5,700	5,700		
Family Out-of-Pocket		11,400	11,400		
Coinsurance (50% or Less)		38%	35%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$289.21	\$45.07	\$334.29	
Plan PMPM		\$197.39	\$31.21	\$228.61	
Actuarial Value		68.3%	69.3%	68.4%	

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		5,700	1,200		
Family Out-of-Pocket		11,400	2,400		
Coinsurance (50% or Less)		38%	35%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$289.21	\$45.07	\$334.29	
Plan PMPM		\$196.42	\$33.94	\$230.35	
Actuarial Value		67.9%	75.3%	68.9%	

10. Silver Deductible CSR – 77%

AV from AVC = 77.2%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $73.3\%/72.9\% = 1.005 \times .772 = 77.7\%$

Adjusted AV = 77.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum 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 (\$)	\$2,000.00	\$200.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$4,500.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<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"/>
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?
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:
Deductible Plan
CSR Variations -
200-250% FPL
(77% AV)
2018 Option 1

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Status/Error Messages:
Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
77.24%

Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
0.1562 seconds

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

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,000	200		
Family Deductible		4,000	400		
Individual Out-of-Pocket		4,500	4,500		
Family Out-of-Pocket		9,000	9,000		
Coinsurance (50% or Less)		36%	35%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$216.64	\$33.67	\$250.31	
Actuarial Value		72.9%	72.7%	72.9%	

10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,000	200		
Family Deductible		4,000	400		
Individual Out-of-Pocket		4,500	1,000		
Family Out-of-Pocket		9,000	2,000		
Coinsurance (50% or Less)		36%	35%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$215.61	\$36.28	\$251.89	
Actuarial Value		72.5%	78.3%	73.3%	

11. Silver Deductible CSR – 87%

AV from AVC = 87.5%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.7\%/85.5\% = 1.002 \times .875 = 87.7\%$

Adjusted AV = 87.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum 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 (\$)	\$800.00	\$150.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$1,600.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input 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? Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Plan Description:
 Deductible Plan
 CSR Variations -
 150-200% FPL
 (87% AV)
 2018 Option 1

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
 Actuarial Value: 87.53%
 Metal Tier: Gold
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1094 seconds

2018 AV Calculator

11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,600	1,600		
Family Out-of-Pocket		3,200	3,200		
Coinsurance (50% or Less)		35%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$299.92	\$46.74	\$346.67	
Plan PMPM		\$257.45	\$38.79	\$296.24	
Actuarial Value		85.8%	83.0%	85.5%	

11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,600	400		
Family Out-of-Pocket		3,200	800		
Coinsurance (50% or Less)		35%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Calculate </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$299.92	\$46.74	\$346.67	
Plan PMPM		\$256.30	\$40.75	\$297.05	
Actuarial Value		85.5%	87.2%	85.7%	

12. Silver Deductible CSR – 94%

AV from AVC = 94.6%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $94.8\%/94.7\% = 1.001 \times .946 = 94.7\%$

Adjusted AV = 94.7%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

Desired Metal Tier: Platinum

Deductible (\$): \$150.00
 Coinsurance (% , Insurer's Cost Share): 90.00%
 MOOP (\$): \$800.00
 MOOP if Separate (\$):

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$150.00	\$0.00	
90.00%	70.00%	
\$800.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

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		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Deductible Plan
 CSR Variations -
 133-150% FPL
 (94% AV)
 2018 Option 1

Name:
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

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

94.62%

Platinum

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

0.1094 seconds

12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		150	0		
Family Deductible		300	0		
Individual Out-of-Pocket		800	800		
Family Out-of-Pocket		1,600	1,600		
Coinsurance (50% or Less)		11%	15%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$313.31	\$48.83	\$362.14	
Plan PMPM		\$297.44	\$45.55	\$342.99	
Actuarial Value		94.9%	93.3%	94.7%	

12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
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		150	0		
Family Deductible		300	0		
Individual Out-of-Pocket		800	200		
Family Out-of-Pocket		1,600	400		
Coinsurance (50% or Less)		11%	15%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$313.31	\$48.83	\$362.14	
Plan PMPM		\$297.03	\$46.29	\$343.32	
Actuarial Value		94.8%	94.8%	94.8%	

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze ▼

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 (\$)	\$6,000.00	\$350.00
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)		\$0.00

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?
Medical	<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. MHSU)	<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 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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$16.00	<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"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$20.00
 VBID \$3.00

Facility
 Surgery

Output

Status/Error Messages:

Actuarial Value: 60.65% 1.018 61.75%
 Metal Tier: Bronze AV Adjust final AV

Calculation Successful.

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

Additional Notes:

Calculation Time: 0.0586 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze ▼

Bronze new 5

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
		\$7,350.00
		100.00%
		\$7,350.00
		\$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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 type="checkbox"/>	<input type="checkbox"/>		\$23.00	<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: _____
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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$30.00
 VBID \$3.00
 no RX OOPM

Facility
 Surgery

Output

Status/Error Messages:

Actuarial Value: 61.67% 1 61.67%
 Metal Tier: Bronze AV Adjust final AV

Additional Notes:

Calculation Time: 0.0625 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

Gold Hybrid

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	\$250.00
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$6,050.00	\$1,300.00
		\$7,350.00

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?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$30.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Facility 20%
 Surgery 20%

Output

Status/Error Messages:

Actuarial Value: 80.12% **1** 80.12%
 Metal Tier: Gold AV Adjust final AV

Additional Notes:

Calculation Time: 0.1406 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

Gold HDHP

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 (\$)		\$2,400.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,400.00
MOOP if Separate (\$)		\$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Facility Surgery

Output

Status/Error Messages:

Actuarial Value: 78.36% **0.997** 78.12%
 Metal Tier: Gold AV Adjust final AV

Additional Notes:

Calculation Time: 0.0625 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

Silver 73

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 (\$)	\$1,100.00	\$300.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$4,550.00	\$1,300.00
		\$5,850.00

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?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$60.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	
# Copays (1-10):	3

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Facility \$1,400.00
 Surgery \$600.00

Output

Status/Error Messages:

Actuarial Value: 73.98% **1** 73.98%
 Metal Tier: Silver AV Adjust final AV

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

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: 0.0625 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

Silver 77

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	\$100.00
Coinsurance (% , Insurer's Cost Share)	70.00%	60.00%
MOOP (\$)		
MOOP if Separate (\$)	\$4,500.00	\$1,300.00
		\$5,800.00

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?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$40.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
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"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	
# Copays (1-10):	3

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Facility
 Surgery

Output

Status/Error Messages:

Actuarial Value: 77.98% **1** 77.98%
 Metal Tier: AV Adjust final AV

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

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: 0.0625 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

Silver 87

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)	90.00%	60.00%
MOOP (\$)		
MOOP if Separate (\$)	\$2,000.00	\$450.00 \$2,450.00

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?
Medical	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$30.00	<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"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$30.00	<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"/>		\$200.00	<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"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Facility
 Surgery

Output

Status/Error Messages:

Actuarial Value: 87.99% 1 87.99%
 Metal Tier: Gold AV Adjust final AV

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

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: 0.043 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum ▼

Silver 94

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	95.00%
MOOP (\$)		
MOOP if Separate (\$)	\$950.00	\$150.00
		\$1,100.00

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?
Medical	<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$10.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Output

Status/Error Messages:

Actuarial Value: 94.96% 1 94.96%
 Metal Tier: Platinum AV Adjust final AV

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

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: 0.0586 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

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 (\$)	\$2,000.00	\$600.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$6,050.00	\$1,300.00
		\$7,350.00

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?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<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"/>		\$60.00	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	
# Copays (1-10):	3

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5.00
 VBID \$1.00

Facility \$1,400.00
 Surgery \$600.00

Output

Status/Error Messages:

Actuarial Value: 69.66% **1** 69.66%
 Metal Tier: Silver AV Adjust final AV

Calculation Successful.

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: 0.0469 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver Silver ▼

silver new HDHP 73

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 (\$) \$3,700.00
		Coinsurance (% , Insurer's Cost Share) 100.00%
		MOOP (\$) \$3,700.00
		MOOP if Separate (\$) \$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Facility Surgery

Output

Status/Error Messages:

Actuarial Value: 71.37% 1.033 73.73%
 Metal Tier: AV Adjust final AV

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Additional Notes:

Calculation Time: 0.0469 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

silver new HDHP

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 (\$)		\$4,800.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,800.00
MOOP if Separate (\$)		\$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID: [Redacted]
 Facility Surgery: [Redacted]
 Family Ded & OOPM + \$7350/\$9600

Output

Status/Error Messages:

Actuarial Value: 67.01% 1.022 68.48%
 Metal Tier: AV Adjust final AV

Error: Result is outside of +/- 2 percent de minimis variation.

Additional Notes:

Calculation Time: 0.0469 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

silver new HDHP 77

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 (\$)		\$2,600.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,600.00
MOOP if Separate (\$)		\$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Facility Surgery

Output

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 Actuarial Value: 76.79% 1.005 77.17%
 Metal Tier: AV Adjust final AV

Additional Notes:

Calculation Time: 0.0469 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

silver new HDHP 87

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
		\$1,100.00
		100.00%
		\$1,100.00
		\$0.00

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?
Medical	<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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Facility Surgery

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.56% 1.001 87.65%
 Metal Tier: Gold AV Adjust final AV

Additional Notes:

Calculation Time: 0.0469 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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum ▼

silver new HDHP 94

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 (\$)		\$400.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$400.00
MOOP if Separate (\$)		\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> 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. MHSU)	<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%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> 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:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic VBID

Facility Surgery

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.90% 1 94.90%
 Metal Tier: Platinum AV Adjust final AV

Additional Notes:

Calculation Time: 0.0469 seconds



MVP Health Care -- 2018 Exchange Rate Filing

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2017 to 2018 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- 2018 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBD = \$1 [#]
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400 (Fac)	\$4,800	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 [#]
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 [#]
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 [#]
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	\$0**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non A/IAN)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,500	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,700	\$7,400	Embedded	0%	Embedded	Aggregate	\$3,700	\$7,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,100	\$2,200	Embedded	0%	Embedded	Embedded	\$1,100	\$2,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$400	\$800	Embedded	0%	Embedded	Embedded	\$400	\$800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,600	\$5,200	Embedded	0%	Embedded	Aggregate	\$2,600	\$5,200	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$1,400 (Fac)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBD = \$1 [#]
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$200 (Fac)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBD = \$1 [#]
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$40 (Fac)	\$20 (Phys)	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBD = \$1 [#]
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBD = \$1 [#]

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*																					
In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBD = \$1 [#]
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600*	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 [#]
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 [#]
FRVT-HMO-BA2-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	\$50	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 [#]

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
 ** 3 PCP Office Visits are covered in full, not subject to deductible
 ^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
 * Family deductible is structure is \$7,350 for each member up to family limit
 Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

Exhibit 1a -- Comparison of 2017 to 2018 Benefits by Plan
 MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits											Pharmacy							
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type		Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	20%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%	
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%	
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded	
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded	
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$400 (Fac)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #	
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #	
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded	
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded	
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible	
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBID = \$3 #	
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 #	
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMO-B-002-S (2018)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible	
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible	
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 #
FRVT-HMO-B-001-N (2018)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 #
FRVT-HMO-C-001-S (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$0	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2018)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$0	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits											Pharmacy						
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type		Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBID = \$3 #
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 #
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBID = \$3 #
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBID = \$1 #
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBID = \$1 #
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBID = \$1 #
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$800 (Fac)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBID = \$3 #
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits											Pharmacy					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type		Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Experience Period:	January 1, 2016 - December 31, 2016
Rating Period:	January 1, 2018 - December 31, 2018

Months of Trend	2017	2018	Total
	12	12	24

Medical Trend Summary

2017 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.4%	4.1%	0.0%	4.1%
OP and Other Med	50.4%	3.9%	1.1%	5.0%
PHY	27.2%	-2.4%	0.5%	-1.9%
Medical Total		2.3%	0.7%	2.9%

2018 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.7%	4.9%	0.0%	4.9%
OP and Other Med	51.4%	4.4%	1.1%	5.6%
PHY	25.9%	-2.7%	0.5%	-2.2%
Medical Total		2.6%	0.7%	3.4%

Annual Allowed Medical Trend **3.2%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$386.17	\$11.86	\$5.81	\$53.38	\$315.12
24 Months of Trend:	1.064	1.064	1.013	1.026	1.072
Projection Period:	\$411.00	\$12.63	\$5.88	\$54.75	\$337.74
Allowed Trend (Annual)	3.2%				
Paid Trend (Annual)		3.5%			
Leveraging (Annual)	0.4%				

Rx Trend Summary

	2017 Trend		2018 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-4.1%	2.9%	1.3%	3.3%	-1.4%	3.1%
Brand	13.9%	1.5%	13.8%	-1.0%	13.8%	0.3%
Specialty	6.8%	6.7%	8.6%	7.3%	7.7%	7.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,882	1,094	89	11,065
Experience Period Allowed Cost per Script	\$18.81	\$248.37	\$4,061.54	\$74.17
Experience Period Deductible Per Script	\$3.44	\$22.81	\$41.65	\$5.66
Experience Period Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.52
Experience Period Coinsurance Per Script	\$0.64	\$15.53	\$39.53	\$2.42
Experience Period Paid Cost Per Script	\$11.37	\$196.40	\$3,958.80	\$61.56
Experience Period Allowed PMPM	\$15.49	\$22.63	\$30.27	\$68.39
Experience Period Deductible PMPM	\$2.83	\$2.08	\$0.31	\$5.22
Experience Period Copay PMPM	\$2.77	\$1.24	\$0.16	\$4.17
Experience Period Coinsurance PMPM	\$0.53	\$1.41	\$0.29	\$2.24
Experience Period Paid PMPM	\$9.36	\$17.90	\$29.51	\$56.77
Experience Period Rx Rebates PMPM				(\$8.75)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.088
Annual Allowed Trend	1.016	1.141	1.152	1.119
Annual Deductible Trend	1.013	1.013	1.013	1.035
Annual Paid Trend	1.003	1.164	1.154	1.134
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.127
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,502	1,099	102	11,704
Projected Allowed Cost per Script	\$18.27	\$321.93	\$4,711.48	\$87.85
Projected Deductible Per Script	\$3.53	\$23.39	\$42.72	\$5.74
Projected Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.48
Projected Coinsurance Per Script	\$0.62	\$20.12	\$45.86	\$2.85
Projected Paid Cost Per Script	\$10.76	\$264.78	\$4,601.35	\$74.78
Projected Allowed PMPM	\$15.99	\$29.49	\$40.21	\$85.68
Projected Deductible PMPM	\$3.09	\$2.14	\$0.36	\$5.59
Projected Copay PMPM	\$2.94	\$1.25	\$0.18	\$4.37
Projected Coinsurance PMPM	\$0.54	\$1.84	\$0.39	\$2.78
Projected Paid PMPM	\$9.42	\$24.25	\$39.27	\$72.94
Projected Rx Rebates				(\$11.99)
Net Projected Paid PMPM				\$60.95

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

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,623	1,110	118	11,851
Experience Period Allowed Cost per Script	\$19.34	\$260.27	\$4,355.25	\$84.98
Experience Period Deductible Per Script	\$3.44	\$25.54	\$48.04	\$5.96
Experience Period Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.32
Experience Period Coinsurance Per Script	\$0.65	\$16.52	\$38.51	\$2.51
Experience Period Paid Cost Per Script	\$11.98	\$205.40	\$4,249.39	\$72.20
Experience Period Allowed PMPM	\$17.12	\$24.07	\$42.74	\$83.93
Experience Period Deductible PMPM	\$3.05	\$2.36	\$0.47	\$5.88
Experience Period Copay PMPM	\$2.89	\$1.18	\$0.19	\$4.26
Experience Period Coinsurance PMPM	\$0.58	\$1.53	\$0.38	\$2.48
Experience Period Paid PMPM	\$10.60	\$18.99	\$41.70	\$71.30
Experience Period Rx Rebates PMPM				(\$9.45)
Annual Util Trend	1.031	1.003	1.070	1.029
Annual Unit Cost Trend	0.986	1.138	1.077	1.091
Annual Allowed Trend	1.016	1.141	1.152	1.123
Annual Deductible Trend	1.011	1.011	1.011	1.034
Annual Paid Trend	1.004	1.164	1.154	1.136
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.121
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,290	1,115	135	12,540
Projected Allowed Cost per Script	\$18.78	\$337.35	\$5,052.20	\$101.24
Projected Deductible Per Script	\$3.52	\$26.08	\$49.06	\$6.01
Projected Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.29
Projected Coinsurance Per Script	\$0.63	\$21.42	\$44.67	\$2.95
Projected Paid Cost Per Script	\$11.37	\$277.05	\$4,939.14	\$87.98
Projected Allowed PMPM	\$17.67	\$31.36	\$56.77	\$105.79
Projected Deductible PMPM	\$3.31	\$2.42	\$0.55	\$6.29
Projected Copay PMPM	\$3.07	\$1.19	\$0.22	\$4.48
Projected Coinsurance PMPM	\$0.59	\$1.99	\$0.50	\$3.09
Projected Paid PMPM	\$10.70	\$25.75	\$55.50	\$91.94
Projected Rx Rebates				(\$14.28)
Net Projected Paid PMPM				\$77.66

Exhibit 2b -- Rx Trend Development (Individual ACA)
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<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,260	1,080	66	10,406
Experience Period Allowed Cost per Script	\$18.30	\$238.11	\$3,619.18	\$63.83
Experience Period Deductible Per Script	\$3.43	\$20.46	\$32.04	\$5.38
Experience Period Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.72
Experience Period Coinsurance Per Script	\$0.63	\$14.66	\$41.07	\$2.34
Experience Period Paid Cost Per Script	\$10.78	\$188.64	\$3,521.15	\$51.39
Experience Period Allowed PMPM	\$14.12	\$21.43	\$19.80	\$55.35
Experience Period Deductible PMPM	\$2.65	\$1.84	\$0.18	\$4.67
Experience Period Copay PMPM	\$2.67	\$1.29	\$0.14	\$4.09
Experience Period Coinsurance PMPM	\$0.48	\$1.32	\$0.22	\$2.03
Experience Period Paid PMPM	\$8.32	\$16.98	\$19.27	\$44.56
Experience Period Rx Rebates PMPM				(\$8.17)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.084
Annual Allowed Trend	1.016	1.141	1.152	1.115
Annual Deductible Trend	1.014	1.014	1.014	1.036
Annual Paid Trend	1.002	1.164	1.154	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,841	1,086	75	11,002
Projected Allowed Cost per Script	\$17.77	\$308.63	\$4,198.33	\$75.04
Projected Deductible Per Script	\$3.53	\$21.05	\$32.97	\$5.46
Projected Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.67
Projected Coinsurance Per Script	\$0.61	\$19.01	\$47.64	\$2.75
Projected Paid Cost Per Script	\$10.18	\$254.23	\$4,092.80	\$62.15
Projected Allowed PMPM	\$14.58	\$27.92	\$26.30	\$68.79
Projected Deductible PMPM	\$2.90	\$1.90	\$0.21	\$5.01
Projected Copay PMPM	\$2.83	\$1.30	\$0.16	\$4.29
Projected Coinsurance PMPM	\$0.50	\$1.72	\$0.30	\$2.52
Projected Paid PMPM	\$8.35	\$23.00	\$25.64	\$56.98
Projected Rx Rebates				(\$10.06)
Net Projected Paid PMPM				\$46.92

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/16 - 12/31/16

Completed Through: 3/31/17

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	37,600	44,777	82,377
2 FFS Paid Medical Claims	\$345.69	\$289.45	\$315.12
3 FFS Paid Pediatric Dental Claims	\$0.54	\$0.54	\$0.54
4 CSR Payments	\$0.00	(\$19.86)	(\$10.79)
5 IBNR Factor	1.037	1.037	1.037
6 FFS Incurred Paid Medical Claims	\$359.19	\$280.24	\$316.28
7 FFS Incurred Rx Claims	\$71.30	\$44.56	\$56.77
8 Experience Period Rx Rebates	(\$9.45)	(\$8.17)	(\$8.75)
9 FFS Incurred Rx Claims (Net of Rebates)	\$61.84	\$36.40	\$48.01
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$70.86)	(\$34.26)	(\$50.96)
11 Pooling Charge	\$53.27	\$42.95	\$47.66
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$403.44	\$325.34	\$360.99
13 Experience Period Capitation and Non-FFS Medical Costs	\$12.55	\$11.57	\$12.02
14 Adjusted Experience Period Claim Expense	\$415.99	\$336.91	\$373.00
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$3.31	\$2.27	\$2.75
16 Adjustment for the impact of the leap year in 2016	(\$1.11)	(\$0.90)	(\$1.00)
17 Experience Period Claim Expense After All Adjustments	\$418.19	\$338.28	\$374.75
18 Annual FFS Medical projection factor	1.035	1.035	1.035
19 Annual FFS Rx projection factor	1.121	1.135	1.127
20 Annual FFS Claim trend projection factor	1.048	1.047	1.047
21 Months of Trend	24	24	24
22 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$445.35	\$357.99	\$397.88
23 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.56	\$4.47	\$4.97
24 Projection Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.80	\$8.80
25 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$459.72	\$371.26	\$411.65
Federal Risk Adjustment Program			
26 Federal Risk Adjustment Program Impact	\$12.26	\$9.90	\$10.98
27 Paid Index Rate PMPM After Adjustments for Federal Programs	\$471.98	\$381.17	\$422.63

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,727	4,727	1.000	1.000
4	Double	1,253	2,500	1.995	2.000
4	Parent/Child(ren)	198	506	2.556	1.930
4	Family	669	2,572	3.845	2.810

Single Conversion Factor	<u>1.085</u>
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Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

% of Premium Retention Components

Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.40%

PMPM Retention Components

General Administrative Load	\$38.10
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% of Premium Taxes and Assessments

Premium Tax	0.00%
VT Vaccine Pilot	0.50%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.50%

% of Paid Claim Taxes and Assessments

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%

PMPM Taxes and Assessments

HHS Risk Adjustment User Fee	\$0.14
Comparative Eff Research Tax	\$0.21
Total PMPM Taxes/Assessments	\$0.35

Exhibit 6 -- 2018 Exchange Premium Rates

2016 Adjusted Paid Claim Cost (Exhibit 3, Line 27)	\$422.63
Benefit Relativity * Induced Demand Reflected in Index Rate	0.735
Adjusted Claim Cost for Pricing	\$575.20

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2017	Increase over 2017	Increase over 2017	Increase over 2017
																		Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	Non-Subsidized	0.890	1.145	\$586.36	\$15.60	\$38.10	\$9.75	\$0.35	\$0.00	\$650.16	\$705.42	\$1,410.84	\$1,361.46	\$1,982.23	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	Non-Subsidized	0.791	1.077	\$490.14	\$13.20	\$38.10	\$8.25	\$0.35	\$0.00	\$550.04	\$596.79	\$1,193.58	\$1,151.80	\$1,676.98	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.799	1.081	\$496.83	\$13.37	\$38.10	\$8.36	\$0.35	\$0.07	\$557.08	\$604.43	\$1,208.86	\$1,166.55	\$1,698.45	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-S-003-N (2018)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.760	1.064	\$465.04	\$12.58	\$38.10	\$7.86	\$0.35	\$0.07	\$524.00	\$568.54	\$1,137.08	\$1,097.28	\$1,597.60	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	Non-Subsidized	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	Non-Subsidized	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.00	\$391.95	\$425.27	\$850.54	\$820.77	\$1,195.01	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	Non-Subsidized	0.594	1.000	\$341.67	\$9.49	\$38.10	\$5.93	\$0.35	\$0.00	\$395.55	\$429.17	\$858.34	\$828.30	\$1,205.97	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.631	1.009	\$366.04	\$10.10	\$38.10	\$6.31	\$0.35	\$0.00	\$420.90	\$456.68	\$913.36	\$881.39	\$1,283.27	N/A	N/A	N/A	N/A
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.583	1.000	\$335.34	\$9.34	\$38.10	\$5.84	\$0.35	\$0.07	\$389.03	\$422.10	\$844.20	\$814.65	\$1,186.10	N/A	N/A	N/A	N/A
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.07	\$392.03	\$425.35	\$850.70	\$820.93	\$1,195.23	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	Non-Subsidized	0.618	0.622	\$221.09	\$6.48	\$38.10	\$4.05	\$0.35	\$0.00	\$270.08	\$293.04	\$586.08	\$565.57	\$823.44	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	Subsidized (73%)	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	Subsidized (87%)	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	Subsidized (94%)	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (73%)	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (87%)	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (94%)	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	AI/AN	0.890	1.145	\$586.36	\$15.60	\$38.10	\$9.75	\$0.35	\$0.00	\$650.16	\$705.42	\$1,410.84	\$1,361.46	\$1,982.23	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	AI/AN	0.791	1.077	\$490.14	\$13.20	\$38.10	\$8.25	\$0.35	\$0.00	\$550.04	\$596.79	\$1,193.58	\$1,151.80	\$1,676.98	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	AI/AN	0.799	1.081	\$496.83	\$13.37	\$38.10	\$8.36	\$0.35	\$0.07	\$557.08	\$604.43	\$1,208.86	\$1,166.55	\$1,698.45	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	AI/AN	0.760	1.064	\$465.04	\$12.58	\$38.10	\$7.86	\$0.35	\$0.07	\$524.00	\$568.54	\$1,137.08	\$1,097.28	\$1,597.60	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	AI/AN	0.719	1.039	\$429.90	\$11.70	\$38.10	\$7.31	\$0.35	\$0.00	\$487.36	\$528.79	\$1,057.58	\$1,020.56	\$1,485.90	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	AI/AN	0.692	1.028	\$409.26	\$11.18	\$38.10	\$6.99	\$0.35	\$0.00	\$465.88	\$505.48	\$1,010.96	\$975.58	\$1,420.40	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	AI/AN	0.655	1.016	\$382.77	\$10.52	\$38.10	\$6.58	\$0.35	\$0.07	\$438.39	\$475.65	\$951.30	\$918.00	\$1,336.58	N/A	N/A	N/A	N/A
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	AI/AN	0.652	1.017	\$381.38	\$10.49	\$38.10	\$6.55	\$0.35	\$0.07	\$436.94	\$474.08	\$948.16	\$914.97	\$1,332.16	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.00	\$391.95	\$425.27	\$850.54	\$820.77	\$1,195.01	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	AI/AN	0.594	1.000	\$341.67	\$9.49	\$38.10	\$5.93	\$0.35	\$0.00	\$395.55	\$429.17	\$858.34	\$828.30	\$1,205.97	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.631	1.009	\$366.04	\$10.10	\$38.10	\$6.31	\$0.35	\$0.00	\$420.90	\$456.68	\$913.36	\$881.39	\$1,283.27	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.583	1.000	\$335.34	\$9.34	\$38.10	\$5.84	\$0.35	\$0.07	\$389.03	\$422.10	\$844.20	\$814.65	\$1,186.10	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-001-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.07	\$392.03	\$425.35	\$850.70	\$820.93	\$1,195.23	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	AI/AN, Subsidized	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.00	\$391.95	\$425.27	\$850.54	\$820.77	\$1,195.01	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.588	1.000	\$338.22	\$9.41	\$38.10	\$5.88	\$0.35	\$0.07	\$392.03	\$425.35	\$850.70	\$820.93	\$1,195.23	8.0%	8.0%	8.0%	8.0%

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

**Reflects cost of Member Wellness Incentive Rider, Form FRVT-30

***Child Only Rate = Single Rate

MVP Historical Utilization / 1000 Data, January 2014 - December 2016, all lines of business (excluding Individual Indemnity)

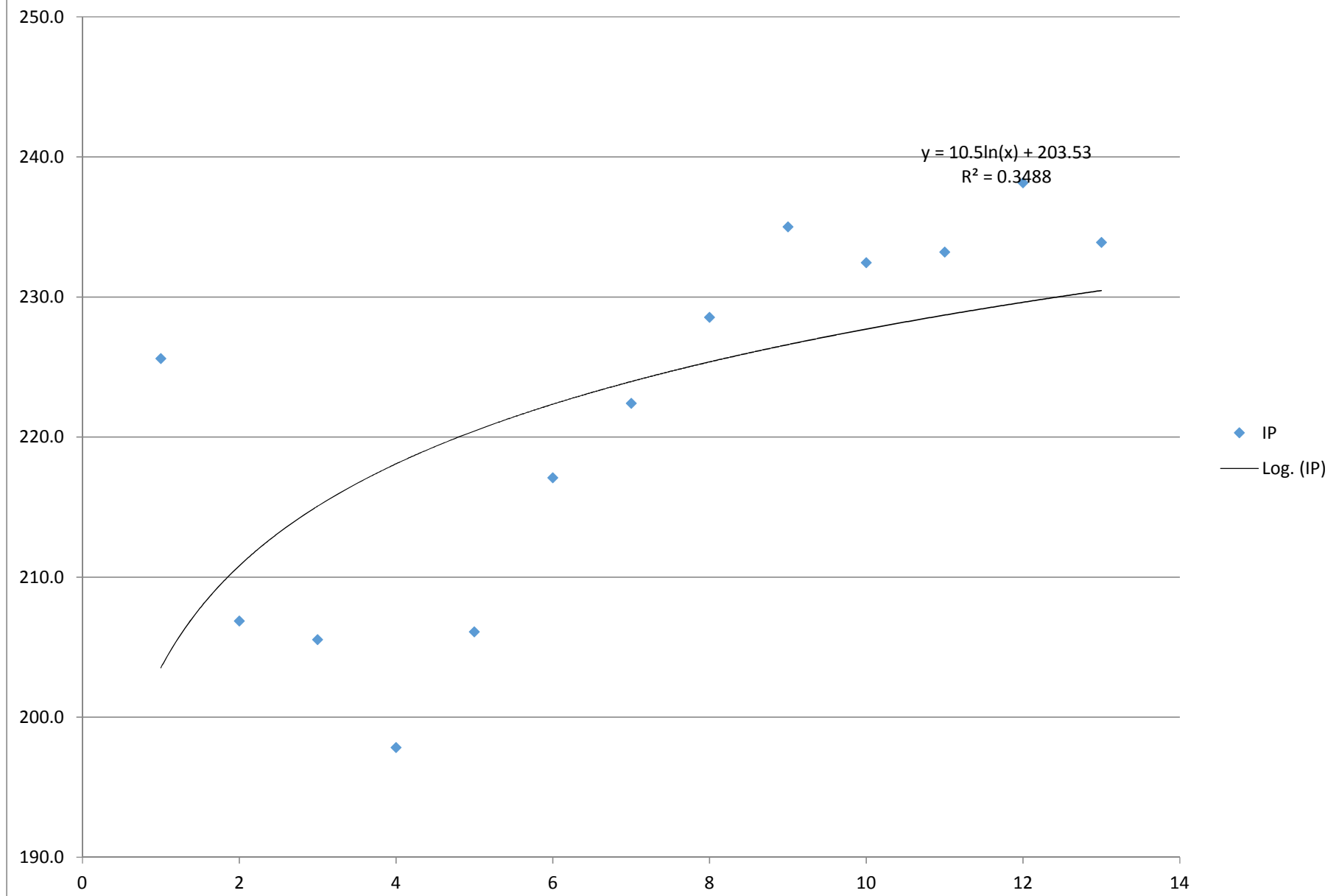
Raw Utilization Data					
Month	IP	OP	PHY	Members	Age Fx
201401	399.0	1955.0	10752.0	20,910	1.586
201402	469.0	1810.0	9018.0	20,556	1.586
201403	470.0	1931.0	9701.0	20,054	1.587
201404	446.0	1948.0	9870.0	19,745	1.587
201405	448.0	2023.0	10199.9	20,037	1.585
201406	334.0	1951.0	9303.0	19,685	1.590
201407	432.0	1965.0	9414.0	19,055	1.593
201408	556.0	1738.1	8496.3	18,837	1.596
201409	512.0	1911.1	8850.4	18,045	1.595
201410	445.5	1966.1	9387.5	17,524	1.599
201411	354.9	1542.8	7502.1	17,142	1.601
201412	323.9	1685.6	7907.0	16,370	1.601
201501	443.2	1332.8	7001.6	14,131	1.613
201502	281.2	1310.1	5943.1	14,073	1.613
201503	299.4	1451.7	6997.7	13,947	1.615
201504	167.2	1261.3	6489.8	13,752	1.620
201505	159.2	1186.3	6136.6	13,645	1.620
201506	196.1	1190.5	6404.8	13,373	1.622
201507	292.1	1236.3	6317.6	13,344	1.624
201508	251.0	1288.2	5868.7	13,283	1.624
201509	283.0	1307.9	6390.4	13,157	1.624
201510	235.0	1365.6	6471.4	13,064	1.625
201511	228.0	1312.2	5586.0	12,600	1.626
201512	244.1	1374.3	6024.4	12,477	1.628
201601	142.1	1008.6	5229.1	11,376	1.636
201602	221.0	1035.6	5427.7	11,462	1.635
201603	165.1	1223.9	6132.2	11,857	1.636
201604	243.8	1238.7	5728.0	11,813	1.640
201605	272.4	1200.0	5884.8	11,925	1.642
201606	242.8	1224.7	5930.1	12,087	1.643
201607	350.1	1245.9	5224.9	12,178	1.644
201608	313.6	1438.9	6118.0	12,175	1.647
201609	237.1	1182.3	5819.3	12,267	1.648
201610	232.0	1188.5	5961.1	12,233	1.652
201611	287.7	1342.7	6973.2	12,284	1.656
201612	183.0	1224.8	5983.7	11,841	1.659

Utilization/1000 Member Months				Normalized Age Factor	Age Normalized Util/1000		
Rolling 12 End Date	IP	OP	PHY		IP	OP	PHY
201412	273.2	1180.6	5811.6	1.000	273.2	1180.6	5811.6
201501	284.0	1183.0	5786.3	1.001	283.7	1181.5	5779.2
201502	282.1	1190.8	5789.1	1.002	281.4	1187.8	5774.8
201503	280.5	1198.1	5803.1	1.004	279.5	1193.5	5781.0
201504	272.3	1192.8	5774.5	1.005	270.8	1186.4	5743.3
201505	263.5	1180.5	5714.1	1.007	261.6	1172.0	5672.8
201506	263.6	1171.7	5720.9	1.009	261.2	1161.3	5670.1
201507	262.6	1160.5	5696.6	1.011	259.9	1148.4	5636.8
201508	250.3	1166.4	5697.2	1.012	247.3	1152.4	5628.7
201509	241.5	1157.6	5687.6	1.014	238.2	1141.8	5610.0
201510	233.0	1145.5	5630.7	1.015	229.4	1128.2	5545.5
201511	230.1	1160.3	5646.4	1.017	226.3	1141.1	5553.0
201512	229.7	1165.1	5642.6	1.018	225.6	1144.1	5540.9
201601	210.9	1160.8	5606.4	1.019	206.9	1138.7	5499.4
201602	209.8	1159.1	5660.7	1.021	205.5	1135.8	5546.5
201603	202.1	1157.1	5670.1	1.022	197.8	1132.5	5549.6
201604	210.8	1170.1	5682.4	1.023	206.1	1144.1	5555.9
201605	222.3	1184.7	5727.5	1.024	217.1	1157.0	5593.7
201606	228.0	1197.7	5738.7	1.025	222.4	1168.5	5598.7
201607	234.5	1208.0	5695.1	1.026	228.6	1177.3	5550.3
201608	241.4	1229.5	5758.8	1.027	235.0	1196.8	5605.5
201609	239.1	1226.6	5746.9	1.029	232.4	1192.4	5586.6
201610	240.2	1219.0	5737.5	1.030	233.2	1183.3	5569.5
201611	245.7	1224.2	5865.6	1.032	238.2	1186.5	5684.9
201612	241.7	1217.1	5888.2	1.033	233.9	1177.7	5697.7

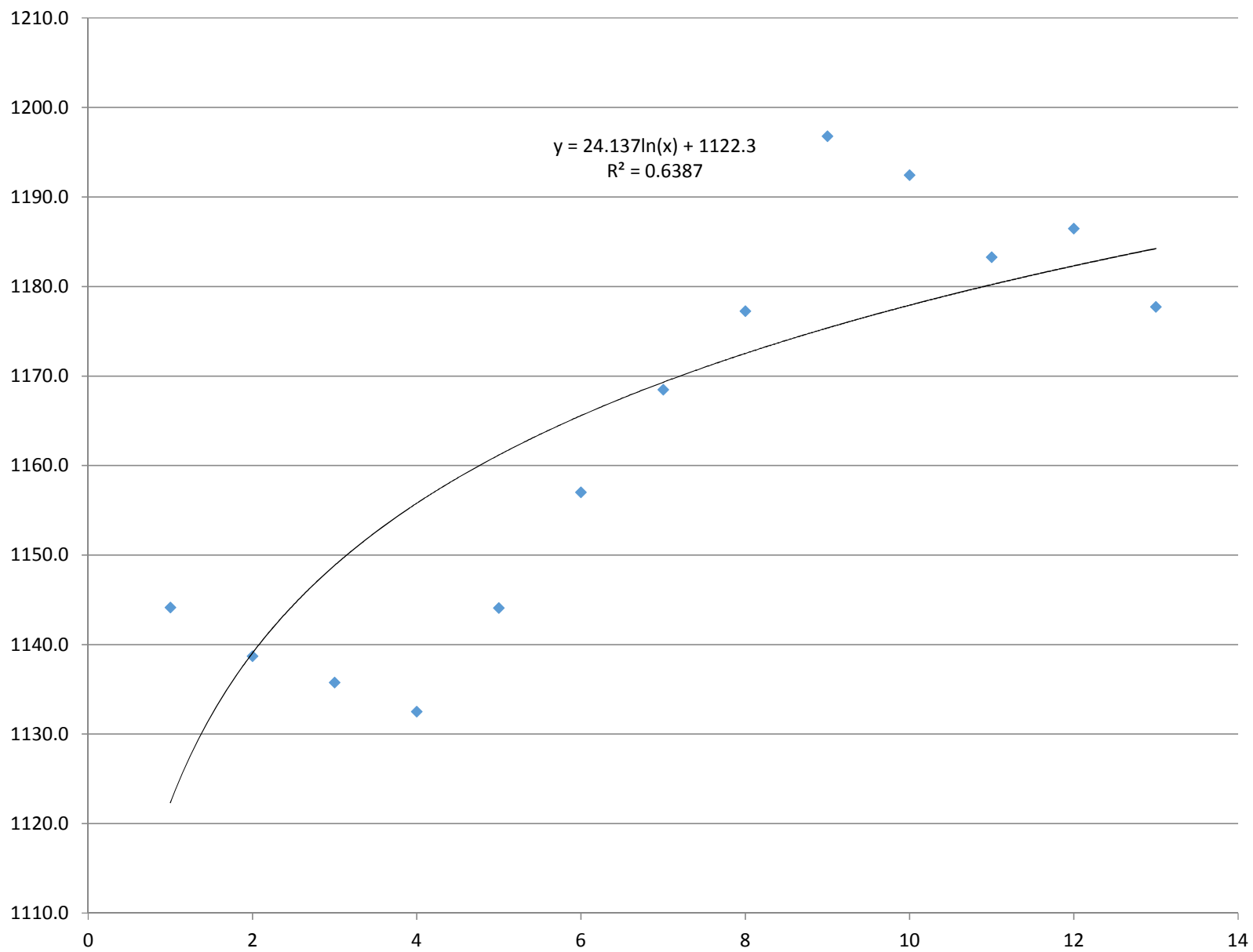
Calculation of MVP Best Estimate Utilization Trend, 2016 - 2018

	IP	OP	PHY
Value of Best Fit Line, Experience Period	230.5	1184.2	5626.2
Value of Best Fit Line, Rating Period	241.4	1209.5	5680.7
Total Utilization Trend	1.048	1.021	1.010
Annualized Utilization Trend	1.024	1.011	1.005

IP

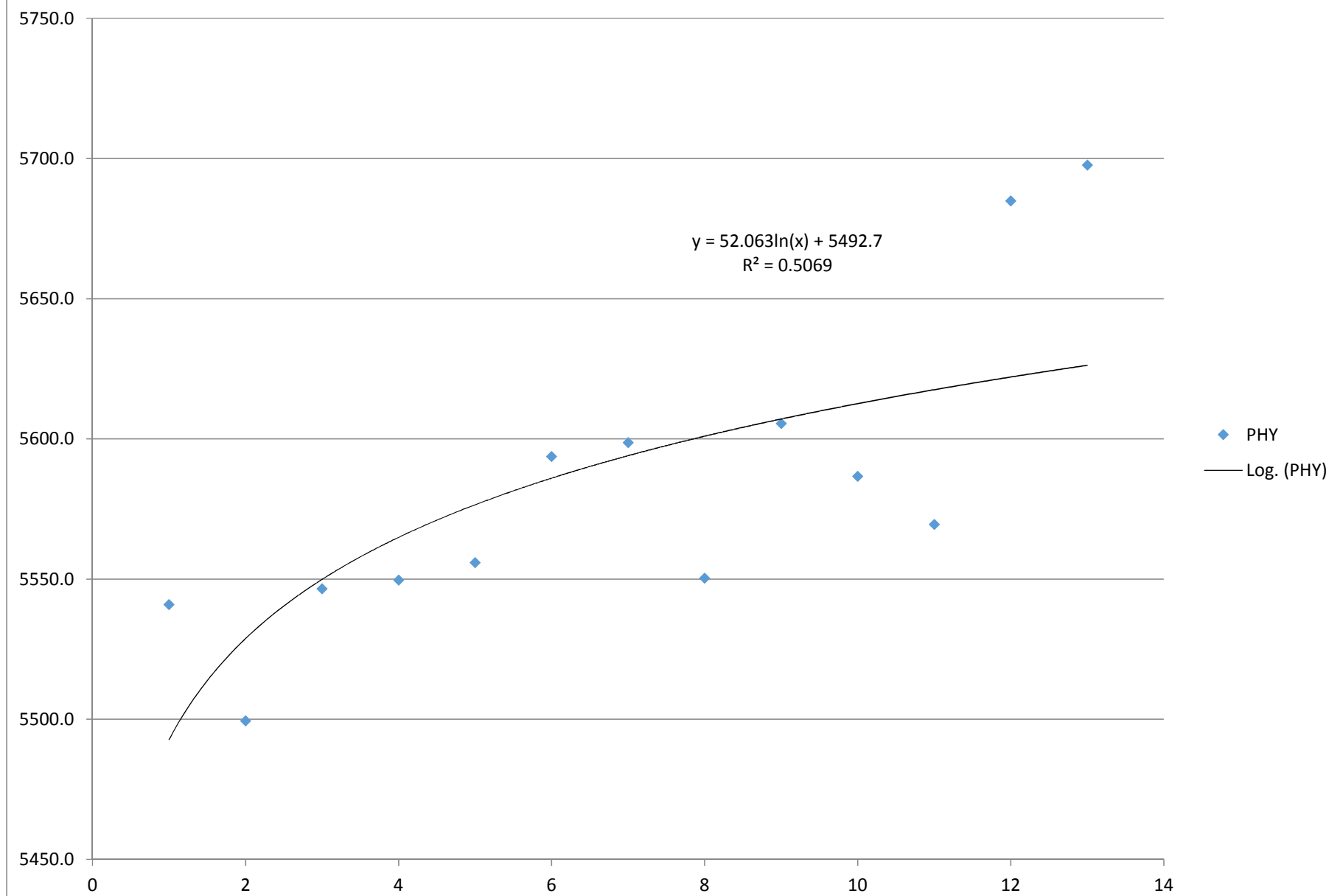


OP



◆ OP
— Log. (OP)

PHY





Contact Information

Company Information

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

Primary Contact Information

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ACTUARIAL MEMORANDUM

2018 Vermont Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2018 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2018 and 12/31/2018. There are no benefit plans being retired, and there are three new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing well as forms for the new plans. The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to medical inflation, experience period data not reflecting a full 12-month contract, and an aging population as well as increases to federal- and state-based assessments. Premium rate increases are varying by plan due to uniform benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2018)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

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 4,889 policyholders, 6,847 subscribers and 10,305 members based on February 2017 membership.

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

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2016 – 12/31/2016, completed through 3/31/2017. All of the members included in this section are enrolled in ACA compliant plans.

MVP does not project to rebate consumers for 2016 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

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

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

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

	Allowed	Incurred
Claims Processed Through Claim System	\$37,503,647	\$29,069,022
Experience Period Costs Not Processed Through Claims System	\$1,100,981	\$989,801
IBNR	\$1,192,914	\$940,083
Total	\$39,797,542	\$30,998,906

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). Member encounter data is used to determine utilization for claims falling under the “Other” category.

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

Other Adjustment for Experience Period Leap Year

This adjustment represents the change in the number of days in the rating period as compared to the experience period. Because 2016 was a leap year, the experience period has one less day than the rating period. Therefore, this adjustment is equal to 365 / 366 (rounded to 0.997 in the Template).

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP’s provider network. MVP has performed regression analysis on its historical utilization patterns and has determined that a positive utilization trend is necessary and justified for the Outpatient, Other Medical, and Professional lines in the Template.

Rx Trend Factors

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

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

Because MVP used only MVP Health Plan small group and individual data as the basis for its rate development, no credibility adjustment is necessary to blend the data presented on Worksheet 1 to the data used to develop premium rates. MVP is assuming that its ACA-compliant membership base of 82,377 member months in the experience period is fully credible for rating purposes.

Paid-to-Allowed Ratio and Membership Projection (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)

MVP projects a 75.6% paid-to-allowed ratio in 2018. MVP's projection period membership equals the February 2017 enrollment of the population eligible to purchase these products, or 10,305 members (123,660 member months). On Worksheet 2 of the URRT, members currently enrolled in ACA compliant plans are mapped to their corresponding plan designs for 2018. MVP is not proposing to retire any plans in 2018.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2018.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2016 provided by CMS, MVP is slated to pay \$249,794 into the merged market transfer pool for 2016. This is \$3.03 on a PMPM basis or approximately 0.8% of experience period claims. However, MVP has learned based on conversations between MVP and the state that these interim results reflect claims paid through November 2016 for approximately 90% of the market, whereas MVP's data submission reflected claims paid through December 2016.

MVP has therefore assumed the market-wide average risk factor by comparing how MVP-specific risk factors change from November to December. MVP has compared its entire ACA-compliant book of business for 2016 paid through November to its entire book of business for 2016 paid through December and found that yearly risk score increased by approximately 4.1% with an added month of data. To simulate the increase to the market-wide average risk score, MVP has then assumed that 91.2% of the merged market (based on comparing MVP's membership as of December 2016 to publicly available membership for December 2016) will increase by 4.1% while the remaining 8.8% (reflecting MVP's market share) will not change. This results in a 3.7% increase in MVP's estimated liability for 2016.

Finally, CMS has proposed a change to the risk adjustment formula that removes a percentage of the money paid into/out of the transfer pool to reflect the portion of premium which is not claim-related. This percentage is 14%, so MVP has multiplied its projected 2016 payment by 0.86 to reflect the projected payment for 2018. This ultimate projected liability is \$16.34 PMPM and is reflected on Worksheet 1.

Index Rate and Premium Rate Development

The experience period index rate of \$483.11 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2016 – 12/31/2016, completed through 3/31/2017. The single risk pool projection period index rate is \$534.00. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustment discussed above in the section labeled, "Projection Factors".

The market adjusted index rate for the projection period equals \$554.75. This value was computed by adjusting the projection period index rate for the federal risk adjustment program and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

Plan Adjusted Index PMPM rates

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2018 premium rates.

Note the AV pricing value does not reflect the expected actuarial value of benefits being offered. Because the market adjusted index rate does not reflect the impact of administrative costs and the AV pricing value accounts for these costs, many of the AV pricing values seen on Worksheet 2 are greater than 1.00.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federal 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, non-standard Silver 2 and non-standard Bronze 1 plans. The actuarial certification of these adjustments has been included.

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

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

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 \$0.35 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.14 HHS risk adjustment user fee and \$0.21 Patient Centered Outcome Research Fee.

Federal Taxes Premium based

The ACA Insurer Tax is being reinstated for 2018 dates of service. MVP is adding an expense load equal to 1.0% of premium to account for this tax. The load was derived based on the anticipated cost of this tax as a percentage of MVP Health Plan, Inc. revenue in 2018.

State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$38.10 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 2016 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.81 PMPM of the \$38.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2014, 2015, and 2016 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15
Individual	2016	\$43.81
Small Group	2016	\$38.07
Combined	2016	\$40.51

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

Contribution to Reserves/Risk Charge

MVP is building a 2.0% contribution to reserves/risk charge into the VT Exchange premium rates for 2018. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2017 Exchange filing and is consistent with MVP's historical experience for this block.

Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2017.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of February 2017, 24 of the 28 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.618.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.045
Single Risk Pool Total	1.691
Catastrophic Adjustment	0.618

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs 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 2017. The SCF = weighted average contract size/ weighted average load ratio.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 89.6%. Please see the following table for a calculation of these loss ratios:

Target Loss Ratio for 2018 VT Exchange	
A) Claims Expense	\$437.48
B) Taxes/Assessments	\$2.83
C) Quality Improvement	\$3.81
D) Premium	\$495.25
<hr/>	
E) Traditional Loss Ratio = A) / D)	88.3%
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	89.6%

Terminated Products

There are no products being terminated.

Warning Alerts

There are no Warning Alerts being generated.

Actuarial Certification

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



Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care, Inc.

05/12/2017
Date



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2018 ACA Exchange Rate Filing

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

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2018 Exchange rates for effective dates of coverage between January 1, 2018 and December 31, 2018.

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.

Increases in premium rates are driven by many factors, including:

- Increases in use of medical services and prescription drugs by the insured population
- Increases in hospital and physician required charges for medical care
- Increases in the price of prescription drugs
- Expanded covered services due to government mandates
- Fees and assessments charged by the government to insurers
- Exit of healthier individuals from the insurance market place as the cost of insurance increases.

The proposed rates reflect an average rate adjustment to prior rates of 6.7%, ranging from 2.3% to 10.5%. There are 4,889 policyholders, 6,847 subscribers and 10,305 members impacted by this rate filing.

Certification of Compliance

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

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

Signature: 

Date: 05/12/2017

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v4.1																						
2																							
3	Company Legal Name:	MVP Health Plan, Inc.				State:	VT																
4	HIOS Issuer ID:	77566				Market:	Combined																
5	Effective Date of Rate Change(s):	1/1/2018																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2016		to	12/31/2016																		
13		<u>Experience Period</u>																					
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																		
15	Incurred Claims in Experience Period	\$35,020,356		\$425.12	100.00%																		
16	Allowed Claims:	\$30,998,906		376.31	88.52%																		
17	Index Rate of Experience Period	\$39,797,542		483.11	113.64%																		
18	Experience Period Member Months	82,377																					
19																							
20	Section II: Allowed Claims, PMPM basis																						
21		<u>Experience Period</u>																					
22		<u>on Actual Experience Allowed</u>																					
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Proj'l risk Morbidity	Other	Cost	Util	Projections, before Credibility Adjustment	Credibility Manual												
24	Inpatient Hospital	Days	831.64	\$1,110.18	\$76.94	1.000	0.997	1.045	1.000	831.64	\$1,208.70	\$83.77	0.00	\$0.00	\$0.00								
25	Outpatient Hospital	Visits	3,599.26	664.92	199.43	1.000	0.997	1.042	1.011	3,678.88	719.78	220.66	0.00	0.00	0.00								
26	Professional	Visits	11,522.49	125.06	120.08	1.000	0.997	0.975	1.005	11,638.00	118.53	114.95	0.00	0.00	0.00								
27	Other Medical	Other	1,238.50	47.50	4.90	1.000	0.997	1.042	1.011	1,265.90	51.42	5.42	0.00	0.00	0.00								
28	Capitation	Benefit Period	12,000.00	13.37	13.37	1.000	1.000	1.065	1.000	12,000.00	15.16	15.16	0.00	0.00	0.00								
29	Prescription Drug	Prescriptions	11,065.37	74.17	68.39	1.000	0.997	1.088	1.028	11,693.71	87.54	85.30	0.00	0.00	0.00								
30	Total				\$483.11						\$525.27				\$0.00								
31																							
32	Section III: Projected Experience:	Projected Allowed Claims PMPM (w/applied credibility if applicable)										100.00%	0.00%	<u>\$525.27</u>	<u>\$64,954,414</u>								
33		Paid to Allowed Average Factor in Projection Period												<u>0.752</u>									
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												<u>\$395.00</u>	<u>\$48,845,719</u>								
35		Projected Risk Adjustments PMPM												<u>-11.12</u>	<u>(1,375,099)</u>								
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												<u>\$406.12</u>	<u>\$50,220,818</u>								
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM												<u>0.00</u>	<u>0</u>								
38		Projected Incurred Claims												<u>\$406.12</u>	<u>\$50,220,818</u>								
39		Administrative Expense Load												<u>8.64%</u>	<u>39.96</u>	<u>4,941,440</u>							
40		Profit & Risk Load												<u>2.00%</u>	<u>9.25</u>	<u>1,143,852</u>							
41		Taxes & Fees												<u>1.55%</u>	<u>7.17</u>	<u>886,485</u>							
42		Single Risk Pool Gross Premium Avg. Rate, PMPM												<u>\$462.50</u>	<u>\$57,192,596</u>								
43		Index Rate for Projection Period												<u>\$525.00</u>									
44		% increase over Experience Period												<u>8.79%</u>									
45		% Increase, annualized:												<u>4.30%</u>									
46		Projected Member Months													<u>123,660</u>								
47																							
48																							
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Bronze	Bronze	Bronze	Bronze	Bronze
0.611 0.729 Renewing HMO	0.599 0.736 Renewing HMO	0.621 0.783 New HMO	0.637 0.723 New HMO	0.618 0.729 Renewing HMO
FRVT-HMO-B-002-5 (2018)	FRVT-HMO-B-003-5 (2018)	FRVT-HMO-B-004-5 (2018)	FRVT-HMO-B-005-N (2018)	FRVT-HMO-B-001-N (2018)
77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
Yes	Yes	Yes	Yes	Yes
1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
7.37%	7.20%	0.00%	0.00%	7.88%
7.37%	7.20%	0.00%	0.00%	7.88%
14.35%	18.96%	#DIV/0!	#DIV/0!	14.70%

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$3.47	\$3.41	\$0.00	\$0.00	\$3.74
\$9.12	\$8.96	\$0.00	\$0.00	\$9.83
\$4.75	\$4.67	\$0.00	\$0.00	\$5.13
\$0.22	\$0.22	\$0.00	\$0.00	\$0.24
\$0.63	\$0.62	\$0.00	\$0.00	\$0.68
\$3.54	\$3.47	\$0.00	\$0.00	\$3.81
\$2.04	\$1.98	\$0.00	\$0.00	\$2.00
\$3.58	\$3.62	\$0.00	\$0.00	\$3.59
\$3.65	\$3.69	\$0.00	\$0.00	\$3.63
\$26.92	\$26.57	\$0.00	\$0.00	\$28.63
\$3.82	\$4.24	\$0.00	\$0.00	\$2.50
\$365.03	\$368.98	\$0.00	\$0.00	\$363.40
6.096	7.764	0	0	2.568

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$342.75	\$332.50	\$0.00	\$0.00	\$341.80
3.879	5.418	0	0	999
\$1,387,293	\$1,744,364	\$0	\$0	\$361,543
100.00%	100.00%	100.00%	100.00%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.02%
\$1,067,788	\$2,663,511	\$0	\$0	\$437,998
100.00%	100.00%	100.00%	100.00%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.02%
\$348,105	\$638,704	\$0	\$0	\$99,080
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
\$755,883	\$2,004,307	\$0	\$0	\$334,515
\$8,727.75	\$12,190.50	\$0.00	\$0.00	\$2,247.75
\$94,404.25	\$141,839.36	\$0.00	\$0.00	\$24,242.36
\$185.53	\$373.72	#DIV/0!	#DIV/0!	\$389.20
\$275.27	\$491.60	#DIV/0!	#DIV/0!	\$438.44
\$275.27	\$491.60	#DIV/0!	#DIV/0!	\$438.35

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$391.95	\$395.55	\$420.90	\$389.03	\$392.80
6.096	7.764			2.568
\$2,389,327	\$3,071,050	\$0	\$0	\$1,006,733
100.00%	100.00%			99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.02%
\$3,088,501	\$3,946,319	\$0	\$0	\$1,305,274
100.00%	100.00%	100.00%	99.98%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%	0.02%
\$1,036,721	\$1,293,596	\$0	\$0	\$436,729
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
\$2,061,780	\$2,652,723	\$0	\$0	\$868,545
\$0	\$0	\$0	\$0	\$0
\$67,262	\$86,326	\$0	\$0	\$28,554

Annual Rate Change Distribution

	Impacted # of Contract	Impacted # of Member	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	2,182	3,039	153
Increase of 5.01% to 10.00%	4,014	6,084	514
Increase of 10.01% to 14.99%	651	1,182	106
Increase of 15.00% or more	0	0	0
Total	6,847	10,305	773

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2014	0.00%	0.00%
2015	15.18%	10.71%
2016	3.00%	2.69%
2017	8.93%	3.89%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	1/1/2016 - 12/31/2016	1/1/2017 - 12/31/2017	1/1/2018 - 12/31/2018		
Commissions & Brokers Fees	\$0.03	\$0.00	\$0.00	-100.00%	
Taxes, Licenses & Fees	\$13.62	\$2.56	\$7.48	-45.13%	192.55%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$41.29	\$38.38	\$40.00	-3.13%	4.22%
Profit/Risk Margin	\$0.00	\$4.45	\$9.50		113.47%

	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	0.01%	0.00%	0.00%	-100.00%	
Taxes, Licenses & Fees	3.20%	0.57%	1.57%	-50.89%	174.09%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	9.71%	8.62%	8.42%	-13.30%	-2.36%
Profit/Risk Margin	0.00%	1.00%	2.00%		100.00%

The Department is requesting each carrier provide a detailed commission schedule. Include in the following text box or state where in the filing it is located.

N/A

Trend & Projection Assumptions

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$		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 \$		Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
			PMPM*			PMPM*						PMPM*			
	Apr-2014	2,089	\$227.39					1.00	1.00	1.00	\$227.39				
	May-2014	2,461	\$249.22					0.99	1.01	1.00	\$248.55				
	Jun-2014	2,858	\$333.54					0.99	1.01	1.00	\$333.24				
	Jul-2014	4,578	\$299.99					1.00	1.02	1.00	\$291.95				
	Aug-2014	5,215	\$285.67					1.01	1.03	1.00	\$275.40				
	Sep-2014	5,245	\$312.84					1.01	1.02	1.00	\$303.08				23.38%
	Oct-2014	5,314	\$312.64					1.01	1.02	1.00	\$305.04				2.08%
	Nov-2014	5,399	\$366.90					1.00	1.02	1.00	\$360.06				44.80%
	Dec-2014	5,478	\$391.18					1.00	1.02	1.00	\$385.97				113.75%
	Jan-2015	5,580	\$409.03					1.00	1.01	1.00	\$405.45				188.92%
	Feb-2015	5,567	\$309.39					0.99	1.01	1.00	\$309.66				66.56%
	Mar-2015	5,870	\$429.95					0.98	1.00	1.00	\$437.69				45.49%
	Apr-2015	5,747	\$452.15			61.68%		71.02%	1.00	1.00	\$446.49			66.88%	77.56%
	May-2015	5,721	\$309.41			45.72%		33.57%	1.00	1.01	\$305.29			51.67%	36.89%
	Jun-2015	5,637	\$312.04			26.73%		-23.98%	1.00	1.01	\$309.19			32.11%	-28.68%
	Jul-2015	5,493	\$316.63			4.93%		-62.04%	1.00	1.00	\$316.56			8.93%	-63.49%
	Aug-2015	5,358	\$358.55			7.64%		-53.27%	1.00	1.00	\$359.99			10.67%	-53.28%
	Sep-2015	5,276	\$298.75			-14.95%		-32.50%	1.00	0.99	\$301.22			-14.63%	-28.12%
	Oct-2015	5,244	\$383.76			-30.10%		51.76%	1.00	0.99	\$388.62			-29.26%	61.77%
	Nov-2015	5,194	\$310.09			0.14%		-26.24%	1.00	0.99	\$314.84			-24.82%	8.47%
	Dec-2015	5,153	\$414.12			-12.68%		67.23%	0.99	0.99	\$421.29			-10.32%	74.86%
	Jan-2016	5,082	\$445.38			6.86%		58.57%	0.99	0.99	\$454.35			10.19%	64.60%
	Feb-2016	5,026	\$336.62			0.26%		111.50%	0.99	0.98	\$344.09			3.86%	117.90%
	Mar-2016	4,994	\$424.42			7.08%		27.07%	0.99	0.98	\$435.09			9.16%	33.13%
	Apr-2016	5,842	\$250.07			-2.60%		19.83%	1.01	0.99	\$250.61			-0.48%	24.01%
	May-2016	6,018	\$371.65			-1.02%		26.41%	1.01	0.99	\$371.95			1.27%	28.90%
	Jun-2016	6,515	\$331.08			0.14%		-60.64%	1.02	0.99	\$327.73			2.44%	-64.40%
	Jul-2016	6,693	\$342.30			0.51%		-14.20%	1.01	1.00	\$339.41			2.52%	-15.68%
	Aug-2016	6,906	\$347.30			-1.40%		-11.65%	1.01	0.99	\$344.17			0.16%	-14.51%
	Sep-2016	7,057	\$361.22			0.31%		-24.27%	1.02	0.99	\$357.43			1.43%	-28.00%
	Oct-2016	7,133	\$418.33			-0.12%		1.11%	1.02	0.99	\$414.29			0.48%	-3.96%
	Nov-2016	7,158	\$423.32			3.83%		0.50%	1.02	0.99	\$419.76			3.97%	-4.26%
	Dec-2016	7,219	\$389.07			3.02%		14.26%	1.02	0.99	\$386.53			2.67%	10.06%
	Jan-2017	7,209	\$375.46			1.10%		28.34%	1.02	0.99	\$374.63			0.30%	25.22%
	Feb-2017	7,227	\$415.64			2.13%		34.48%	1.02	0.98	\$415.50			1.05%	32.90%
	Mar-2017	7,400	\$446.15			3.47%		50.44%	1.01	0.98	\$449.56			2.25%	51.48%

Last Month in Experience Period

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

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	403,851,721	403,851,721
Authorized Control Level	83,292,190	83,292,190
RBC Ratio	484.86%	484.86%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2012	12/31/2012	0	0	0	
Historical Year -3	1/1/2013	12/31/2013	0	0	0	
Historical Year -2	1/1/2014	12/31/2014	55,654	20,107,463	22,402,354	89.8%
Historical Year -1	1/1/2015	12/31/2015	63,925	23,040,689	26,703,077	86.3%
Historical Year C	1/1/2016	12/31/2016	82,377	30,333,566	35,020,356	86.6%
Historical Totals			201,956	73,481,717	84,125,788	87.3%
Interim Time Period	1/1/2017	2/28/2017	20,090	6,194,726	8,916,411	69.5%
Future Year 1	1/1/2018	12/31/2018	123,660	51,889,044	58,740,388	88.3%

Expected Incurred Claims	A-to-E Claims Ratio
0	
0	
19,080,250	105.4%
22,944,918	100.4%
30,684,121	98.9%
72,709,289	101.1%
8,062,748	76.8%
51,889,044	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	#DIV/0!
0	0	#DIV/0!
268,828	754,144	94.1%
420,244	784,648	90.5%
260,229	1,122,238	90.3%
949,301	2,661,030	91.4%
70,516	51,212	70.7%
471,145	349,494	89.7%

Anticipated Pricing Loss Ratio (no adjustments)	88.3%
Anticipated LR using Federally-prescribed MLR methodology	89.6%

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

Index Rate for Projected Period PMPM	\$533.90
Risk Adjustment PMPM	\$20.72
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$0.14
Market Adjusted Index Rate PMPM	\$554.76

Product	Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual	
Product ID	77566VT004	77566VT004	77566VT004	77566VT004	77566VT004	77566VT004	77566VT004	77566VT004	77566VT004	
Plan ID	77566VT0040001	77566VT0040002	77566VT0040023	77566VT0040005	77566VT0040024	77566VT0040025	77566VT0040010	77566VT0040013		
	Platinum (with highest Metal AV)	Platinum (with lowest Metal AV)	Gold (with highest Metal AV)	Gold (with lowest Metal AV)	Silver (with highest Metal AV)	Silver (with lowest Metal AV)	Bronze (with highest Metal AV)	Bronze (with lowest Metal AV)	Catastrophic	
Metal Tier										
Metal AV Value	0.899	0.820	0.781	0.720	0.685	0.621	0.599	0.618		
Pricing AV Value	1.211	1.024	0.975	0.907	0.815	0.783	0.736	0.501		
Projected Member Months	602		539	475	467	0	369	246		
Market Adjusted Index Rate PMPM	\$554.76	\$554.76	\$554.76	\$554.76	\$554.76	\$554.76	\$554.76	\$554.76	\$554.76	
Plan Adjustments (in multiplicative form)										
Actuarial value and cost-sharing design of the plan	1.094		0.915	0.868	0.802	0.714	0.683	0.638	0.663	
Provider network, delivery system characteristics and utilization management practices	1.000		1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Plan benefits in addition to EHE	1.000		1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Expected impact of special eligibility categories (only for catastrophic plans)	1.000		1.000	1.000	1.000	1.000	1.000	1.000	0.622	
Plan Adjustments (in % format)										
Distribution and administration cost	9.6%		10.7%	11.0%	11.5%	12.4%	12.8%	13.3%	17.7%	
Plan Adjusted Index Rate	\$671.61	\$554.76	\$567.97	\$541.01	\$503.08	\$452.39	\$434.29	\$408.04	\$278.16	
Age Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Tobacco Surcharge Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Aggregate Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Consumer Adjusted Premium Rate PMPM	\$671.61	\$554.76	\$567.97	\$541.01	\$503.08	\$452.39	\$434.29	\$408.04	\$278.16	
Calculated Pricing AV	1.211	1.000	1.024	0.975	0.907	0.815	0.783	0.736	0.501	
Pricing AV in URRT	1.211		1.024	0.975	0.907	0.815	0.783	0.736	0.501	
Difference	0.0%	-100.0%	0.0%	0.0%	0.0%	-0.1%	0.0%	0.1%	-0.1%	
Explanation for differences between implied Pricing AV and URRT	N/A									

Age 40 Factor	1.000
Tobacco Surcharge Factor	1.000
Geographic Rating Area #1	1.000
Geographic Rating Area #2	1.000
Geographic Rating Area #3	1.000
Geographic Rating Area #4	1.000
Geographic Rating Area #5	1.000

*Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below

Calculated Premium Rate (Age 40, Area 1, Tobacco Use)	\$671.61	\$554.76	\$567.97	\$541.01	\$503.08	\$452.39	\$434.29	\$408.04	\$278.16
Calculated Premium Rate (Age 40, Area 3, Tobacco Use)	\$671.61	\$554.76	\$567.97	\$541.01	\$503.08	\$452.39	\$434.29	\$408.04	\$278.16
Calculated Premium Rate (Age 40, Area 5, Tobacco Use)	\$671.61	\$554.76	\$567.97	\$541.01	\$503.08	\$452.39	\$434.29	\$408.04	\$278.16

Proposed Premium Rate (Age 40, Area 1, Tobacco Use)									
Proposed Premium Rate (Age 40, Area 3, Tobacco Use)									
Proposed Premium Rate (Age 40, Area 5, Tobacco Use)									

Difference (Age 40, Area 1, Tobacco User)	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Difference (Age 40, Area 3, Tobacco User)	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Difference (Age 40, Area 5, Tobacco User)	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%

Explanation for differences										
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Actuarial value and cost-sharing design of the plan

Actuarial value and cost-sharing design of the plan	1.094	0.000	0.915	0.868	0.802	0.714	0.683	0.638	0.663
Paid/Allowed Ratio (Cost-Sharing only)	0.890		0.791	0.760	0.719	0.655	0.631	0.594	0.618
Used Induced utilization factor:	1.145		1.077	1.064	1.039	1.016	1.009	1.000	1.000
Calculated	1.019	0.000	0.852	0.808	0.747	0.665	0.636	0.594	0.618

(Intentionally left blank. See below)

Risk Adjustment

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	1/1/2015 - 12/31/2015	1/1/2017 - 12/31/2017	1/1/2018 - 12/31/2018		
Total Risk adjustment (Dollar amount)	\$581,288	\$1,239,917	\$2,020,844		
Membership Member Months	63,925	127,171	123,660	93.45%	-2.76%
PMPM	\$9.09	\$9.75	\$16.34	79.71%	67.61%
Premium	\$26,703,077	\$51,908,968	\$58,740,388	119.98%	13.16%
As a % of Premium	2.2%	2.4%	3.4%	58.04%	44.03%

If the actual risk adjustment payable/receivable was materially different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed the issue

Please see the Actuarial Memorandum for details surrounding MVP's Risk Adjustment assumption for the current rate filing.

Please provide an exhibit, in excel with working formulas, demonstrating the calculation of the rate increase assuming that the current membership in terminated plans are mapped to renewal/proposed plans closest to the member's current benefit structure or Pricing AV. Include a quantitative calculation of the differences in benefits and cost sharing, as well as the Pricing and Metal AVs for the current and renewal/proposed 2016 plans. In the following text box state where in the filing the requested exhibit is located.

N/A. MVP is not terminating any plans from the experience period to the rating period and is not including any non-ACA data that needs to be mapped to an ACA compliant plan. Please see the Rate Increase Exhibit for MVP's rate increases weighted on current February 2017 contracts.



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June 1, 2017

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Ruggeberg:

This letter is in response to your correspondence received 05/25/17 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Several items in the file "Federal AVC Actuarial Certification for Non-standard Plans – 2018 v2.pdf" are highlighted in grey. Please clarify whether this is an incomplete draft, or if there is some other significance to this highlighting.

Response: The Internal Revenue Service released the 2018 inflation adjusted amounts for minimum deductible levels on or around May 8, 2017. Because the mandated Rx out of pocket max in Vermont is tied to this minimum deductible level, MVP had to change forms that were previously submitted to the Department of Financial Regulation for approval. This document represents the updated non-Standard AVC Certification submitted to DFR and the lines in grey reflect changes to the document from the original version.

2. Reconcile the discrepancy between the plan-level premium rates calculated by the Actuarial Memo Dataset (i.e. \$858.32 for platinum) with the proposed premiums shown in the Rate Increase Exhibit (i.e. \$728.70 for platinum).

Response: Cell B205 in the Actuarial Memo Dataset was mistakenly left populated with a placeholder value (1.278). Because Vermont is a community-rated state, this value should be set to 1.0 (premiums cannot vary by age). Removing this factor results in Calculated Premium Rates (Excel line 212) in the Dataset that match the Gross Claim Cost PMPMs from Exhibit 6 of the Rate Filing (Excel column N). The Single Conversion Factor of 1.085 and associated tier ratios (2.000, 1.930, and 2.810 for Double, Parent/Child(ren) and Family respectively) are then applied to calculate the contract rates shown in the Rate Increase Exhibit.

Please see the updated version of the Actuarial Memo Dataset attached to this response with cell B205 set to 1.000.

3. Tie the following URRT figures to the relevant values in the rate development exhibits: Index Rate, Paid to Allowed Factor, and Projected Incurred Claims.

Response: The Index Rate cannot be found in MVP's rate development since MVP uses paid claims to price its portfolio instead of allowed claims. The Index Rate represents the experience period allowed claims trended forward to 2018, multiplied by the percentage of allowed claims that is considered to be Essential Health Benefits (approximately 99.99%), rounded to the nearest penny.



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The URRT was filled out by MVP in such a way that the Projected Incurred Claims field was intended to reflect the member-weighted Net Claim Cost PMPM (Excel column H from Exhibit 6 of the Rate Filing), using the membership on URRT Worksheet 2 as weights. This number reflects MVP's projected paid claim liability (including Risk Adjustment) on a PMPM basis in the projection period.

The Paid to Allowed Average Factor in Projection Period field in the URRT was therefore populated (in conjunction with the Projected Risk Adjustments PMPM field) to make the Projected Incurred Claims field line up with the Net Claim Cost PMPM as stated in the previous paragraph. This Paid to Allowed Average Factor represents the projected paid to allowed ratio for the projection period, and will not reconcile to the experience period book of business average AV displayed on Exhibit 6 of the rate filing.

4. Explain why the memorandum lists total experience period non-FFS and capitation amounts as \$7.48 PMPM, while Exhibit 3 shows this value as \$12.02 PMPM.

Response: The \$7.48 PMPM in the memorandum lists the non-FFS and capitation amounts that MVP has reflected on a PMPM basis. It does not include the Vermont Paid Claim Surcharge (0.999% of paid claims) and New York State HCRA Surcharge (0.250% of paid claims). Please see the tab "Question #4" in the attached excel file for a detailed calculation of how the two portions of the non-FFS and capitation amount tie out to the \$12.02 PMPM listed on Exhibit 3.

5. How do the assumed unit cost trends reflect the impact of changes to the Vermont Hospital Budgets?

Response: The assumed unit cost trends reflect the 2017 hospital budgets approved by the Green Mountain Care Board adjusted for any changes that the facility negotiates separately with MVP.

6. Provide the facility-level unit cost changes for 2017 and 2018 underlying the assumed unit cost trends, and label the 2018 facility assumptions as either "Known" or "Assumed". Please note this response may be provided confidentially.

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

7. The actuarial memorandum states that the regression analysis was set to start at December 2015 because this is when an increase in utilization was first observed.

a. Explain why MVP believes it is appropriate to use this type of regression analysis when it suggests positive trend but chose not to include prior years when there was a clear pattern of decreasing utilization.

Response: MVP has seen increasing utilization trends over the recent past and expects that pattern to continue into the future. MVP experienced significant membership turnover between 2014 and 2015, and is of the opinion that including 2014 data in the analysis is not representative of the membership currently enrolled with MVP. In 2014, MVP averaged approximately 19,000 members in fully insured products. This number dropped to approximately 13,400 in 2015 resulting in a 29.5% loss in membership. MVP's data indicates a much different utilization of services by its Vermont population in 2014 compared to 2015 and 2016.

Please note that MVP chose a logarithmic regression curve which projects a trend that will follow the same pattern into the future but with a reduced magnitude as time increases.



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b. Explain why MVP believes that selecting these 13 months as the data for the regression is appropriate, given that more data is available that does not suggest a general increase in utilization over time.

Response: Please see the response to the previous question. MVP believes that the chosen time period is more indicative of the utilization of the projected population.

8. MVP is using historical data from all lines of business to set utilization trend rates for the Exchange population. Why was this data being used to support a utilization trend only on the Exchange population?

Response: MVP is using utilization from all of its Vermont members in order to increase the population and make it more credible. Because there are only small network differences between MVP’s AR42 and AR44 companies, MVP is of the opinion that using Vermont data from both companies without any provider practice adjustments is appropriate. Please see the following table which displays MVP’s projected utilization trends by separate line of business and the associated R-squared:

MVP Calculated Utilization Trends by Line of Business			
Line of Business	Claim Category	Annualized Utilization Trend	R-Squared
Total	IP	2.4%	34.9%
Total	OP	1.1%	63.9%
Total	PHY	0.5%	50.7%
AR42	IP	3.2%	51.0%
AR42	OP	0.7%	34.6%
AR42	PHY	1.1%	75.0%
AR44	IP	1.2%	8.5%
AR44	OP	1.9%	69.6%
AR44	PHY	0.0%	0.0%

Should MVP have used AR44 (Exchange) data only, the total utilization trend would have increased from 0.7% annually to 1.0% annually. Because MVP is continually improving its utilization trend reporting capabilities, we have included trends in this filing and intend to include them in all filings (where justified) moving forward.

9. Please complete the following table, illustrating the persistency of individual Vermont policies.

Response: Please see the tab “Question #9” in the attached Excel file.

10. As with last year’s filing, please confirm that the normalization factor for Benefit Relativities and Induced Demand of 0.735 is the average of the products, rather than the product of the averages.

Response: MVP confirms that the methodology used in this filing has been updated to reflect L&E’s recommendation from the 2017 Exchange filing. Please see the tab “Question #10” in the attached Excel file for the derivation of this factor by benefit over the experience period.



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11. Please reconcile the URRT admin expense load of 8.38% of premium with the Act Memo Dataset value of 8.02%.

Response: The Act Memo Dataset reflects the premium load for bad debt expense in the Profit/Risk Margin lines (Excel lines 79 and 87), while the URRT reflects this in the Administrative Expense Load. Because MVP believes that this is a projection of actual expenses MVP will need to recover, we feel it should be included in administrative costs. Please see the updated version of the Actuarial Memo Dataset attached to this response with the applicable changes.

12. Demonstrate numerically how the risk adjustment methodology described in the actuarial memorandum ties to the PMPM adjustment reflected in the URRT.

Response: Please see the tab "Question #12" in the attached Excel file.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/16 - 12/31/16

Completed Through: 3/31/17

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	37,600	44,777	82,377
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$403.44	\$325.34	\$360.99
13a Experience Period Capitation and Non-FFS Medical Costs- PMPM	\$7.51	\$7.51	\$7.51
13b Experience Period Capitation and Non-FFS Medical Costs	\$5.04	\$4.06	\$4.51
13 Experience Period Capitation and Non-FFS Medical Costs	\$12.55	\$11.57	\$12.02

Derivation of Inpatient Trends for VT Exchange, 2017 & 2018, by Provider

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Derivation of Outpatient Trends for VT Exchange, 2017 & 2018, by Provider

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MVP Calculated Utilization Trends by Line of Business

Line of Business	Claim Category	Annualized Utilization Trend	R-Squared
Total	IP	2.4%	34.9%
Total	OP	1.1%	63.9%
Total	PHY	0.5%	50.7%
AR42	IP	3.2%	51.0%
AR42	OP	0.7%	34.6%
AR42	PHY	1.1%	75.0%
AR44	IP	1.2%	8.5%
AR44	OP	1.9%	69.6%
AR44	PHY	0.0%	0.0%

Effective Date	Months of Coverage											
	1	2	3	4	5	6	7	8	9	10	11	12
January 2015	86	264	141	122	122	80	70	56	69	55	50	1548
February 2015	2	1	3	3	3	3	2	3	1	0	43	0
March 2015	0	9	20	10	10	10	7	4	8	119	0	0
April 2015	0	1	0	2	1	3	1	2	18	0	0	0
May 2015	2	2	1	2	0	2	0	19	0	0	0	0
June 2015	0	0	4	3	3	2	28	0	0	0	0	0
July 2015	2	0	5	0	1	21	0	0	0	0	0	0
August 2015	2	1	2	0	16	0	0	0	0	0	0	0
September 2015	1	0	3	21	0	0	0	0	0	0	0	0
October 2015	3	1	24	0	0	0	0	0	0	0	0	0
November 2015	2	17	0	0	0	0	0	0	0	0	0	0
December 2015	17	0	0	0	0	0	0	0	0	0	0	0
January 2016	55	62	43	47	45	35	45	43	35	43	27	1659
February 2016	2	6	2	2	4	6	8	4	3	3	82	0
March 2016	6	31	7	15	9	16	12	10	5	236	0	0
April 2016	0	9	5	6	3	3	0	0	70	0	0	0

Derivation of Experience Period Average AV and Induced Demand Factor

Weighted Average
AV * ID

0.7348

Medical Coplan	Rx Coplan	Member Months	Pricing Model AV	Induced Demand Factor	AV * ID
VT Non-Standard Bronze (2016)	In base	3,886	0.597	1.000	0.597
VT Standard Bronze HMO (2016)	In base	17,469	0.604	1.001	0.605
VT Catastrophic (2016)	In base	436	0.629	1.008	0.634
VT Standard Gold (2016)	In base	2,392	0.828	1.104	0.914
VT Non-Standard Gold (2016)	In base	2,000	0.822	1.100	0.904
VT Standard Bronze HDHP (2016)	In base	13,627	0.599	1.000	0.599
VT Non-Standard Gold HDHP (2016)	In base	7,399	0.760	1.064	0.808
VT Standard Silver HDHP (2016)	In base	6,810	0.709	1.034	0.733
VT Standard Platinum (2016)	In base	9,804	0.903	1.150	1.038
VT Non-Standard Silver (2016)	In base	9,476	0.720	1.042	0.750
VT Standard Silver HMO (2016)	In base	9,078	0.731	1.046	0.765

Numerical Development of MVP's Risk Adjustment Assumption, 2018 Exchange

a) VT Merged Market Interim Risk Transfer Payment	\$249,794
b) Experience Period Claim Expense	\$30,998,906
c) CMS Adjustment Factor	86%
d) = [a) / b)] * c) Interim Risk Transfer Payment as % of Claims	0.7%

Sum of Lines 6, 9, 13 from Exhibit 3 times Line 1 from Exhibit 3

e) MVP Book of Business Risk Score, Paid Through Nov	1.389
f) MVP Book of Business Risk Score, Paid Through Dec	1.445
g) = f) / e) Change in Risk Score Due to Adding in Dec Paid Claims	1.041
h) non-MVP Estimated Market Share	91.2%
i) = [g) - 1] * h) Anticipated Increase in Market Wide Average Risk Score	3.7%
j) CMS Adjustment Factor	86%
k) = i) * j) Assumed Risk Transfer Payment as % of Claims	3.2%

l) = d) + k) TOTAL MVP Risk Transfer Payment as % of Claims	3.9%
m) Risk Transfer Payment PMPM	\$16.34
n) Risk Adjustment User Fee PMPM	\$0.14
o) = m) + n) Projected Risk Adjustment PMPM in URRT	\$16.48

l) times Line 25, Exhibit 3



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June 20, 2017

Mr. Kevin Rugeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Rugeberg:

This letter is in response to your correspondence received 06/13/2017 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. The memorandum states that MVP would seek a modification to the rates if the CSR subsidies are unfunded for 2018. Please provide the rates that MVP would propose in this scenario.

Response: If the CSR subsidies are unfunded for 2018, MVP proposes two methods to increase premiums that it views as actuarially equivalent - increasing the premium for all plans equally or increasing the Silver metal level plans by themselves. If MVP were to increase all premiums equally, it would result in approximately a 3.1% increase for all plans above currently proposed 2018 increases. If MVP were to increase its Silver plans only, an approximate 8.7% increase would be required.

To maintain a level playing field between carriers, MVP recommends that the Green Mountain Care Board dictate which of the two approaches outlined above would be applicable in the State of VT so MVP and BCBSVT adjust their premium rates in a consistent fashion. If the adjustment is applied inconsistently across carriers, one carrier would have overpriced Silver plan rates while the other carrier would have overpriced premiums at the other metal levels leading to uncompetitive premiums between carriers at each metal level.

Please see the attached exhibits which modify the "Rate Increase Exhibit" previously included with the filing for both of these proposed changes. Also, please note that MVP did not include new plans on this exhibit since they do not have membership as of February 2017. The new plan premiums would be the proposed premium shown on Exhibit 6 times 3.1% (for all new plans) or 8.7% (for Silver plans only) respectively.

2. The projected incurred claims by plan on Worksheet 2 of the URRT coincide with the corresponding values in column H of Exhibit 6 on a PMPM basis. These values reflect the increased cost due to induced utilization. However, the allowed amount implied by Exhibit 6 does not seem to agree with the Total Allowed Cost in the URRT. For example, the Platinum plan has Net Claim Cost of \$606.97 PMPM and a Benefit AV of 0.890 as displayed in Exhibit 6. This would seem to imply a projected allowed cost of \$681.99 PMPM, as opposed to the \$592.03 in the URRT. Please explain this apparent discrepancy.



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Response: MVP maintains the stance that the comparison of the “projected” allowed amount on Exhibit 6 of the rate filing and the actual projected allowed amount in the URRT is not an “apples to apples” comparison. MVP’s actual paid to allowed ratio in the experience period does not equal the book of business average benefit relativity, so we would not expect the trended Allowed claims in the URRT to be equal to the Projected Incurred Claims PMPM in the rate filing divided by the book of business average benefit relativity.

3. While we understand that the URRT Paid to Allowed factor will not tie to the experience period Paid to Allowed, we would anticipate that it would be consistent with the projected Paid to Allowed factors by plan provided in Column F of Exhibit 6. We understand that these factors are not the source of the URRT value, but they should logically be consistent. Please explain why these values appear to be quite different, or demonstrate that they are reasonably consistent.

Response: Please see the above response. MVP has populated its URRT to tie as closely as possible to Exhibit 6 of the rate filing while still populating Worksheet 1 with actual source data. The apparent contradiction is due to this disconnect between the pricing method of our rate filing and the way data is reported in the URRT.

4. Please provide the claims data in the “Trend & Projection Assumptions” section of the Actuarial Memo Dataset split separately into Medical and Rx claims.

Response: Please see the tab labeled “Question #4” in the attached Excel file.

5. Please provide an expanded version of the facility-level cost trend file provided previously, with the effective date of approved rate changes included by facility. This response may be provided confidentially.

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

6. Based on the persistency data provided, it appears that mid-year enrollment and terminations were roughly consistent in 2015 with the 2016 base period experience. As such, it is unclear why the “Adjustment for average policy during beginning of policy year” should be applied to Individual experience. The adjustment seems to implicitly assume that all Individual enrollees in 2018 will have coverage that is effective for 12 full months, which would be a break from past experience. Please clarify the purpose of this adjustment.

Response: While the data appears consistent between 2015 and 2016 in the Individual market, there have been a number of disruptions to the market for both years, including termination of MVP’s non-ACA compliant Individual plans, changes to the Medicaid system in Vermont, uncertainty regarding the status of MVP’s non-ACA compliant Association (Agriservices) business, and changes to the open enrollment timeline. Therefore, MVP is not confident that this data results in a trend as opposed to volatility within the system. Because the contracts as written are for 12 calendar months, using paid claim amounts that reflect less than 12 months of data could potentially leave MVP exposed if all members were to enroll in January (especially when using paid claims to rate, due to the nature of deductible leveraging).

7. It appears that the “Other” factor in the URRT reflects the combined impact of the pooling charge, the durational adjustment, and the leap year adjustment. Please tie the URRT value to these adjustments, and clarify whether the “Other” factor includes any other adjustments.

Response: The “Other” factor in the URRT only reflects the value of the leap year adjustment (365 days / 366 days). MVP does not reflect the durational adjustment or the pooling charge in the URRT.



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8. Provide actual bad debt as a percentage of premium for each of the last three years.

Response: Please see the following table which displays actual bad debt as a percentage of premium for the past 3 years. The average bad debt expense over this time period is 0.4% which is consistent with MVP's rate filing.

Bad Debt as a Percent of Premium, ACA Compliant Plans, 2014-16

Year	Group Size	Premium	Bad Debt	Bad Debt / Premium
2014	Small Group	\$9,054,927	\$26,404	0.29%
2014	Individual	\$13,347,427	\$38,258	0.29%
2015	Small Group	\$11,647,934	\$85,741	0.74%
2015	Individual	\$15,076,698	\$114,741	0.76%
2016	Small Group	\$16,420,702	\$0	0.00%
2016	Individual	\$18,599,822	\$40,288	0.22%

9. Please demonstrate how MVP developed the 1.0% assumption for the Health Insurer Fee in 2018.

Response: Please see the tab labeled "Question #9" in the attached Excel file. Please note that MVP is using estimated 2017 revenue based on its internal budget. Also, please note that since MVP operates in more than one state, this premium is not reflective of Vermont-specific business.

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

Sincerely,

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care

Historical Incurred Claims, 2014 to 2016, Medical vs. Pharmacy

Incurred Month	Member Months	Medical+Dental Incurred Claims \$ PMPM	Rx Incurred Claims \$ PMPM
Jan-2014	2,089	\$203.34	\$24.05
Feb-2014	2,461	\$219.37	\$29.85
Mar-2014	2,858	\$289.95	\$43.59
Apr-2014	4,578	\$272.16	\$27.83
May-2014	5,215	\$253.99	\$31.68
Jun-2014	5,245	\$275.35	\$37.49
Jul-2014	5,314	\$265.24	\$47.40
Aug-2014	5,399	\$326.13	\$40.77
Sep-2014	5,478	\$346.59	\$44.59
Oct-2014	5,580	\$366.35	\$42.67
Nov-2014	5,567	\$272.23	\$37.16
Dec-2014	5,870	\$369.78	\$60.16
Jan-2015	5,747	\$424.89	\$27.26
Feb-2015	5,721	\$283.78	\$25.63
Mar-2015	5,637	\$272.75	\$39.29
Apr-2015	5,493	\$273.97	\$42.67
May-2015	5,358	\$317.42	\$41.14
Jun-2015	5,276	\$261.00	\$37.76
Jul-2015	5,244	\$344.66	\$39.10
Aug-2015	5,194	\$264.71	\$45.38
Sep-2015	5,153	\$350.40	\$63.72
Oct-2015	5,082	\$394.93	\$50.44
Nov-2015	5,026	\$278.53	\$58.09
Dec-2015	4,994	\$362.86	\$61.56
Jan-2016	5,842	\$219.91	\$30.16
Feb-2016	6,018	\$334.26	\$37.39
Mar-2016	6,515	\$289.15	\$41.94
Apr-2016	6,693	\$308.63	\$33.67
May-2016	6,906	\$295.79	\$51.51
Jun-2016	7,057	\$308.33	\$52.89
Jul-2016	7,133	\$368.98	\$49.35
Aug-2016	7,158	\$368.16	\$55.16
Sep-2016	7,219	\$333.55	\$55.52
Oct-2016	7,209	\$317.38	\$58.08
Nov-2016	7,227	\$365.58	\$50.06
Dec-2016	7,400	\$392.33	\$53.82

Derivation of Inpatient Trends for VT Exchange, 2017 & 2018, by Provider

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Derivation of Outpatient Trends for VT Exchange, 2017 & 2018, by Provider

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Derivation of ACA Health Insurer Tax, 2018 Rate Filings

	MVP Health Plan	MVP Health Insurance Company	MVP Health Services Corp.
MVP Budgeted 2017 Premium	\$2,428,775,778	\$21,062,138	\$671,724,352
Premiums subject to Fee:			
0% of \$0 - \$25,000,000		\$168,683	\$5,379,713
50% of \$25,000,001 - \$50,000,000		\$84,341	\$2,689,856
100% of premiums over \$50,000,000		\$20,809,114	\$663,654,783
Premiums subject to the fee	\$0	\$20,809,114	\$663,654,783
Eligible premiums with partial exclusion:			
50% exclusion	\$1,214,387,889	\$0	\$0
MVPHP Percent of Total Premium	78%	1%	22%
Exclusion applied for \$37,500,000*	\$14,588,703	\$0	\$0
Eligible premiums used in calculation	\$1,199,799,186	\$0	\$0
MVP Net premiums taken into account for calculation	\$1,199,799,186	\$20,809,114	\$663,654,783
Nationwide net premiums written taken into account for all covered entities	\$ 697,252,942,253	\$ 697,252,942,253	\$ 697,252,942,253
MVP Percent to Total	0.17%	0.00%	0.10%
Nationwide amount to be raised by ACA HIT Fee	\$ 14,300,000,000	\$ 14,300,000,000	\$ 14,300,000,000
MVP Amount to be Paid	\$ 24,606,749.31	\$ 426,775.29	\$ 13,610,933.44
2018 Estimated HIT % of Premium Load	1.0%	2.0%	2.0%

*applied MVPHP percent to total and then multiplied by the 50% exclusion



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June 23, 2017

Mr. Kevin Rugeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Rugeberg:

This letter is in response to your correspondence received 06/19/2017 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. How many individuals enrolled in Medicaid in 2016 enrolled in your QHPs for 2017? How did this enrollment affect your trend estimates for 2018?

Response: MVP does not participate in Medicaid in the state for Vermont. MVP does not track a member's previous coverage status, unless they were previously enrolled in one of MVP's other product lines. Therefore, the number of members switching from Medicaid to MVP's QHPs for 2017 is unknown, and we made no adjustments to our rate filing to account for this fact.

2. Paragraph 6 refers to calculating the impact of cost share leveraging on the carrier's share of medical cost. Did you incorporate the adjustments made to QHP cost sharing to keep the plans aligned with federal AV requirements? If you did not adjust for these changes, please provide calculations of how this impacts the trend assumption.

Response: MVP did not reflect the changes in cost sharing from 2016 to 2018 due to plan design changes in the leveraged trend in the rate filing. To do so would require MVP to re-price every experience period claim and recalculate every member's accumulators, which is not feasible given time and resource restraints. MVP has reflected changes made to keep plans within federal AV guidelines in the plan's benefit relativities on Exhibit 6.

3. Please provide a more qualitative explanation to support your claim that utilization will increase in 2018. Please include your clinical team's interpretation and justification of your statistical results.

Response: MVP's actuarial team consulted its clinical team to understand if there were any new programs put in place between the experience period and present that would help offset the utilization increases that have been experienced in the recent past. MVP's clinical team is continuously reviewing its policies and procedures, but they agreed there haven't been any program changes that would offset our utilization trend projections.

4. PBMs are responsible for managing Rx costs and as such may have a vested interest in stating a conservative trend. Do you have any internal trend analytics to support the reasonableness of the PBM findings? Please provide historic PBM forecasts compared to actual trends for 2014-2016.



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Response: MVP disagrees with the notion that its PBM would have a vested interest in stating a conservative trend. Because the PBM and MVP enter into a contract, intentionally misstating trends would destroy the PBM's integrity and hamper future negotiations between the PBM and MVP. MVP believes that the PBM is the best source for its pharmacy trends because of the unique knowledge that the PBM presents and its relation to the pharmaceutical market as a whole.

Please see the tab labeled "Question #4" on the attached Excel workbook which provides historical trends from MVP's past two Exchange rate filings as well as actual allowed claim trends for 2015 and 2016. Please note that prior to the 2016 Exchange filing, MVP did not use the current PBM it is using. Also, for the 2016 Exchange filing, MVP was using national trends provided by the current PBM. In the 2017 filing and going forward, MVP had access to trend projections that were tailored specifically to MVP's different books of business.

5. Please provide quantitative and qualitative support for the expected impact due to new Vermont rules on limiting opiate prescriptions.

Response: MVP has not performed a quantitative analysis of the impact of these new rules when developing this rate filing. Based on conversations with our pharmacy department, we expect there could be increased medical costs due to the additional evaluation visits necessary to implement the policy. This will be offset by the reduction in pharmacy claims for opioids, but doctors may replace opioid treatment with other drug therapies. These therapies could increase or decrease total pharmacy costs compared to before the new rules, dependent on the class of drugs replacing opioids and the utilization of potential replacements.

6. Please provide quantitative and qualitative support for the expected impact due to new rules requiring generic substitution for interchangeable biological products.

Response: Based on conversations with MVP's legal department, these new rules have not been approved as Vermont law. Therefore, MVP has not considered their possible impact on its rate filing.

7. Have you studied the impact of providers driving costs? For example:

- a. Services moving into high cost health systems;*
- b. Services moving from PCP to specialist; or*
- c. Services moving from an office setting to a facility setting.*

If so, please provide the study.

Response: These studies were not performed for this rate filing.

8. Please explain how ACA growth in insured population creating less bad debt and growth in covered members (and in turn more FFS volume helping to ease provider overhead strain) haven't led to lower unit cost increases.

Response: Due to the hospital budgeting system in Vermont, MVP has limited influence over unit cost increases requested by providers. To the extent that the process described happens, it is one of many factors that go into negotiations between MVP and health care facilities in Vermont, and would be extremely difficult to isolate and quantify.



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9. Please describe any vended services from the corporate for-profit parent.

Response: MVP Health Care operates as a not-for-profit company. There are no services that are vended from MVP Health Care to MVP Health Plan. MVP Health Care provides employees to MVP Health Plan via MVP Service Corporation, but this transaction is done on a cost basis and MVP Health Care receives no profit from this transaction.

10. Is any overhead from the parent passed through to the VT non-profit?

Response: MVP Health Plan, a subsidiary of MVP Health Care, is domiciled in New York and operates in both New York and Vermont. MVP Health Care does not own a Vermont-specific company. MVP Health Care's overhead costs are allocated among all of the companies it owns based on MVP's cost allocation model which assesses costs based on various cost drivers.

11. Please provide support for your CTR estimate.

a. Other carriers in the market include a detailed exhibit of their CTR needs – please provide a similar exhibit or the components required for us to replicate the other carrier's exhibit including anticipated investment income, target RBC ratio, and current and projected authorized control level.

Response: MVP Health Plan's reserves are governed by New York State regulations which dictate a minimum reserve level of 12.5% of premium. While this block of business represents a small portion of MVP Health Plan's total business, MVP strives to manage the blocks separately so that we are indifferent to membership shifts between states on MVPHP.

Please see the tab "Question #11" in the attached Excel workbook for a calculation of MVPHP's allocated reserves for this block of business as a percent of the premium. MVPHP's total reserves as a percentage of its premium were approximately 16.14% at the end of 2016. Because of significant membership growth in 2017 as well as the 1.0% CTR approved in the 2017 Exchange filing, MVP is projected to be under the statutory minimum (12.5%) if this block of business were to be managed on its own. MVP has displayed that a CTR of 2.0% in the 2018 filing would take reserves up to 13.0% of 2018 premiums, above the minimum but well below what MVP targets for its companies. Reducing the CTR in the 2018 Exchange rates to 1.0% or 0.0% would continue to place MVPHP's Vermont-specific business under the statutory minimums for 2018.

MVP strives to manage the business in both states such that if one state were to halt all business, the other state would be able to remain solvent on its own. Viewed through this lens, reducing the CTR assumption could potentially harm the long-term viability of MVP's VT Exchange business.

b. How does your parent impact your CTR requirement?

Response: MVP Health Care is a not-for-profit company with no additional assets outside of the regulated entities. All of MVP Health Care's reserves are held by the regulated entities themselves.

c. Do you have a target RBC and/or run simulations models to validate the need for this RBC level?

Response: MVP's goal is to maintain a minimum RBC ratio for MVP Health Plan of 500% with a targeted ratio of 700%. Converted to a percent of premium basis, this means a minimum of 16% of premium with a target of 20%. MVP would require a CTR in this filing of approximately 4.8% to reach the minimum target of 16% for this specific block of business. MVP does not run simulation models to validate the need for this RBC level.



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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care

Comparison of PBM-Provided Pharmacy Trends to Actual Trends- 2016 and 2017 Rate Filings

2016 Filing Assumptions- National Trends			2017 Filing Assumptions- VT SG/INDV Specific Trends		Actual Data		
	2015/2014	2016/2015		2016/2015		2015/2014	2016/2015
Generic Unit Cost	4.3%	3.3%	Generic Unit Cost	-12.6%	Generic Unit Cost	-14.1%	-13.4%
Brand Unit Cost	13.5%	13.5%	Brand Unit Cost	10.4%	Brand Unit Cost	9.4%	4.7%
Specialty Unit Cost	16.0%	14.0%	Specialty Unit Cost	10.9%	Specialty Unit Cost	28.3%	17.6%
Generic Utilization	3.4%	2.1%	Generic Utilization	3.4%	Generic Utilization	12.3%	-2.7%
Brand Utilization	-11.4%	-4.5%	Brand Utilization	-2.2%	Brand Utilization	12.1%	-9.0%
Specialty Utilization	5.0%	6.0%	Specialty Utilization	10.3%	Specialty Utilization	-0.5%	19.1%
Generic Total	7.8%	5.5%	Generic Total	-9.6%	Generic Total	-3.5%	-15.7%
Brand Total	0.6%	8.4%	Brand Total	8.0%	Brand Total	22.6%	-4.8%
Specialty Total	21.8%	20.8%	Specialty Total	22.3%	Specialty Total	27.6%	40.1%
Total Allowed PMPM	6.8%	11.7%	Total Allowed PMPM	8.4%	Total Allowed PMPM	15.2%	7.3%

Reserve Amounts as % of Premium under various CTR Scenarios, 2018 VT Exchange

Assuming 2.0% CTR			
	2016 End of Year	2017- Projected	2018- Projected
Premium, VT SG + INDV AR44	\$35,020,356	\$55,032,648	\$58,740,388
Current Reserves Allocated to Block	\$5,652,286	\$6,326,594	\$7,640,175
Reserve amount as % of Premium	16.1%	11.5%	13.0%
% of Premium CTR		1.0%	2.0%
Projected Investment Income Allocated to Block		\$123,982	\$138,773

Assuming 1.0% CTR			
	2016 End of Year	2017- Projected	2018- Projected
Premium, VT SG + INDV AR44	\$35,020,356	\$55,032,648	\$58,152,984
Current Reserves Allocated to Block	\$5,652,286	\$6,326,594	\$7,046,897
Reserve amount as % of Premium	16.1%	11.5%	12.1%
% of Premium CTR		1.0%	1.0%
Projected Investment Income Allocated to Block		\$123,982	\$138,773

Assuming 0% CTR			
	2016 End of Year	2017- Projected	2018- Projected
Premium, VT SG + INDV AR44	\$35,020,356	\$55,032,648	\$57,565,580
Current Reserves Allocated to Block	\$5,652,286	\$6,326,594	\$6,465,367
Reserve amount as % of Premium	16.1%	11.5%	11.2%
% of Premium CTR		1.0%	0.0%
Projected Investment Income Allocated to Block		\$123,982	\$138,773

CTR Needed to get back to 16%			
	2016 End of Year	2017- Projected	2018- Projected
Premium, VT SG + INDV AR44	\$35,020,356	\$55,032,648	\$57,565,580
Current Reserves Allocated to Block	\$5,652,286	\$6,326,594	\$9,228,515
Reserve amount as % of Premium	16.1%	11.5%	16.0%
% of Premium CTR		1.0%	4.8%
Projected Investment Income Allocated to Block		\$123,982	\$138,773



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June 23, 2017

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Ruggeberg:

This letter is in response to your correspondence received 06/22/2017 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Were the letters sent by the Green Mountain Care Board to Vermont hospitals in April 2017 considered in setting facility-level trend assumptions for 2018? See <http://gmcboard.vermont.gov/content/fy-2016-actuals> for copies of these letters.

Response: These letters were not considered when setting facility trends for 2018. Because it so early in the negotiation process for 2018 facility trends, it is unknown whether the rate increases set by the Green Mountain Care Board will truly be the increase for each facility. MVP has assumed that a hospital's rate increase would be equal for 2017 and 2018 when creating the facility trends, unless it is known that the 2017 trend represents a one-year outlier.

2. It is our understanding that final 2016 risk adjustment payment data is now available through the EDGE server. Please provide this information if it is available.

Response: MVP has indeed received its final risk adjustment payment/receipt for 2016. MVP has to pay \$275,537.36 into the risk adjustment pool for the merged market business and \$24,615.78 into the pool for Catastrophic plans which combines to be a \$300,153.14 payment into the risk adjustment pool for 2016.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care

Comparison of Claim Cost and Risk Score, 2016, by Year of Affectuation

Time Period	Normalized Medical		Risk Score
	Claims PMPM	Normalized Risk Score	Adjusted for CMS Changes
New in 2016	0.921	0.865	0.884
Renewing from 2015	1.055	1.095	1.081
Total	1.000	1.000	1.000

0.873

0.818

Membership Projections, 2017 and 2018

Time Period	2017 Membership	2018 Membership
New	46,332	46,332
Renewing	77,352	107,729
Total	123,684	154,061

37.5%

30.1%

**Difference between
Normalized Medical
Claims PMPM and
Normalized Risk Score**

6.3%

**Assumed New
Membership as a
Percent of Total
Membership, 2018**

30.1%

**Increase in Cost
Attributable to New
Members**

1.91%

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June 28, 2017

Mr. Kevin Rugeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Rugeberg:

This letter is in response to your correspondence received 06/26/2017 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. The final 2016 risk adjustment results differ from what was anticipated by MVP when developing assumptions for the 2018 rate filing. Would MVP like to propose a new risk adjustment assumption in light of this new information?

Response: MVP has analyzed the final risk adjustment results and would like to propose a new risk adjustment assumption which combines the 2016 results with an additional increase in the assumed payment due to the continued presence of new members to MVP.

MVP has compared medical claims PMPM to risk scores in 2016 broken down by members that were with MVP in 2015 versus members that were new to MVP in 2016. What we have found is that while the claim costs for the "new" members is 12.7% lower than the claim cost for "renewing" members, the risk score is approximately 18.3% lower. MVP also analyzed its New York data by new vs renewing and confirmed that the same discrepancy between claims cost and risk scores exists in its New York data set.

Because of MVP's competitive premium position, we have gained significant membership in 2017 and expect this trend to continue in 2018. Based on February 2017 data, MVP retained 87.1% of its December 2016 members in 2017 and 37.5% of MVP's members are new in 2017. Using this same retention percentage and raw membership growth to project 2018 membership, MVP expects 30.1% of its members to be new to MVP in 2018.

MVP then calculated the value of continual new membership growth on the risk adjustment assumption by multiplying the difference between these members' relative risk score and relative claim cost by the assumed percent of new business in 2018. Please see the tab "Question #1" in the attached Excel file for detail surrounding this calculation.

MVP proposed a 3.88% increase to its Paid Index Rate PMPM in the rate filing for its initial risk adjustment assumption. Combining MVP's final risk adjustment payment for 2016 (calculated at 0.74% of the Paid Index Rate) with the 1.91% increase detailed above means MVP's total revised risk adjustment assumption would be 2.67% of the Paid Index Rate (or, converted to a total dollar amount, \$925,240).

2. Please provide assumed unit cost increases for provider groups associated with Vermont hospitals, similar to the confidential exhibits already provided.

Response: This exhibit contains proprietary information and will be provided under separate cover.



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3. Your response on June 20th provides reasonable arguments that mid-year enrollments and terminations may be lower in 2018 than in 2016. However, these environmental factors are highly unlikely to result in all members enrolling in January and maintaining coverage through December. Please provide further support for the assumption that all individual enrollees will maintain a full 12 months of coverage, or propose a modified assumption that reflects MVP's best estimate of 2018 enrollment patterns.

Response: MVP is of the opinion that it is reasonable to assume all members will maintain coverage for a full 12 months and failing to set premium rates under this approach would expose our block to financial risk. The changes to the open enrollment period in 2018 (the end date of open enrollment was January 31, 2017 for 2017 coverage dates and December 15, 2017 for 2018 coverage dates) will translate to members beginning coverage in January rather than February or March. Additionally, as the market matures, we would expect a larger share of members to fully understand their benefits, how to enroll, and the market as a whole and therefore the average contract would move very close to 12 months. MVP understands that there will always be some members who move into or out of the market based on the special enrollment period, but this cannot be easily projected or quantified.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care



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July 7, 2017

Mr. Kevin Ruggeberg, ASA, MAAA
Lewis & Ellis, Inc.
P.O. Box 851857
Richardson, TX 75085

Re: 2018 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131034103

Dear Mr. Ruggeberg:

This letter is in response to your correspondence received 07/07/2017 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

1. Please provide the following clarifications regarding your proposed modifications to the risk adjustment assumption:

a. How does the proposed assumption take the 14% admin reduction into account?

Response: MVP took the 2016 risk adjustment results (that resulted in a \$300,153.14 payable from MVP into the market) and multiplied by 0.86 to reflect the reduction to take effect in 2018. This resulted in an adjusted payable of \$258,131.70.

In the additional payment calculation, MVP took the normalized risk scores for each cohort and converted them from a 1.0 basis to a 0.0 basis by taking one minus the normalized risk score. Then, this percentage was multiplied by 0.86 for each cohort and converted back to a 1.0 basis (please see cells E5 and E6 of the Excel response to Objection #5). Because MVP's risk score was below the market-wide average risk score, multiplying the risk score (as compared to the market-wide average) by 0.86 effectively raises MVP's risk score, which is equivalent to reducing the payable by 14%.

b. Using the percentage of the paid index rate implicitly assumes that the state-wide average premium is increasing at the same rate as MVP's paid index rate. Did MVP consider the impact of this assumption?

Response: MVP did not consider this factor when developing this assumption. We recognize that other carriers' premiums are likely to increase more than MVP, which would drive the statewide average premium up. However, should MVP continue to increase its market share because of this, the average premium increase would fall closer to MVP's proposed increase than that of its competitors.

c. Please provide a calculation demonstrating the 0.74% of paid index rate referenced in your previous response.

Response: Please see Exhibit 3 of the updated "VT 2018 Exchange Rate Filing SERFF.xlsx" which provides a detailed calculation of how this 0.74% of the paid index rate was calculated.



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d. Please provide a revised version of "VT 2018 Exchange Rate Filing SERFF.xlsx" which reflects the proposed risk adjustment change.

Response: Please see the attached file which provides an updated version of the rate filing reflecting our new risk adjustment assumptions.

2. Provide a confidential exhibit detailing the relationship between facility and non-facility unit cost trends for the specified facilities we have discussed.

Response: This exhibit contains proprietary information and will be provided under separate cover.

3. Provide an explanation of how the projected 3.1% rate increase contingent on CSR defunding was calculated.

Response: To determine the increase due to possible CSR defunding, MVP set line 4 (Excel line 14) on Exhibit 3 of the rate filing to \$0.00. This was previously a negative number, reflecting a reduction to MVP's claim expense for CSR recoveries. This resulted in an approximate increase to the paid index rate of 3.4%. However, a flat PMPM admin expense dampens the premium increase somewhat, resulting in the 3.1% reflected in the rate increase exhibit.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA
Senior Actuarial Analyst
MVP Health Care



MVP Health Care -- 2018 Exchange Rate Filing

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2017 to 2018 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- 2018 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 [#]
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400 (Fac)	\$4,800	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 [#]
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 [#]
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 [#]
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	\$0**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non A/IAN)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,500	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,700	\$7,400	Embedded	0%	Embedded	Aggregate	\$3,700	\$7,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,100	\$2,200	Embedded	0%	Embedded	Embedded	\$1,100	\$2,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$400	\$800	Embedded	0%	Embedded	Embedded	\$400	\$800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,600	\$5,200	Embedded	0%	Embedded	Aggregate	\$2,600	\$5,200	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$1,400 (Fac)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBID = \$1 [#]
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$200 (Fac)	\$0	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBID = \$1 [#]
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBID = \$1 [#]
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBID = \$1 [#]

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*																					
In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 [#]
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600*	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBID = \$1 [#]
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 [#]
FRVT-HMO-BA2-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBID = \$3 [#]

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
 ** 3 PCP Office Visits are covered in full, not subject to deductible
 ^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
 * Family deductible is structure is \$7,350 for each member up to family limit
 Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

Exhibit 1a -- Comparison of 2017 to 2018 Benefits by Plan
MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits										Pharmacy							
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	20%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$400 (Fac)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBIID = \$3 #
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBIID = \$1 #
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMO-B-002-S (2018)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBIID = \$3 #
FRVT-HMO-B-001-N (2018)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBIID = \$3 #
FRVT-HMO-C-001-S (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2018)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits										Pharmacy							
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$3 #
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$1 #
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBIID = \$3 #
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBIID = \$1 #
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBIID = \$1 #
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBIID = \$1 #
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$800 (Fac)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$3 #
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits										Pharmacy						
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Services subject to deductible (DD) unless otherwise stated.
** 3 PCP Office Vis

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Experience Period:	January 1, 2016 - December 31, 2016
Rating Period:	January 1, 2018 - December 31, 2018

Months of Trend	2017	2018	Total
	12	12	24

Medical Trend Summary

2017 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.4%	4.9%	0.0%	4.9%
OP and Other Med	50.4%	4.5%	1.1%	5.7%
PHY	27.2%	2.1%	0.5%	2.6%
Medical Total		3.9%	0.7%	4.6%

2018 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.5%	5.5%	0.0%	5.5%
OP and Other Med	50.9%	5.0%	1.1%	6.2%
PHY	26.6%	-2.8%	0.5%	-2.4%
Medical Total		3.0%	0.7%	3.7%

Annual Allowed Medical Trend **4.2%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$386.17	\$11.86	\$5.81	\$53.38	\$315.12
24 Months of Trend:	1.085	1.085	1.013	1.026	1.097
Projection Period:	\$419.16	\$12.88	\$5.88	\$54.75	\$345.65
Allowed Trend (Annual)	4.2%				
Paid Trend (Annual)		4.7%			
Leveraging (Annual)	0.5%				

Rx Trend Summary

	<u>2017 Trend</u>		<u>2018 Trend</u>		<u>Annualized Trend</u>	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-4.1%	2.9%	1.3%	3.3%	-1.4%	3.1%
Brand	13.9%	1.5%	13.8%	-1.0%	13.8%	0.3%
Specialty	6.8%	6.7%	8.6%	7.3%	7.7%	7.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,882	1,094	89	11,065
Experience Period Allowed Cost per Script	\$18.81	\$248.37	\$4,061.54	\$74.17
Experience Period Deductible Per Script	\$3.44	\$22.81	\$41.65	\$5.66
Experience Period Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.52
Experience Period Coinsurance Per Script	\$0.64	\$15.53	\$39.53	\$2.42
Experience Period Paid Cost Per Script	\$11.37	\$196.40	\$3,958.80	\$61.56
Experience Period Allowed PMPM	\$15.49	\$22.63	\$30.27	\$68.39
Experience Period Deductible PMPM	\$2.83	\$2.08	\$0.31	\$5.22
Experience Period Copay PMPM	\$2.77	\$1.24	\$0.16	\$4.17
Experience Period Coinsurance PMPM	\$0.53	\$1.41	\$0.29	\$2.24
Experience Period Paid PMPM	\$9.36	\$17.90	\$29.51	\$56.77
Experience Period Rx Rebates PMPM				(\$8.75)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.088
Annual Allowed Trend	1.016	1.141	1.152	1.119
Annual Deductible Trend	1.013	1.013	1.013	1.035
Annual Paid Trend	1.003	1.164	1.154	1.134
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.127
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,502	1,099	102	11,704
Projected Allowed Cost per Script	\$18.27	\$321.93	\$4,711.48	\$87.85
Projected Deductible Per Script	\$3.53	\$23.39	\$42.72	\$5.74
Projected Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.48
Projected Coinsurance Per Script	\$0.62	\$20.12	\$45.86	\$2.85
Projected Paid Cost Per Script	\$10.76	\$264.78	\$4,601.35	\$74.78
Projected Allowed PMPM	\$15.99	\$29.49	\$40.21	\$85.68
Projected Deductible PMPM	\$3.09	\$2.14	\$0.36	\$5.59
Projected Copay PMPM	\$2.94	\$1.25	\$0.18	\$4.37
Projected Coinsurance PMPM	\$0.54	\$1.84	\$0.39	\$2.78
Projected Paid PMPM	\$9.42	\$24.25	\$39.27	\$72.94
Projected Rx Rebates				(\$11.99)
Net Projected Paid PMPM				\$60.95

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

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,623	1,110	118	11,851
Experience Period Allowed Cost per Script	\$19.34	\$260.27	\$4,355.25	\$84.98
Experience Period Deductible Per Script	\$3.44	\$25.54	\$48.04	\$5.96
Experience Period Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.32
Experience Period Coinsurance Per Script	\$0.65	\$16.52	\$38.51	\$2.51
Experience Period Paid Cost Per Script	\$11.98	\$205.40	\$4,249.39	\$72.20
Experience Period Allowed PMPM	\$17.12	\$24.07	\$42.74	\$83.93
Experience Period Deductible PMPM	\$3.05	\$2.36	\$0.47	\$5.88
Experience Period Copay PMPM	\$2.89	\$1.18	\$0.19	\$4.26
Experience Period Coinsurance PMPM	\$0.58	\$1.53	\$0.38	\$2.48
Experience Period Paid PMPM	\$10.60	\$18.99	\$41.70	\$71.30
Experience Period Rx Rebates PMPM				(\$9.45)
Annual Util Trend	1.031	1.003	1.070	1.029
Annual Unit Cost Trend	0.986	1.138	1.077	1.091
Annual Allowed Trend	1.016	1.141	1.152	1.123
Annual Deductible Trend	1.011	1.011	1.011	1.034
Annual Paid Trend	1.004	1.164	1.154	1.136
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.121
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,290	1,115	135	12,540
Projected Allowed Cost per Script	\$18.78	\$337.35	\$5,052.20	\$101.24
Projected Deductible Per Script	\$3.52	\$26.08	\$49.06	\$6.01
Projected Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.29
Projected Coinsurance Per Script	\$0.63	\$21.42	\$44.67	\$2.95
Projected Paid Cost Per Script	\$11.37	\$277.05	\$4,939.14	\$87.98
Projected Allowed PMPM	\$17.67	\$31.36	\$56.77	\$105.79
Projected Deductible PMPM	\$3.31	\$2.42	\$0.55	\$6.29
Projected Copay PMPM	\$3.07	\$1.19	\$0.22	\$4.48
Projected Coinsurance PMPM	\$0.59	\$1.99	\$0.50	\$3.09
Projected Paid PMPM	\$10.70	\$25.75	\$55.50	\$91.94
Projected Rx Rebates				(\$14.28)
Net Projected Paid PMPM				\$77.66

Exhibit 2b -- Rx Trend Development (Individual ACA)
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<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,260	1,080	66	10,406
Experience Period Allowed Cost per Script	\$18.30	\$238.11	\$3,619.18	\$63.83
Experience Period Deductible Per Script	\$3.43	\$20.46	\$32.04	\$5.38
Experience Period Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.72
Experience Period Coinsurance Per Script	\$0.63	\$14.66	\$41.07	\$2.34
Experience Period Paid Cost Per Script	\$10.78	\$188.64	\$3,521.15	\$51.39
Experience Period Allowed PMPM	\$14.12	\$21.43	\$19.80	\$55.35
Experience Period Deductible PMPM	\$2.65	\$1.84	\$0.18	\$4.67
Experience Period Copay PMPM	\$2.67	\$1.29	\$0.14	\$4.09
Experience Period Coinsurance PMPM	\$0.48	\$1.32	\$0.22	\$2.03
Experience Period Paid PMPM	\$8.32	\$16.98	\$19.27	\$44.56
Experience Period Rx Rebates PMPM				(\$8.17)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.084
Annual Allowed Trend	1.016	1.141	1.152	1.115
Annual Deductible Trend	1.014	1.014	1.014	1.036
Annual Paid Trend	1.002	1.164	1.154	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,841	1,086	75	11,002
Projected Allowed Cost per Script	\$17.77	\$308.63	\$4,198.33	\$75.04
Projected Deductible Per Script	\$3.53	\$21.05	\$32.97	\$5.46
Projected Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.67
Projected Coinsurance Per Script	\$0.61	\$19.01	\$47.64	\$2.75
Projected Paid Cost Per Script	\$10.18	\$254.23	\$4,092.80	\$62.15
Projected Allowed PMPM	\$14.58	\$27.92	\$26.30	\$68.79
Projected Deductible PMPM	\$2.90	\$1.90	\$0.21	\$5.01
Projected Copay PMPM	\$2.83	\$1.30	\$0.16	\$4.29
Projected Coinsurance PMPM	\$0.50	\$1.72	\$0.30	\$2.52
Projected Paid PMPM	\$8.35	\$23.00	\$25.64	\$56.98
Projected Rx Rebates				(\$10.06)
Net Projected Paid PMPM				\$46.92

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/16 - 12/31/16

Completed Through: 3/31/17

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	37,600	44,777	82,377
2 FFS Paid Medical Claims	\$345.69	\$289.45	\$315.12
3 FFS Paid Pediatric Dental Claims	\$0.54	\$0.54	\$0.54
4 CSR Payments	\$0.00	(\$19.86)	(\$10.79)
5 IBNR Factor	1.037	1.037	1.037
6 FFS Incurred Paid Medical Claims	\$359.19	\$280.24	\$316.28
7 FFS Incurred Rx Claims	\$71.30	\$44.56	\$56.77
8 Experience Period Rx Rebates	(\$9.45)	(\$8.17)	(\$8.75)
9 FFS Incurred Rx Claims (Net of Rebates)	\$61.84	\$36.40	\$48.01
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$70.86)	(\$34.26)	(\$50.96)
11 Pooling Charge	\$53.27	\$42.95	\$47.66
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$403.44	\$325.34	\$360.99
13 Experience Period Capitation and Non-FFS Medical Costs	\$12.55	\$11.57	\$12.02
14 Adjusted Experience Period Claim Expense	\$415.99	\$336.91	\$373.00
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$3.31	\$4.55	\$3.98
16 Adjustment for the impact of the leap year in 2016	(\$1.11)	(\$0.90)	(\$1.00)
17 Experience Period Claim Expense After All Adjustments	\$418.19	\$340.55	\$375.99
18 Annual FFS Medical projection factor	1.047	1.047	1.047
19 Annual FFS Rx projection factor	1.121	1.135	1.127
20 Annual FFS Claim trend projection factor	1.058	1.057	1.058
21 Months of Trend	24	24	24
22 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$454.14	\$367.87	\$407.25
23 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.67	\$4.59	\$5.09
24 Projection Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.80	\$8.80
25 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$468.61	\$381.26	\$421.14
Federal Risk Adjustment Program			
26 Federal Risk Adjustment Program Impact	\$12.50	\$10.17	\$11.23
27 Paid Index Rate PMPM After Adjustments for Federal Programs	\$481.11	\$391.43	\$432.37
2016 Final Risk Adjustment Payment, VT Merged Market	\$300,153		
Adjustment Factor for Removal of Administrative Cost in 2018 Risk Adjustment	0.86		
Assumed 2018 Risk Adjustment Payment, Based on 2016 Results	\$258,131.70		
Experience Period Member Months	82,377		
2018 Risk Adjustment Payment, PMPM Basis	\$3.13		
Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$421.14		
2018 Risk Adjustment, % of Paid Index Rate	0.74%		
Risk Adjustment Payment, new member assumption, % of Paid Index Rate	1.91%		
Total Risk Adjustment Assumption, 2018	2.67%		

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,727	4,727	1.000	1.000
4	Double	1,253	2,500	1.995	2.000
4	Parent/Child(ren)	198	506	2.556	1.930
4	Family	669	2,572	3.845	2.810

Single Conversion Factor	<u>1.085</u>
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Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

% of Premium Retention Components

Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.40%

PMPM Retention Components

General Administrative Load	\$38.10
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% of Premium Taxes and Assessments

Premium Tax	0.00%
VT Vaccine Pilot	0.50%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.50%

% of Paid Claim Taxes and Assessments

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%

PMPM Taxes and Assessments

HHS Risk Adjustment User Fee	\$0.14
Comparative Eff Research Tax	\$0.21
Total PMPM Taxes/Assessments	\$0.35

Exhibit 6 -- 2018 Exchange Premium Rates

2016 Adjusted Paid Claim Cost (Exhibit 3, Line 27)	\$432.37
Benefit Relativity * Induced Demand Reflected in Index Rate	0.735
Adjusted Claim Cost for Pricing	\$588.46

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2017	Increase over 2017	Increase over 2017	Increase over 2017
																		Single Rate	Double Rate	P/C Rate	Family Rate
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	Non-Subsidized	0.890	1.145	\$599.88	\$15.94	\$38.10	\$9.96	\$0.35	\$0.00	\$664.23	\$720.69	\$1,441.38	\$1,390.93	\$2,025.14	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	Non-Subsidized	0.791	1.077	\$501.44	\$13.48	\$38.10	\$8.43	\$0.35	\$0.00	\$561.80	\$609.55	\$1,219.10	\$1,176.43	\$1,712.84	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.799	1.081	\$508.29	\$13.66	\$38.10	\$8.54	\$0.35	\$0.07	\$569.00	\$617.37	\$1,234.74	\$1,191.52	\$1,734.81	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.760	1.064	\$475.76	\$12.84	\$38.10	\$8.03	\$0.35	\$0.07	\$535.16	\$580.65	\$1,161.30	\$1,120.65	\$1,631.63	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	Non-Subsidized	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	Non-Subsidized	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.00	\$400.07	\$434.08	\$868.16	\$837.77	\$1,219.76	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	Non-Subsidized	0.594	1.000	\$349.55	\$9.69	\$38.10	\$6.06	\$0.35	\$0.00	\$403.74	\$438.06	\$876.12	\$845.46	\$1,230.95	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.631	1.009	\$374.48	\$10.31	\$38.10	\$6.45	\$0.35	\$0.00	\$429.69	\$466.21	\$932.42	\$899.79	\$1,310.05	N/A	N/A	N/A	N/A
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.583	1.000	\$343.07	\$9.53	\$38.10	\$5.96	\$0.35	\$0.07	\$397.08	\$430.83	\$861.66	\$831.50	\$1,210.63	N/A	N/A	N/A	N/A
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.07	\$400.14	\$434.15	\$868.30	\$837.91	\$1,219.96	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	Non-Subsidized	0.618	0.622	\$226.19	\$6.61	\$38.10	\$4.13	\$0.35	\$0.00	\$275.38	\$298.79	\$597.58	\$576.66	\$839.60	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	Subsidized (73%)	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	Subsidized (87%)	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	Subsidized (94%)	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (73%)	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (87%)	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (94%)	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	AI/AN	0.890	1.145	\$599.88	\$15.94	\$38.10	\$9.96	\$0.35	\$0.00	\$664.23	\$720.69	\$1,441.38	\$1,390.93	\$2,025.14	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	AI/AN	0.791	1.077	\$501.44	\$13.48	\$38.10	\$8.43	\$0.35	\$0.00	\$561.80	\$609.55	\$1,219.10	\$1,176.43	\$1,712.84	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	AI/AN	0.799	1.081	\$508.29	\$13.66	\$38.10	\$8.54	\$0.35	\$0.07	\$569.00	\$617.37	\$1,234.74	\$1,191.52	\$1,734.81	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	AI/AN	0.760	1.064	\$475.76	\$12.84	\$38.10	\$8.03	\$0.35	\$0.07	\$535.16	\$580.65	\$1,161.30	\$1,120.65	\$1,631.63	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	AI/AN	0.719	1.039	\$439.81	\$11.94	\$38.10	\$7.47	\$0.35	\$0.00	\$497.67	\$539.97	\$1,079.94	\$1,042.14	\$1,517.32	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	AI/AN	0.692	1.028	\$418.70	\$11.42	\$38.10	\$7.14	\$0.35	\$0.00	\$475.70	\$516.13	\$1,032.26	\$996.13	\$1,450.33	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	AI/AN	0.655	1.016	\$391.60	\$10.74	\$38.10	\$6.71	\$0.35	\$0.07	\$447.57	\$485.61	\$971.22	\$937.23	\$1,364.56	N/A	N/A	N/A	N/A
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	AI/AN	0.652	1.017	\$390.17	\$10.71	\$38.10	\$6.69	\$0.35	\$0.07	\$446.09	\$484.01	\$968.02	\$934.14	\$1,360.07	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.00	\$400.07	\$434.08	\$868.16	\$837.77	\$1,219.76	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	AI/AN	0.594	1.000	\$349.55	\$9.69	\$38.10	\$6.06	\$0.35	\$0.00	\$403.74	\$438.06	\$876.12	\$845.46	\$1,230.95	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.631	1.009	\$374.48	\$10.31	\$38.10	\$6.45	\$0.35	\$0.00	\$429.69	\$466.21	\$932.42	\$899.79	\$1,310.05	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.583	1.000	\$343.07	\$9.53	\$38.10	\$5.96	\$0.35	\$0.07	\$397.08	\$430.83	\$861.66	\$831.50	\$1,210.63	N/A	N/A	N/A	N/A
FRVT-HMO-BA2-001-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.07	\$400.14	\$434.15	\$868.30	\$837.91	\$1,219.96	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	AI/AN, Subsidized	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.00	\$400.07	\$434.08	\$868.16	\$837.77	\$1,219.76	7.5%	7.5%	7.5%	7.5%
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.588	1.000	\$346.02	\$9.60	\$38.10	\$6.00	\$0.35	\$0.07	\$400.14	\$434.15	\$868.30	\$837.91	\$1,219.96	8.0%	8.0%	8.0%	8.0%

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

**Reflects cost of Member Wellness Incentive Rider, Form FRVT-30

***Child Only Rate = Single Rate

State: VermontGMCB **Filing Company:** MVP Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO
Product Name: VT 2018 Exchange Filing Rates
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)
05/10/2017		Supporting Document	Actuarial Memorandum	08/10/2017	Rate Increase Exhibit 2017-2018 SERFF.xlsx (Superceded) Rate Increase Exhibit 2017-2018 SERFF.pdf (Superceded) 2018 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2018 VT Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.xlsx Coverage Month Adjustments 2018 Exchange SERFF.pdf Federal AVC Actuarial Certification for Non-standard Plans - 2018 v2.pdf VT Standard Plan Designs - AV Certification 2017-05-08 Updated for HSA R....pdf Non-Standard AVC Screenshots 2018 Exchange.pdf VT 2018 Exchange Rate Filing SERFF.pdf (Superceded) VT 2018 Exchange Rate Filing SERFF.xlsx (Superceded) 2015 Market Share Report-GMCB.pdf Green Mountain Care Board-FY 2018 Proposed Budget Request.pdf Utilization Data 2018 VT Exchange SERFF.pdf Utilization Data 2018 VT Exchange SERFF.xlsx
05/10/2017		Supporting Document	Unified Rate Review Template	08/10/2017	URRT VT Exchange 2018.xlsm (Superceded) URRT VT Exchange 2018.pdf (Superceded) UnifiedRateReviewSubmission_20170507132747.xml (Superceded)

SERFF Tracking #:

MVPH-131034103

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

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

Product Name:

VT 2018 Exchange Filing Rates

Project Name/Number:

/

Attachment Rate Increase Exhibit 2017-2018 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2018 Exchange Rate Filing SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRT VT Exchange 2018.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_20170507132747.xml is not a PDF document and cannot be reproduced here.

MVP Health Care Derivation of 2018 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of February 2017

	NON-STANDARD PLANS				PLATINUM	STANDARD PLANS								Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium
	GOLD		SILVER			GOLD	SILVER			BRONZE		Non-HDHP					
	HDHP	Non-HDHP	CSR	Non-CSR			CSR	Non-HDHP	HDHP	Non-CSR	HDHP		Non-HDHP				
2018 Proposed Rates																	
Single Rate	\$587.00	\$624.15	\$489.22	\$489.22	\$438.77	\$728.70	\$616.25	\$521.72	\$545.84	\$521.72	\$545.84	\$442.72	\$438.70	\$301.80			
Couple Rate	\$1,174.00	\$1,248.30	\$978.44	\$978.44	\$877.54	\$1,457.40	\$1,232.50	\$1,043.44	\$1,091.68	\$1,043.44	\$1,091.68	\$885.44	\$877.40	\$603.60			
Adult and Child(ren) Rate	\$1,132.91	\$1,204.61	\$944.19	\$944.19	\$846.83	\$1,406.39	\$1,189.36	\$1,006.92	\$1,053.47	\$1,006.92	\$1,053.47	\$854.45	\$846.69	\$582.47			
Family Rate	\$1,649.47	\$1,753.86	\$1,374.71	\$1,374.71	\$1,232.94	\$2,047.65	\$1,731.66	\$1,466.03	\$1,533.81	\$1,466.03	\$1,533.81	\$1,244.04	\$1,232.75	\$848.06	\$58,740,388	\$475.02	\$5,700.18
2017 Approved Rates																	
Single Rate	\$530.99	\$586.08	\$470.40	\$470.40	\$406.28	\$673.21	\$602.52	\$491.74	\$521.73	\$491.74	\$521.73	\$412.52	\$408.10	\$275.52			
Couple Rate	\$1,061.98	\$1,172.16	\$940.80	\$940.80	\$812.56	\$1,346.42	\$1,205.04	\$983.48	\$1,043.46	\$983.48	\$1,043.46	\$825.04	\$816.20	\$551.04			
Adult and Child(ren) Rate	\$1,024.81	\$1,131.13	\$907.87	\$907.87	\$784.12	\$1,299.30	\$1,162.86	\$949.06	\$1,006.94	\$949.06	\$1,006.94	\$796.16	\$787.63	\$531.75			
Family Rate	\$1,492.08	\$1,646.88	\$1,321.82	\$1,321.82	\$1,141.65	\$1,891.72	\$1,693.08	\$1,381.79	\$1,466.06	\$1,381.79	\$1,466.06	\$1,159.18	\$1,146.76	\$774.21	\$55,032,648	\$445.03	\$5,340.38
2018 Proposed Rate Increases																	
Single Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
Couple Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
Adult and Child(ren) Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
Family Rate	10.5%	6.5%	4.0%	4.0%	8.0%	8.2%	2.3%	6.1%	4.6%	6.1%	4.6%	7.3%	7.5%	9.5%			
February 2017 Contracts																	
Single Rate	364	69	860	217	360	313	113	175	180	245	210	742	858	21			
Couple Rate	141	16	218	53	93	119	38	41	55	58	48	132	239	2			
Adult and Child(ren) Rate	32	3	25	9	18	23	8	3	3	10	16	23	25	0			
Family Rate	114	15	26	35	37	105	15	6	5	58	48	104	100	1			
Total	651	103	1,129	314	508	560	174	225	243	371	322	1,001	1,222	24			
2018 Proposed PMPY Revenue	\$6,126.85	\$6,561.94	\$5,778.14	\$5,399.51	\$4,952.15	\$7,611.31	\$6,728.90	\$6,186.53	\$6,463.30	\$5,477.10	\$5,754.31	\$4,826.05	\$5,000.88	\$3,597.03			
2017 Approved PMPY Revenue	\$5,542.24	\$6,161.69	\$5,555.85	\$5,191.79	\$4,585.45	\$7,031.71	\$6,578.98	\$5,831.03	\$6,177.81	\$5,162.37	\$5,500.14	\$4,496.85	\$4,652.06	\$3,283.80			
															6.7%	Total Revenue Change	



MVP Health Care -- 2018 Exchange Rate Filing

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2017 to 2018 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2018 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBD = \$1 #
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,400 (Fac)	\$4,800	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 #
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / 0%, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / 0%, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 #
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 #
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	\$0**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non A/IAN)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,500	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,700	\$7,400	Embedded	0%	Embedded	Aggregate	\$3,700	\$7,400	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,100	\$2,200	Embedded	0%	Embedded	Embedded	\$1,100	\$2,200	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$400	\$800	Embedded	0%	Embedded	Embedded	\$400	\$800	N/A	N/A	N/A	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,600	\$5,200	Embedded	0%	Embedded	Aggregate	\$2,600	\$5,200	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$1,400 (Fac)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBD = \$1 #
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBD = \$1 #
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBD = \$1 #
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBD = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)*																					
In-Network Benefits																					
Form ID	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-PA2-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	20%	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBD = \$1 #
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$12,800	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,800	\$9,600*	Embedded	0%	Embedded	Aggregate	\$4,800	\$9,600*	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBD = \$1 #
FRVT-HMO-BA2-002-S (2018)	HyHMO	Bronze	Standard	\$35	\$90	50%	\$50	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-BA2-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-004-S (2018)	HyHMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$25 / \$0 / 0%, Tiers 2 & 3 Subject to Med Deductible
FRVT-HMO-BA2-005-N (2018)	HyHMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	N/A	N/A	N/A	\$30 / \$0 / 0%, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 #
FRVT-HMO-BA2-001-N (2018)	HyHMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBD = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)																					
In-Network Benefits																					
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	Pharmacy
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
 ** 3 PCP Office Visits are covered in full, not subject to deductible
 ^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met
 * Family deductible is structure is \$7,350 for each member up to family limit
 Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

Exhibit 1a -- Comparison of 2017 to 2018 Benefits by Plan
MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits																Pharmacy	
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family		OOP Max Type
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	20%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100	10%	\$50 No DD	\$300	\$600	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	30%	\$150	30%	\$50 No DD	\$850	\$1,700	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$400 (Fac)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBIID = \$1 #
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2018)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,350	\$2,700	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$75 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$6,800	\$13,600	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,550	\$3,100	Aggregate	30%	Embedded	Aggregate	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBIID = \$3 #
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$400	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$6,050	\$12,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$600 / \$1200 Ded, VBIID = \$1 #
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMO-B-002-S (2018)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$900 / \$1,800 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,250	\$10,500	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100*	\$1,350	\$2,700	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBIID = \$3 #
FRVT-HMO-B-001-N (2018)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$6,000	\$12,000	Embedded	50%	Embedded	Embedded	\$7,350	\$14,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$350 / \$700 Ded, VBIID = \$3 #
FRVT-HMO-C-001-S (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2018)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$7,350	\$14,700	Embedded	0%	Embedded	Embedded	\$7,350	\$14,700	\$1,350	\$2,700	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits																Pharmacy	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family		OOP Max Type
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,600	\$5,200	Embedded	40%	Embedded	Embedded	\$5,700	\$11,400	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$800	\$1,600	Embedded	40%	Embedded	Embedded	\$1,600	\$3,200	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$800	\$1,600	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$200 / \$400 Brand Ded
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,100	\$8,200*	\$1,350	\$2,700	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	N/A	N/A	N/A	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,300	\$2,600	Aggregate	25%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$1,400 (Fac)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$3 #
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	\$30	\$60	50%	\$350	\$600 (Phys)	\$100	\$1,100	\$2,200	Embedded	50%	Embedded	Embedded	\$4,550	\$9,100	\$1,300	\$2,600	Separate	\$5 / 50% / 50%, \$300 / \$600 Ded, VBIID = \$1 #
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBIID = \$3 #
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30 No DD	10%	\$50 No DD	\$100 (Phys)	\$50 No DD	\$0	\$0	Embedded	10%	Embedded	Embedded	\$2,000	\$4,000	\$450	\$900	Separate	\$5 / 20% / 40%, VBIID = \$1 #
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBIID = \$1 #
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$25 No DD	\$20 (Phys)	\$25 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$950	\$1,900	\$150	\$300	Separate	\$5 / 5% / 5%, VBIID = \$1 #
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$800 (Fac)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$3 #
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	\$10	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / 40% / 40%, \$100 / \$200 Ded, VBIID = \$1 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits																Pharmacy	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family		OOP Max Type
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-S (2018)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2018)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Experience Period:	January 1, 2016 - December 31, 2016
Rating Period:	January 1, 2018 - December 31, 2018

Months of Trend	2017	2018	Total
	12	12	24

Medical Trend Summary

2017 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.4%	4.9%	0.0%	4.9%
OP and Other Med	50.4%	4.5%	1.1%	5.7%
PHY	27.2%	2.1%	0.5%	2.6%
Medical Total		3.9%	0.7%	4.6%

2018 Annual Trend

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	22.5%	5.5%	0.0%	5.5%
OP and Other Med	50.9%	5.0%	1.1%	6.2%
PHY	26.6%	-2.8%	0.5%	-2.4%
Medical Total		3.0%	0.7%	3.7%

Annual Allowed Medical Trend **4.2%**

Leveraging Impact - Fee-For-Service Medical Claims

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$386.17	\$11.86	\$5.81	\$53.38	\$315.12
24 Months of Trend:	1.085	1.085	1.013	1.026	1.097
Projection Period:	\$419.16	\$12.88	\$5.88	\$54.75	\$345.65
Allowed Trend (Annual)	4.2%				
Paid Trend (Annual)	4.7%				
Leveraging (Annual)	0.5%				

Rx Trend Summary

	2017 Trend		2018 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-4.1%	2.9%	1.3%	3.3%	-1.4%	3.1%
Brand	13.9%	1.5%	13.8%	-1.0%	13.8%	0.3%
Specialty	6.8%	6.7%	8.6%	7.3%	7.7%	7.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,882	1,094	89	11,065
Experience Period Allowed Cost per Script	\$18.81	\$248.37	\$4,061.54	\$74.17
Experience Period Deductible Per Script	\$3.44	\$22.81	\$41.65	\$5.66
Experience Period Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.52
Experience Period Coinsurance Per Script	\$0.64	\$15.53	\$39.53	\$2.42
Experience Period Paid Cost Per Script	\$11.37	\$196.40	\$3,958.80	\$61.56
Experience Period Allowed PMPM	\$15.49	\$22.63	\$30.27	\$68.39
Experience Period Deductible PMPM	\$2.83	\$2.08	\$0.31	\$5.22
Experience Period Copay PMPM	\$2.77	\$1.24	\$0.16	\$4.17
Experience Period Coinsurance PMPM	\$0.53	\$1.41	\$0.29	\$2.24
Experience Period Paid PMPM	\$9.36	\$17.90	\$29.51	\$56.77
Experience Period Rx Rebates PMPM				(\$8.75)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.088
Annual Allowed Trend	1.016	1.141	1.152	1.119
Annual Deductible Trend	1.013	1.013	1.013	1.035
Annual Paid Trend	1.003	1.164	1.154	1.134
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.127
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,502	1,099	102	11,704
Projected Allowed Cost per Script	\$18.27	\$321.93	\$4,711.48	\$87.85
Projected Deductible Per Script	\$3.53	\$23.39	\$42.72	\$5.74
Projected Copay Per Script	\$3.36	\$13.63	\$21.55	\$4.48
Projected Coinsurance Per Script	\$0.62	\$20.12	\$45.86	\$2.85
Projected Paid Cost Per Script	\$10.76	\$264.78	\$4,601.35	\$74.78
Projected Allowed PMPM	\$15.99	\$29.49	\$40.21	\$85.68
Projected Deductible PMPM	\$3.09	\$2.14	\$0.36	\$5.59
Projected Copay PMPM	\$2.94	\$1.25	\$0.18	\$4.37
Projected Coinsurance PMPM	\$0.54	\$1.84	\$0.39	\$2.78
Projected Paid PMPM	\$9.42	\$24.25	\$39.27	\$72.94
Projected Rx Rebates				(\$11.99)
Net Projected Paid PMPM				\$60.95

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

<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,623	1,110	118	11,851
Experience Period Allowed Cost per Script	\$19.34	\$260.27	\$4,355.25	\$84.98
Experience Period Deductible Per Script	\$3.44	\$25.54	\$48.04	\$5.96
Experience Period Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.32
Experience Period Coinsurance Per Script	\$0.65	\$16.52	\$38.51	\$2.51
Experience Period Paid Cost Per Script	\$11.98	\$205.40	\$4,249.39	\$72.20
Experience Period Allowed PMPM	\$17.12	\$24.07	\$42.74	\$83.93
Experience Period Deductible PMPM	\$3.05	\$2.36	\$0.47	\$5.88
Experience Period Copay PMPM	\$2.89	\$1.18	\$0.19	\$4.26
Experience Period Coinsurance PMPM	\$0.58	\$1.53	\$0.38	\$2.48
Experience Period Paid PMPM	\$10.60	\$18.99	\$41.70	\$71.30
Experience Period Rx Rebates PMPM				(\$9.45)
Annual Util Trend	1.031	1.003	1.070	1.029
Annual Unit Cost Trend	0.986	1.138	1.077	1.091
Annual Allowed Trend	1.016	1.141	1.152	1.123
Annual Deductible Trend	1.011	1.011	1.011	1.034
Annual Paid Trend	1.004	1.164	1.154	1.136
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.121
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,290	1,115	135	12,540
Projected Allowed Cost per Script	\$18.78	\$337.35	\$5,052.20	\$101.24
Projected Deductible Per Script	\$3.52	\$26.08	\$49.06	\$6.01
Projected Copay Per Script	\$3.26	\$12.81	\$19.32	\$4.29
Projected Coinsurance Per Script	\$0.63	\$21.42	\$44.67	\$2.95
Projected Paid Cost Per Script	\$11.37	\$277.05	\$4,939.14	\$87.98
Projected Allowed PMPM	\$17.67	\$31.36	\$56.77	\$105.79
Projected Deductible PMPM	\$3.31	\$2.42	\$0.55	\$6.29
Projected Copay PMPM	\$3.07	\$1.19	\$0.22	\$4.48
Projected Coinsurance PMPM	\$0.59	\$1.99	\$0.50	\$3.09
Projected Paid PMPM	\$10.70	\$25.75	\$55.50	\$91.94
Projected Rx Rebates				(\$14.28)
Net Projected Paid PMPM				\$77.66

Exhibit 2b -- Rx Trend Development (Individual ACA)
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<u>Rx Claim Information</u>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,260	1,080	66	10,406
Experience Period Allowed Cost per Script	\$18.30	\$238.11	\$3,619.18	\$63.83
Experience Period Deductible Per Script	\$3.43	\$20.46	\$32.04	\$5.38
Experience Period Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.72
Experience Period Coinsurance Per Script	\$0.63	\$14.66	\$41.07	\$2.34
Experience Period Paid Cost Per Script	\$10.78	\$188.64	\$3,521.15	\$51.39
Experience Period Allowed PMPM	\$14.12	\$21.43	\$19.80	\$55.35
Experience Period Deductible PMPM	\$2.65	\$1.84	\$0.18	\$4.67
Experience Period Copay PMPM	\$2.67	\$1.29	\$0.14	\$4.09
Experience Period Coinsurance PMPM	\$0.48	\$1.32	\$0.22	\$2.03
Experience Period Paid PMPM	\$8.32	\$16.98	\$19.27	\$44.56
Experience Period Rx Rebates PMPM				(\$8.17)
Annual Util Trend	1.031	1.003	1.070	1.028
Annual Unit Cost Trend	0.986	1.138	1.077	1.084
Annual Allowed Trend	1.016	1.141	1.152	1.115
Annual Deductible Trend	1.014	1.014	1.014	1.036
Annual Paid Trend	1.002	1.164	1.154	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.135
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,841	1,086	75	11,002
Projected Allowed Cost per Script	\$17.77	\$308.63	\$4,198.33	\$75.04
Projected Deductible Per Script	\$3.53	\$21.05	\$32.97	\$5.46
Projected Copay Per Script	\$3.45	\$14.34	\$24.92	\$4.67
Projected Coinsurance Per Script	\$0.61	\$19.01	\$47.64	\$2.75
Projected Paid Cost Per Script	\$10.18	\$254.23	\$4,092.80	\$62.15
Projected Allowed PMPM	\$14.58	\$27.92	\$26.30	\$68.79
Projected Deductible PMPM	\$2.90	\$1.90	\$0.21	\$5.01
Projected Copay PMPM	\$2.83	\$1.30	\$0.16	\$4.29
Projected Coinsurance PMPM	\$0.50	\$1.72	\$0.30	\$2.52
Projected Paid PMPM	\$8.35	\$23.00	\$25.64	\$56.98
Projected Rx Rebates				(\$10.06)
Net Projected Paid PMPM				\$46.92

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/16 - 12/31/16

Completed Through: 3/31/17

	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	37,600	44,777	82,377
2 FFS Paid Medical Claims	\$345.69	\$289.45	\$315.12
3 FFS Paid Pediatric Dental Claims	\$0.54	\$0.54	\$0.54
4 CSR Payments	\$0.00	(\$19.86)	(\$10.79)
5 IBNR Factor	1.037	1.037	1.037
6 FFS Incurred Paid Medical Claims	\$359.19	\$280.24	\$316.28
7 FFS Incurred Rx Claims	\$71.30	\$44.56	\$56.77
8 Experience Period Rx Rebates	(\$9.45)	(\$8.17)	(\$8.75)
9 FFS Incurred Rx Claims (Net of Rebates)	\$61.84	\$36.40	\$48.01
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$70.86)	(\$34.26)	(\$50.96)
11 Pooling Charge	\$53.27	\$42.95	\$47.66
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$403.44	\$325.34	\$360.99
13 Experience Period Capitation and Non-FFS Medical Costs	\$12.55	\$11.57	\$12.02
14 Adjusted Experience Period Claim Expense	\$415.99	\$336.91	\$373.00
Market-Wide Adjustments to Experience Period Claims			
15 Adjustment for average policy during beginning of policy year	\$3.31	\$4.55	\$3.98
16 Adjustment for the impact of the leap year in 2016	(\$1.11)	(\$0.90)	(\$1.00)
17 Experience Period Claim Expense After All Adjustments	\$418.19	\$340.55	\$375.99
18 Annual FFS Medical projection factor	1.047	1.047	1.047
19 Annual FFS Rx projection factor	1.121	1.135	1.127
20 Annual FFS Claim trend projection factor	1.058	1.057	1.058
21 Months of Trend	24	24	24
22 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$454.14	\$367.87	\$407.25
23 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.67	\$4.59	\$5.09
24 Projection Period Capitation and Non-FFS Medical Costs	\$8.80	\$8.80	\$8.80
25 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$468.61	\$381.26	\$421.14
Federal Risk Adjustment Program			
26 Federal Risk Adjustment Program Impact	\$18.18	\$14.79	\$16.34
27 Paid Index Rate PMPM After Adjustments for Federal Programs	\$486.80	\$396.06	\$437.48

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,727	4,727	1.000	1.000
4	Double	1,253	2,500	1.995	2.000
4	Parent/Child(ren)	198	506	2.556	1.930
4	Family	669	2,572	3.845	2.810

Single Conversion Factor	1.085
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Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2018 Vermont Exchange Rate Filing
 For Effective Dates Beginning Between January 1, 2018 - December 31, 2018

% of Premium Retention Components

Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	2.00%
Total % of Premium Retention Components	2.40%

PMPM Retention Components

General Administrative Load	\$38.10
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% of Premium Taxes and Assessments

Premium Tax	0.00%
VT Vaccine Pilot	0.50%
ACA Insurer Tax	1.00%
Total % of Premium Taxes/Assessments	1.50%

% of Paid Claim Taxes and Assessments

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
Total % of Paid Claim Taxes/Assessments	1.249%

PMPM Taxes and Assessments

HHS Risk Adjustment User Fee	\$0.14
Comparative Eff Research Tax	\$0.21
Total PMPM Taxes/Assessments	\$0.35

Exhibit 6 – 2018 Exchange Premium Rates

2016 Adjusted Paid Claim Cost (Exhibit 3, Line 27)	\$437.48
Benefit Relativity * Induced Demand Reflected in Index Rate	0.735
Adjusted Claim Cost for Pricing	\$595.42

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2017	Increase over 2017	Increase over 2017	Increase over 2017
																		Single Rate	Double Rate	P/C Rate	Family Rate
FRVT-HMO-P-001-S (2018)	HyHMO	Platinum	Standard	Non-Subsidized	0.890	1.145	\$606.97	\$16.12	\$38.10	\$10.07	\$0.35	\$0.00	\$671.61	\$728.70	\$1,457.40	\$1,406.39	\$2,047.65	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-G-001-S (2018)	HyHMO	Gold	Standard	Non-Subsidized	0.791	1.077	\$507.37	\$13.63	\$38.10	\$8.52	\$0.35	\$0.00	\$567.97	\$616.25	\$1,232.50	\$1,189.36	\$1,731.66	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-G-002-N (2018)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.799	1.081	\$514.30	\$13.81	\$38.10	\$8.63	\$0.35	\$0.07	\$575.25	\$624.15	\$1,248.30	\$1,204.61	\$1,753.86	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-S-003-N (2018)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.760	1.064	\$481.39	\$12.98	\$38.10	\$8.12	\$0.35	\$0.07	\$541.01	\$587.00	\$1,174.00	\$1,132.91	\$1,649.47	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-S-003-S (2018)	HyHMO	Silver	Standard	Non-Subsidized	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S-004-S (2018)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S-002-N (2018)	HDHMO	Silver	Non-Standard	Non-Subsidized	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-S-001-N (2018)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-B-002-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-B-003-S (2018)	HDHMO	Bronze	Standard	Non-Subsidized	0.594	1.000	\$353.68	\$9.79	\$38.10	\$6.12	\$0.35	\$0.00	\$408.04	\$442.72	\$885.44	\$854.45	\$1,244.04	7.3%	7.3%	7.3%	7.3%
FRVT-HMO-B-004-S (2018)	HyHMO	Bronze	Standard	Non-Subsidized	0.631	1.009	\$378.90	\$10.42	\$38.10	\$6.51	\$0.35	\$0.00	\$434.29	\$471.20	\$942.40	\$909.42	\$1,324.07	N/A	N/A	N/A	N/A
FRVT-HMO-B-005-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.583	1.000	\$347.13	\$9.63	\$38.10	\$6.02	\$0.35	\$0.07	\$401.30	\$435.41	\$870.82	\$840.34	\$1,223.50	N/A	N/A	N/A	N/A
FRVT-HMO-B-001-N (2018)	HyHMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%
FRVT-HMO-C-001-N (2018)	HyHMO	Catastrophic	Standard	Non-Subsidized	0.618	0.622	\$228.86	\$6.68	\$38.10	\$4.17	\$0.35	\$0.00	\$278.16	\$301.80	\$603.60	\$582.47	\$848.06	9.5%	9.5%	9.5%	9.5%
FRVT-HMO-S3-001-S (2018)	HyHMO	Silver	Standard	Subsidized (73%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-002-S (2018)	HyHMO	Silver	Standard	Subsidized (87%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-003-S (2018)	HyHMO	Silver	Standard	Subsidized (94%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMO-S3-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-S4-001-S (2018)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-002-S (2018)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-003-S (2018)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S4-004-S (2018)	HyHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-S2-001-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (73%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-002-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (87%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-003-N (2018)	HDHMO	Silver	Non-Standard	Subsidized (94%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMOH-S2-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-S1-001-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-002-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-003-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-S1-004-N (2018)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Platinum	Standard	AI/AN	0.890	1.145	\$606.97	\$16.12	\$38.10	\$10.07	\$0.35	\$0.00	\$671.61	\$728.70	\$1,457.40	\$1,406.39	\$2,047.65	8.2%	8.2%	8.2%	8.2%
FRVT-HMO-GA2-001-S (2018)	HyHMO	Gold	Standard	AI/AN	0.791	1.077	\$507.37	\$13.63	\$38.10	\$8.52	\$0.35	\$0.00	\$567.97	\$616.25	\$1,232.50	\$1,189.36	\$1,731.66	2.3%	2.3%	2.3%	2.3%
FRVT-HMO-GA2-002-N (2018)	HyHMO	Gold	Non-Standard	AI/AN	0.799	1.081	\$514.30	\$13.81	\$38.10	\$8.63	\$0.35	\$0.07	\$575.25	\$624.15	\$1,248.30	\$1,204.61	\$1,753.86	6.5%	6.5%	6.5%	6.5%
FRVT-HMOH-GA2-003-N (2018)	HDHMO	Gold	Non-Standard	AI/AN	0.760	1.064	\$481.39	\$12.98	\$38.10	\$8.12	\$0.35	\$0.07	\$541.01	\$587.00	\$1,174.00	\$1,132.91	\$1,649.47	10.5%	10.5%	10.5%	10.5%
FRVT-HMO-SA2-003-S (2018)	HyHMO	Silver	Standard	AI/AN	0.719	1.039	\$445.01	\$12.07	\$38.10	\$7.55	\$0.35	\$0.00	\$503.08	\$545.84	\$1,091.68	\$1,053.47	\$1,533.81	4.6%	4.6%	4.6%	4.6%
FRVT-HMOH-SA2-004-S (2018)	HDHMO	Silver	Standard	AI/AN	0.692	1.028	\$423.65	\$11.54	\$38.10	\$7.21	\$0.35	\$0.00	\$480.85	\$521.72	\$1,043.44	\$1,006.92	\$1,466.03	6.1%	6.1%	6.1%	6.1%
FRVT-HMOH-SA2-002-N (2018)	HDHMO	Silver	Non-Standard	AI/AN	0.655	1.016	\$396.22	\$10.86	\$38.10	\$6.79	\$0.35	\$0.07	\$452.39	\$490.84	\$981.68	\$947.32	\$1,379.26	N/A	N/A	N/A	N/A
FRVT-HMO-SA2-001-N (2018)	HyHMO	Silver	Non-Standard	AI/AN	0.652	1.017	\$394.78	\$10.82	\$38.10	\$6.76	\$0.35	\$0.07	\$450.89	\$489.22	\$978.44	\$944.19	\$1,374.71	4.0%	4.0%	4.0%	4.0%
FRVT-HMOH-SA2-002-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-SA2-003-S (2018)	HDHMO	Bronze	Standard	AI/AN	0.594	1.000	\$353.68	\$9.79	\$38.10	\$6.12	\$0.35	\$0.00	\$408.04	\$442.72	\$885.44	\$854.45	\$1,244.04	7.3%	7.3%	7.3%	7.3%
FRVT-HMOH-SA2-004-S (2018)	HyHMO	Bronze	Standard	AI/AN	0.631	1.009	\$378.90	\$10.42	\$38.10	\$6.51	\$0.35	\$0.00	\$434.29	\$471.20	\$942.40	\$909.42	\$1,324.07	N/A	N/A	N/A	N/A
FRVT-HMOH-SA2-005-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.583	1.000	\$347.13	\$9.63	\$38.10	\$6.02	\$0.35	\$0.07	\$401.30	\$435.41	\$870.82	\$840.34	\$1,223.50	N/A	N/A	N/A	N/A
FRVT-HMOH-SA2-001-N (2018)	HyHMO	Bronze	Non-Standard	AI/AN	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%
FRVT-HMOH-SA2-001-S (2018)	HMO	Bronze	Standard	AI/AN, Subsidized	0.588	1.000	\$350.11	\$9.70	\$38.10	\$6.06	\$0.35	\$0.00	\$404.33	\$438.70	\$877.40	\$846.69	\$1,232.75	7.5%	7.5%	7.5%	7.5%
FRVT-HMOH-SA2-001-N (2018)	HMO	Bronze	Non-Standard	AI/AN, Subsidized	0.588	1.000	\$350.11	\$9.71	\$38.10	\$6.07	\$0.35	\$0.07	\$404.40	\$438.77	\$877.54	\$846.83	\$1,232.94	8.0%	8.0%	8.0%	8.0%

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

**Reflects cost of Member Wellness Incentive Rider, Form FRVT-30

***Child Only Rate = Single Rate

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v4.1																						
2																							
3	Company Legal Name:	MVP Health Plan, Inc.					State:	VT															
4	HIOS Issuer ID:	77566					Market:	Combined															
5	Effective Date of Rate Change(s):	1/1/2018																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2016		to	12/31/2016																		
13		<u>Experience Period</u>																					
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																			
15		\$35,020,356	\$425.12	100.00%																			
16	Incurred Claims in Experience Period	\$30,998,906	376.31	88.52%																			
17	Allowed Claims:	\$39,797,542	483.11	113.64%																			
18	Index Rate of Experience Period		\$483.11																				
19	Experience Period Member Months	82,377																					
20	Section II: Allowed Claims, PMPM basis																						
21		Experience Period																					
22																							
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Bronze	Bronze	Bronze	Bronze	Bronze
0.611 0.729 Renewing HMO	0.599 0.736 Renewing HMO	0.621 0.783 New HMO	0.637 0.723 New HMO	0.618 0.729 Renewing HMO
FRVT-HMO-B-002-5 (2018)	FRVT-HMO-B-003-5 (2018)	FRVT-HMO-B-004-5 (2018)	FRVT-HMO-B-005-N (2018)	FRVT-HMO-B-001-N (2018)
77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050013
Yes	Yes	Yes	Yes	Yes
1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
10.77%	10.59%	0.00%	0.00%	11.28%
10.77%	10.59%	0.00%	0.00%	11.28%
17.97%	22.72%	#DIV/0!	#DIV/0!	18.31%

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050013
\$5.38	\$5.34	\$0.00	\$0.00	\$5.65
\$14.15	\$14.03	\$0.00	\$0.00	\$14.85
\$7.61	\$7.54	\$0.00	\$0.00	\$7.98
\$0.35	\$0.34	\$0.00	\$0.00	\$0.37
\$0.97	\$0.96	\$0.00	\$0.00	\$1.02
\$5.42	\$5.38	\$0.00	\$0.00	\$5.69
\$1.90	\$1.93	\$0.00	\$0.00	\$1.89
\$3.77	\$3.81	\$0.00	\$0.00	\$3.78
\$3.65	\$3.69	\$0.00	\$0.00	\$3.63
\$39.30	\$39.06	\$0.00	\$0.00	\$41.00
\$12.15	\$12.45	\$0.00	\$0.00	\$10.60

\$365.03	\$368.98	\$0.00	\$0.00	\$363.40
6.096	7.764	0	0	2.568

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$342.75	\$332.50	\$0.00	\$0.00	\$341.80
3.879	5.418	0	0	999
\$1,387,293	\$1,744,364	\$0	\$0	\$361,543
100.00%	100.00%	100.00%	100.00%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.02%
\$1,067,788	\$2,663,511	\$0	\$0	\$437,998
100.00%	100.00%	100.00%	100.00%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.02%
\$348,105	\$638,704	\$0	\$0	\$99,080
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
\$755,883	\$2,004,307	\$0	\$0	\$338,515
\$8,727.75	\$12,190.50	\$0.00	\$0.00	\$2,247.75
\$94,404.25	\$141,859.36	\$0.00	\$0.00	\$24,312.36

\$185.53	\$373.72	#DIV/0!	#DIV/0!	\$389.20
\$275.27	\$491.60	#DIV/0!	#DIV/0!	\$438.44
\$275.27	\$491.60	#DIV/0!	#DIV/0!	\$438.35

77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$406.33	\$480.08	\$439.29	\$401.30	\$480.80
6.096	7.764	\$0	\$0	2.568
\$2,464,796	\$3,168,023	\$0	\$0	\$1,038,499
100.00%	100.00%	100.00%	99.98%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%	0.02%
\$3,250,923	\$4,013,085	\$0	\$0	\$1,327,357
100.00%	100.00%	100.00%	99.98%	99.98%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%	0.02%
\$1,016,674	\$1,267,122	\$0	\$0	\$428,284
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
\$2,134,248	\$2,745,963	\$0	\$0	\$899,073
\$0	\$0	\$0	\$0	\$0
\$100,474	\$127,966	\$0	\$0	\$42,726